	Vanguard Learning Trust *As a group of local primary and secondary schools, Vanguard Learning Trust's mission is to serve its local community by providing outstanding, inclusive education. We have a collective purpose and responsibility to provide effective teaching, through a curriculum based on equality of opportunity and entitlement that allows our students to shine both in and out of the classroom. Each school in the Trust has its own ethos, which also complements the Trust's vision and values, and the common aspiration that all students can achieve their potential.*

Supporting students with medical conditions
Part A: Trust-wide

October 2025

Contents

1. Policy statement

1.1 Aim

Vanguard Learning Trust understands that supporting children and young people with medical conditions is a vital part of achieving outstanding and inclusive education. The Trust recognises that medical conditions have the potential to impact a child or young person's ability to learn, their confidence and their overall wellbeing. This policy aims to ensure that all children and young people with medical conditions are effectively supported in each Trust school so that they can play a full and active role in school life, remain healthy and achieve their academic potential. The Trust, its schools and staff, are committed to supporting children and young people with medical conditions through the Trust's shared values of aspiration, community and equity.

1.2 Delivering through our values

- **Aspiration - endless possibilities with limitless boundaries:** The Trust believes that all children and young people should have high aspirations and achieve their full potential regardless of any medical condition they may have.
- **Community - collective responsibility, collaborating within and beyond the Trust:** The Trust's focus is always on the individual child or young person, their needs and how they can best be supported. All Trust schools and staff listen and are responsive to the views of children and young people and parents to ensure arrangements appropriately meet needs. The Trust and its schools make every effort to foster positive collaborative working with our local partners in the interests of children and young people.
- **Equity - opportunities for all to achieve equitable outcomes:** The Trust ensures that no child or young person is disadvantaged because of their medical needs. All children and young people receive the same opportunities and access to educational and extended school activities (on and off-site), regardless of any health needs they may have. Children and young people with medical conditions have the same rights of admission to our schools as others and no child or young person will be denied a place at a Trust school because of their medical needs.

1.3 Application

The Trust expects everybody – trustees, governors and all school staff including contracted and supply staff - to be aware of and understand their role and responsibilities relating to children and young people with medical conditions. In addition, due to the dependency on partner organisations, particularly NHS organisations when making arrangements to support children and young people with medical conditions, the Trust expects local NHS organisations, services and professionals to adhere to their respective organisation, service and professional obligations and standards.

1.4 Scope of policy

This policy covers administering medicine procedures, in particular those specifically relating to asthma, including emergency procedures and the use of inhalers (see **Appendix 1**), as well as anaphylaxis (see **Appendix 2**), diabetes (see **Appendix 3**) and epilepsy (see **Appendix 4**). Support for children with mental health conditions can be found in **Appendix 5**.

2. Legal framework

This policy is based on the 2015 Department for Education (DfE) guidance, 'Supporting pupils at school with medical conditions' (click here). The DfE document provides statutory guidance and non-statutory advice on how proprietors of academies and governing bodies should meet their duty to make arrangements to support children and young people with medical conditions. This duty sits within a wider system of health-related duties that apply to schools, NHS organisations and local authorities that ensure children and young people's health needs are met so that they are able to access education.

2.1 Trust: key duties

2.1.1 The Equality Act 2010

If a child or young person has a medical condition that causes physical or mental impairment that has a substantial and long-term effect on their daily living, this would constitute a disability under the Equality Act 2010. In these instances, the Trust and its schools have additional responsibilities including a requirement to make reasonable adjustments. The Trust's equality duty policy provides more information.

2.1.2 The Children and Families Act 2014 Part 3

Some children and young people may have special educational needs (SEN) and have an education, health and care (EHC) plan which brings together special educational, health and social care provision. The DfE and Department of Health (DoH) Special Educational Needs and Disabilities (SEND) Code of Practice (click here) explains the duties of local authorities, NHS organisations and schools to meet the needs of children and young people with SEN. For children and young people who have an EHC plan and medical needs, arrangements should be compliant with the SEND Code of Practice. Each Trust school has a SEND policy and the Part B school-specific policies provide more information.

2.1.3 Safeguarding and welfare

Although managing medical conditions is not inherently a safeguarding issue, there is a potential risk of harm if a child or young person's medical condition is not effectively managed. Also, a child or young person's ongoing welfare relies on consistently meeting any health needs they may have. Therefore, the Trust and its schools ensure that robust arrangements are in place to safeguard children and young peoples' health and wellbeing in line with the DfE's statutory guidance on keeping children and young people safe in education. The Trust's safeguarding and child protection policy (click here) provides more information.

2.1.4 Health and safety and first aid

The Trust has duties under health and safety laws and this includes providing first aid to employees and others injured or taken ill on Trust premises including school sites. However, these obligations have limits. First aid training and certification do not constitute suitable training to meet a child or young person's health needs that are the result of a medical condition. The DfE's guidance on first aid in schools, early years and further education (click here) provides more information.

2.2 Statutory partners: key duties

Supporting a child or young person who has a medical condition at school is not the sole responsibility of one organisation. NHS organisations and local authorities have important duties relating to the health and wellbeing of the children and young people attending school.

2.2.1 NHS integrated care boards (ICB)

NHS ICBs are responsible for commissioning clinical support in schools for children and young people who have long-term conditions, disabilities and additional health needs. This includes arranging the health provision for children and young people with EHC plans.

2.2.2 NHS service providers

NHS Provider Trusts and NHS community services are required to deliver NHS services in line with their statutory responsibilities, the NHS constitution and national standards. This includes working across organisational boundaries to deliver high-quality, safe care.

2.2.3 Local authorities

Local authorities are responsible for commissioning public health services for school-aged children and young people in their area and this includes school nursing services. In addition, if a child cannot attend school because of a health problem, and would otherwise not be able to access full-time education, the local authority is responsible for arranging suitable education provision.

3. Collaborative working with partners

3.1 Collaboration

It is vital to acknowledge that supporting children and young people with medical conditions at school relies on every partner playing their part. The Trust's ability to make appropriate and effective arrangements is dependent on a strong partnership between the Trust, its schools and their staff, local authorities, NHS organisations, health professionals, children and young people and parents. Within this policy, the term 'parents' is used to cover the range of individuals with responsibilities for children and young people including carers and guardians.

3.2 Local partners

Collaborative working with our partners is essential to provide both school-led support and access to NHS-led services and support, as needed. Therefore, this policy identifies and describes the joint working arrangements between those involved. The Trust and its schools' local partner organisations include:

- London Borough of Hillingdon Council
- NHS North West London ICB
- Central and North West London NHS Foundation Trust (FT)
- Hillingdon Hospitals NHS FT

These partners have critical roles and responsibilities in supporting children and young people with medical conditions at school. Relevant departments and services were consulted on this policy; this will be an ongoing, iterative process as guidance continues to change.

4. Roles and responsibilities

4.1 The board of trustees and local governing bodies

Vanguard Learning Trust, as proprietor, has the overall responsibility for ensuring children and young people with medical conditions have their health needs met at a Trust school. The board of trustees (BoT) delegates the responsibility for meeting this duty to the local governing body (LGB) of the individual schools in the Trust. The LGBs work closely with the headteacher, staff and wider stakeholder community to ensure that the school has a Part B of this policy that sets out the school's arrangements and that this policy is implemented and effective. The BoT and LGBs will:

- promote a culture that reflects Trust values so that parents, children and young people and Trust school staff are confident that effective arrangements are in place for supporting children and young people with medical conditions;
- ensure that children and young people with health needs are supported to enable the fullest participation in all aspects of school life and that staff providing support are able to access information and other teaching support materials needed;
- provide the organisation-level frameworks with NHS and LA partners to enable Trust schools to work collaboratively and positively in the best interests of children and young people;
- ensure that the Part A Trust-wide of this policy and Part B school-specific procedures are in place and are readily accessible to school staff and parents;
- provide the oversight and governance mechanisms to assure that the 'Supporting students with medical conditions' policy, processes and procedures are being implemented and are effective;
- oversee an review of Part A and Part B of this policy to ensure they remain up-to-date with relevant national and local information and guidance;
- ensure each Trust school has a named lead who is responsible for the policy implementation;
- oversee the organisational processes and procedures that encourage and promote continual learning and improvement relating to how Trust schools support children and young people with medical needs;

- ensure that Trust schools have the appropriate level of insurance and liability cover for supporting children and young people with medical conditions; and
- ensure that Trust schools adhere to the DfE guidance on supporting students with medical conditions (click here).

4.2 Headteachers

Each headteacher in the Trust is expected to:

- ensure that the school-specific procedures in Part B are developed and effectively implemented with partners;
- ensure that all school staff are made aware of the policy and understand their role and responsibilities in its implementation. This includes agency and temporary staff who will be informed of children and young peoples' conditions as necessary and the actions to take in an emergency;
- ensure that this policy, both Part A and B, is easily accessible and readily available for parents;
- establish school processes and procedures for effective communication with health, social care and education services/professionals, parents and children and young people so that health-related information can be shared in a timely way;
- ensure that children and young people who require an individual healthcare plan in school, have the appropriate plan in place. This may be a school-led plan or an NHS-led plan;
- ensure sufficient numbers of suitably trained staff to implement the policy. This will involve seeking NHS service/professional advice and guidance to inform decisions about training and staffing to meet the care needs of children and young people with individual healthcare plans;
- maintain oversight of the specific healthcare interventions delivered by school staff and ensure the appropriate insurance and indemnity cover is in place;
- ensure the availability of revised programmes of study and/or alternative access arrangements for children and young people who require it due to health needs, eg. home schooling and exam support.

4.3 School staff

Although staff may be asked to provide support to children and young people with medical conditions, they cannot be required to do so unless the support is part of their contract of employment or the staff member agrees. If school staff do provide health support to children and young people, they must receive suitable and sufficient training. School staff are required to:

- understand this policy and be aware of their role and responsibilities in its implementation;
- attend and engage in all training relating to children and young peoples’ health and wellbeing, as requested. This includes general awareness training on medical conditions;
- know which children and young people have medical conditions, the content of individual healthcare plans and the potential impact of the medical condition, eg. participating in sporting activities, as appropriate;
- know and understand what to do in an emergency situation and how to respond when they become aware that a child with a medical condition needs help;
- ensure children and young people have access to their emergency medication at all times;
- support children and young people with individual healthcare plans, as designated. In these instances, staff are required to:
  - follow the training provided and school procedures and management as set out in individual healthcare plans, for example, administering medication;
  - engage in all NHS professional theoretical and practical training, supervision arrangements and competency assessments and follow the health professional instructions; raise any concerns or issues with an appropriate staff member, eg. line manager or health professional;
- ensure children and young people with medical conditions receive additional support with learning and accessing the curriculum, as and when needed; and

- utilise opportunities in the curriculum to promote awareness and understanding of medical conditions, eg. personal, Social, Health and Economic (PSHE) programme.

4.4 Parents

Parents are key partners in how schools in the Trust support children and young people with health needs. All schools within the Trust aim to set clear expectations on how parents of children and young people with medical conditions can best help schools support their medical needs. They should:

- notify the school of their child or young person's medical condition and any changes in the condition or support that school staff need to be aware of, at the earliest opportunity;
- provide the school with sufficient and up-to-date information about their child or young person's health needs;
- participate in discussions about developing and reviewing their child or young person's healthcare plan, as appropriate.
- ensure medicines and medical devices are labelled with their child or young person's full name and date of birth, in the original pharmacy packaging;
- ensure medicine brought into school is within its expiry date and when requested provide the school with replacement medicine;
- ensure their child or young person attends any NHS appointment, assessment or review requested by their GP or specialist NHS team;
- complete and return any paperwork requested by the school, eg. consent forms;
- carry out any actions that have been agreed upon and included in their child or young person's healthcare plan, eg. providing medicine and/or equipment; and
- provide the required/requested consent to allow your child or young person's NHS care plan to be shared with the school, as relevant i.e. when support and care is necessary in school.

4.5 Children and young people

Children and young people with medical conditions are often best placed to provide information about how their condition affects them and the management of their condition. In promoting a supportive and inclusive environment, the Trust and its schools recognise and empower students to actively participate in the management of their medical condition. Trust schools/staff will work with NHS partners to:

- encourage children and young people to understand their medical condition, its implications and the importance of effective management;
- facilitate age-appropriate discussions and educational sessions to enhance a child or young person's understanding of their condition, care plans and emergency procedures;
- encourage open communication between children and young people, parents, healthcare professionals and school staff to ensure everyone is aware of the child's medical needs, heir preferences and any modifications in their care plans;
- involve the child or young person in the development and review of their healthcare plan, allowing them to contribute so that the plan reflects their unique needs;
- encourage the child or young person to be vigilant about their symptoms and condition, reporting any changes at school to a member of staff promptly;
- support and educate children and young people to administer their own medications following prescribed instructions, as appropriate;
- promote responsible practices such as informing an adult/member of school staff if they miss a dose, experience side effects or face difficulties with their medication;
- educate a child or young person on recognising signs of an emergency related to their medical condition and guide them on appropriate actions to take, including asking for help from school staff; and
- ensure the child or young person knows the location of their emergency medications like EpiPens and inhalers and how to use them in an emergency.

4.6 The local authority

All schools within the Vanguard Learning Trust are located within the local authority area of the London Borough of Hillingdon. The local authority's role and responsibilities are to:

- promote partnership working between the local authority, schools/academies, NHS ICBs and NHS Provider Trusts to improve the wellbeing of children and young people;
- commission a school nursing service to deliver the national Healthy Child Programme and public health priorities in local schools;
- make joint commissioning arrangements with NHS ICBs for children and young people with SEND and health needs;
- ensure integrated education, health and social care provision is available for children and young people and young people with SEND including leading the local SEND EHC processes;
- work with schools to ensure there are the necessary support arrangements in place to enable children and young people to attend full-time education; and
- make arrangements for a child or young person who will be/has been away from school for 15 days or more because of health needs (consecutive or cumulative across the school year). This will be in line with DfE guidance (click here) and Hillingdon Council's policy (click here).

4.7 School nursing service

The Central and North West London NHS FT provides the school nursing service across the borough of Hillingdon. The contact details can be found in **Appendix 6**. This service plays an important role in supporting children and young people with medical conditions and leads the delivery of public health services for school-aged children and young people (5-19 years). The Hillingdon School Nursing Service's role and responsibilities are to:

- work within a multidisciplinary team to assess, plan, implement and evaluate the care offered to children and young people and their families;
- provide personalised support to children and young people and their families where additional health needs have been identified, including making referrals to specialists;
- notify schools when a child or young person has been identified as having a medical condition which requires support at school;
- ensure all children and young people who have a long-term condition have a healthcare plan for use in school and provide advice and support on its implementation;
- support the coordination of care plans for children and young people with medical needs in partnership with specialist health services;
- coordinate and liaise with partners to secure the appropriate staff support and training to meet a child or young person's health needs;
- provide evidence-based awareness training for Hillingdon school staff on common childhood medical conditions, on an annual basis;
- undertake health and development reviews, screening, assessments of mental health needs and promote health and wellbeing; and
- send a health questionnaire to parents of children and young people in reception, year 7, year 9 and year 12 to identify any new or ongoing health needs and ensure additional support that may be required is in place.

4.8 NHS Integrated care board

NHS North West London ICB is the local NHS commissioning organisation that arranges a range of NHS services and support for children and young people in North West London. This includes the clinical support for long-term conditions, disabilities and additional needs that may be needed by children and young people attending Hillingdon schools. The NHS North West London ICB's role and responsibilities are to:

- commission NHS services that provide high-quality health care and support that children and young people may need to access and participate in their education;

- work cooperatively and collaboratively with the local authority and other partners including schools to arrange services for children and young people to access their education;
- ensure appropriate joint working with the local authority for arranging the health support children and young people may need at school;
- ensure the NHS services commissioned enable NHS provider trusts/professionals to engage and participate in the SEND Education, Health and Care processes; and
- arrange the Education, Health and Care Plan 'Health' provision that a child or young person may need whilst at school.

4.9 NHS-commissioned services and professionals

NHS services and professionals such as GPs, paediatricians and specialist health teams including specialist nurses (eg. diabetes and epilepsy nurses) have a vital role to play in supporting children and young people with medical conditions at school. The Trust expects local NHS service providers and professionals to work with Trust schools and their staff to ensure appropriate arrangements are in place to support children and young peoples' health needs whilst they are at school. Contact details for Hillingdon Hospitals NHS Foundation Trust – Hillingdon Hospital can be found in **Appendix 6**. NHS-commissioned services/professionals' role and responsibilities are to:

- provide high-quality NHS services and support for children and young people with long-term conditions and additional health needs, such as Child and Adolescent Mental Health Services (CAHMS);
- take the lead on developing care plans for individual children and young people with medical conditions in line with national guidance and standards, eg. Care Quality Commission guidance (click here). This should include timely reviews, risk management and effective communication with those providing care;
- take into account national condition-specific guidance and standards, eg. NICE guidelines and quality standards and NHS national bundles of care for managing asthma, diabetes and epilepsy;
- ensure any registered health professional activity that is delegated meets the relevant professional body, eg. the Nursing and Midwifery Council (click here) requirements for training, supervision, competency assessment and ongoing monitoring/support.

5. Admission/attendance

5.1 A 'support first' approach

Vanguard Learning Trust schools are welcoming and inclusive. No child or young person will be refused a place or prevented from attending due to a medical condition. Every effort will be made to ensure a child or young person can attend school full-time. However, there may be instances where children and young people with medical conditions are unable to attend school. Where necessary, Trust schools will focus on the best interests of the child or young person and this may require flexibility such as a part-time programme of study. When children and young people have had a period of absence, consideration will be given to a suitable plan to support the return to school and this will be in consultation with parents.

5.2 Removing barriers to good attendance

The Trust recognises the importance of consistent attendance and is committed to removing barriers that prevent students with medical conditions from attending school. In accordance with the DfE's statutory guidance, 'Working Together to Improve School Attendance' (click here), the Trust will:

- ensure that students with medical conditions, including mental or physical health challenges, are appropriately supported to attend school regularly;
- utilise local services and agencies, as well as any legal interventions that may be available, to help improve attendance and reduce absenteeism; and
- engage in daily data sharing of attendance both within the Trust and with partners, such as the local authority and the DfE, ensuring transparency and accurate reporting.

5.3 Mitigating risks to the wider community

There may also be occasions when a child or young person should not attend school for health reasons. In accordance with wider safeguarding and health and safety obligations, the Trust and LGBs need to ensure that children and young people are not exposed to unnecessary and unacceptable risk for example, if a child or young person has or is suspected of having an infectious disease. In these circumstances, a Trust school may decide that a child or young person's attendance at that time would be detrimental to the health of the child or young person and/or others. Any decisions taken will follow UK Health Security Agency guidance (click here), NHS guidance (click here) and Central and North West London guidance (click here) and will always be based on the best interests of the child or young person and the wider school population.

5.4 Part-time timetables

As outlined in statutory guidance, in very exceptional circumstances and where it is in a student's best interests, there may be a need for a school to provide a student of compulsory school age with less than full-time education through a temporary part-time timetable to meet their individual needs. An example is where a medical condition prevents a student from attending school or another setting full-time and a part-time timetable is used to help the student access as much education as possible. A part-time timetable will not be used to manage a student's behaviour. The Trust will follow its internal protocol for monitoring students on a part-time timetable and will work closely with the local authority to arrange appropriate educational provision. The protocol ensures that there are regular reviews of the student's progress to ensure their educational needs are met and enables governors to have a critical oversight of children who are not able to access full-time education at school.

6. Notifications relating to a child or young person's medical condition

6.1 Parents

Parents must provide their child or young person's medical information on the school admission form. The school will endeavour to have arrangements in place for the start of the school term. When children and young people are transitioning between schools, information about medical conditions should be shared between schools as part of the transition process. In other cases, such as a new diagnosis or a child or young person moving to a new school mid-term, every effort will be made to put arrangements in place as soon as possible.

6.2 NHS services/professionals

In addition, NHS services/professionals should communicate with Trust schools if a child or young person's medical condition requires specific care and support at school. The Trust expects each school to work with NHS services to ensure that there are effective processes to share information about a child or young person's health needs including any changes in their condition or management. It is also a parent's responsibility to provide updated information and/or if circumstances change.

6.3 Procedure once notified

When a Trust school is notified of a medical condition or a change, the procedure followed is based on the DfE recommended process and is shown in **Appendix 7**. This includes steps to develop and update an individual health care plan, determine the staff who will provide the care and support and identify and secure any training required. If a formal diagnosis has not been made and/or the medical condition is unclear, Trust schools will always seek advice and information from the relevant health service/professional and consult with parents. The Trust's schools will always advocate for children and young people and will challenge as necessary to secure the right health services and support to allow full access and participation in their education.

7. Individual healthcare plans

7.1 Development of individual healthcare plans

Individual healthcare plans are used by Trust schools to ensure a child or young person with health needs receives personalised care and to support partnership working between schools and NHS services/professionals. They also help in the assessment and management of risks to the child's education, health and social wellbeing. Healthcare plans are always developed with the child or young person's best interests in mind. An individual health care plan sets out clear instructions about the support a child or young person needs, who will provide it and if relevant, what action to take in an emergency. Not all children and young people with a medical condition will require a plan. It will be dependent on individual circumstances and Trust schools/staff will take advice from NHS services and professionals on the appropriateness of a child or young person having an individualised plan. Each Trust school has a named lead who is responsible for developing and coordinating healthcare plans. Schools follow the process for developing individual healthcare plans set out in **Appendix 7**. Key steps include the notification of a new or a change in medical condition, collaboration with parents, child and relevant healthcare professionals and the identification of the appropriate lead for writing the plan. The lead may be a member of school staff (School-led plan) or an NHS health professional (NHS-led plan). Whilst Trust headteachers are responsible for ensuring individual healthcare plans are finalised, when an NHS-led care plan is appropriate, the processes around this are highly dependent on the relevant NHS services and professionals. However, schools have processes for requesting, monitoring and following up NHS-led plans.

7.2 Information recorded on individual healthcare plans

The format of individual healthcare plans will vary depending on whether it is a school-led plan or an NHS-led plan. School-led plans will include the DfE's recommended content which is shown in **Appendix 8**. When an NHS service/professional is the appropriate lead, they will use the appropriate NHS format and Trust schools/their staff will contribute and co-operate as requested. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed. Where a child or young person has SEN but does not have an EHC plan, their SEN will be mentioned in their individual healthcare plan. Particularly, how their SEN potentially or does impact on their medical condition and its management. When healthcare plans are developed for individual children and young people, consideration will be given to the following;

- the medical condition, its triggers, signs, symptoms and treatments;
- how a child or young person's needs are met including medication, other interventions, access to facilities, access to food and drink where this is used to manage their condition, dietary requirements and any reasonable adjustments that may be required;
- arrangements for written permission from parents for medication to be administered by a member of staff, or self-administered by the child or young person during school hours;
- specific support for a child or young person's educational, social and emotional needs – for example, how absences are 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 (some children and young people will be able to take responsibility for their own health needs) including emergencies. If a child or young person is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;
- the staff who will provide support, their training needs, expectations of their role and a competency assessment from a health professional confirming their proficiency in providing this support and care for the child or young person. Cover arrangements for when they are unavailable;
- arrangements to support sharing information/access within the requirements for data protection and confidentiality. Where confidentiality issues are raised by the parent, child or young person, designated individuals to be entrusted with information about the child or young person's condition; and
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child or young person can participate, eg. risk

assessments.

7.3 Reviewing individual healthcare plans

Individual healthcare plans and their review may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child or young person. Trust schools undertake a review of school-led healthcare plans at least annually or earlier if evidence is presented that the child or young person's needs have changed. The Trust expects NHS partners/services to undertake a regular review of the NHS-led healthcare plans that are held in school, ideally, annually or sooner if clinically indicated.

8. Staff training and support

8.1 Context

Vanguard Learning Trust recognises that staff need to be suitably trained and supported to carry out their role and responsibilities relating to children and young people with medical needs. Decisions regarding training and staffing requirements will be informed by NHS services/professionals' advice and guidance. Parents are key in providing relevant information to the school about how their child or young person's needs can be met. Parents will be asked for their views and advice but this will be in addition to NHS service/professional advice, instruction and training, as appropriate.

8.2 Staff training

Trust staff training and support includes:

- annual awareness training for all school staff on medical conditions that children and young people have in schools, eg. asthma and anaphylaxis. The covers symptoms, triggers, risks and emergency actions. Usually, this is delivered on whole school staff training days;
- induction of new staff includes informing of responsibilities for children and young people with medical needs;
- training needs to support specific children and young people are identified during the development and review of individual healthcare plans. Healthcare professionals would normally lead on identifying the type and level of training required and how this can be accessed;
- each Trust school's designated lead for medical conditions receives additional training from NHS services/professionals on the management of medical conditions such as asthma, diabetes and anaphylaxis; and
- health professionals delegate health tasks to Trust staff who are providing care for specific children and young people as set out in NHS-led healthcare plans. The Trust expects this to meet registered health professional standards for delegation including risk assessment, training, competency assessment and ongoing support.

8.3 Supporting students whose behaviour may be affected by their medical condition

The Trust recognises that some medical conditions, such as those involving chronic pain, neurological differences (eg. ADHD), or mental health challenges, could affect a student's behaviour. Staff should adopt a compassionate and informed approach, ensuring that responses are sensitive to the student's medical needs while maintaining a safe, inclusive and supportive learning environment. Further information can be found in **Appendix 9**.

9. Administering and managing medicines

9.1 Principles

Administering medicines is not part of teachers' professional duties and there is no legal requirement for any teacher to administer medication to a child or young person. School support staff may have additional responsibilities as part of their contract of employment, eg. administering medication to children and young people. Any member of staff agreeing to take on the responsibility of medicine administration will receive sufficient and suitable training, and is required to follow Trust and school policies and procedures relating to administering and managing medicines. Wherever possible, children and young people who are suitably competent will be allowed to carry their own medicines and relevant devices. Children and young people who can take their medicines themselves or manage procedures may require an appropriate level of supervision, this will be decided on a case-by-case basis. If it is not appropriate for a child to self-manage, staff will be assigned to help administer medicines and manage procedures for them.

9.2 Administering medicines

9.2.1 Guidance

The following is the main guidance for administering medicines:

- Medicines are only administered at school when it would be detrimental to a child or young person's health, wellbeing or attendance not to do so;
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours;
- Parents are required to provide consent for Trust school staff to administer medication to their child or young person;
- Any medication administered will be recorded and parents will be informed in accordance with notification detailed in a child or young person's healthcare plan;
- No child/young person under 16 years will be given prescription or non-prescription medicines without their parent's written consent, except in exceptional circumstances where the medicine has been prescribed to the young person without the knowledge of the parents. In such cases, every effort will be made to encourage the child to involve their parents while respecting their right to confidentiality and will be based on the child's age in terms of their capacity to make their own decision (generally 12 or 13 years old);
- A child/young person under 16 will not be given medicine containing aspirin unless prescribed by a doctor. Medication for pain relief will not be administered without first checking maximum dosages and when the previous dose was taken. Parents will be informed when the medication has been given.

9.2.2 Prescription and non-prescription medicine

Prescription medicines, also known as prescription-only-medicines (POM), are pharmaceutical drugs which legally require a medical prescription to be dispensed and supplied. Non-prescription medicines, also known as over-the-counter (OTC) medicines, are medications that can be obtained without a prescription and can be purchased either under the supervision of a pharmacist (P) medicine) or on general sale through retailers such as supermarkets (GSL) medicine). Medications are classified as OTC (P or GSL), based on their safety profiles and to enable access to those medicines without the need to see a GP.

9.3 Managing medicines on school premises

The following is the main guidance for managing medicines on school premises:

- Trust schools will only accept prescribed medicines if they are in-date, labelled, in their 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 provided to schools inside an insulin pen or a pump, rather than in its original container.
- Each school has appropriate arrangements to store medicines safely. At all times, children and young people will know where their medicines are and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing metres and adrenaline pens will always be readily available to children and young people and not locked away. Particular consideration is given to children and young people accessing their medicines and devices when away from school premises, eg. school trips.
- When no longer required, medicines will be returned to parents or safe disposal will be arranged by the school. Sharps boxes are always used for the disposal of needles and other sharps. Schools make arrangements with sanitary companies to ensure that sharps boxes are regularly collected.
- A child or young person who has been prescribed a controlled drug may legally have it in their

possession if they are competent to do so. Passing it to another child for use is an offence. If necessary, monitoring arrangements will be established.
- When a controlled drug has been prescribed for a child or young person, schools store the medication securely in a non-portable container and only named staff will have access. However, any controlled drugs are easily accessible for emergency use.
- School staff follow instructions from NHS professionals on record keeping for controlled drugs, eg. how much was administered, when and by whom, the amount of the controlled drug held and any side effect.

Disclaimer: Trust schools will not accept responsibility for any child or young person who runs out of medication or whose medication has expired.

10. Emergency procedures

The Trust ensures that all schools have clear processes and procedures for managing health-related emergency situations. Key principles include:

- general school procedures for managing an emergency situation will be covered during all new staff induction and routine update training;
- where a child or young person has an individual healthcare plan, the plan will clearly describe what constitutes an emergency and include what actions need to be taken and by whom. This information will be shared with staff, as required and will be incorporated into relevant staff training and updates;
- each school will ensure the designated staff responsible for contacting local emergency services know what information should be provided including how emergency services will access the school site;
- if a child or young person needs to be taken to the hospital, staff will accompany the child or young person in the ambulance and stay with them until the parent arrives; and
- each Trust school has automatic defibrillators on site. These are checked on a termly basis and a central record is kept of the expiry date for the associated consumables. All first aiders are trained on how to use them in the event of a cardiac emergency.

11. Record keeping

All Trust schools understand the importance of clear, written records when supporting children and young peoples' medical needs. Accurate documentation offers protection to children and young people and staff as it ensures and provides evidence that agreed procedures have been followed. Each school has robust processes in place for recording information. This includes initial notification which is part of the Schools' enrolment/admissions forms, written parental consent for supporting children and young people with medical conditions and written records of interventions and care provided including any medication administered. When registered health professionals delegate healthcare activity to school staff, the Trust's expectation is that the health professional will delegate the associated record keeping in accordance with professional standards, eg. Royal College of Nursing - record keeping (click here).

12. Sporting activities, day trips and residential visits

Trust schools actively support children and young people with medical needs so that they can participate in the range of activities that schools offer such as sporting activities, day trips and residential visits. Children and young people with health needs will not be prevented from participating in the activities available to others.

12.1 Reasonable adjustments

The Trust and its schools are aware of how a child/young person's medical condition may impact on their participation and they will be encouraged to participate in school activities according to their own abilities. Trust schools will consider any reasonable adjustments that may be needed to enable children and young people with medical needs to participate fully and safely. If necessary, reasonable adjustments will be made unless information from a health professional advises against a particular activity. It may be necessary to formulate an individual risk assessment and each trip will be considered on a case-by-case basis.

12.2 Medication

Trust schools have their own protocol for storing and administering routine and emergency medicines when off-site and the planning process for trips considers how help can be accessed in an emergency. Consideration will also be given to any medication, equipment or intervention needs that may be relevant when planning residential visits. These may be additional to the medicines, facilities and healthcare plans that are normally required in school.

12.3 Risk assessments

As part of general risk management processes, all schools have arrangements in place for dealing with emergencies for school activities wherever they take place, including school trips within and outside the UK. For children and young people with health needs, additional risk assessments will be undertaken as required so that planning arrangements take into account any additional factors or support needed. These will involve consultation with the parent/child/young person and advice from relevant health professionals to ensure safe participation.

13. Unacceptable practice

Vanguard Learning Trust is clear about what constitutes unacceptable practice in relation to supporting children and young people with medical conditions. Each Trust school will always use their discretion and assess each case on its own merits with reference to a child or young person's needs and their individual health care plan. Generally, it will be considered unacceptable practice to:

- assume that every child or young person with the same condition requires the same treatment;
- prevent children and young people from easily accessing their inhalers and medication and administering their medication when and where necessary;
- disregard the views of the child/young person or health professional advice or opinion (although this may be constructively challenged);
- frequently send children or young people with medical conditions home for reasons associated with their condition or prevent them from accessing normal school activities unless specified in their individual health care plans;
- send an ill child or young person to the school office or medical room unaccompanied or with someone unsuitable;
- penalise children or young people for their attendance record if their absences are related to their medical condition, eg. attendance at hospital appointments;
- prevent children and young people from eating, drinking or taking toilet or other breaks whenever they need to in order to manage their medical condition;
- require parents, or otherwise make them feel obliged to attend school to administer medication or provide medical support including toileting issues. (However, if the medical support requires specialist NHS services and exceeds what a school could be expected to provide, the school will work collaboratively with NHS partners to secure the necessary services); and/or
- prevent a child or young person from participating, or create unnecessary barriers to participating in any aspect of school life including school trips.

14. Monitoring

Vanguard Learning Trust's Board of Trustees and each school's local governing body will proactively monitor the implementation of this policy and the effectiveness of the arrangements for supporting children and young people with medical conditions. Both Parts A and B of this policy will be reviewed at least annually and revised in line with any national or local policy updates and any changes to procedures. The oversight and monitoring arrangements are embedded in the Trust's governance framework as part of the assurance cycle. Assurance work will include school reporting, visits to school and meetings with the school leadership team. Monitoring arrangements covering incident reporting and management, complaints that may be relevant to supporting children and young people with medical conditions and feedback via parent and children and young people surveys. With regards to monitoring at Trust/LGB level, number and severity of accidents are currently reported and discussed during BoT meetings.

15. Liability and indemnity

The Trust is a member of the DfE's Risk Protection Arrangement scheme. This means that schools are indemnified for liabilities in respect of or arising out of the business of the school which includes supporting children and young people with medical conditions. This indemnity covers undertaking medical procedures and provision of prescribed medicines. The relevant information has been made available to the RPA.

16. Complaints

Should parents, children or young people be dissatisfied with the support provided by a Trust school, in the first instance they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they can make a formal complaint via the school's complaints procedure. The Trust's complaints policy (click here) provides more information. If the issue or concern relates to an aspect of an NHS service, this would need to be raised directly with the relevant NHS organisation or service. In these circumstances, the school will inform the parents, child or young person and provide any assistance or information that is required.

Approval / Revision History

Revision date	By	Summary of Changes Made
October 2025	AWA	Appendix 2, section 6.3: Clarification of the use of the term 'spare' regarding the school possessing additional auto-adrenaline injectors.
March 2025	E&S committee	Extended section 5 (admissions/attendance) based on updated statutory guidance, added appendix 5 (supporting students with mental health conditions). Added appendix 9 (supporting students whose behaviour is affected by a medical condition) based on feedback from trustees. Minor language and formatting adjustments throughout.
March 2023	BoT	New policy

Appendix 1: Asthma procedures

1. Introduction

Asthma is the most common long-term condition in children and young people. It is a lung condition that causes breathing difficulties. There is no cure, but with appropriate management, symptoms can be kept under control so it does not have a detrimental impact on a child's quality of life. Asthma has potential implications for a child at school. It may impact their ability to participate and engage in school activities both educational and non-educational. The Trust understands the importance of ensuring all Trust schools have effective arrangements in place to support children and young people with asthma. This asthma procedure sets out the specific and additional arrangements for asthma care and support in the Trust's schools.

2. Key principles

The Trust schools and their staff are committed to working collaboratively with local NHS and LA partners to ensure children and young people with asthma receive the high-quality services and support they may need at school. All schools are part of the asthma friendly school programme (click here). In line with the London-wide asthma standards and the Asthma Friendly Schools programme, the procedures are based on the following key principles:

1. Trust schools have up-to-date asthma procedures, which are set out in this policy;
2. The welfare lead of each school acts as the school's 'asthma champion';
3. Children and young people with asthma have an individual healthcare plan, as advised by local NHS services/professionals;
4. Children and young people have access to the care and/or supervision they require from appropriately trained and competent staff, depending on their individual needs;
5. Trust school staff participate in NHS training and annual updates dependent on their role, eg. school staff providing direct care and support for individual children and young people or general awareness training for all school staff;
6. Children and young people have immediate access to their inhalers at school and during any off-site visits;
7. Trust schools have emergency asthma inhaler kits available and parents must provide consent for their child/young person to use the emergency kits;
8. Trust schools have systems for identifying children and young people who are missing school because of their asthma or who are not joining in sports or other activities due to poor control and know what steps to take;
9. A register of children and young people with asthma is maintained by each school and information is provided to Hillingdon Hospitals NHS FT Paediatric Respiratory Nursing Team, as requested.

3. Roles and responsibilities

In addition to the general roles and responsibilities set out in section 4 of this policy, this section outlines the roles and responsibilities that are specific to supporting children and young people with asthma.

3.1 Asthma champions

The Trust's asthma champions are the school welfare leads and are ideally placed to provide this oversight of the asthma policy processes and procedures. They take a leading role in implementing the asthma policy and are an important link between the school and the Hillingdon School Nursing Service and the Hillingdon Hospitals NHS FT paediatric respiratory/asthma service. The asthma champions' role and responsibilities are to:

- ensure the school's arrangements are aligned with the Asthma Friendly school programme and provide oversight for the implementation of the school's asthma policy;
- liaise with the School Nurse and other health professionals and parents about the school-wide arrangements and also the arrangements for individual children and young people with asthma; co-ordinate staff attendance at NHS asthma and long-term conditions training events and courses;
- attend and engage in the specialist asthma annual training provided by Hillingdon Hospitals NHS FT Paediatric Respiratory Team;
- maintain a register of children and young people with an asthma diagnosis and ensure all children and young people on the register have parental consent status recorded, an inhaler, a spacer and an individual healthcare plan, as directed by the relevant NHS service/professional;
- maintain a record of medication use/asthma attacks at school;
- collate and report monthly data regarding the number of children and young people with asthma, attendance and inhaler use to the Hillingdon Hospital Paediatric Nursing Team;
- check expiry dates of medicines kept in school at least every half term and impending expiry dates are communicated to parents and request replacement inhalers are brought into school obtained prior to the expiry date;
- ensure the Trust school has an adequate supply of emergency kits. Check emergency kits regularly and replenish contents immediately after use; and
- empty/out-of-date inhalers are disposed of appropriately (see Section 6.4 Safe Disposal).

4. Healthcare plans

4.1 Individual healthcare plans

For children and young people with asthma, an NHS personalised asthma action plan (PAAP) would be the individualised healthcare plan used by schools for specific children and young people. Any child with complex asthma should have a personalised asthma plan and the decision on the need for an individualised plan will be taken by an NHS professional. If an individual healthcare plan is required, the relevant NHS professional, eg. GP, asthma specialist nurse, will take the lead on its development and monitoring. The Trust's expectation is that the local NHS service/professionals will follow relevant national guidance on services for children and young people with asthma relating to care planning, care plans, monitoring and reviews, eg. NICE guidance: asthma - diagnosis, monitoring and chronic management (click here) and National Bundle of Care for Children and Young People with Asthma (click here). School staff will participate in and support this process, as requested. A child or young person's plan should be reviewed at least annually and more frequently if clinically required. The review should be led by the child or young person's doctor or nurse and the updated/reviewed plans should be shared with the child or young person's school at the first opportunity. An individual care plan for children and young people with asthma should include:

- The date the plan was developed and the planned review date;
- How the child or young person's condition is managed including medication (dose and storage), reliever treatment that may be needed, the signs and triggers of an attack and escalation steps;
- Approaches to minimise exposure to indoor and outdoor pollution; and
- Any special considerations, eg. exercise or play.

4.2 School-wide emergency asthma plans

Hillingdon Hospital NHS FT Paediatric Respiratory Service advocates the use of a school-wide emergency asthma plan. This school-wide plan has been provided to Trust schools by Hillingdon Hospital NHS FT in a poster format and is displayed in prominent places in each school.

5. Training

The Hillingdon School Nursing Service provides local schools with annual asthma awareness training and this is attended by school staff. In addition, Hillingdon Hospitals NHS FT Paediatric Respiratory Team offer specialist asthma and anaphylaxis awareness training and the Trust Welfare Leads attend this training.

6. Medication

6.1 Access to reliever medication

Each Trust school has clear procedures in place to ensure that children and young people always have open and immediate access to their reliever medication (inhaler). Children and young people who are able to self-manage their asthma, are reminded to carry their reliever medication with them at all times.

6.2 Inhaler technique

Trust school staff follow the instructions provided by NHS professionals during their asthma training on how to administer asthma medicine including inhaler technique and using a spacer. This is described in the North West London Asthma Network Guideline (click here).

6.3 Emergency supply

Schools within the Trust follow the DoH guidance (click here) and also the London schools guide (click here) on the use of emergency salbutamol inhalers for children and young people who have been diagnosed with asthma and prescribed an inhaler. In line with this national and local guidance, Trust schools keep a supply of spare inhalers and spacers for use in an emergency, if a child/young person’s own inhaler and spacer is empty, broken or unavailable. Parents must provide consent for the use of an emergency inhaler. Schools follow best practice guidance and have an ‘Emergency Asthma Inhaler Kit’. This includes at least two single-use plastic or disposable spacers compatible with the inhaler, instructions on using the inhaler and spacer/plastic chamber, manufacturer’s information, a checklist of inhalers identified by their batch number and expiry date with checks recorded, a list of children and young people permitted to use the emergency inhaler and a record of administration. All children and young people with asthma must still have their own, prescribed inhaler and spacer easily accessible at all times. If a school emergency inhaler and spacer have been used, the parent will be informed. The emergency inhaler and/or spacer will be given to the child and a new one sourced.

6.4 Safe disposal

Parents are responsible for collecting out-of-date medication from school. In Trust schools, the asthma champion is responsible for checking the dates of medication stored in schools and arranging for the disposal of medication that has expired.

Disclaimer: Trust schools will not accept responsibility for any child or young person whose parent has not provided an inhaler for use in school during the school day or whose inhaler has expired. The school will contact parents of those children and young people whose inhaler has not been provided if/when the student has an asthma attack during the school day. In these instances, the school will telephone for an ambulance and where possible parents will need to accompany their child/young person to the hospital in the ambulance.

7. Emergency procedures

7.1 What to do if a child has an asthma attack

If an asthmatic child or young person becomes breathless or wheezy or starts to cough:

- Keep calm. If treated at an early stage, the symptoms can be completely and immediately reversible
- Let the child sit in a position they find comfortable
- Ensure the child has 2 puffs of their usual reliever (blue) inhaler
- If the student has forgotten their reliever inhaler or their device is out of date or empty then give 2 puffs of the school emergency inhaler via their spacer
- Stay with the child – the reliever should work in 10-15 minutes
- If the symptoms disappear, the student can return to lessons as normal
- If the symptoms have improved but not disappeared then take 1 puff of the reliever inhaler every 30 to 60 seconds, up to a maximum of 10 puffs.

7.1.2 How to manage a severe asthma attack

How to recognise a severe attack:

- The reliever has no effect after 5-10 minutes
- The child is either distressed or unable to talk
- The child is getting exhausted
- You have doubts about the child’s condition.

7.1.3 Management

- Stay with the child
- Call 999 or send someone else to call 999 immediately – inform them the child is having a SEVERE ASTHMA ATTACK AND REQUIRES IMMEDIATE ATTENTION
- Using the child’s reliever and spacer device give 1 puff into the spacer. Allow the child to breathe the medicine from the spacer. After 1 minute give another puff and allow the child to breathe the medicine. Repeat at not more than 1 minute intervals until the ambulance arrives.
- Contact parents and inform them what has happened.

8. Record keeping

When a child or young person is given or supervised using their inhaler, school staff will keep accurate records, as instructed by health professionals. This will include staff name, child/young person’s name, dose, date and time. Parents will be informed if a child or young person uses their inhaler at any time unless used pre-sport. When records are kept in more than one location, eg. Welfare room and classroom, the records will be collated to ensure accuracy when submitting monthly audit data to the Paediatric Respiratory Nursing Team. If a child or young person requires the school’s emergency inhaler, providing the parent has given consent, this will be made available to the child/young person and the parent will be informed that the emergency inhaler was used. Consent to use the school’s emergency inhalers is recorded on the school’s asthma register and this should also be recorded on the child or young person’s plan.

9. School environment

9.1 Environmental factors

Many environmental factors can have a profound effect on a child or young person’s symptoms at any time. The school environment, as far as possible, is kept free of the most common allergens that may trigger an asthma attack.

9.2 Key points for schools

- **Materials:** Avoid, as much as possible, the use of art and science materials that are potential triggers for asthma.

- **Animal fur and hair:** Some children can have marked acute and chronic symptoms if they are exposed to animals including mice, rabbits, rats, guinea pigs, hamsters, gerbils and birds. Consideration should be given to the placement of school pets in the classroom, and special vigilance may be needed on trips to farms and zoos where children handle animals.
- **Grass pollen:** Grass pollens are common triggers in provoking an exacerbation of asthma. Consideration should be given to grass being cut in school time. Children may require extra vigilance.
- **Sport:** Children with asthma should be encouraged to participate in sports however, teachers need to be mindful that exercise triggers asthma. Children should effectively warm up before exercise and cool down following exercise. Reliever inhalers should be taken into PE lessons and when the children are playing outside sports, the teacher may hold them.

10. Sporting activities, day trips and residential visits

The Trust understands the importance of ensuring that all school activities are inclusive and accessible for children and young people with asthma. Any teacher leading physical activities will be sensitive to children and young people who may be struggling with the activity and will recognise that this may be due to uncontrolled asthma. Parents will be made aware so medical help may be sought. PE teachers will make sure children and young people have access to their inhalers with them during PE. Children and young people with asthma will have equal access to extended school activities such as school productions, after-school clubs and residential visits. Trust schools will implement any reasonable adjustments or risk assessments to enable a child/young person to participate in an activity, as required.

Appendix 2: Anaphylaxis (severe allergies) procedures

1. Introduction

Anaphylaxis is a severe and potentially life-threatening allergic reaction affecting more than one body system such as the airways, heart, circulation and skin. Many foods are known to trigger anaphylaxis, most commonly peanuts, milk, eggs and shellfish. Non-food causes include wasp or bee stings, natural latex (rubber) and certain drugs. Anaphylaxis symptoms can start within seconds or minutes of exposure to the food or substance that a person is allergic to and usually progress rapidly.

2. Key principles

Trust schools and their staff are committed to working collaboratively with local NHS and LA partners to ensure children and young people with allergies receive high-quality care and support that they may need to manage their condition at school. The Trust's procedures are based on the following key principles:

- Children and young people with allergies have an individual healthcare plan, as advised by local NHS services/professionals. This will include triggers and an emergency management protocol.
- Children and young people will have access to the medication they require to manage an allergic/anaphylaxis reaction and this applies when they are engaged in school activities both on and off-school premises.
- School staff will have the appropriate training and updates to support the management of children and young people with allergies.
- Schools will maintain a register of children and young people who have allergies and this includes information about prescribed medication, eg. an Adrenaline Auto-Injector (AAI).
- School catering teams are trained in the management of allergies and are always available to advise about particular ingredients in food.

3. Healthcare plans

Children and young people under the care of the Hillingdon Hospitals NHS FT Paediatric Allergy Service will have an NHS-led plan developed by a relevant health professional from this NHS service. As with all NHS-led care plans used for the management of medical conditions in Trust schools, the expectation of the Trust is that the Hillingdon Paediatric Allergy Team will adhere to NHS standards for care planning and care plans including undertaking a regular documented review. The contents of the plan will include:

- Signs of a mild/moderate reaction and action to take
- Signs of anaphylaxis and emergency management steps
- How to use an Adrenaline Auto-Injector (AAI)
- Additional instructions, eg. using an inhaler, if the child/young person is wheezy

4. Training

Trust staff attend annual anaphylaxis awareness training and this is provided by the Hillingdon School Nursing Service. School welfare leads also access specialist allergy training provided by Hillingdon Hospitals NHS FT Paediatric Respiratory Team.

5. Responding to an allergic reaction

Table 1: Signs of an allergic reaction

Minor reaction	Severe reaction
● Face – Swollen lips and eyelids ● Skin – Flushed, itchy, rash, wheals ● Gut – abdominal pain, nausea	● Swollen tongue ● Swollen throat – hoarse voice, difficulty swallowing ● Difficulty talking ● Swollen airways – cough, wheeze, difficulty breathing ● Nausea and vomiting ● Collapse

5.1 Minor reaction

In the event a child or young person experiences a minor reaction, if the management specified in the child/young person's individual care plan includes the administration of an antihistamine, this medication will be given. Parents will be informed when medication has been administered. If antihistamines are not available, the parent will be contacted before any further action is taken.

5.2 Severe reaction

In the event a child or young person experiences a severe reaction to a known allergen, the management specified in the child/young person's individual care plan will be followed. However, the standard procedure is:

- stay calm and call for assistance;
- stay with the child/young person and provide reassurance – do not move the child/young person; and
- send someone to call 999 stating 1) a child/young person with a known allergy has had an anaphylactic reaction 2) the name and address of the school and 3) how to access the school.

The entire contents of the AAI will be administered in line with NHS training and the time will be noted. The child will be kept sitting down or in the recovery position until the ambulance arrives. The child will not be left alone. The paramedics will be informed of the time the adrenaline was given. Parents will be informed.

6. Medication

6.1 Access to emergency medicines

In addition to the Trust's approach to managing medicines set out in section 9 of this policy, there are specific considerations for children and young people with allergies. All Trust schools require that all children and young people who have been prescribed an AAI to carry their medication with them at all times.

6.2 Access to medicines off-school premises

Children and young people will be required to have easy access to their medication on all trips away from the school site. Where appropriate, the accompanying school staff members will take responsibility for medication. For children and young people who are competent to self-manage their own medication, they will need to confirm they have medication in their possession. A child or young person will not be permitted to go on a school trip unless they have their medication with them and a spare has been given to the school.

6.3 Adrenaline auto-injectors (AAIs) without prescription

In 2017, legislation allowed schools to obtain AAIs for emergency use without a prescription. These are not intended to replace a child's prescribed AAI. Following review by Hillingdon Hospitals NHS Foundation

Trust's Paediatric Allergy Service, schools in Hillingdon should not hold AAIs for general use, due to differences in dosage and individual sensitivity. However, schools may hold up to two additional AAIs for children who have a prescription, with written agreement from parents/carers, to ensure prompt access in an emergency. Any AAIs held must be used only for the child for whom they are prescribed. The Trust will continue to follow NHS guidance on anaphylaxis management, and any future changes in local or national guidance will be reflected in updated procedures.

6.4 Disposal of spent AAIs

Where AAIs are expired, it is the responsibility of parents/carers to collect and dispose of them with local health services. In the case of an emergency in school where an ambulance has been called and an AAI has been used, the AAI will be handed to the attending paramedic who will then dispose of it safely.

Disclaimer: Trust schools will not accept responsibility for any child or young person who has been deemed competent to carry their own medication but who does not have an AAI with them. In any case, Trust schools will not accept responsibility for a child or young person whose medication has expired.

7. Sporting activities, day trips and residential visits

7.1 Sporting activities

Children and young people with allergies benefit from participating in physical education and other sporting activities. Consideration may be required for specific activities when adjustments might need to be made.

7.2 Day and residential trips

Children and young people with allergies are not excluded from school trips or activities. However, they will not be permitted to go on a school trip unless they have their medication and equipment with them. Additional arrangements may need to be considered for children and young people with allergies taking part in residential trips. For example, staff may require additional training from a health professional in an aspect of allergies care that is normally only delivered outside school hours, at home. This will be discussed with parents and arranged with the specialist diabetes team.

Appendix 3: Diabetes procedures

1. Introduction

Diabetes is a condition where a person's normal hormonal mechanisms do not control their blood sugar levels. Diabetes is an increasingly common long-term condition in children and young people**.** About 1 in 700 school-age children and young people are diabetic. Type 1 diabetes constitutes the vast majority (90%) of diabetes in children and young people and is where the body is unable to produce any insulin. Type 2 diabetes is much less common in children and young people and occurs when the body produces some, but not sufficient, insulin or is resistant to insulin. Diabetics normally need to monitor their blood glucose levels, have daily insulin injections and eat regularly. Diabetes is associated with long-term complications, especially if poorly controlled. Good control of blood sugar reduces the long-term risks which include eye and kidney disease, heart disease and stroke.

2. Key principles

All schools within the Vanguard Learning Trust are committed to working collaboratively with local NHS and LA partners to ensure children and young people with diabetes receive the high-quality services and support that they may need at school. The Trust's procedures are in line with national guidance and standards and the London-wide diabetes guide (click here) and is based on the following key principles:

- Children and young people with diabetes have an individual healthcare plan, as advised by local NHS services/ professionals.
- Children and young people have access to the diabetes care and/or supervision they require from suitably trained and competent staff, depending on their individual needs.
- Trust school staff participate in NHS diabetes training and annual updates dependent on their role, eg. school staff providing direct diabetes care and support for individual children and young people and general awareness training for all staff.
- Children and young people have access to appropriate care and support including monitoring and medication on and off school premises, eg. sporting activities, trips and residential visits.

3. Key information

3.1 Glucose monitoring

The effectiveness of diabetes management is assessed through monitoring glucose levels. Glucose targets are set at levels aimed at maintaining day-to-day and long-term health. In general, glucose levels are checked at a minimum of breaktime, before lunchtime, before and after sporting activities and before leaving school to go home. This is done either by finger pricking (self-monitoring) or by using a continuous glucose monitoring device (CGM). With CGM, a sensor worn on the body continually monitors levels and sends information to a mobile phone or other device which provides an alert if the glucose level rises or falls to unsafe levels.

3.2 Carbohydrate counting

Children and young people need to eat a healthy and balanced diet. Carbohydrates in foods raise blood glucose levels quickly. Therefore, consumed carbohydrates (food and drink) need to be matched with insulin; this is achieved by carbohydrate counting. Children and young people with diabetes can have packed lunches or school meals. Parents can calculate the amount of carbohydrates in packed lunches. School staff will supervise younger children and young people at lunchtime to ascertain how much of their meal they have eaten, and the carbohydrates they have consumed. Where necessary glucose tablets or biscuits can be kept at school for a child/young person to access. These will need to be supplied by parents.

3.3 Hypoglycaemia and hyperglycaemia

- **Hypoglycaemia - Low blood glucose levels:** Children and young people with diabetes may need help to test their blood glucose level if their level is low. In addition, children and young people

may need a reminder to eat or drink during periods of hypoglycaemia. Staff will provide support and supervise the child/young person until the blood glucose has returned to within the normal range. Emergency steps will be taken if a child experiences severe hypoglycaemia and these steps will follow the instructions in a child or young person's individual healthcare plan.
- **Hyperglycaemia - High blood glucose levels:** School staff will be alert to a child or young person with diabetes who appears unwell either due to high blood glucose levels or illness. School staff will liaise with parents and the specialist NHS diabetes team to ensure they have sufficient information to manage these instances and that required actions are set out in the child/young person's individual healthcare plan.

4. Individual healthcare plans

4.1 Development of individual healthcare plan

Children and young people with diabetes should have an individual healthcare plan. When a child or young person receives a diagnosis of diabetes, the school will liaise with the NHS diabetes service/professional to support the development of an individual healthcare plan. The Trust's expectation is that the local NHS service/professionals will follow relevant national guidance on services for children and young people with diabetes relating to care planning, care plans, monitoring and reviews, eg. NICE guidance: Diabetes in children and young people - diagnosis and management (click here).

4.2 Information recorded

Individual healthcare plans for children and young people with diabetes should include:

- If insulin administration is required, how the insulin dose should be calculated and the procedure for administration via a pen device or an insulin pump;
- What help the child needs with diabetes management – what they can do themselves and what assistance they need;
- Descriptions of the child/young person's symptoms of hypoglycaemia and hyperglycaemia and what steps need to be taken if either of these occurs;
- When a parent should be contacted, and under what circumstances an ambulance should be called;
- When a child/young person needs to eat meals and snacks. Any reasonable adjustments that may need to be made for example, if they need to go to the front of the lunch queue or have other arrangements at lunchtime, should be noted;
- What should be done before, during and after PE lessons. This might include the need for glucose monitoring, a snack or correction bolus if necessary or disconnecting a pump (if using one);
- Where insulin and other supplies will be stored and who will have access to them;
- What supplies will be needed, how often the supplies should be checked;
- Any specific support needed around the child or young person's educational, emotional and social needs, eg. how absences will be managed, support for catching up with lessons or any counselling arrangements;
- The names of trained members of staff along with a description of the training undertaken;
- What plans need to be put in place for exams/tests (if appropriate);
- What plans need to be put in place for school trips (including overnight) or other school activities outside the normal timetable; and
- The date the plan should be reviewed.

5. Training

Designated school staff receive annual diabetes training provided by the Hillingdon Hospitals NHS FT children and young people's diabetes service. Each Trust school retains a record of all staff attending and completing training. The NHS service recommends that at least three members of staff from the school receive training for Type 1 diabetes, and this is usually the welfare lead, class teacher and first aider. This is to ensure that there are enough staff suitably trained to cover staff sickness or absence. Prior to the training session, staff taking part are sometimes requested to complete on-line training modules covering basic and advanced information. Typical training sessions cover:

- What is type 1 diabetes?
- Blood glucose and blood ketones testing
- Managing low (emergency treatment) and high blood glucose levels
- Safe administration of insulin
- Managing diabetes with exercise

For school staff supporting children and young people with Type 2 diabetes, the NHS children and young people's diabetes service will advise on the arrangements depending on specific training needs.

6. Medication

6.1 Administration of insulin

For children and young people with diabetes, insulin is delivered as either 'basal' insulin or 'bolus' insulin. Basal insulin is a long-acting insulin injection given in the morning and/or evening. As such, this is usually given at home and not needed at school. Bolus is fast-acting insulin and needs to be given whenever a child or young person is having a meal or snack. Any requirement for administering insulin in school will be detailed by a health professional in a child's individual health care plan.

6.2 Safe disposal

Where a child in school needs to take injectable insulin and dispose of sharps, the school will make contact with a sanitation company, who will safely dispose of any used materials.

Disclaimer: Trust schools will not accept responsibility for any child or young person who runs out of insulin or whose medication has expired.

7. Sporting activities, day trips and residential visits

7.1 Sporting activities

Children and young people with diabetes benefit from participating in physical education and other sporting activities. The impact of an activity on glucose levels will vary depending on the intensity and duration of the exercise and on the timing of the activity relative to the timing of the administration of insulin. For this reason, planning is required and additional glucose monitoring before and after activity. In secondary schools, students monitor their glucose levels whereas in primaries the level is monitored before and after the activity generally by automatic devices with the support of staff.

7.2 Trips

Children and young people with diabetes are not excluded from school trips or activities. However, they will not be permitted to go on a school trip unless they have their medication and equipment with them. Additional arrangements may need to be considered for children and young people with diabetes taking part in residential trips. For example, staff may require additional training from a health professional in an aspect of diabetes care that is normally only delivered outside school hours, at home. This will be discussed with parents and arranged with the specialist diabetes team.

7.3 Exams and technology

Technology, particularly mobile phones, now play a vital role in supporting the management of diabetes, namely in the use of continuous glucose monitoring (CGM) and flash (click here for more information from the NHS). This is relevant during exams, as appropriate use of technology may enable a child or young person to perform to the best of their ability on the day. By utilising CGM during exams, children and young people can be responsive to glucose levels that are too low or too high, or that are dropping or rising too quickly. When the connection between the mobile phone and the diabetes device is via Bluetooth and the mobile phone is within six metres of the child/young person, the phone will still work as a receiver with Wifi turned off and the phone in 'airplane mode'. Alerts relating to blood glucose levels can be set to vibrate so as not to disturb other children and young people. When children and young people are sitting external exams, schools will make the necessary access arrangements to ensure phones can be used for medical purposes. Further details can be found in the Diabetes UK leaflet ‘Type 1 Diabetes and Exams’ (click here).

Appendix 4: Epilepsy procedures

1. Introduction

Epilepsy is the most common serious long-term neurological condition of childhood. Diagnosis is difficult due to the lack of a specific diagnostic test. An epileptic seizure, sometimes called a fit, blackout or episode can happen to anyone, at any time. It is recognised that epilepsy can be treated/managed successfully to the point that seizures occur rarely and almost never during the school day. Some children and young people with epilepsy may require emergency medication if they are at risk of having a convulsive seizure that lasts longer than five minutes. Epilepsy is not just a medical condition. Many children and young people experience learning and behaviour difficulties due to the effects of seizures and their epilepsy medications, as well as with the underlying cause of the epilepsy. Epilepsy is associated with a higher risk of mental health problems.

2. Key principles

Trust schools and their staff are committed to working collaboratively with local NHS and LA partners to ensure children and young people with epilepsy receive the high-quality services and support that they may need at school. These procedures are in line with national and local guidance and standards including the London epilepsy standards for children and young people (click here) and the London epilepsy guide for schools (click here). It is based on the following key principles:

- Children and young people with epilepsy have an individual healthcare plan, as advised by local NHS services/ professionals;
- Children and young people have access to the epilepsy care and/or supervision they require from suitably trained and competent staff, depending on their individual needs;
- Trust school staff participate in NHS epilepsy training and annual updates dependent on their role, eg. school staff providing direct epilepsy care and support for individual children and young people or general awareness training;
- Children and young people will be supported throughout their education, recognising the impact that epilepsy has on learning, behaviour, mental health and wellbeing;
- Children and young people have access to appropriate care and support including their medication on and off school premises, eg. sporting activities, trips and residential visits.

3. Individual healthcare plans

3.1 Development of individual healthcare plans

All children and young people with epilepsy should have an individual healthcare plan. According to NICE guidance and quality standards, children and young people should have a care plan developed by the appropriate local NHS service. This care planning should take a partnership approach with parents and other carers. Therefore, a health professional is the appropriate lead to develop a child's individual healthcare plan. The expectation of the Trust is that the local NHS service/professionals will follow relevant national guidance and local standards on services for children and young people with epilepsy relating to care planning, care plans, monitoring and reviews, eg. NICE guidance: Epilepsies in children, young people and adults (click here), NICE Quality Standards: Epilepsy in children and young people (click here), National Bundle of Care for Children and Young People with Epilepsy (click here) and London Epilepsy Standards for children and young people (click here).

3.2 Information recorded

The individual healthcare plan should include:

Background information:

- The child/young person's diagnosis
- A description of the child/young person's seizures, frequency and duration
- Classification of epilepsy type

- Any known seizure triggers and ‘warnings’ prior to a seizure
- Regular medications (including doses and usual timings)
- Any related health problems

Emergency plan:

- What to do in the event of a seizure and when to call an ambulance
- When and how to administer emergency medication should it be required, the dose required and where it is stored
- Who is trained to administer emergency medication
- Who to contact in the event of an emergency
- What the child is like after a seizure and the follow-up care recommended

Related support:

- Details of any problems with learning and behaviour and how these will be supported at school
- Support the child/young person requires to manage their epilepsy
- What plans need to be put in place for any school trips (including overnight) or other school activities outside the normal timetable

4. Training

School staff will have appropriate training to ensure they have an understanding of epilepsy and the impact of this long-term condition on children and young people. Epilepsy training can be accessed online through www.epilepsy.org.uk by all staff and schools can request for the Epilepsy specialist nurse to come into school to provide training to relevant staff. For staff who are required to provide direct care to students, eg. administering buccal midazolam to manage a seizure, the Central and North West London NHS FT Paediatric Epilepsy Service will provide the training in line with registered health professional delegation standards.

5. Medication

The most common treatment for epilepsy is to use anti-epileptic drugs, and 70% of people who take the medication will stop having seizures. Anti-epileptic drugs are usually taken once or twice a day outside of school hours. They are for prevention rather than cure, and therefore, need to be taken regularly over a period of time. Anti-epileptic drugs can have side effects, although these usually subside after their initial introduction. Some common side effects include:

- Drowsiness or lethargy
- Mood and behaviour changes
- Appetite changes
- Dizziness or unsteadiness
- Memory, learning and attention problems

As children and young people with epilepsy grow, they are likely to require alterations to their anti-epileptic drugs and as a result, some side effects may temporarily re-emerge. In some cases, school staff may be the first to notice changes to a child/young person’s mood, behaviour and learning and any changes observed will be fed back to parents. Parents should always communicate recent medication changes to school to help manage any side effects and the increased risk of a seizure in some cases. It is important that school staff are aware of the potential side effects of epilepsy medication and how this may potentially impact on a child or young person’s performance and concentration at school.

Disclaimer: Trust schools will not accept responsibility for any child or young person who runs out of medication or whose medication has expired.

6. Emergency procedures

Table 1: First aid to manage seizures

Convulsive seizures	
Do…..	**Do not….**
Do protect head from injury by carefully placing something soft under head **Do** turn them onto their side, into the recovery position, as soon as the jerking stops or earlier if breathing is difficult or they have vomited **Do** talk to the child/young person, even though you think they might be unable to hear you **Do** note how long the seizure lasts **Do** follow the care plan and record the event	**Do not** move the child/young person during the seizure, unless in danger **Do not** put anything between their teeth **Do not** restrict their movement **Do not** give anything to eat or drink until fully conscious
Non-convulsive seizures	
Do…..	**Do not….**
Do guide away from danger **Do** show understanding and talk reassuringly throughout the seizure **Do** repeat any instructions/information which might have been missed **Do** note how long the seizure lasts **Do** follow the care plan and record the event	**Do not** try to stop the seizure

Once the episode has run its course, if possible place the child/young person in the recovery position. It may be necessary to wipe away any excess saliva and if their breathing is laboured check that nothing is blocking the airway. It is possible that the person has been incontinent, please deal with this as privately as possible to avoid embarrassment. Stay with the child/young person until they are fully recovered. In most cases, it is not necessary for the person to go to the hospital, but most people will want to sleep. Parents will be contacted. It is a medical emergency, and assistance should be sought if:

- someone has injured themselves badly in an episode
- they are having trouble breathing
- one episode immediately follows another or the episode lasts longer than 5 minutes and you do not know how long they usually last
- the episode continues for longer than usual for that person
- this is the first episode this person has had; and/or
- there is a sudden change in the student’s normal behaviour.

7. Sporting activities, trips and residential visits

For children and young people with epilepsy, health professional advice may include specific guidance for certain types of activity, for example, swimming or PE activities involving heights. This may be to ensure the instructor is informed if swimming and inform the adult supervising PE to carry out normal safety measures. In all cases, the health professional advice will be followed. All trips and residential visits are subject to routine risk assessments, additional risk assessments will be undertaken for children and young people with epilepsy as appropriate.

Appendix 5: Mental health conditions

1. Supporting good mental health

The Trust is committed to promoting the mental health and wellbeing of all students, recognising that mental health is as important as physical health. This approach is underpinned by our Trust's commitment to aspiration, equity, and collaboration, ensuring that all students, regardless of their mental health needs, are supported to thrive and achieve their potential. The Trust understands that mental health conditions can significantly impact a student's ability to learn, engage with peers and participate fully in school life. Therefore, the Trust aims to provide a supportive environment where students feel safe, understood and able to seek help when needed.

2. Identification and early intervention

Schools in our Trust will seek opportunities to:

- train staff to recognise early signs of mental health difficulties, including anxiety, depression, self-harm and eating disorders;
- establish clear referral pathways to the school's pastoral team, safeguarding leads and/or external mental health services, ensuring swift access to appropriate support; and
- where referrals are made, work closely with parents, carers and healthcare professionals to develop a comprehensive understanding of the student's needs.

3. Individual Healthcare Plans (IHPs)

For students with diagnosed mental health conditions that require ongoing support:

- an Individual Healthcare Plan (IHP) will be created in collaboration with the student, parents/carers, healthcare professionals and relevant school staff;
- the IHP will outline the student's specific needs, triggers, support strategies, medication requirements (if applicable) and procedures for managing mental health crises/emergencies; and
- the IHP will be reviewed at least annually or more frequently if needs change.

4. Supportive environment and curriculum integration

Schools will:

- promote a positive school ethos that supports mental wellbeing through a culture of openness, respect, and inclusivity;
- integrate mental health education into the PSHE/RSE curriculum, enabling students to build resilience, emotional literacy and coping strategies;
- provide access to wellbeing activities, including mindfulness, peer support groups and extracurricular opportunities that enhance social connections.

5. Access to specialist support

Where appropriate, schools will:

- collaborate with external mental health services, such as CAMHS, educational psychologists and counselling services; and
- ensure that information sharing complies with confidentiality requirements while safeguarding student welfare.

6. Crisis support and safeguarding

In the event of a mental health crisis, schools will:

- follow safeguarding procedures, ensuring safety while accessing emergency support if required;
- provide a calm, safe space for the student while seeking guidance from healthcare professionals; and
- communicate sensitively and supportively with parents/carers, ensuring they are fully informed and involved.

Appendix 6: Contact details of relevant partners and organisations

1. Contact details for Central and North West London NHS Foundation Trust

Central and North West London NHS Foundation Trust	
Hillingdon School Nursing Service	Central and North West London NHS FT, 3rd Floor, Beaufort House Cricket Field Road, Uxbridge UB8 1QG Tel: 01895 891302 Email: cnw-tr.hillingdonchildren and young peoplecc@nhs.net Website: click here

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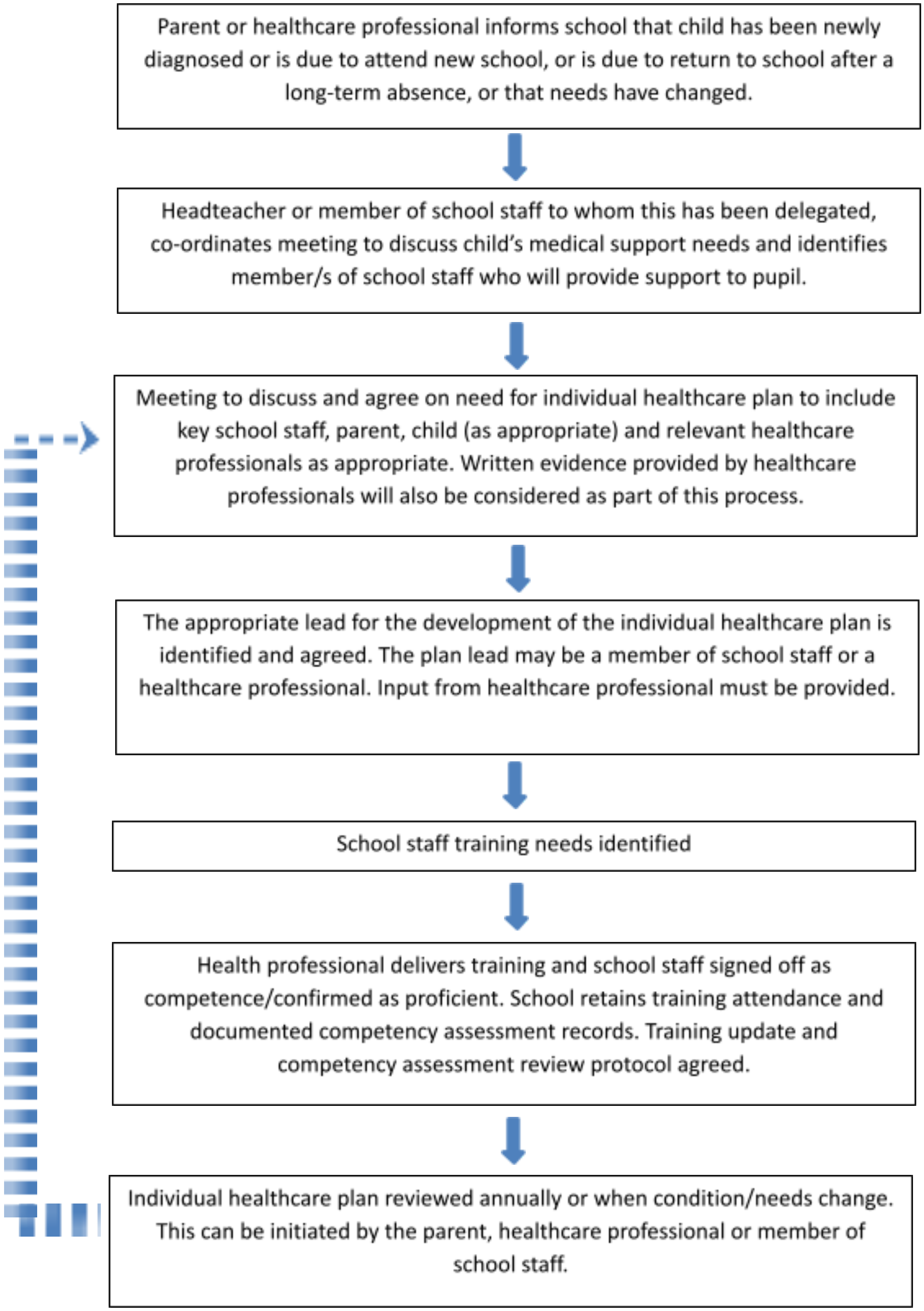
2. Contact details for Hillingdon Hospitals NHS Foundation Trust – Hillingdon Hospital

Local NHS-commissioned services that have responsibilities for children and young people attending the Trust's schools include:

- **Hillingdon Hospitals NHS Foundation Trust**
  - Paediatric asthma team/paediatric respiratory team
  - Paediatric allergy team
  - Children's diabetes team
- **Central and North West London NHS Foundation Trust**
  - Paediatric epilepsy team/service
  - Hillingdon CAMHS provides community mental health services to children and young people up the age of 18, with complex mental health difficulties and their families in a range of different ways depending on their needs.

Hillingdon Hospitals NHS Foundation Trust – Hillingdon Hospital	
Paediatric Respiratory Team	Tel: 01895 279721 Email: thh-tr.PaedAsthma@NHS.net
Paediatric Allergy Service	Tel: 01895 279990 Email: thh-tr.paedallergy@nhs.net Website: click here
Children's diabetes service	Urgent helpline: 07879 418645 Non-emergency number for Children's Services: 01895 279529 Email: thh-tr.CYPD@nhs.net Website: click here
Central and North West London NHS Foundation Trust	
Paediatric Epilepsy Service	Tel: 01895 488788 Email: cnw-tr.communitypaediatrician@nhs.net
Childrens and Adolescent Mental Health Service	Minet Clinic, Avondale Drive, Hayes, Middlesex UB3 3NR Tel: 01895 256521 Email: cnwl.hillingdoncamhs1@nhs.net

Appendix 7: Process for developing individual healthcare plans



Parent or healthcare professional informs school that child has been newly diagnosed or is due to attend new school, or is due to return to school after a long-term absence, or that needs have changed.

Headteacher or member of school staff to whom this has been delegated, co-ordinates meeting to discuss child's medical support needs and identifies member/s of school staff who will provide support to pupil.

Meeting to discuss and agree on need for individual healthcare plan to include key school staff, parent, child (as appropriate) and relevant healthcare professionals as appropriate. Written evidence provided by healthcare professionals will also be considered as part of this process.

The appropriate lead for the development of the individual healthcare plan is identified and agreed. The plan lead may be a member of school staff or a healthcare professional. Input from healthcare professional must be provided.

School staff training needs identified

Health professional delivers training and school staff signed off as competence/confirmed as proficient. School retains training attendance and documented competency assessment records. Training update and competency assessment review protocol agreed.

Individual healthcare plan reviewed annually or when condition/needs change. This can be initiated by the parent, healthcare professional or member of school staff.

Process adapted from the DfE 'Supporting pupils at school with medical conditions' guidance, annex A (model process for developing individual healthcare plans)

Appendix 8: School-led individual healthcare plan – information documented

Personal information	
Name of school/setting	
Child/Young Person’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/young person	
Phone no. (work)	
(home)	
(mobile)	
Clinic/hospital contact	
Name	
Phone no.	
G.P.	
Name	
Phone no.	

Additional information	
Who is responsible for providing support in school	
Describe medical needs and give details of child/young person’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	
Specific support for the child or young person’s educational, social and emotional needs	
Arrangements for school visits/trips etc	
Other information	
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 9: Supporting students with medical conditions that could affect their behaviour

The Trust recognises that some medical conditions, such as those involving chronic pain, neurological differences (eg. ADHD), or mental health challenges, could affect a student's behaviour. Staff should adopt a compassionate and informed approach, ensuring that responses are sensitive to the student's medical needs while maintaining a safe, inclusive and supportive learning environment. In line with the Trust's commitment to equity, staff must ensure that every student has fair access to education and support, with adjustments made to meet individual needs, where necessary and appropriate. Key actions for staff include:

- understanding the condition; this involves engaging with parents/carers, healthcare professionals, and the student (where appropriate) to gain a comprehensive understanding of how the medical condition may affect behaviour;
- developing an Individual Healthcare Plan (IHCP); this includes creating or reviewing any current plans (such as education, health and care plans) to outline specific behaviour-related challenges and strategies for support. The IHCP should be accessible to all relevant staff and reviewed regularly;
- implementing reasonable adjustments for students with disabilities; this includes identifying and applying reasonable adjustments to routines, expectations or environments for students with where the medical condition constitutes a disability, in line with the Equality Act 2010. This will ensure that every student receives the support they need to succeed, promoting equity across the Trust;
- ensuring consistent communication; this involves maintaining ongoing, open communication with parents/carers and designated members of staff to monitor the effectiveness of support strategies and respond to any changes; and
- focusing on wellbeing; this includes recognising the emotional and social impact of medical conditions, as well as providing pastoral support where needed to promote the student’s emotional wellbeing and engagement.

Staff should balance empathy with consistent behaviour expectations, ensuring that the needs of all students are considered. Where concerns arise, staff should refer to the Trust’s behaviour and safeguarding policies for guidance and communicate their concerns to their school’s special educational needs and disabilities co-ordinator (SENCo). Collaboration with external professionals, such as an educational psychologist and/or behaviour support services from the local authority, may be necessary to ensure appropriate support.

	Vanguard Learning Trust *As a group of local primary and secondary schools, Vanguard Learning Trust's mission is to serve its local community by providing outstanding, inclusive education. We have a collective purpose and responsibility to provide effective teaching, through a curriculum based on equality of opportunity and entitlement that allows our students to shine both in and out of the classroom. Each school in the Trust has its own ethos, which also complements the Trust's vision and values, and the common aspiration that all students can achieve their potential.*

Supporting students with medical conditions

Part B: Vyners School

March 2025

Contents

Part A – Vyners School Policy

Supporting Students at School with a Medical Condition

Vyners School is an inclusive community that welcomes and supports students with medical conditions. Students with any medical condition/s are provided with the same opportunities as others at school.

The school will help to ensure that students can:
- be healthy;
- stay safe;
- enjoy and achieve;
- make a positive contribution;
- achieve economic well-being

The staff at Vyners School understand that certain medical conditions are serious and potentially life threatening, particularly if poorly managed or misunderstood.

a. Policy Framework

The policy framework describes the essential criteria for how the school can meet the needs of students and young people with long-term conditions including asthma, diabetes, epilepsy and anaphylaxis. It is based upon the Department for Education supporting students at school with medical conditions, statutory guidance for governing bodies of maintained schools and proprietors of academies in England (December 2015).

It provides students with medical conditions with the same opportunities and access to activities (both school based and out-of-school) as other students. Vyners School will listen to the views of students and parents so that they feel confident in the care they receive from the school.

Staff understand that the medical conditions of students may be serious, adversely affect a student's quality of life and impact on their ability to learn.

The named member of school staff responsible for this medical conditions policy and its implementation is Emma Bashford Hynes (Assistant Headteacher).

b. Roles and Responsibilities (from DfE guidelines)

Please see Appendix A which sets out the guidelines.

These guidelines have been considered as part of this policy; however, it is important to note that these are purely guidelines.

c. Inclusive Environment

Parts of the school are fully accessible, others are not. Where possible the school environment is inclusive and favourable to students with medical conditions. This includes the physical environment, as well as social, sporting and educational activities. Vyners School makes sure the needs of students with medical conditions are adequately considered to ensure their involvement in structured and unstructured activities, extended school activities and residential visits.

All staff at Vyners are aware of the potential social problems that students with medical conditions may experience and use this knowledge, alongside the school's anti-bullying policy, to help prevent and deal with any problems.

Notification of a Medical Condition

Parents must provide medical information for the school on the School's online admissions booklet. It is parents' responsibility to provide the school with updated information as and when it is necessary or if circumstances change.

Care Plans

The Headteacher has overall responsibility for the development of individual healthcare plans for students with medical conditions. This has been delegated to the Welfare Officer on a day to day basis. Plans will be reviewed annually, or earlier if there is evidence that a 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 IHCP. Where an IHCP is considered unnecessary or inappropriate, this will be agreed with parents and a healthcare professional. If there is disagreement about whether a IHCP should be drafted, the headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents and healthcare professionals. The students will be involved if possible / appropriate. IHCPs will be linked to any Educational Health care Plan (EHCP) that may be in place. If the student has SEN needs but does not have an EHCP, their needs will nevertheless be referenced in the IHCP.

The level of detail in the plan will depend on the complexity of the student's condition and how much support is needed. The following will be considered when drawing up a plan:

- The nature of the condition, its triggers, signs, symptoms and treatments.
- The student's resulting needs, including medication (dose, side effects and storage) and other treatments.
- Facilities and equipment required, the need to ensure access to food and drink, dietary requirements and environmental issues (eg crowded corridors, travel times between lessons)
- How absences will be managed, whether extra time is needed in exams / formal assessments, counselling sessions, support required to catch up with missed lessons.
- The level of support needed, including in the event of an emergency. Who should be contacted in the event of an emergency?
- Who will provide support in school, whether they have any training needs and what cover arrangements need to be put in place when they are unavailable.
- Arrangements for the administration and storage or medication, including the requirement for parental consent.
- What arrangements are needed for school trips or extra curricular activities
- Who else in school needs to be made aware of the student's condition and support arrangements, having regard to the need to ensure confidentiality.

Staff Training and Support

The School recognises its obligation to ensure that staff receive specific training and support to enable them to support students with medical conditions.

As a matter of routine practice, the School provides the following:

- A Health and Safety induction to all new staff, to include information on the handling of medicine on the school site and information on how to manage students who are unwell or who have had an accident
- Annual awareness training for all staff on how to recognise / manage a student suffering from an asthma attack or anaphylaxis.

Members of the Student Services team with responsibility for student welfare will receive additional training in the management of medical conditions such as asthma, diabetes and anaphylaxis.

The School has a comprehensive team of first aiders all of whom receive formal requalification training every 3 years.

Where further training requirements are identified via IHCPs, these will be addressed on a case by case basis. Training / support will be proactively sought, as required, from the School Nurse team and / or other medical professionals.

The Student's Role in Managing their own Medical Needs

While Vyners School encourages students to take responsibility for managing their illness, students from Years 7 through to 11 are not allowed to carry their own medicine, except in case of diabetic, anaphylaxis and asthmatic students. All other medication is stored and dispensed / administered from Student Services.

Wherever appropriate, Sixth Form students are allowed to carry their own medicines.

Storing and Managing of Medication and Equipment

Medicines (prescription and non-prescription) will only be administered at school where it is detrimental to the student not to do so.

Unless there are exceptional circumstances, no child under the age of 16 years will be allowed to take medicine (prescription or non-prescription) on the school site without written consent from a parent or carer. Such written consent must be provided via the form included at Appendix 2. Student Services will maintain at all times an up to date record of parental permissions given.

Sixth Form students will normally be allowed to carry and administer routine medication themselves. Such medication, however, must not be passed to younger students (including siblings). In the unlikely event that a Sixth Form student is prescribed controlled medication, this must be kept locked away in Student Services.

Unless there are exceptional circumstances, no child under the age of 16 years will be allowed to take medicine containing aspirin on the School site, unless it has been prescribed by a doctor.

The School will only accept medicines for administration to students if they are supplied in the original container, are in date and supplied with dosage instructions. Immediately on receipt, each container will be marked clearly with the name of the student it has been supplied for, and the expiry date. When no longer required, or when medicine becomes out of date, the School will make arrangements for safe disposal without any further reference to parents/ carers.

All medicines will be kept in Student Services. Spare asthma inhalers, spacers, spare epipens, and blood glucose testing meters will all be stored so they are immediately accessible by students. All other medicines will be kept in a locked cupboard in Student Services. Controlled medication will be kept in a special, locked cabinet within a locked cupboard and will require two members of staff to access the medication.

On a day to day basis, the administration of medication will be carried out by Student Services staff. All school staff will, however, be annually trained on the emergency administration of an epipen to students suffering from a severe allergic reaction. All staff will also be made aware of how to supervise a student that requires an emergency inhaler.

The School recognises that it has a role to play in supporting students to become competent and confident in self-managing their medical conditions, especially where those conditions are of a long term nature. In specific instances, therefore, the school may allow a student to self-administer medication. This will only be done with full with parental agreement and following advice from a medical professional, as relevant, that a student is competent to do so. Where such agreement has been granted, it will be specifically recorded in a student's IHCP.

Record Keeping

An electronic record will be kept of all medicines administered to students. This will be held centrally by Student Services. Appendix C Record of illnesses / medicine administered to all children

Vyners School makes sure that the student's confidentiality is protected and permission is sought from parents and the student before sharing any medical information with any third party with the exception of relevant healthcare professionals.

Emergency Procedures

The school has three automatic defibrillators (AED's) on the school site. These are checked on a termly basis and a central record is kept of the expiry date for the associated consumables. All first aiders are trained how to use them in the event of a cardiac emergency.

The School has clear procedures set out for managing an emergency situation Appendix D. This procedure will be brought to the attention of all new staff as part of their Health and Safety induction.

Where a student suffers from a condition that increases the likelihood that they will require emergency care, their IHCP will be amended to include details of what constitutes an emergency for the student, and what steps staff should take in this situation. This information will be shared with staff and members of the first aid / Student Services team as required. Where a student has an IHCP and requires hospitalisation, a copy of the care plan will be supplied to paramedics.

Where a student requires emergency hospitalisation, the School will seek to inform parents at the earliest possible opportunity. Where parents can make it to site before the ambulance, it will be their responsibility to accompany their child to hospital. Where parents cannot make it to school before an ambulance, a member of school staff will accompany the child to hospital and will stay with the child until parents arrive.

Where a student has a Care Plan, this should clearly define what constitutes an emergency and explain what to do. If a student needs to be taken to hospital, staff should stay with the student until the parent arrives, or accompany, where possible, a student taken to hospital by ambulance.

Day Trips, Residential Visits and Sporting Activities

The School does not consider that an ongoing medical condition should be a bar to students taking part in extracurricular activities, including off-site trips. The trip pack prepared as part of the planning process will clearly include details of any medical conditions suffered by participants and parents may be asked to reconfirm the existence of any short or long term conditions as part of the parental consent process. The risk assessment will also include specific details of any risks posed by a medical condition, with suggested control measures. Where necessary, advice will be sought from parents or medical professionals in order to facilitate a student's participation. Specific advice can also be sought from the Head of the HIRB or Deputy Headteacher with Responsibility for Inclusion, as required.

Student Services staff have responsibility for issuing portable first aid kits to all trips and offsite activities. They will also issue spare asthma inhalers / epipens / spacers / other medication etc where these are held by the school and required in order for a students to satisfactorily manage their medical condition when offsite.

Unacceptable Practice

Although School staff will use their discretion and judge each case on its merits with respect to managing student medical conditions, the School recognises it is not generally acceptable practice to

- Prevent students from easily accessing medication, particularly inhalers and epipens, and administering medication when and where necessary;
- Assume that every child with the same condition requires the same treatment;
- Ignore the views of the student or parent when seeking to manage a long term medical condition / situation or ignore medical advice / opinion;
- Send children with long term medical conditions home frequently (for reasons associated with their condition) or prevent then staying for normal school activities (including lunch) unless sending them home is specifically included in their IHCPs;
- If a child becomes ill, sending them to Student Services unaccompanied, or with someone unsuitable;
- Penalise a child for their attendance record, particularly if their absences relate to as long-term medical condition (e.g. medical appointments);
- Prevent students eating, drinking or taking toilet / other breaks whenever they need to in order to manage a long term medical condition effectively;
- Require parents to attend school to administer their child's medication or to otherwise provide support with their medical needs (e.g. toileting issues). No parent should be expected to give up work because the School is failing to support their child's medical needs.
- Prevent, or create unnecessary barriers to students with long term medical conditions participating in normal aspects of school life, including taking part in trips and extra-curricular activities.

Liability and Indemnity

Vyners School is a member of the Risk Protection Arrangement scheme organised by the Department for Education. This scheme offers an appropriate level of public liability cover.

Complaints

Where a parent feels that the School is not offering an appropriate level of support to their child in managing a long term medical condition, they are encouraged to discuss their concerns with the School on an informal basis at the earliest possible opportunity. The School is committed to resolving issues as quickly and constructively as possible.

Where a parent remains dissatisfied, they should refer to the formal Complaints Policy, a copy of which is available on the School website

Managing Specific Medical Conditions

A copy of the School’s Policies on Managing Asthma and Anaphylaxis are attached at Appendixes E and F.

As permitted by the Human Medicine Regulations 2014, the School holds a number of emergency salbutamol inhalers and spacers for use by students. Such an inhaler will only be used if:

- The student is known to suffer from asthma and has been prescribed an inhaler;
- The student’s own inhaler is not available (e.g. it is empty, broken, lost);
- The student is clearly suffering from asthma symptoms;
- Written parental consent has been previously given to administer the emergency inhaler, if required. Where written permission has not previously been given, a first aider may nevertheless seek emergency verbal permission from a parent to administer the inhaler.

Once used, the emergency inhaler will be disposed of by the school.

Disclaimer
The school will not accept responsibility for any student who runs out of medication or whose medication has expired.

Diabetes

Background

Diabetes is a condition where the person’s normal hormonal mechanisms do not control their blood sugar levels. About 1 in 700 school age students is diabetic. Diabetics normally need to monitor their blood glucose levels, have daily insulin injections and eat regularly.

If a student is newly diagnosed with diabetes, their parents and the Diabetic team should inform the school as soon as possible so arrangements can be made. If starting a new school, it should be as soon as the place has been confirmed. When a student is first diagnosed, the relevant school staff, with the parents and any required medical practitioners will meet to discuss the Care Plan.

Medication and Control

Students with diabetes need to ensure that their blood glucose levels remain stable and may monitor their levels using a testing machine at regular intervals. This is usually done using a finger prick device (with a self-contained drum of lancets), however, there are other devices that can be used. These devices are intended for self-monitoring on an individual person only. A log of all medication supplied/used is kept.

A record will be kept of all readings taken in the welfare room and will be supplied to parents/guardians on request. The school advises that any readings taken outside of the medical welfare room are recorded by the student, however, this is not monitored by the school. The school will require any back up medication and equipment to be supplied by parents/guardians. Where necessary glucose tablets/biscuits can be kept in the welfare room, but these will need to be supplied by parents/guardians.

Trips

All students will be required to carry their medication and working equipment on all trips away from the school. It will be the responsibility of the parents/guardians to ensure the student has enough medication and the relevant working equipment, when required, glucose tablets/biscuits with them to see them through the trip. Students will **NOT** be permitted to go on a school trip unless they have their medication and equipment with them.

School Procedure

All medication given to the office manager will be kept securely in the welfare room with their Care Plan. The students will have access to this at any time. They are able to do any testing and injections within the welfare room and a privacy screen is available should they need it. It is the parent/ guardian's responsibility to ensure that medication is in date and working. This is for both the medication/equipment that the student carries around and the emergency medication/equipment kept in the medical welfare room.

Disclaimer

The school will not accept responsibility for any student who runs out of insulin or whose medication has expired.

Epilepsy

Background

Epilepsy is a very individual condition. An epileptic seizure, sometimes called a fit, blackout or episode, can happen to anyone at any time. It is recognised that epilepsy can be treated/managed successfully to the point that seizures occur rarely and almost never during the school day. It is therefore desirable that any student is encouraged to take a full and active involvement in the life of Vyners.

Care plans

It is vital that parents/guardians inform the school if their student is diagnosed as epileptic. Once the school has been made aware, a current Care Plan must be provided to the school by the parent/guardians and should be updated annually by the doctor or hospital. The plan will be held centrally in the welfare room. A copy of any treatment plan, from the hospital or doctor, given to the parents/guardians must also be given to the school. The Care Plan must include details of emergency telephone numbers for parents/guardians, emergency services, likely symptoms and what to administer (if applicable). It will also include a picture of the student.

Trips

All students will be required to carry their medication (if applicable) on all trips away from the school. Any spare medication (kept in the welfare room) and Care Plan will be handed over to a member of staff on the trip for emergencies.

Risk reduction

The only times when special measures are likely to be deemed necessary could be:
- Activities involving being on or in the water;
- Any activity involving height off the ground;
- The use of machinery.

Any activity of that nature should have a risk assessment done before the trip/activity begins.

Management of a convulsive epileptic seizure

Most episodes happen without warning, last only a short time and stop without any special treatment. In managing a seizure, staff should:
- stay calm and prevent others from crowding around;
- make a note of the time it has started and finished;
- put something soft (like a jumper or jacket) under the head of the person to prevent injury;
- only move the person if they are in a dangerous place eg. the top of stairs;
- move things away from the person if there is a risk of injury.
- not attempt to restrain the person's movements.
- Once the episode has run its course, if possible place the person in the recovery position. It may be necessary to wipe away any excess saliva and if their breathing is laboured check that nothing is blocking the airway (dentures/food). It is possible that the person has been incontinent, please deal with this as privately as possible to avoid embarrassment. Stay with them until they are fully recovered. In most cases it is not necessary for the person to go to hospital, but most people will want to sleep. Parents/Guardians will be contacted.

It is a medical emergency, and assistance should be sought if:
- someone has injured themselves badly in an episode
- they have trouble breathing
- one episode immediately follows another or the episode lasts longer than 5 minutes and you do not know how long they usually last
- the episode continues for longer than usual for that person
- this is the first episode this person has had
- There is a sudden change in the student's normal behaviour.

Disclaimer

The school will not accept responsibility for any student who runs out of medication or whose medication has expired.

Mental Health

Background

Vyners aims to promote positive mental health for every member of our staff and student body. In addition, the school aims to recognise and respond to mental ill health.

Any member of staff who is concerned about the mental health or wellbeing of a student should inform the Designated Safeguarding lead and the Pastoral Director. If there is a fear that the student is in danger of immediate harm then the normal student protection procedures should be followed with an immediate referral to the Designated Safeguard Lead using the school's safeguarding protocol.

If the student presents a medical emergency then the normal procedures for medical emergencies should be followed, including alerting the first aid staff and contacting the emergency services if necessary.

Where a referral to CAMHS (Children's, Adolescent Mental Health Service) is appropriate, this will be led and managed by the Safeguarding Team.

Medication and control

It is vital that parents/guardians inform the school if their child is diagnosed as having mental illness. It is also their responsibility to notify the school of any changes. The school will require written confirmation from the parents/guardians regarding medical instructions and treatment.

Appendix A: Roles and Responsibilities – Department for Education Guidelines

The governing body should ensure that the school's policy clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support pupils at school with medical conditions.

Further advice: Supporting a child with a medical condition during school hours is not the sole responsibility of one person. A school's ability to provide effective support will depend to an appreciable extent on working co-operatively with other agencies. Partnership working between school staff, healthcare professionals (and, where appropriate, social care professionals), local authorities, and parents and pupils will be critical. An essential requirement for any policy therefore will be to identify collaborative working arrangements between all those involved, showing how they will work in partnership to ensure that the needs of pupils with medical conditions are met effectively. Some of the most important roles and responsibilities are listed below, but schools may additionally want to cover a wider range of people in their policy.

Governing bodies must make arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented. They should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.

Further advice on the role of governing bodies:

Governing bodies should ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life. They should also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

Advice on the role of headteachers:

Headteachers should ensure that their school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. Headteachers should ensure that all staff who need to know are aware of the child's condition. They should also ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose. Headteachers have overall responsibility for the development of individual healthcare plans. They should also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. They should contact the school nursing service in the case of any child 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.

Advice on the role of parents:

Parents should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition.

Advice on the role of pupils:

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. They should be 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. Other pupils will often be sensitive to the needs of those with medical conditions.

Advice on the role of school staff:

Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach. 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 pupil with a medical condition needs help.

Advice on the role of school nurses:

Every school has access to school nursing services. They are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training. School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs; for example, there are good models of local specialist nursing teams offering training to local school staff, hosted by a local school. Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition. See also paragraphs 18 to 20 below about training for school staff.

Advice on the role of other healthcare professionals:

Other healthcare professionals, including GPs and paediatricians, should notify the school nurse when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing individual healthcare plans. Specialist local health teams may be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes, epilepsy).

Appendix B: Medical permission form (individual student)

Only To Be Completed By A Parent/Guardian

The school will not give your child medicine unless you complete, sign and return this form.
PLEASE NOTE THAT ALL MEDICINES MUST BE IN THEIR ORIGINAL BOXES.

Name	
Date of Birth	
Tutor Group	
Medical Condition/Illness	

My child carries his/her own Epipen / Inhaler / Insulin	Yes / No
I confirm that I have provided a spare Epipen / Inhaler / Insulin for Student Services.	Yes / No

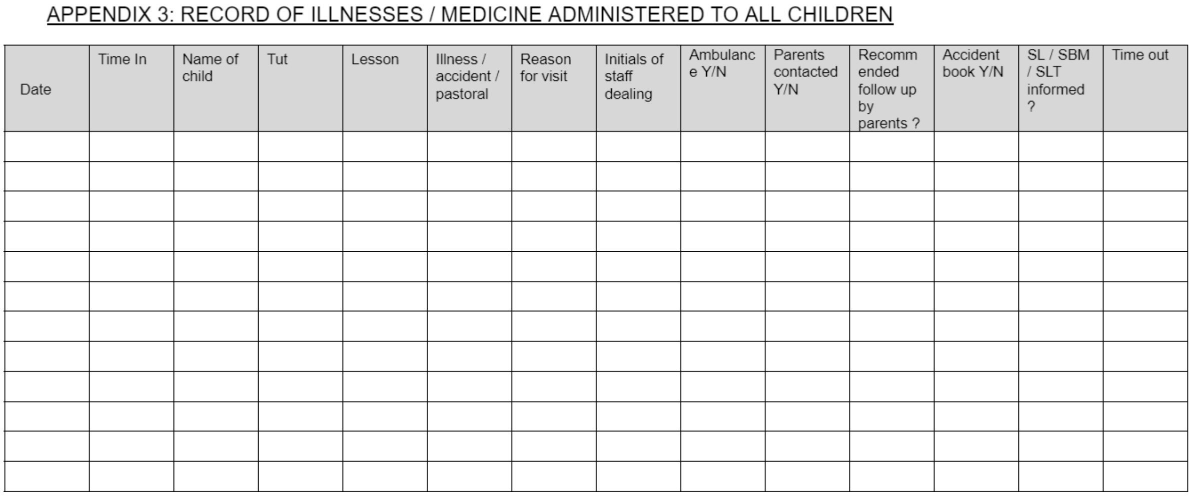
Name of Medicine (as described on original container)	
Expiry Date	
Dosage and Method	
Self Administration	Yes / No
Procedures to take in an emergency :	

CONTACT DETAILS	
Name	
Daytime Phone Number	
Relationship to Child	
Address	

I understand that I must deliver the medicine personally to School Reception or send it in with my son/daughter to be handed in to Student Services on their arrival at school. I confirm that the above information is, to the best of my knowledge, accurate at the time of writing and I give consent to Student Services to administer the medicine in accordance with school policy. I will inform Student Services, in writing, if there is any change in dosage or frequency of the medication.

Signed: (Parent/ Guardian) ……………..………………………………………….. Date: ………………….…………

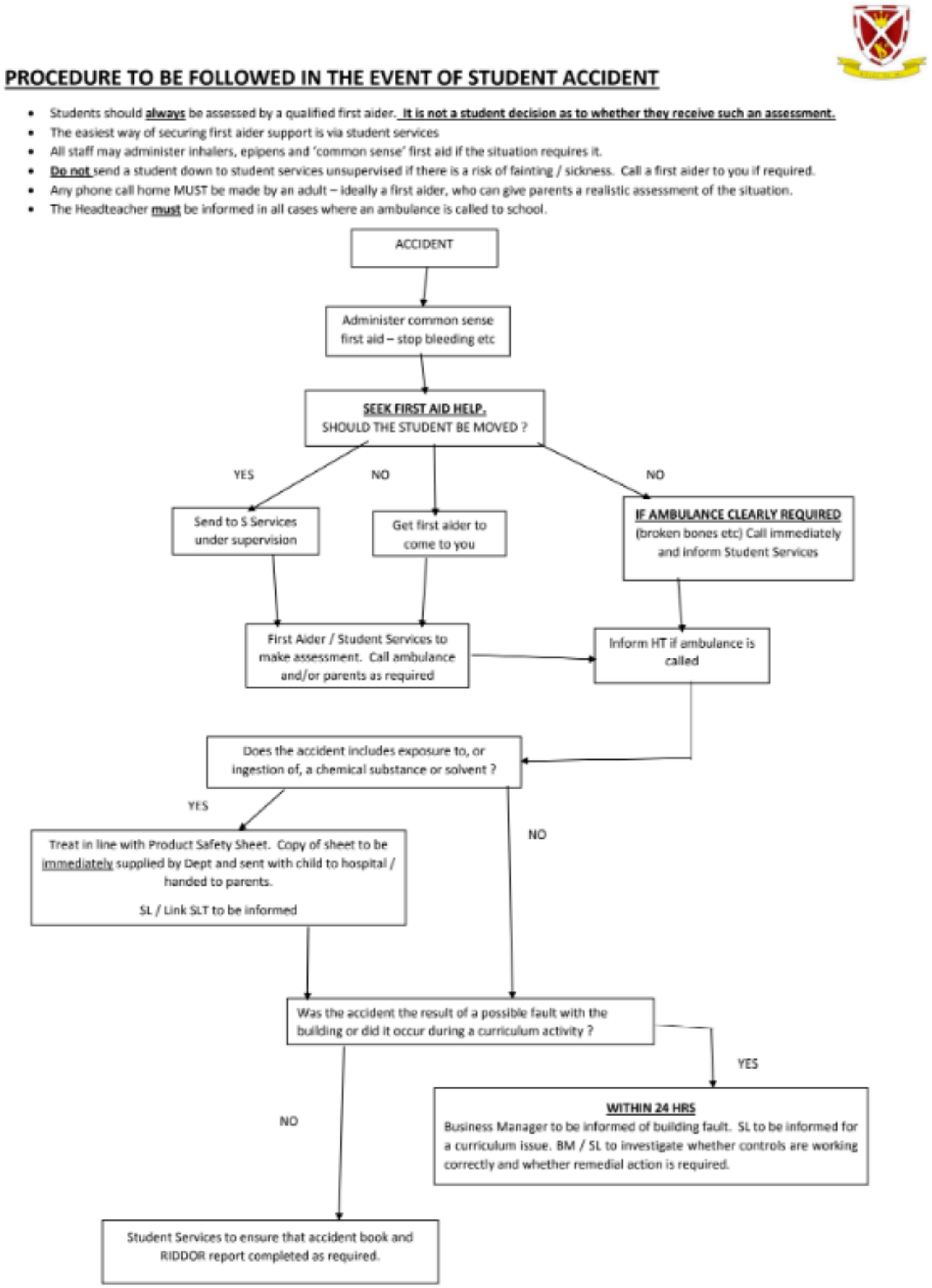
Appendix C: Record of illnesses / medicine administered to all children



APPENDIX 3: RECORD OF ILLNESSES / MEDICINE ADMINISTERED TO ALL CHILDREN

Date	Time In	Name of child	Tut	Lesson	Illness / accident / pastoral	Reason for visit	Initials of staff dealing	Ambulance Y/N	Parents contacted Y/N	Recommended follow up by parents ?	Accident book Y/N	SL / SBM / SLT informed ?	Time out

Appendix D: Procedures set out for managing an emergency situation - accident / illness

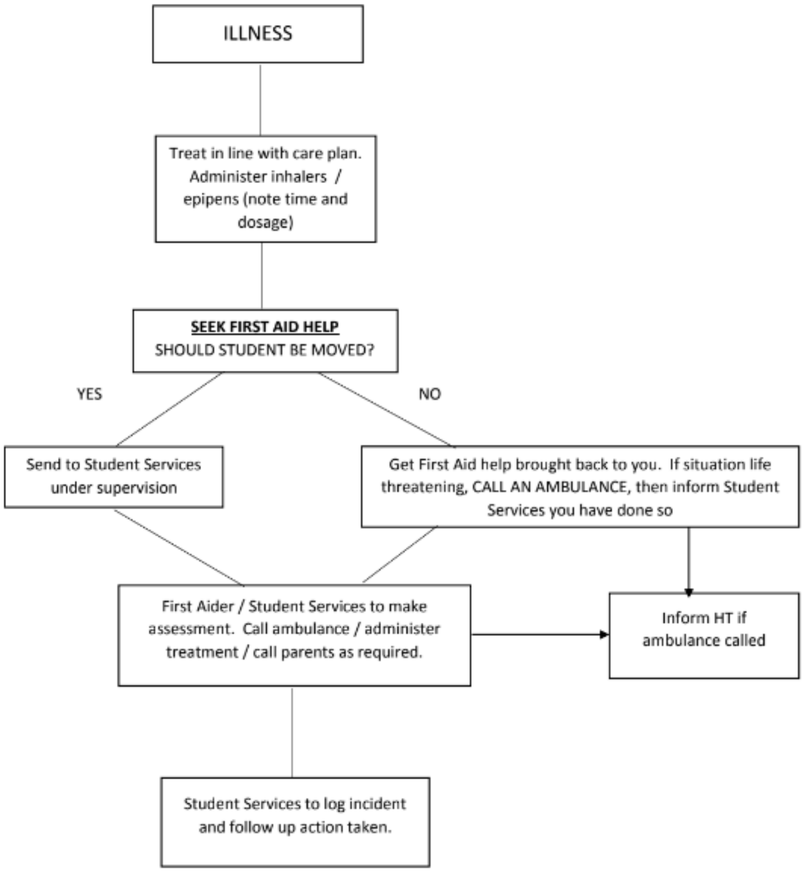


PROCEDURE TO BE FOLLOWED IN THE EVENT OF STUDENT ACCIDENT

- Students should **always** be assessed by a qualified first aider. **It is not a student decision as to whether they receive such an assessment.**
- The easiest way of securing first aider support is via student services
- All staff may administer inhalers, epipens and 'common sense' first aid if the situation requires it.
- **Do not** send a student down to student services unsupervised if there is a risk of fainting / sickness. Call a first aider to you if required.
- Any phone call home MUST be made by an adult – ideally a first aider, who can give parents a realistic assessment of the situation.
- The Headteacher **must** be informed in all cases where an ambulance is called to school.

PROCEDURE TO BE FOLLOWED IN THE EVENT OF STUDENT ILLNESS

- Students who are seriously unwell should **always** be assessed by a qualified first aider. **It is not a student decision as to whether they receive such an assessment.**
- The easiest way of securing first aider support is via student services
- All staff may administer inhalers, epipens and 'common sense' first aid if the situation requires it.
- **Do not** send a student down to student services unsupervised if there is a risk of fainting / sickness. Call a first aider to you if required.
- Any phone call home MUST be made by an adult – ideally a first aider, who can give parents a realistic assessment of the situation.
- The Headteacher must be informed in all cases where an ambulance is called to school.



Appendix E: Asthma policy and guidelines

The School:

- Welcomes all students with asthma.
- Will encourage children with asthma to participate fully in all aspects of school life.
- Recognises that asthma is an important condition affecting many school children.
- Aims to allow all students to take responsibility for their own medication.
- Has a clear understanding of what to do in the event of a child having an asthma attack.
- Will help all parents, students and staff to be well informed about asthma and adopt a responsible attitude in its treatment.

Use of Inhalers in School

All students must have their own inhaler with them at all times. They should also take their inhaler with them to PE and on any school journey or trip.

- It is vital that all students also have a spare inhaler at school. This should be clearly labelled with the student's name and kept in Student Services in case of emergencies.
- If there is no inhaler available and in the event of an asthma attack, an ambulance will be called and the student will be sent to hospital.

Spacer

- A spacer is available in Student Services.
- A spacer can help a child to take their inhaler more effectively (especially of importance during a severe attack).
- If you would like your child to have their own spacer in Student Services, please ensure it is clearly labelled.
- Spacers issued by the school are 'single use' only. Should they need a school issued spacer, students will be given the equipment to take away.

What the school will do in in the event of a severe attack

- Arrange for the student to be taken to A&E at Hillingdon Hospital. The parent/carer will be contacted in order for them to accompany the student in the ambulance, for reassurance. If the parent/carer is uncontactable or unable to arrive before the ambulance leaves, a member of staff will accompany the child to hospital and wait / meet the parent/carer at A&E.
- While waiting for Paramedics, students will be instructed to continue with a blue relief inhaler every 5 – 10 minutes.

Disclaimer

The school will not accept responsibility for any student whose parent/guardian has not provided an inhaler for use by the student during the school day or whose inhaler has expired. The school will contact parents/guardians of those students whose inhaler has not been provided if/when the student has an asthma attack during the school day.

In these instances the school will telephone for an ambulance and where possible parents/guardians will need to accompany their student to the hospital in the ambulance.

Appendix F: The management of students with severe allergies (anaphylaxis) including parental agreement regarding the consumption of food

1. It is the parents' responsibility to inform Student Services about a student's condition before commencement of school.

2. The school will arrange a meeting with the parent and school nurse, if necessary. Action plans and protocols will be drawn up.

3. School will ask for a copy of the care plan from parents regarding medical instructions and treatment as provided by the hospital specialist. It is the parent's responsibility to update medical instructions and provide consent for the administration of medication.

4. It is the responsibility of the parents to provide at least 1 Epipen (preferably 2) which will be kept in Student Services for emergency use.

5. It is the responsibility of the student to carry an Epipen, oral antihistamine and inhaler (if prescribed) at all times, including all school activities within or outside school grounds.

6. It is the school's responsibility (in liaison with the parent) to check the expiry date of medication and parental responsibility to replace medication, which is due to expire or has been used.

7. The school will ensure first aiders and other staff volunteers are identified and have received recognised training and updates.

8. All staff will be briefed about a student's condition and training will be arranged with the school nurse annually. This will include practical supervised sessions on the administration of adrenaline injection (Epipen/Anapen). Care plans will be displayed in the Staff Room and in the green folder, on the Shared Common Drive, under Pastoral/Welfare and in Student Services.

9. The school will hold under secure conditions all appropriate medications accessible during the day and ensure they are locked up at night.

10. Parents will provide a snack/packed lunch as required. Where a parent wishes a student to purchase food at school, the parent must supply written consent in advance, see attached form. The school catering team have been trained on the management of allergies and are always available to be consulted about particular ingredients in food.

11. Prior discussion will take place between school and parents regarding provision of food and medicine when school outings are planned.

12. When the planned curriculum involves contact with food items (e.g. cooking), prior discussion will take place between the school and parents/carers to agree on suitable ingredients.

ANAPHYLAXIS ARRANGEMENTS
Parental consent form

Please only complete this section if your child is Anaphylactic

Name of Student:	
Date of Birth:	
Name Parent / Carer:	

I take full responsibility for my child in purchasing and consuming food within the school grounds as well as during any organised school activities/trips.

Signature:		**Date:**	