WRHS Supporting Students at School with Medical Conditions Policy

June 2021

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1.0 INTRODUCTION

1.1 This policy is based upon the Department for Education's statutory guidance document Supporting Students at School with Medical Conditions, statutory guidance for governing bodies of maintained schools and proprietors of academies in England, December 2015; the statutory requirements in relation to this are specified within this policy. The guidance is issued under section 100 of the Children and Families Act 2014.

2.0 PURPOSE OF THE POLICY

2.1 The purpose of this policy is to put into place effective management systems and arrangements to support students with medical conditions and to provide clear guidance for staff and parents/carers on the administration of medicines and the development of Individual Health Care Plans.

2.2 The aim is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential. This policy and practice aims to enable regular attendance.

2.3 To ensure that school staff involved in the care of children are fully informed and adequately trained by a professional in order to support children with medical needs.

2.4 Some children with medical conditions may be disabled. Where this is the case, duties under the Equality Act 2010 must also be complied with. Some children may also have Special Educational Needs (SEND) and may have an Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. As such, this document must be considered in conjunction with all other relevant school policies and the Special Educational Needs and Disability (SEND) code of conduct.

3.0 ROLES AND RESPONSIBILITIES

3.1 Supporting a child with a medical condition during school hours is not the sole responsibility of one person. The school's ability to provide effective support will depend to an appreciable extent, on working cooperatively with other agencies. Partnership working between school staff, healthcare professionals (and where appropriate, social care professionals), local authorities, and parents/carers and students will be critical. The arrangements should show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care

3.2 The **Academy Committee and Trust Board**

The Academy Committee and Trust Board will ensure that the policy to support students with medical conditions is reviewed regularly and is readily accessible to parents/carers and school staff and that the policy clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support students at school with medical conditions.

3.3 The **Academy Headteacher** has responsibility for the development and implementation of this policy and will delegate some of the operational duties to the Deputy Headteacher for Student Wellbeing. Assistance from and co-operation with healthcare professionals and other relevant persons will be utilised in order to access competent advice and support. This responsibility includes ensuring that all staff receive medical conditions training, are aware of the policy and understand their role in its implementation; that staff who need to know, are aware of a student's medical condition; and that sufficient trained numbers of staff are available to implement the policy and deliver against all Individual Health Care Plans. The Academy Headteacher will make sure that school staff are appropriately insured and are aware that they are insured to support students. The Academy Headteacher has overall responsibility for the development of Individual Health Care Plans. The Academy Committee and Trust Board remain legally responsible and accountable for fulfilling the specified statutory duties.

3.4 The **Deputy Headteacher Student Wellbeing** is responsible for the creation, monitoring and review of Individual Health Care Plans. The operational duty of co-ordinating and writing the health care plans will usually be delegated to the School Health Advisor, with the involvement of other health care professionals, other staff in school and parents/carers.

3.5 School staff are responsible for attending annual training on medical conditions and familiarising themselves with procedures detailing how to respond when they become aware that a student with medical conditions needs support. School staff should take steps to be aware of students whom they teach or support, who have medical conditions and where necessary, make reasonable adjustments to include students with medical conditions in lessons. School staff should be aware that any member of school staff may be asked to provide support to students with medical conditions, including the administering of medicines, although they cannot be required to do so. School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a student with a medical condition needs help. Although administering medicines is not part of teachers' professional duties, they should consider the needs of students with medical conditions that they teach.

3.6 The **School Health Advisor** has access to school nursing services. The nursing services are responsible for notifying the school when a student has been identified as requiring support in school due to a medical condition. The School Health Advisor may support school staff with writing, implementing and reviewing a student's Individual Health Care Plan by providing advice and liaison, for example on training. The School Health Advisor can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs. The School Health Advisor has responsibility for ensuring that Emergency Asthma Kits are checked and are in suitable working order.

3.7 **Other healthcare professionals**, including GPs and paediatricians, should notify the School Health Advisor when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing Individual Health

Care plans. Specialist local health teams may be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes).

3.8 **Parents/carers** are responsible for notifying the school when their child has been diagnosed with a medical condition, keeping the school informed about any changes to the child's health or medical needs, providing the school with any medication their child requires and keeping it up to date. Parents/carers are also responsible for contributing to the development and review of an Individual Health Care Plan for their child in collaboration with the school, School Health Advisor and other health care professionals when necessary. Parents/carers should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

4.0 INDIVIDUAL HEALTH CARE PLANS

4.1 Upon notification of information that a child has a medical condition requiring an Individual Health Care Plan, the process detailed in the flowchart in Appendix A will be followed. The aim of an Individual Health Care Plan for a child with a medical condition is to ensure that effective support is put in place and to provide clarity about what needs to be done, when and by whom. Students requiring intimate and personal care will also have an Individual Health Care Plan

4.2 Individual Health Care Plans will be essential in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. They will also be put in place for other individual children when it is considered that they will be helpful, especially where medical conditions are long-term and complex. The format of Individual Health Care Plans may vary to enable the school to choose whichever is the most effective for the specific needs of each student. The Whalley Range High 11-18 School's generic Individual Health Care Plan is included in Appendix B. A specific Asthma Health Care Plan is included in Appendix B2. The Trust's Intimate and Personal Care guidance document will be used in conjunction with this policy to develop Individual Health Care Plans for those students requiring intimate or personal care.

4.3 However, not all children will require an Individual Health Care Plan. The school, healthcare professional and parents/carers should agree, based on evidence, when an Individual Health Care Plan would be inappropriate or disproportionate. If consensus cannot be reached, the Academy Headteacher will take the final view.

4.4 Individual Health Care Plans should be drawn up in partnership between the designated school staff, parents/carers, and where appropriate a relevant healthcare professional, e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child. The child should also be involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their Individual Health Care Plan. The aim should be to capture the steps which a school should take to help the child manage their condition and overcome any potential barriers to getting the most from their education. Medical conditions are identified on the school admissions form or are shared by parents/carers on diagnosis. An IHCP/Asthma Care Plan is completed by parents/carers and shared with school. Where conditions are complex the support/input of a specialist heath care professional will be sought.

4.5 The level of detail within an Individual Health Care Plan will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support. Where a child

has a Special Educational Need but does not have an EHC plan, their special educational needs should be mentioned in their Individual Health Care Plan. Where the child has a Special Educational Need identified in an EHC plan, the Individual Health Care Plan should be linked to or become part of that EHC plan. Individual Health Care Plans should be reviewed at least annually.

4.6 A copy of the plan is stored on the school's electronic information management system (SIMS).

5.0 STAFF TRAINING AND SUPPORT

5.1 Whole school awareness training will be carried out annually in relation to this policy and staff's roles in implementing this policy. The training will address the medical conditions affecting the school's students, covering preventative and emergency measures and how staff can determine whether a student has a medical condition. This will also be covered during the induction of new staff. More specific training will be undertaken as required with the relevant staff for specific conditions.

5.2 All staff will be:

- trained to recognise the symptoms of asthma attacks, epileptic and diabetic seizures and anaphylaxis, and ideally, how to distinguish them from other conditions with similar symptoms;
- made aware of the School Policy for Supporting Students at School with Medical Conditions;
- made aware of how to check if a child is on the asthma register;
- made aware of how to access the inhaler and check that parental/carer consent has been given for its use;
- made aware of who the designated members of staff (first aiders or others with appropriate training) are, and how to access their help.

~~5.3~~ The Deputy Headteacher Student Wellbeing in conjunction with the School Health Advisor will lead on identifying and agreeing with the school, the type and level of training required, and how this can be obtained.

6.0 MEDICINES

6.1 Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so. Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.

6.2 The Academy Committee will ensure that written records are kept of all medicines administered to children. Records offer protection to staff and children and provide evidence that agreed procedures have been followed. The following forms will be used for this purpose:-

- Form A (Appendix D) – Parental/Carer agreement for school/setting to administer medicine
- Form B (Appendix E) - Request for child to carry her own medicine at Whalley Range 11-18 High School
- Form C (Spreadsheet appendix F) - Record of regular medicine administered to an individual child or self-administered by an individual (held and maintained electronically at Student Services).
- Form D (Spreadsheet Appendix G) - Record of medicine administered (as required) to any

children – not daily medicines (held and maintained electronically at Student Services).

Parents/Carers should be informed if their child has been unwell at school.

6.3 Children who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected within Individual Health Care Plans. Wherever possible, children should be allowed to carry their own medicines and relevant devices in which case **Form B - Students carrying own medicine** must be completed by parents/carers, giving consent for students to carry their own medicine. Alternatively, children should be able to access their medicines for self-medication quickly and easily. Children who can take their medicines themselves or manage procedures may require an appropriate level of supervision. Their medication will be stored in Student Services. If it is not appropriate for a child to self-manage, then relevant staff should help to administer medicines and manage procedures for them. In these cases, **Form A - Consent for the school/setting to administer medicines** must have been completed by parents/carers. This will happen in Student Services. If Student Services is locked, there will be access to a key in the Academy Headteacher's Personal Assistant's office.

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

6.5 No child under 16 should be given prescription or non-prescription medicines without their parent/carer's written consent - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents/carers. In such cases, every effort should be made to encourage the child or young person to involve their parents/carers while respecting their right to confidentiality.

6.6 A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents/carers should be informed.

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

6.8 All medicines should be stored safely. Children should know where their medicines are at all times and be able to access them immediately. These medicines will be kept in Student Services. The access code to the storage facility is also held with the spare key to Student Services in the Academy Headteacher's Personal Assistant's office.

6.9 Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children. This must be considered by staff planning activities outside and when away from the school premises e.g. on school visits.

6.10 A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Here, **Form B - Students carrying own medicine** must have been completed by parents/carers**.** Monitoring arrangements may be necessary. The school will otherwise keep controlled drugs that have been prescribed for a student securely stored in a non- portable container

and only named staff should have access. In this case **Form A** - **Consent for the school/setting to administer medicines** must have been completed by parents/carers

Controlled drugs should be easily accessible in an emergency. A record will be kept of any doses used and the amount of the controlled drug held in school. In these emergency situations **Form D (Spreadsheet record) - Record of medicine administered (as required) to any children** should be completed. This record is held centrally and recorded by Student Services.

6.11 School staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions. Schools will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted. **Form D (Spreadsheet record) - Records of medicine administered (as required) to any children.** This record is held centrally and recorded by student services.

6.12 When no longer required, medicines should be returned to the parent/carer to arrange for safe disposal. Where this is not practical, medicines will be taken to a registered Pharmacy for safe and suitable disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

7.0 ASTHMA

7.1 Children should have their own asthma inhaler at school to treat chronic symptoms and for use in the event of an acute asthma attack. If they are able to manage their asthma themselves they should keep their inhaler on them, and if not, it should be easily accessible to them. Parents / Carers will be asked to provide a spare inhaler for the school to hold as spare medication for the child.

7.2 **Emergency Salbutamol inhalers** - From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 allows schools to keep a Salbutamol inhaler for use in emergencies. For example, when a student's inhaler is unavailable, broken or empty or has expired. Schools are not required to hold an inhaler, this is a discretionary power. At Whalley Range 11-18 High School we hold emergency salbutamol inhalers.

7.2.1 **Use of emergency Salbutamol inhalers** should only be undertaken by children:

- who have been diagnosed with asthma, and prescribed an inhaler;
- who have been prescribed an inhaler as reliever medication;
- for whom written or verbal parental/carer consent for use of the emergency inhaler has been given as far as possible. This will be appended to the child's Individual Health Care Plan / Asthma Care Plan.

7.2.2 **Location of emergency Salbutamol inhalers -** An emergency salbutamol inhaler will be located in an area to which students should not have unsupervised access. The emergency inhalers must be readily accessible for staff. They will be located in:

- The School Health Advisor's Office
- Student Services
- Year Offices

- Visitor Reception
- PE faculty office

Inhalers will be available for Education Visit Group Leaders to take on off-site visits

7.2.3 **Contents of Emergency inhaler kits -** An emergency asthma inhaler kit should include:

- a Salbutamol metered dose inhaler;
- at least two plastic spacers or plastic holding chambers, compatible with the inhaler;
- instructions on using the inhaler and spacer/plastic chamber;
- instructions on cleaning and storing the inhaler;
- manufacturer's information;
- a list of children permitted to use the emergency inhaler as detailed in their Individual Health Care Plans / Asthma Care Plans;
- a note of the arrangements for replacing the inhaler and spacers;
- a record of administration (i.e. when the inhaler has been used); is held on Form D
- a checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded.

7.2.4 Checking and maintenance of emergency Salbutamol inhalers

The School Health Advisor / other identified staff has responsibility for ensuring that the Emergency Asthma Kits are checked and are in suitable working order. A record will be kept of inhalers including identifying details such as the batch number and expiry date, and a note of the arrangements for replacing the inhaler and spacers. Checks will be carried out monthly to ensure that:

- the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available;
- replacement spacers are available following use;
- the mouthpiece of the inhaler has been cleaned, dried and returned to storage following use, or that replacements are available if it has to be disposed of.

7.2.5 Emergency Salbutamol Inhaler Use Protocol

- Check that the child is on the list of students who have parental/carer consent for the use of the emergency Salbutamol inhaler. Appendix I contains detailed information about symptoms and the emergency procedures to follow.

- To avoid possible risk of cross-infection, the plastic spacer should not be reused. It can be given to the child to take home for future personal use.

- The inhaler itself however can usually be reused, provided it is cleaned after use. The inhaler canister should be removed, and the plastic inhaler housing and cap should be washed in warm running water, and left to dry in air in a clean, safe place. The canister should be returned to the housing when it is dry, and the cap replaced, and the inhaler returned to the designated storage place.

- However, if there is any risk of contamination with blood (for example if the inhaler has been used without a spacer), it should also not be re-used but disposed of.

7.2.6 Record keeping

7.2.6.1 The school will hold a register of students in the school that have been diagnosed with asthma or prescribed a reliever inhaler. The list will specify those students for whom parental/carer consent for the use of emergency Salbutamol inhaler has been received. A copy of this register will be kept with the emergency inhalers. The School Health Advisor / Student Services Manager will be responsible for maintaining this register.

7.2.6.2 Any use of the emergency inhaler will be recorded. This should include where and when the attack took place (e.g. PE lesson, playground, classroom), how much medication was given, and by whom on **Form D (spreadsheet)- Record of medicine administered (as required) to any children**. The child's parents/carers must be informed by email/letter so that this information can also be passed onto the child's GP. A specimen correspondence is attached to this policy (Appendix J). The reasons why the child did not have their own inhaler available for use will be sought and if appropriate, this will be followed up through the school's Child Protection Procedures or Pastoral System.

7.3 Staff training - Asthma

7.3.1 **Whole school** awareness training will be carried out annually. All staff will be:

- trained to recognise the symptoms of an asthma attack, and ideally, how to distinguish them from other conditions with similar symptoms;
- aware of how to check if a child is on the asthma register;
- aware of how to access the inhaler and check that parental/carer consent has been given for its use;
- aware of who the designated members of staff are, and the policy on how to access their help.

7.3.2 **Designated staff** will be trained in administering the emergency Salbutamol inhaler and this will be recorded on **FORM E Record of Staff training record – administration of medicine.** Designated members of staff should be trained in:

- recognising asthma attacks (and distinguishing them from other conditions with similar symptoms)
- responding appropriately to a request for help from another member of staff;
- recognising when emergency action is necessary;
- administering Salbutamol inhalers through a spacer;
- making appropriate records of asthma attacks.

The term 'designated member of staff' refers to any member of staff who has responsibility for helping to administer an emergency inhaler, e.g. they have volunteered to help a child use the emergency inhaler, and been trained to do this, and are identified in the school as someone to whom all members of staff may have recourse in an emergency.

8.0 EMERGENCY PROCEDURES

8.1 As part of general risk management processes, the school has arrangements in place for dealing with emergencies. Where a child has an Individual Health Care

Plan, this will clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other students in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.

8.2 If a child needs to be taken to hospital, staff will stay with the child until the parent/carer arrives, or accompany a child taken to hospital by ambulance.

8.3 Asthma attacks - It is essential for people who work with children and young people with asthma to know how to recognise the signs of an asthma attack and what to do if they have an attack. Appendix I contains detailed information about symptoms and the emergency procedures to follow. Parents/carers must always be told if their child has had an asthma attack.

8.4 Automatic Emergency Defibrillators (AEDs) at Whalley Range 11-18 High School are located in Student Services, Reception and G block. These are designed to be used by people who have not received specific training in the use of these devices. It is not necessary to have received training in order to use these emergency devices. They provide step by step audible and visual instructions to the user. They are automatic devices which check the casualty's cardiac output and detect if there is a shockable rhythm present. They have a safety function built in which prevents them from delivering a shock to a casualty if it would be harmful to do so. The AEDs deliver the shock automatically and provide instructions to stand clear of the casualty when the shock is to be delivered. There is no element of human judgement involved in deciding whether or not to deliver a shock. In order to use the AEDs, the requirement is to listen to, to understand and to follow the instructions given by the AED. An AED awareness session is provided annually for staff who volunteer to attend. The Facilities Manager has responsibility for the upkeep of these devices. The batteries in the AEDs will be replaced in accordance with the manufacturer's recommendations and the dates of the battery changes will be recorded. The AED has an indicator light which confirms that it is functioning.

9.0 ARRANGEMENTS AND RISK ASSESSMENTS FOR INDIVIDUAL STUDENTS WITH MEDICAL CONDITIONS (INCLUDING SCHOOL VISITS, RESIDENTIAL, SPORTING ACTIVITIES AND EXTRA CURRICULAR ACTIVITIES)

9.1 School staff should be aware of how a child's medical condition will impact on their participation, but there should be enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments. The school will make arrangements for the inclusion of students in such activities with any adjustments as required, unless evidence from a clinician such as a GP states that this is not possible.

9.2 The school should consider what reasonable adjustments might be made to enable children with medical needs to participate fully and safely on visits. It is best practice to carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that students with medical conditions are included. This may require consultation with parents/carers and students and advice from the relevant healthcare professional to ensure that students can participate safely. Please also see Whalley Range 11-18 High School's Education Visits Guidance.

9.3 Risk assessments for school visits will be carried out by the group leader for the specific visit. Where required, the Education Visits Coordinator will assist and advise.

9.4 Risk assessments for other school activities outside of the normal timetable will be carried out by the member of staff with responsibility for the activity. Where required, the Health and Safety Coordinator will assist and advise.

9.5 Risk assessments for curriculum-based activities will be carried out by the class teacher, in accordance with Faculty risk assessment procedures. Where required, the Head of Faculty will assist and advise.

10.0 COMMUNICATION

10.1 The Special Educational Needs Co-ordinator will act as a central point of reference for communicating information relating to individual student's medical conditions to all staff who will have regular and foreseeable responsibility for an individual student. These contacts will include (but may not be limited to) the following staff: School Health Advisor, Learning Coach, Head of Year, Year Co-ordinator, subject staff, Assistant Headteacher Student Wellbeing, Heads of Faculty, Deputy Headteacher Student Wellbeing, staff with specific responsibility for first aid provision, Attendance Officers and named staff on an individual student's Individual Health Care Plan.

10.2 Supply teachers will be briefed by the Cover Manager.

10.3 The Travel Co-ordination Unit is responsible for the facilitation of appropriate Home to School travel solutions for children and young people of Manchester with Special Educational or complex medical needs. The school's Special Education Needs Coordinator will liaise with this unit when it is helpful for them to be aware of information contained within a student's Individual Health Care Plan, especially in respect of emergency situations. This information may be helpful for the unit in developing transport healthcare plans for students with life threatening conditions.

11.0 ADMISSIONS AND ATTENDANCE

11.1 Children with medical conditions are entitled to a full education and have the same rights of admission to school as other children unless it would not be in their best interests because of their health needs. However, in line with the school's safeguarding duties and government guidance, a student's health should not put at unnecessary risk from, for example, infectious diseases; therefore a child should not be in school at times where it would be detrimental to the health of that child or to the health of others.

12.0 UNACCEPTABLE PRACTICE

12.1 Although school staff should use their discretion and judge each case on its merits with reference to the child's Individual Health Care Plan, it is not generally acceptable practice to:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents/carers, or ignore medical evidence or opinion, (although this may be challenged);

- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their Individual Health Care Plan;

- if the child becomes ill, send them to their year office or Student Services unaccompanied or with someone unsuitable;

- penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments;

- prevent students from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;

- require parents/carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent/carer should have to give up working because the school is failing to support their child's medical needs; or

- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents/carers to accompany the child.

13.0 Liability and indemnity

13.1 The Academy Committee and Trust Board should ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk. It is important that the school policy sets out the details of the school's insurance arrangements which cover staff providing support to students with medical conditions. Insurance policies should be accessible to staff providing such support.

Insurance policies should provide liability cover relating to the administration of medication, but individual cover may need to be arranged for any health care procedures. The level and ambit of cover required must be ascertained directly from the relevant insurers. Any requirements of the insurance such as the need for staff to be trained should be made clear and complied with.

In the event of a claim alleging negligence by a member of staff, civil actions are likely to be brought against the employer.

14.0 Complaints

14.1 Should parents/carers or students be dissatisfied with the support provided, they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure. Making a formal complaint to the Department for Education should only occur if it comes within scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted.

14.2 As Whalley Range 11-18 High School is an academy, it will be relevant to consider whether the academy has breached the terms of its Funding Agreement 9, or failed to comply with any other legal obligation placed on it. Ultimately, parents/carers (and

students) will be able to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

List of appendices and related materials

Appendix A – Flowchart – Process for developing Individual Health Care Plan

Appendix B – Individual Health Care Plan

Appendix B2 –Asthma Care Plan

Appendix C – Template of letter inviting parent/carer to contribute to an Individual Health Care Plan

Appendix D – FORM A - Parental/carer agreement for school/setting to administer medicine

Appendix E - FORM B - Request for child to carry their own medicine at Whalley Range 11-18 High School

Appendix F - FORM C (spreadsheet) - Record of regular medicine administered to an individual child or self- administered by an individual child (regular use)

Appendix G – FORM D (spreadsheet) - Record of medicine administered (as required) to any children – not daily medicines

Appendix H - FORM E - Record of staff training record – administration of medicines

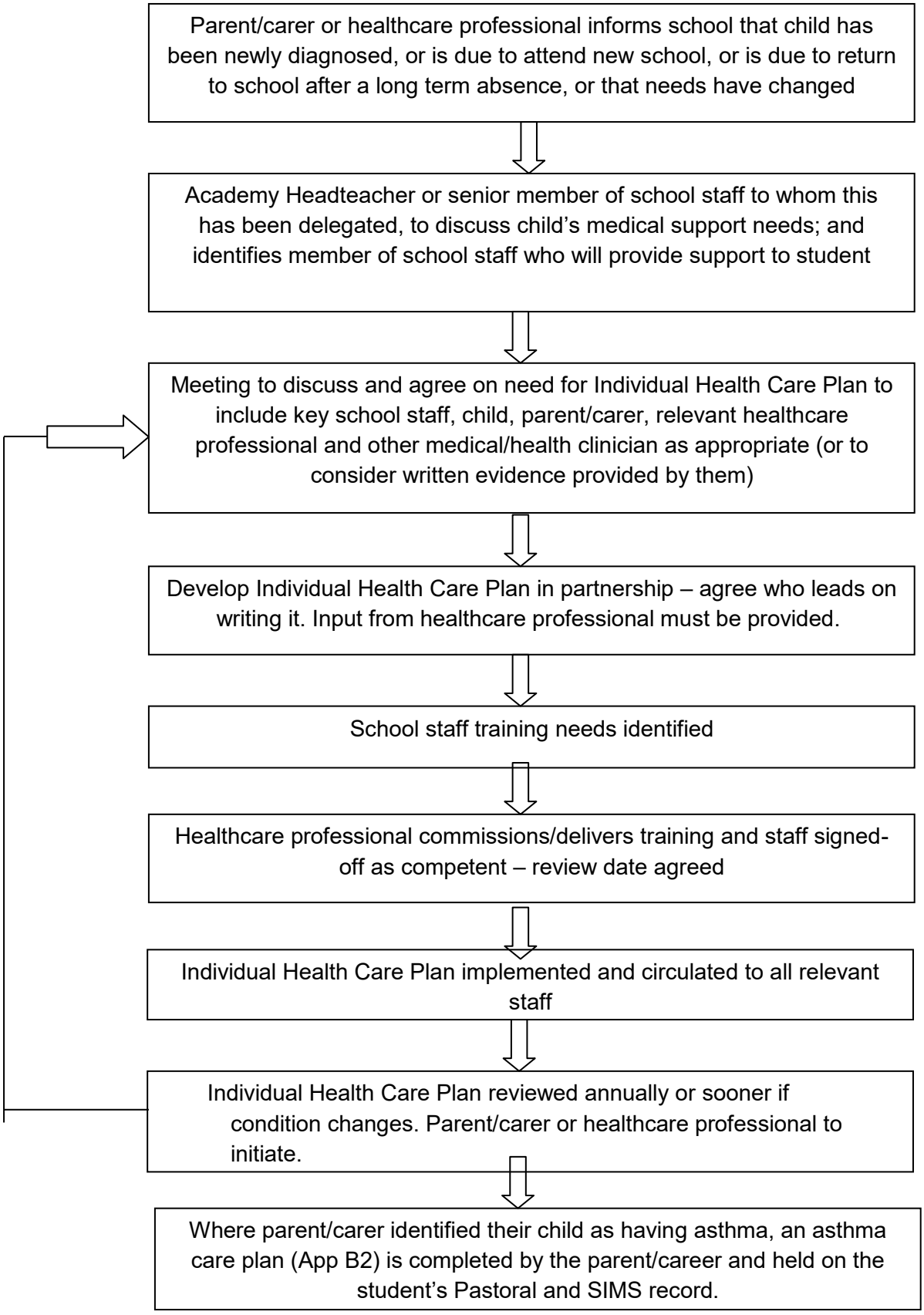
Appendix I - What to do in the event of an asthma attack

Appendix J - Specimen letter to inform parents/carers of emergency salbutamol inhaler use

Appendix K –Parent/carer checklist to identify medical condition and consent to emergency inhaler consent.

Appendix A

Process for developing Individual Health Care Plan



Appendix B – Individual Health Care Plan (part 1)

Individual Health Care Plan

Name of school/setting	
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	

Who is responsible for providing support in school?	

Individual Health Care Plan (part 2)

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc:

Name of medication, dose, method of administration, when to be taken, side effects, contra- indications, administered by/self-administered with/without supervision:

Daily care requirements (if any):

Specific support for the pupil's educational (including SEND), social and emotional needs (n.b. if the pupil has an EHCP, this IHCP must be linked to that):

Arrangements for school visits/trips etc:

Other support information (including reintegration support required):

Describe what constitutes an emergency, and the action to take if this occurs:

Who is responsible in an emergency *(state if different for off-site activities):*

Plan developed with:

Staff training needed/undertaken – who, what, when:

Form copied to:

Appendix B2

My asthma triggers:

List the things that make your asthma worse so you can try to avoid or treat them.

Always keep your reliever inhaler (usually blue) and your spacer with you.

You might need them if your asthma gets worse.

I will see my doctor or asthma nurse **at least** once a year (but **more** if I need to)

Date my asthma plan was updated

Date of my next asthma review:

Doctor/asthma nurse contact details:

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

- **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

Learn more about what to do during an asthma attack
www.asthma.org.uk/advice/asthma-attacks

Questions? Ask Asthma UK's nurses:

Call on
0300 222 5800 (9am-5pm; Mon-Fri)

Or message on **WhatsApp** (over 18 only)
07378 606 728 (9am-5pm; Mon-Fri)

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Last reviewed 2021; next review 2024

My Asthma Plan

Child's Name:
DOB:
Address:
Class:
Parent/Carer name (1st contact):
Home:
Work:
Mobile:
Parent/Carer name (2nd contact):
Home:
Work:
Mobile:
Parent/Carer Signature:
Date:

My Asthma Plan

1 My usual asthma medicines

- I need to take my preventer inhaler every day. It 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 my asthma's OK.
- Other asthma medicines I take every day:

  _____

  _____
- My reliever inhaler helps when I have symptoms. It is called _____ and its colour is _____
- I take___puff/s of my reliever inhaler when I wheeze or cough, my chest hurts or it's hard to breathe.
- My best peak flow is _____

If I need my blue inhaler when I do sports or activity, I need to see my doctor or asthma nurse.

2 My asthma is getting worse if...

- I wheeze or cough, my chest hurts or it's hard to breathe **or**
- I need my reliever inhaler (usually blue) three or more times a week **or**
- My peak flow is less than _____ **or**
- I'm waking up at night because of my asthma (this is an important sign and I will book a next day appointment)

If my asthma gets worse, I will:

- Take my preventer medicines as normal
- And also take _____puff/s of my blue reliever inhaler every four hours
- See my doctor or nurse within 24 hours if I don't feel better

URGENT! If your blue reliever inhaler isn't lasting four hours you need to take emergency action now (see section 3)

Remember to use my spacer with my inhaler if I have one.

(If I don't have one, I'll check with my doctor or nurse if it would help me)

Other things to do if my asthma is getting worse

_____

_____

_____

_____

_____

3 I'm having an asthma attack if...

- My reliever inhaler isn't helping or I need it more than every four hours, **or**
- I can't talk, walk or eat easily, **or**
- I'm finding it hard to breathe **or**
- I'm coughing or wheezing a lot or my chest is tight/hurts, **or**
- My peak flow is less than _____

If I have an asthma attack, I will:

- **Call for help**
- **Sit up** — don't lie down. Try to be calm.
- Take one puff of my reliever inhaler (with my spacer if I have it) **every 30 to 60 seconds** up to a total of 10 puffs.
- If I don't have my blue inhaler, or it's not helping, I need to call 999 straightaway.
- While I wait for an ambulance I can use my blue reliever again, every 30 to 60 seconds (up to 10 puffs) if I need to.

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.

Appendix C

Template: model letter inviting parents/carers to contribute to individual healthcare plan development

Dear <Parent/Carer>

Developing an Individual Health Care Plan for <student name>

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting students at school with medical conditions for your information.

A central requirement of the policy is for an Individual Health Care Plan to be prepared, setting out what support each child needs and how this will be provided. Individual Health Care Plans are developed in partnership between the school, parents/carers, students and the relevant health care professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although Individual Health Care Plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life and the level of detail needed within the Individual Health Care Plan will depend upon the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's Individual Health Care Plan has been scheduled for XX/XX/XX. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people XXXX]. Please let us know if you would like us to invite another medical practitioner, health care professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you require assistance with translation during the meeting, you are welcome to bring someone with you to assist. If this is something which you would like the school to try to help with, please let us know what language will need to be spoken.

If you are unable to attend, it would be helpful if you could complete the attached Individual Health Care Plan template and return it, together with any relevant evidence, for consideration at the meeting. If you would like to discuss this prior to the meeting, please contact me using the above contact details.

Yours sincerely

Deputy Headteacher

Appendix D

FORM A - PARENTAL/CARER AGREEMENT FOR SCHOOL/SETTING TO ADMINISTER MEDICINE

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	
Form:	
Medical condition or illness	

Medicine

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

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

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____ Date _____

Appendix E

FORM B - REQUEST FOR CHILD TO CARRY HER OWN MEDICINE AT WHALLEY RANGE 11-18 HIGH SCHOOL

This form is to be used for **all prescription medicines** and may also be used for non-prescription medicines at the school's discretion.

THIS SECTION OF THE FORM MUST BE COMPLETED BY PARENT/CARER

Child's Name: _____

Date of Birth: _____

Address:

_____

Name of Medicine: _____

Procedures to be taken in an emergency: _____

Contact Information for Parent/Carer

Name: _____

Daytime Phone No: _____

Relationship to child: _____

I would like my daughter to keep her medicine on her for use as necessary. I understand that this medicine is for the sole use of my daughter and must not be supplied to anyone else.

Signed: _____ Date: _____

If more than one medicine is to be given a separate form should be completed for each one.

THIS SECTION OF THE FORM MUST BE COMPLETED BY THE STUDENT

I understand that I must keep this medicine safe. I understand that this medicine is for my use only and I must not give it to anyone else to take.

Signed: _____ Date: _____

If school staff have any concerns with this request, it will be discussed with school health care professionals.

Appendix F

FORM C (Spreadsheet) - RECORD OF REGULAR MEDICINE ADMINISTERED TO AN INDIVIDUAL CHILD OR SELF-ADMINISTERED BY AN INDIVIDUAL CHILD (REGULAR USE) - FORM B must have been completed

Form C (Appendix F) - Record of regular medicine administered to an individual child or self-administered by an individual (held and maintained electronically at Student Services).

NAME	DoB	YEAR / FORM	NAME of MEDICATION	DOSE	FORM B (signed by Parent)

Appendix G

FORM D (Spreadsheet) - RECORD OF MEDICINE ADMINISTERED (AS REQUIRED) TO ANY CHILDREN – NOT DAILY MEDICINES

Use to record medicine administered to any children for treatment (as required), as spare medication when the child does not have their supply, or as emergency treatment (e.g. emergency inhaler use) NB these medicines must have been supplied by the child's parent /carer and FORM A must have been completed or emergency inhaler consent)

Date	Child's name and date of birth	Time	Name of medicine	Dose given	Any reactions	Signature of staff	Print name

Appendix H

FORM E - RECORD OF STAFF TRAINING RECORD – ADMINISTRATION OF MEDICINES

Name of school/setting	Whalley Range 11-18 High School
Name	
Type of training received	
Date of training 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 as per the suggested review date below.

Trainer's signature _____

Date _____

Suggested review date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Appendix I (i)

HOW TO RECOGNISE AN ASTHMA ATTACK

The signs of an asthma attack are

- Persistent cough (when at rest).
- A wheezing sound coming from the chest (when at rest).
- Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body).
- Nasal flaring.
- Unable to talk or complete sentences. Some children will go very quiet.
- May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache).

CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD

- Appears exhausted.
- Has a blue/white tinge around lips.
- Is going blue.
- Has collapsed.

Appendix I (i)

WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK

- Keep calm and reassure the child.
- Encourage the child to sit up and slightly forward.
- Use the child's own inhaler – if not available, use the emergency inhaler.
- If the emergency inhaler is going to be used, check that the child is on the list of students who have parental/carer consent for the use of the emergency Salbutamol inhaler. This list is kept with the emergency inhaler kit.
- Remain with the child while the inhaler and spacer are brought to them.
- Ensure tight clothing is loosened.
- Immediately help the child to take two puffs of salbutamol via the spacer.
- If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs.
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better.
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE.
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way.
- Never leave a student having asthma attack.
- Contact the student's parents/carers immediately after calling the ambulance. A member of staff should accompany a student taken to hospital by ambulance and stay with them until their parent/carer arrives.

Appendix J

Date

PRIVATE & CONFIDENTIAL

Address Line 1
Address Line 2
Address Line 3
Postcode

Dear

Student Name (Form): Notification of Emergency Salbutomol Use

This letter is to formally notify you that your daughter has had problems with her breathing today and a member of staff helped them use an inhaler. They were given X puffs.

They did not have their own inhaler with them (or this was not working) so they were provided with an emergency school inhaler.

We advise you to monitor your daughter's condition and keep a record of this incident to share with her Asthma Nurse / GP as appropriate.

Yours sincerely

Mr F Dooley
Student Services Manager
Whalley Range 11-18 High School

fdooley@wrhs1118.co.uk
tel: 0161 860 2992

Appendix K

CONSENT FORM:
USE OF EMERGENCY SALBUTAMOL INHALER

Dear Parent/Carer

In accordance with recent guidance issued by the Department for Education, we hold a set of salbutamol inhalers for use in emergencies for students showing symptoms of asthma/having an asthma attack. As stated these are for emergencies and are not to replace the working inhaler that your daughter brings into school every day.

Please complete the details below should you wish your daughter to have access to the inhalers in an emergency.

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler [delete as appropriate].

2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day.

3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed: ……

Date: ……..…

Name (print):…….……

Child's name: ……..……

Form: ……

Parent/carer's address and contact details:

……

……

……

Telephone: ……..

E-mail: ……..