



Ringwood School

Ringwood School

**Supporting students at school with
medical conditions policy**

POLICY DETAILS

Policy Name	Supporting students at school with medical conditions
Policy Category	Statutory
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To be reviewed by	Assistant Headteacher – personal development, behaviour and welfare

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1. Aims

This policy aims to ensure that:

- Students, staff and parents understand how our school will support students with medical conditions
- Students with medical conditions are properly supported to allow them to access the same education as other students, including school trips and sporting activities

The governing board will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of students' conditions, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support students with medical conditions
- Providing supply teachers with appropriate information about the policy and relevant students
- Developing and monitoring individual healthcare plans (IHPs)

2. Legislation and statutory responsibilities

This policy meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on governing boards to make arrangements for supporting students at their school with medical conditions.

It is also based on the Department for Education's statutory guidance on [supporting students with medical conditions at school](#).

3. Key Roles & Responsibilities

3.1 The Governing Body is responsible for:

- Ensuring that arrangements are in place to ensure Ringwood School supports students with medical conditions
- Ensuring that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions

3.2 The Headteacher and Assistant Headteacher for Personal development, Behaviour and Welfare is responsible for:

- Making sure all staff are aware of this policy and understand their role in its implementation
- Ensuring that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- Ensuring that all staff who need to know are aware of a child's condition
- Taking overall responsibility for the development of IHPs

- Making sure that school staff are appropriately insured and aware that they are insured to support students in this way
- Contacting the school nursing service in the case of any student who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

3.3 Staff:

Although we have an appointed School Nurse, supporting students with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to students with medical conditions, although they will not be required to do so. This includes the administration of medicines.

Those staff who take on the responsibility to support students with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of students with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a student with a medical condition needs help.

3.4 Parents/carers are responsible for:

- Providing the school with sufficient and up-to-date information about their child's medical needs
- Being involved in the development and review of their child's IHP and may be involved in its drafting
- Carrying out any action they have agreed to as part of the implementation of the IHP, e.g. provide medicines and equipment, and ensure they or another nominated adult are contactable at all times

3.5 Students are responsible for:

- Providing information about how their condition affects them.
- Being fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan.
- Being sensitive to the needs of those with medical conditions.

3.6 Other healthcare professionals, including GPs and paediatricians, are responsible for:

- Notifying the school nurse when a child has been identified as having a medical condition that will require support at school.
- Providing advice on developing and implementing individual healthcare plans.

4. Equal Opportunities

Ringwood School is clear about the need to actively support students with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

Ringwood School will consider what reasonable adjustments need to be made to enable these students to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that students with medical conditions are included. In doing so, students, their parents and any relevant healthcare professionals will be consulted.

5. Being notified that a child has a medical condition

When the school is notified that a student has a medical condition, the process outlined below will be followed to decide whether the student requires an IHP.

We will aim to identify children with medical conditions on entry to the school by collaborative working arrangements with parents/carers. In addition we will identify students with medical conditions through liaison with the New Forest and Romsey School Nursing Service and information obtained from the School Entry Health Review and the Hampshire County Council Health Questionnaire 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. We also identify children through liaison with other health care professionals e.g. Specialist nurses, GPs etc.

Where a formal diagnosis is pending, 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.

Our School Nurse team contacts all local feeder schools in April of Year 6 to obtain information on all known medical conditions of students to be transferred to ensure transitional arrangements are in place and arrangements are made for any staff training or support. These arrangements are in place for the start of the relevant new term.

Where students transfer mid-year, every effort will be made to ensure that arrangements are put in place within two weeks.

Our SENCO liaises with school nurses for students with complex medical conditions on their Education, Health and Care (EHC) plan.

Individual Healthcare plans are then created for each student with complex medical conditions.

Medical conditions are those with potential need for medical input whilst in school, either on a short or long term basis and include (but are not limited to) conditions such as moderate and severe asthma, diabetics, severe allergies, heart conditions, epilepsy and other chronic illnesses.

Ringwood School will not always wait for a formal diagnosis before providing support to students. In cases where a student's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on the available evidence. This would normally involve some form of medical evidence and consultation with parents. Where

evidence conflicts, investigation will ensue to ensure whether some degree of challenge may be necessary to ensure that the right support can be put in place

6. Individual Healthcare Plans (IHPs)

The headteacher has overall responsibility for the development of IHPs for students with medical conditions. This has been delegated to the School Nurse, overseen by the Assistant Headteacher for Personal Development, Behaviour and Welfare.

Plans will be reviewed at least annually, or earlier if there is evidence that the student's needs have changed.

Plans will be developed with the student's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all students with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the headteacher will make the final decision. We may also refer to the flowchart contained within the document 'Process for identifying children with a health condition' (see Appendix 1) for identifying and agreeing the support a child needs and then developing the individual healthcare plan. In the case of asthma or anaphylaxis, it may be appropriate to follow the core care plan instead, following discussion with parents/carers.

Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the student's specific needs. The student will be involved wherever appropriate.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a student has SEN but does not have an EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing board and the Headteacher/Assistant Headteacher for Student Behaviour, Personal Development and Welfare, will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments
- The student'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, e.g. crowded corridors, travel time between lessons
- Specific support for the student'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
- The level of support needed, including in emergencies. If a student is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the student's medical condition from a healthcare professional, and cover arrangements for when they are unavailable
- Who in the school needs to be aware of the student'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 student 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 student can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/student, the designated individuals to be entrusted with information about the student's condition
- What to do in an emergency, including who to contact, and contingency arrangements

If a child is returning following a period of hospital education or alternative provision (including home tuition), we will work with Hampshire/Dorset/Bournemouth and Poole Local Authority and education provider to ensure that the individual healthcare plan identifies the support the student will need to reintegrate effectively.

Where students are under the care of a medical professional, we ask that we are included in the distribution list for reports generated.

7. Managing Medicines

Prescription and non-prescription medicines will only be administered at school:

- When it would be detrimental to the student's health or school attendance not to do so **and**
- Where we have parents' written consent

The only exception to this is where the medicine has been prescribed to the student without the knowledge of the parents.

Students under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

Anyone giving a student any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents will always be informed.

The school 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, dosage and storage

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

All medicines will be stored safely. Students will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to students and not locked away.

Medicines will be returned to parents to arrange for safe disposal when no longer required.

A documented tracking system to record all medicines received in and out of the premises is in place, using the medication consent form (Appendix 2), daily medication form and the record of prescription medication (Appendix 4).

The name of the student, dose, expiry time of last dose and shelf life dates will be checked before medicines are administered.

The 7Rs of medicine administration will be followed. Before administration, the following checks will be made: right student; right medication; right dose; right route; right time; right reason; right documentation. This is based on the Nursing and Midwifery Council Standards for Medicines Management (2015).

On occasions where a student refuses to take their medication the parents/carers will be informed at the earliest available opportunity.

7.1 Controlled drugs

[Controlled drugs](#) are prescription medicines that are controlled under the [Misuse of Drugs Regulations 2001](#) and subsequent amendments, such as morphine or methadone.

Controlled drugs will be securely stored in a metal 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 student to administer their own controlled medication. This would normally be at the advice of a medical practitioner. Where an individual student 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.

It is our policy to give age appropriate doses of paracetamol, ibuprofen and anti-histamine to secondary age students as described on the packet, if written consent from the parents has been received in advance of administration. This is usually through the medical consent completed during transition to Ringwood School. We will check with the student that they have not previously taken any medication containing paracetamol or ibuprofen within the preceding 4 hours.

The school nurses have paracetamol, ibuprofen and antihistamine preparations in school to eliminate the need for students to bring these onto the school site.

We will never administer aspirin to any student under 16 years old unless prescribed by a doctor.

All other pain relief medicine will not be administered without first checking maximum dosages and when previously taken.

We will always notify parents through the diary to inform them that medication has been administered in school.

Emergency medicines will be stored in a safe location in the medical room but not locked away to ensure they are easily accessible in the case of an emergency.

Types of emergency medicines include:

- Injections of adrenaline for acute allergic reactions
- Inhalers for asthmatics
- Glucose gel and quick acting glucose drinks and snacks for diabetic hypoglycaemia

Other emergency medication i.e. Rectal diazepam or Buccal Midazolam for major seizures will be stored in accordance with the normal prescribed medicines procedures.

7.2 Storage

All medication other than emergency medication will be stored safely in a locked cabinet.

Where medicines need to be refrigerated, they will be stored in a refrigerator in a clearly labelled airtight container.

Students will be made aware of where their medicines are at all times and be able to access them immediately where appropriate. Where relevant they should know who holds the key to the storage facility.

Medicines such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to students and not locked away. We will also ensure that they are readily available when outside of the school premises or on school trips.

Storage of medication whilst off site will be maintained at an appropriate temperature and secure. There will be appropriately trained staff present to administer day to day and emergency medication and electronic copies of individual health care plans will be taken off site to ensure appropriate procedures are followed.

7.3 Students managing their own needs

Where possible and in discussion with parents, students that are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents and it will be reflected in their IHPs.

The healthcare plan will reference what will happen should a student who self-administers refuse to take their medication (this will normally be informing the parent/carer at the earliest opportunity). This usually only applies to medicines such as insulin, adrenalin (e.g. auto injectors) and asthma inhalers.

Where possible we will endeavour to ensure that students can carry their own medicines and relevant devices or have easy access to allow for quick self-medication. We will agree with relevant healthcare professionals/parent the appropriate level of supervision required and document this in their healthcare plan.

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

Where possible, the medical room will be used for all medical administration/treatment purposes. The location/room will be made available between the hours of 8.30am to 3.00pm.

Students with non-medical emergencies during lessons should not visit the medical room, but wait for break time, lunch time or parental advice when they return home at the end of the day. This will allow the School Nurse time to ensure all facilities are up-to-date and off-site visits fully supported. Students with known medical conditions that require careful monitoring, such as diabetes, can come to the medical room at any time.

7.4 Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the student's IHP, but it is generally not acceptable to:

- Prevent students from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every student with the same condition requires the same treatment
- Ignore the views of the student or their parents
- Ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs
- If the student becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise students for their attendance record if their absences are related to their medical condition, 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, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their student, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- Prevent students from participating, or create unnecessary barriers to students participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- Administer, or ask students to administer, medicine in school toilets

8. Emergency Procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All students' IHPs will clearly set out what constitutes an emergency and will explain what to do.

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

9. Training

Staff who are responsible for supporting students with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHPs. Staff who provide support to students with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the School Nurse. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the students
- Fulfil the requirements in the IHPs
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction

10. Offsite trips and visits

We will ensure that teachers are aware of how a student'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 students to participate according to their own abilities with any reasonable adjustments.

We will consider what reasonable adjustments we might make to enable students with medical conditions to participate fully and safely on visits. We will carry out a risk assessment (Appendix 5) so that planning arrangements take account of any steps needed to ensure that students with medical conditions are included. We will consult with parents, students and relevant healthcare professionals to ensure that students can participate safely.

11. Other Considerations

11.1 Home to school transport

If a child has a medical condition that the parent/carer wishes the transport provider to be aware of, this should be disclosed at the application stage. In compliance with GDPR law, if it has not been disclosed at the application stage, the operator will not be made aware.

11.2 Defibrillators

An AED or defibrillator is a machine used to give an electric shock when a person's heart has stopped beating normally. When this happens, early basic life support and defibrillation can markedly increase a person's chance of survival.

Ringwood School has a defibrillator as part of its First Aid equipment. It is located on the outside wall of the 6th form building, opposite the Main Reception area. It is checked monthly by Sam Coombes, Site Manager. The School Nurse has received training on Basic Life Support and the safe use of defibrillators and are able to promote these techniques more widely in school to both teachers and students.

Basic First Aid is also taught to students as part of our PSHE and Personal Development areas of the curriculum.

The DfE guide for Schools on AED's (2015) is followed with regard to our defibrillator in school.

11.3 Fractures

All students with confirmed fractures that are not supported by a full cast are at risk of further injury by being in school. These students are advised not to attend school until they have had a follow up appointment and a full cast applied. Risk assessment checklist (Appendix 6) should be completed on return to school.

Exceptions to this are upper arm/shoulder fractures which do not require immobilizing in a cast, fingers, toes and small bone fractures of the hand or foot.

When a student attends school with a fracture, Medical will inform all staff who teach the student and ask that they be allowed to leave class 5 minutes early with a buddy to reduce the risk of further injury.

11.4 Use of crutches or walking boots

Students attending school requiring crutches or walking boots to aid mobility must be risk assessed by Medical. Risk assessment checklist (appendix 6) must be completed.

Crutches or walking boots are only to be used in school if issued by a health professional. Crutches must only be used to come down the stairs in an emergency.

Students who have not been shown how to use the stairs or deemed unsafe by a physiotherapist must use the lift where available. If classrooms are not accessible by a lift provision will be made to move the class onto the ground floor or for the student to go to the hive and have work provided by the class teacher.

Medical will inform all staff involved in teaching the student of their mobility status, to reduce the risk of further injury they will be able to leave lesson 5 minutes early with a buddy to help with bags, doors, lift key etc.

11.5 Infection Control

Infectious illnesses such as diarrhoea and vomiting are often seen in school settings. In order to avoid the spread of such illnesses, students with these symptoms are asked to stay at home until 48 hours after the last episode of vomiting or diarrhoea. This is based on the recommendations in the Guidance on infection control in schools and childcare settings (Public Health England 2014 version 2). This

document is also referenced for other common childhood illnesses such as impetigo; hand, foot and mouth and chickenpox.

11.6 Nuts in school and Food Allergies

We have a large number of students with mild food allergies and a smaller number with life threatening allergies or anaphylaxis. All such students are identified through data collected from feeder schools and from parents who inform us of their children's medical conditions usually when joining the school. Individual or core care plans are completed for all students (in agreement with parents) with a moderate or severe allergy with details of the allergy, foods to be avoided, medication to be given and whether the reaction is life threatening. Students who carry auto-injectors are asked to carry one device on them and to keep a spare one in the unlocked medical room cupboard. This is following good practice for schools as identified by the Anaphylaxis campaign (www.anaphylaxis.org.uk).

We are currently not a "nut free" school as nut bans are discouraged in much of the allergy literature; as they are impossible to ban completely and monitor (www.anaphylaxis.org.uk). However, staff receive 1-2 yearly awareness training on how to recognise and deal with all types of allergic, including anaphylactic reactions. Where students with moderate or severe allergies go off site for day, sports or residential trips a medical risk assessment is completed and emergency medication and care plans accompany them.

We have written a Management plan for students with Food Allergy in the Food Room; this can be found in Appendix 7.

11. Record Keeping

The governing board will ensure that written records are kept of all medicine administered to students for as long as these students are at the school. Parents will be informed if their student has been unwell at school.

IHPs are kept in a readily accessible place which all staff are aware of.

12. Liability and indemnity

The governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

13. Complaints

Parents with a complaint about their child's medical condition should discuss these directly with the School Nurse and/or Assistant Headteacher for Student Behaviour, Personal Development and Welfare in the first instance. If the School Nurse and/or Assistant Headteacher for Student Behaviour, Personal Development and Welfare cannot resolve the matter, they will direct parents to the school's complaints procedure.

14. Links to other policies and guidance

This policy links to the following Ringwood school policies:

- Accessibility plan

- Complaints
- Equality information and objectives
- Health and safety
- First Aid (which sits within the Health and Safety policy)
- Safeguarding
- Child protection
- Special educational needs information report and policy

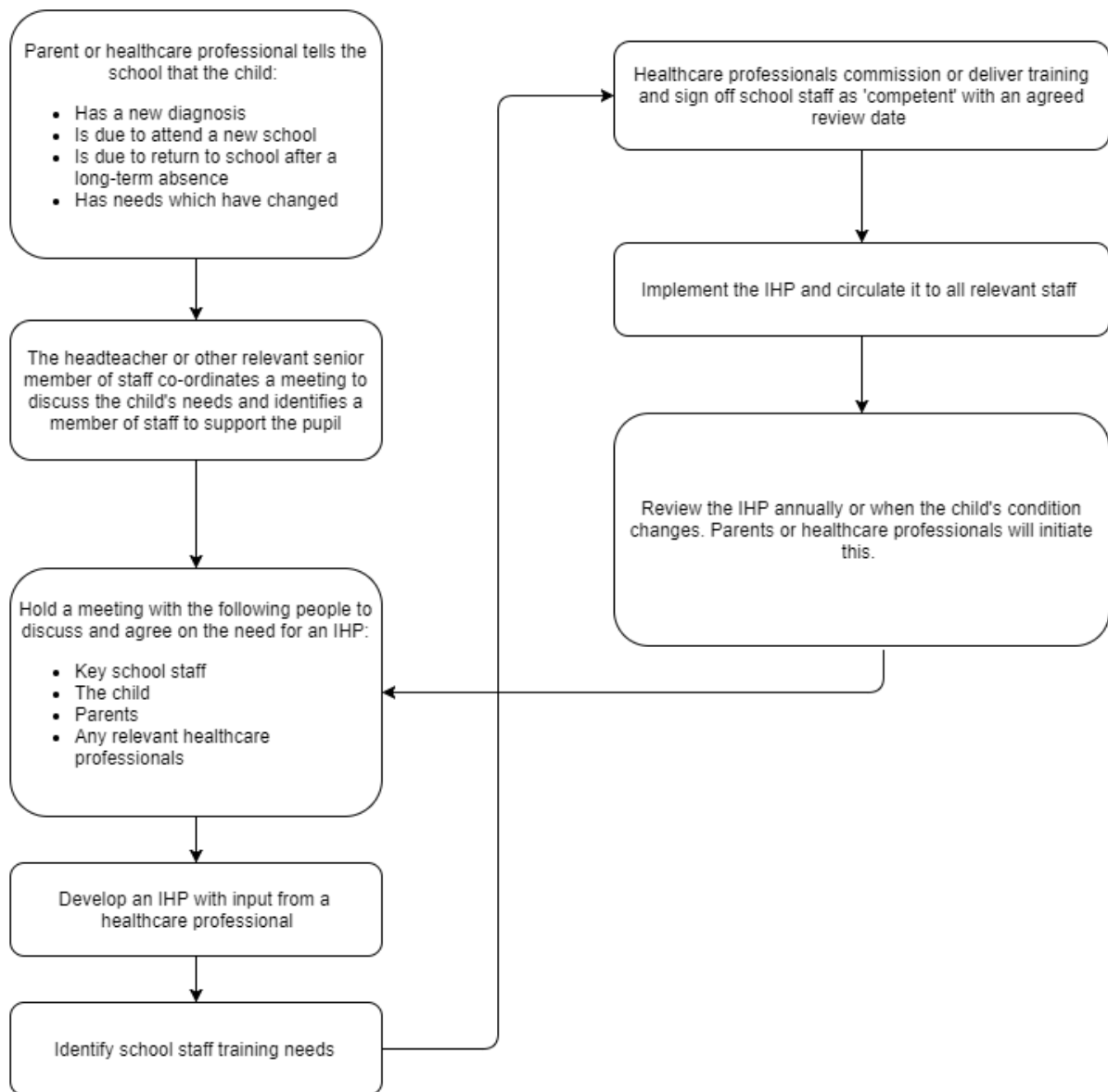
This policy references the following guidance:

- Childrens and families Act 2014 – section 100
- Keeping Children Safe in Education 2021
- Supporting students at school with medical conditions – December 2015 (DfE)
- Automated external defibrillators (AEDs) – a guide for schools – October 2019 (DfE)
- Equality Act 2010
- Guidance on emergency asthma inhalers for use in schools - March 2015 (Department of Health)
- Misuse of Drugs Regulations 2001

Appendix

1. Being notified a child has a medical condition - flowchart
2. Ringwood School – Medication Consent Form
3. Individual Healthcare Plan for students with medical conditions
4. Record of prescription medication and Daily medication records
5. Ringwood School trip and sports event medical checklist/risk assessment
6. Risk assessment checklist for students with unsupported or partial casts/splints for confirmed and possible fractures.
7. Management plan for students with Food Allergy in the Food teaching space.

APPENDIX 1: Being notified a child has a medical condition



APPENDIX 2: RINGWOOD SCHOOL - MEDICATION CONSENT FORM

In accordance with our school medical policy based on the legislation, "Supporting Students with Medical Conditions in School" (DoH 2015); we use this form to obtain parental /guardian/carer consent for prescribed and /or over the counter medication to be given in school.

Name of Student/Tutor Group _____

Date of birth _____ Emergency Contact : name + tel no. _____

Medical Condition (s) _____

OVER THE COUNTER MEDICINES

Tick all medication you give permission for school staff to administer in school.

PARACETAMOL TABLETS OR LIQUID	
IBUPROFEN TABLETS OR LIQUID	
ANTI-HISTAMINE TABLET OR LIQUID	
TRAVEL SICKNESS TABLETS	
THROAT LOZENGES	
ANY DRUG ALLERGIES OR SENSITIVITIES? (PLEASE GIVE DETAILS)	

PRESCRIBED MEDICATION

NB: Medication must be in the original container or box as dispensed and labelled by the Pharmacy.

Name/Type of medication	
Expiry date	
Dosage/How taken/For how long	
Possible Side Effects	
SPECIAL INSTRUCTIONS	

CONSENT FOR SCHOOL STAFF TO ADMINISTER MEDICATION

I give consent to school staff to administer medication as above, in accordance with the school medical policy. I will inform the school, in writing, if there are any changes to this consent. If my child is to self-medicate, I will discuss this with the School Nurses or First Aiders to ensure this is possible and can be implemented safely.

Signature _____ Date _____

FOR MEDICAL ROOM USE ONLY:

Date, name and medication received: _____

Amount of medication returned _____

Signature of School Nurse/First Aider _____

APPENDIX 3

INDIVIDUAL HEALTHCARE PLAN FOR STUDENTS
WITH MEDICAL CONDITIONS AT RINGWOOD SCHOOL

This form is based on guidance in "Supporting Students with Medical Conditions" DfE 2015.

Date..... Review date.....

STUDENT INFORMATION:

NAME.....DOB.....TUTOR.....

ALLERGIES OR SENSITIVITIES.....

MEDICAL CONDITION.....

SIGNS & SYMPTOMS.....

.....

TRIGGERS.....

WHAT CONSTITUTES AN EMERGENCY?.....

ACTION TO BE TAKEN FOLLOWING AN EMERGENCY:

.....

MEDICATION TAKEN.....DOSE.....

HOW IS IT TAKEN (eg inhaled, tablets, syrup, injected).....

If medication is to be taken in school and stored in the Medical Room, please complete the Medication Consent Form and return to the School Nurse.

CONTACT INFORMATION:

1) NAME.....RELATIONSHIP TO CHILD.....
HOME PHONE NO.....MOBILE NO.....
WORK EMAIL:

2) NAME.....RELATIONSHIP TO CHILD.....
HOME PHONE NO.....MOBILE NO.....
WORK..... EMAIL:

HOSPITAL/CLINIC CONTACT eg Consultant, Specialist Nurse. Please attach any hospital or clinic Care Plans- these will form part of your child's care plan in school.

NAME.....PHONE NO.....

GP NAME & SURGERY..... PHONE NO.....

DESCRIBE MEDICAL NEEDS AND DETAILS OF TREATMENTS, EQUIPMENT OR DEVICES.....

.....

DAILY CARE REQUIREMENTS (eg before sport or meal times)

.....

.....

SPECIFIC SUPPORT FOR STUDENT'S EDUCATIONAL, SOCIAL AND EMOTIONAL NEEDS.....

.....

ANY SPECIAL EDUCATIONAL NEEDS.....

ARRANGEMENTS FOR SCHOOL VISITS/TRIPS (this care plan will accompany your child on any trips and make up part of the risk assessment for students with medical conditions)

.....

STAFF TRAINING NEEDED.....

.....

ANY OTHER INFORMATION THAT MAY BE HELPFUL.....

.....

ADMINISTRATION OF MEDICATION:

If medication is to be taken in school and stored in the Medical Room, please complete the Medication Consent Form and return to the School Nurses.

SELF-ADMINISTRATION please inform School Nurses if your child is to self-medicate or carry medication on them (only applicable for Epipens; Asthma and Diabetic medication).

If refuses to self-administer their medicine, we will notify the parent / carer at the earliest opportunity.

PARENTAL AGREEMENT:

I agree that the medical information contained in this care plan may be shared with individuals involved in my child's care and education (this includes emergency services).

SIGNED..... DATE.....

PRINT NAME.....

APPENDIX 5

RINGWOOD SCHOOL ACADEMY SCHOOL TRIP & SPORTS EVENT
MEDICAL CHECKLIST/RISK ASSESSMENT.

School Nurse, Lead Member of Staff for Trip or First Aider to complete (electronic) and then file in Medical Room.

TRIP DETAILS & DATES (S)		
LEAD MEMBER (S) OF STAFF DESIGNATED FIRST AIDERS		
BACKPACK/MEDICATION PACK/FIRST AID KIT/COMFORT BOX REQUIRED.	IF YES, DATE TO COLLECT:	
WHO WILL BE RESPONSIBLE FOR CARRYING & ADMINISTERING MEDICATION DURING TRIP OR EVENT?		
STAFF TRAINING REQUIRED E.G. ALLERGY/EPIPEN? ASTHMA? DIABETES? OTHER RELEVANT INFORMATION?		DATE GIVEN

For students with Medical Conditions state whether there is a LOW/MODERATE OR HIGH RISK of symptoms occurring during trip. Attach this form to the User Defined List for each trip- annotate this list with the Risk Assessment or complete table below. Continuation sheets are in Trip Folder.

Factors to consider:

Location, duration, environment, planned activities, nature of trip.

Any medication, devices or Care Plans required (give to Trip Leader and identify training needs prior to trip). Yearly Staff Awareness sessions on Asthma/Diabetes/Allergy and EpiPen to be checked / recorded in Smart Log.

If air travel involved – discuss with parents need for “Fit to Fly” letter from GP if appropriate or repeat prescription sheet.

Students with Chronic conditions eg Diabetes going on Residential Trips will need a more detailed Risk Assessment completed with input from Specialist Health Care Professionals and Parents.

Liaise with Trip Leaders early and after parent information evenings if appropriate in order to obtain current information.

Staff taking students with allergies will need to brief rest of group re foods to avoid, food sharing etc.

NAME OF STUDENTS	MEDICAL CONDITION-note any medication details and any discussion with parents regarding trip.	TRAINING REQUIRED & DATE GIVEN.

APPENDIX 6:

RISK ASSESSMENT CHECKLIST FOR STUDENTS WITH FULL OR PARTIAL CASTS/SPLINTS; FOR CONFIRMED, POSSIBLE AND UNSUPPORTED FRACTURES & WALKING BOOTS and/or CRUTCHES

This form is to be completed by the School Nurse or First Aider with information from parents and hospital staff or medical letters if possible. The completed form and any hospital documentation should be scanned onto SIMS.

All students with confirmed fracture and a partial cast or no cast / support are at High Risk of further injury by being in school.

Medical advice (please see attached sheet) is that these students should be advised they are not to attend school until after the first fracture clinic or check-up.

Exceptions to this are upper arm fractures in a sling, collar-bone injuries, simple hand and finger fractures and some simple foot fractures.

Student name: _____ **Tutor Group:** _____ **Date:** _____

Please complete all relevant sections:

- 1) Details of injury, date of injury, stability of fracture, hospital seen at, x-rays taken etc.

- 2) Type of cast applied: circle appropriate one:

Full Cast / Back Slab / Foot-Boot / Sling / Splint

Other (give details);

- 3) a) Has the hospital issued crutches? YES / NO
b) Has the student been shown how to do stairs by hospital staff/ physio? YES / NO
c) Measures to be taken to minimise risk of injury on stairs

- d) What are weight-bearing instructions? Has student used crutches before?

4) Has School Nurse or First Aider met with parent / carer of the student to explain the risk of the student attending school with an unsupported fracture and / or on crutches? YES / NO
 These risks include:

a) The fracture slipping – a greater risk in the early stages of healing

b) Knocking the fracture

5) Tick measures that student and school will implement to reduce risks of student being in school with an injured limb:

A	Not to use stairs – use lift where appropriate	
B	Leave lessons 5 minutes early to avoid crowds / rush	
C	Know that break and lunch should be spent in a calm supervised area e.g beside the Hive, in the Hive or LRC with a friend.	
D	Know that they should not go onto the courts or the field at any time	
E	Understand they know the importance of elevating the limb and regular pain relief	
F	Not bring pain relief into school, but attend the medical room at break or lunchtime to receive pain relief	
G	Ask for help with bags or books	
H	No PE or activities where falls, bumps, trips may occur e.g. drama – for these lessons, where directed by the teacher, I will attend the library on time and work in silence on work I have to complete	
I	Be dropped off at, or collected from school slightly earlier	
J	Be aware of increased risks associated with wet floors and paved areas	
K	Email to Teachers / Heads of Year / Medical / Curriculum / Subject Leaders	

6) Any other factors that may be relevant to this student e.g. any other health issues, learning disabilities, home situation.

7) School Nurse to state with student if Low / Medium or High risk by attending school with this injury

LOW / MEDIUM / HIGH

School Nurse or First Aider to sign below to confirm that risks have been explained to parents / carers and the student and their parents are happy for the student to be in school with an unsupported fracture.

School Nurse or First Aider

Having discussed with the School Nurse, as _____'s parent /
carer I understand the risk to the fracture by being in school

Parent / Guardian

If parent / guardian is unable to come into school; Date & Time of phone call to explain risk
assessment

Date: _____ Time: _____

I understand that I need to follow all the guidelines given to me to ensure that there is no further
damage to the fracture. If I do not, I understand that the school will risk assess further whether I
should be in school prior to the full cast being fitted.

Student: _____

APPENDIX 7: Management Plan for Students with Food Allergies in the Food Room

BACKGROUND:

The aim of this document is to reduce the likelihood of students with a known food allergy developing a severe allergic reaction whilst in the Food Room. An allergy is defined as an exaggerated response to a substance. An allergen is a substance that produces an allergic reaction; common allergens include peanuts, tree nuts such as walnuts, pine nuts, brazils, cashews, almonds and also shellfish, coconut, wheat, and seeds (including sesame). These foods will be referred to as “risky foods” in this document. Some food allergies will produce mild reactions with no risk of harm to students. However, anaphylaxis is a sudden, severe and potentially life threatening allergic reaction that may occur in response to ingesting, inhaling or touching certain allergens or surfaces where allergens have been in contact e.g. work surfaces and utensils. (Allergy UK).

As a school we recognise that food allergy is on the increase and that 1 in 70 children has an allergy to peanuts (Anaphylaxis Campaign 2016). Currently we have 23 students in our school who have a known severe or anaphylactic type reaction to various foods and a large number of students with mild allergic conditions. Students with allergies will participate in Food Technology lessons and may potentially be exposed to allergens. This management plan has been compiled both to reduce the risks to these students but also to promote awareness and understanding of allergy, in particular, anaphylaxis or severe allergic reactions, to all users of the Food Room in our school. This plan also fulfils our school’s statutory obligations with regards to the “Supporting Students with Medical Conditions in School” Guidance (Department for Education 2015).

However, “nut free” environments and “nut bans” in schools are discouraged in much of the leading literature as these are impossible to guarantee and monitor, can give a false sense of security and fail to create a culture of allergy awareness, understanding and self-responsibility (Anaphylaxis Campaign 2015, Allergy UK 2016).

CURRENT CONCERNS

Food Technology staff have highlighted areas of concern as follows:

- Students at KS4 level are often required, as part of their curriculum and to add authenticity to their GCSE modules, to cook dishes containing common allergens such as almonds, cashews, coconut and fish
- Students are not always aware of the need for communicating with Food Tech staff about
- certain “risky foods” or of the need for thorough cleaning of surfaces, utensils and crockery after using such foods
- Accommodating students with anaphylaxis safely in the Food Room requires extra planning time and due consideration to their safety.

RISK REDUCTION MEASURES CURRENTLY IN PLACE

Students with known food allergies are identified by the School Nurses or Admissions Team and a Health Care Plan is completed by parents. From this the School Nurses are able to disseminate relevant information to the Food Technology staff about the nature of the

allergy, foods to avoid, how to deal with an emergency, how and where to access emergency medication. This information is also accessible to all staff as it is held on SIMS.

Currently, the School Nurse provide yearly training for all staff, including Food Technology staff on how to recognise and treat mild, moderate and severe allergic reactions. The use of auto-injectors is also included in this training along with how to deal with an emergency. KS3 Students currently are asked not to bring in nuts or seeds to use in the Food Room. KS4 Students are permitted to bring in foods containing nuts and seeds, but not without prior discussion with Food Technology staff to identify any potential risks to other students.

RISK REDUCTION MEASURES TO IMPLEMENT NOW

- Clear dissemination of roles and responsibilities of staff, parents and students with regard to minimising likelihood of severe allergic reactions occurring in students with known allergies.
- Continue with restrictions on use of all nuts and seeds for KS 3 students.
- Inform KS 4 students that nuts, coconut, seeds can be used in the Food Room but this needs to be agreed by Food Tech staff first. Students need to be made aware of need for all surfaces to be cleaned thoroughly and all utensils and crockery to be washed in the dishwasher. Disposable cloths to be used for cleaning surfaces where “risky foods” have been used. Staff to supervise and check use of “risky foods” in the Food Room.
- School Nurses and food technology staff to communicate at end of each school term to update on any new students with allergies and any students who will be taking Food Technology the following term. Parents to be involved in discussion at this stage to clarify allergy details, and ascertain how the lessons may need to be modified. This may mean different ingredients to be supplied or segregated areas of Food Tech room to be used with extra supervision. It is anticipated that each individual student with allergies will have unique needs which we will aim to accommodate with safety being a paramount concern. This information will constitute a risk assessment and will be documented as such on SIMS.
- Allergy Awareness Training will continue for staff and Supply staff.
- Students will be briefed on the need to be vigilant about certain foods and how to recognise the signs and symptoms of an allergic reaction and how to access help. The use of teaching materials such as posters and short films will be considered.