	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

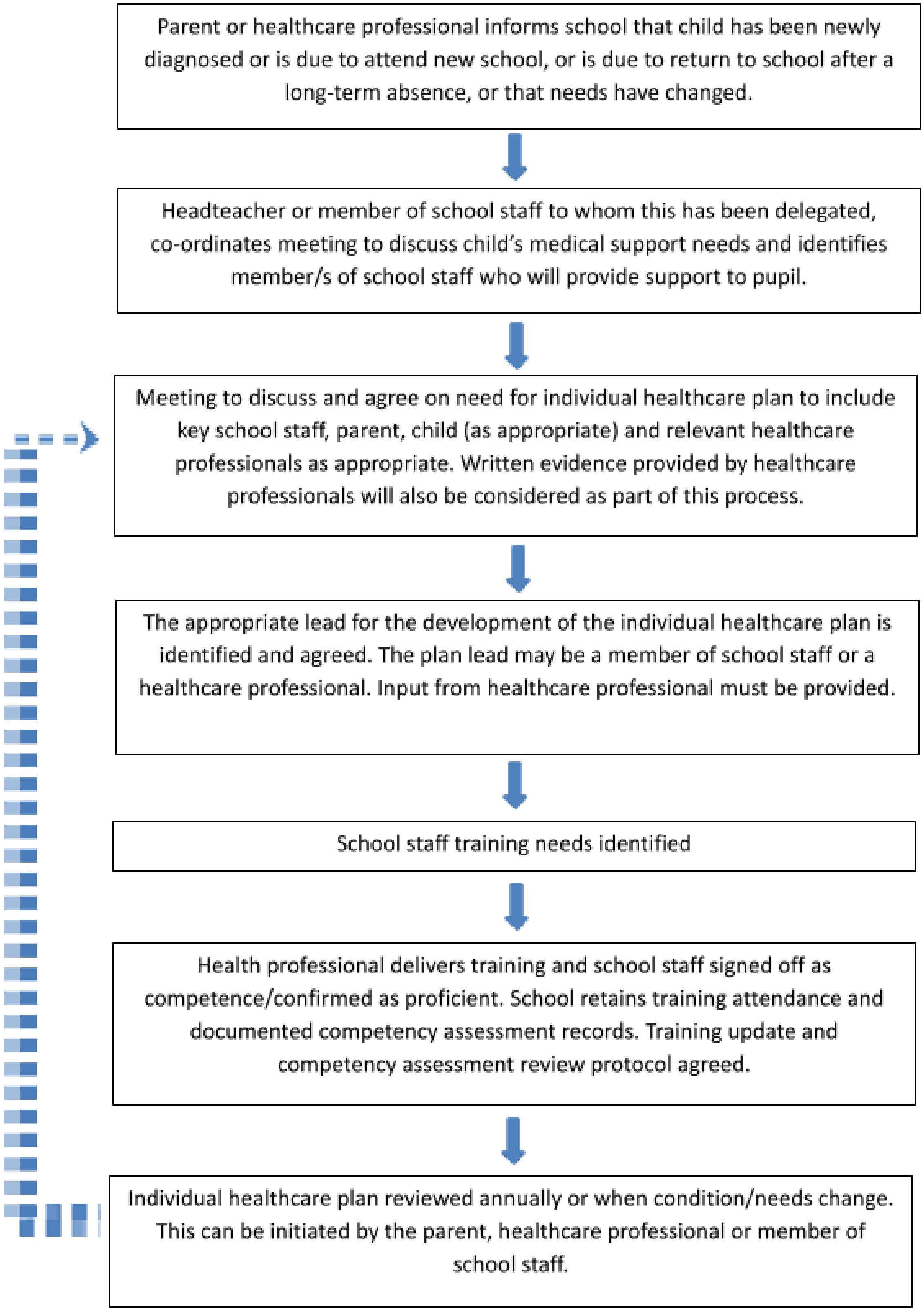
---

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: Ryefield Primary School

March 2025

Contents

Supporting students with medical conditions
Part B: Ryefield Primary School

1. Introduction

This policy aims to set out the specific details of Ryefield Primary School's arrangements to support children with medical conditions and health needs, as well as how the school works collaboratively with partners to ensure that medical and mental health needs are effectively met. This Part B school-specific policy provides supplementary information about the specific arrangements in Ryefield Primary School with particular reference to individual health plans (**appendices 1** and **2**), asthma (**appendices 4** and **5**), and anaphylaxis (**appendices 6** and **7**). This Part B Ryefield Primary School policy should be read in conjunction with the Part A Trust-wide policy.

2. Links to other school policies

The statutory duty on schools to support children with medical conditions sits within a wider framework of duties that are relevant to a child or young person's health and well-being. As such, this policy links with other Ryefield Primary School policies:

- **Special educational needs and disabilities (SEND):** For children with special education needs and medical needs including those with an Education, Health and Care plan, the school's SEND policy (click here) provides further information.
- **Safeguarding and welfare:** At Ryefield Primary School, we recognise that children with certain medical or physical conditions can face additional safeguarding and welfare challenges. Ryefield Primary School has a strong pastoral care team, consisting of the DSLs, SENCo and Family Support Team. Within this team, there is a dedicated lead for 'Medical and Welfare'. The Ryefield Primary School Safeguarding policy (click here) provides further information on the school's arrangements for safeguarding and promoting the welfare of children with medical conditions.
- **Health and safety and first aid:** The Ryefield Primary School Health and Safety policy (click here) provides detailed information on the local arrangements and procedures for health, safety and welfare at Ryefield Primary School. This includes the names of staff members who are trained to administer first aid and the specific locations of medical equipment on the school premises.

3. Collaborative working with partners

3.1 Parents/carers

Ryefield Primary School actively engages with parents/carers regarding children's medical conditions, health needs through the admissions process via a medical section. When a current child on roll develops a new medical condition, the parent/carer should notify the welfare officer immediately. This can be achieved through the school office via telephone or meeting.

3.2 The local authority: London Borough of Hillingdon

3.2.1 Summary

Some of the key services that our school engages with for guidance and support are:

- Hillingdon School Nursing and Immunisation Service
- Specialist services (as detailed below)
- Attendance Team
- Multi-Agency Safeguarding Hub (MASH)
- Special Educational Needs and Disability (SEND) Advisory

3.2.2 Hillingdon School Nursing Service

- The headteacher is responsible for reviewing and signing the Hillingdon School Nursing Partnership Agreement. The welfare lead is the school's named member of staff assigned to liaise with the school nursing service. The named school nurse is Vickie Jarvis.

- All health sessions in school are planned. The Nursing Service does not offer ‘drop-in sessions’
- The school nursing team and health visitor plan regular visits to the school to complete welfare checks for children subject to Child in Needs Plans or Child Protection Plans.
- The school nursing team and health visitor also provide direct support to parents/carers; parents/carers need to give consent to school staff for such referrals.

3.2.3 NHS services

The school is in regular contact with the following NHS services. Key contacts can be found in the appendix of Part A:

- Asthma Service
- Allergy Service
- Diabetes Service
- Epilepsy Service

Specialist nurses from these services will only attend the school upon request or if a child has been newly diagnosed with diabetes, epilepsy or other medical conditions outside of asthma and allergy. There is regular correspondence from the Asthma and Allergy Services, offering updated information for schools and parents/carers.

3.2.4 Working with the Epilepsy Service

The welfare lead works and communicates with the Epilepsy Service e.g. the paediatric epilepsy nurse specialist via email or telephone when needed. There is no regular contact but advice and support are readily available on request through email or telephone. The specialist nurse does not attend the school regularly, only upon request to facilitate identified training.

3.2.5 Working with the Asthma Service

The welfare lead works and communicates with the Asthma Service regularly as well as submitting asthma data each month and planning annual asthma and anaphylaxis training for all staff.

4. Roles and responsibilities

Key contacts at Ryefield Primary School are:

- Chair of Local Board of Governors (LGB)
- Headteacher
- Welfare Lead
- First Aid trained staff

The detailed roles and responsibilities are set out in Part A of this policy. In line with these responsibilities, the LGB accepts delegated responsibility for ensuring Ryefield Primary School meets the duty to support children with medical conditions and children with health needs who can not attend school. At LGB meetings, governors ratify policies through direct feedback. The headteacher is responsible for ensuring that Part B of this policy is developed and effectively implemented. At Ryefield Primary School, the welfare lead is responsible for ensuring that whenever the school is notified that a child has a medical condition, they will:

- take the lead in coordinating individual healthcare plans (IHCP);
- ensure medication is provided by the parent/carer (if required);
- arrange medical training for staff, as and when required;
- ensure all relevant staff are made aware of the child’s condition;
- liaise with healthcare professionals;
- lead as the designated asthma and anaphylaxis champion;
- keep regular contact with parents/carers for updates and additional information; and
- coordinate and complete risk assessments linked to medical conditions or injuries, with the support of the school operations manager.

There are many staff trained as first aid administrators at Ryefield; they are responsible for offering minor first aid at school as and when required (during break times, during in-class sessions, and during trips offsite). The welfare lead provides specific welfare support throughout the school day.

5. Attendance

5.1 Sending children home due to illness

The welfare lead will make a decision (sometimes in consultation with the parent/carer and/or a member of the school's senior leadership team) as to whether a child should be sent home due to illness. The welfare lead will then contact a parent/carer and arrange for the child to be collected. Circumstances which involve a child being sent home would normally involve:

- Vomiting and diarrhoea
- High temperature
- Chickenpox
- Scabies
- Other specific conditions linked directly to a pupil's medical health

The school expects parents/carers to be onsite within thirty minutes of a phone call. Unwell children will have their items collected from class and will wait in the welfare office to be collected.

5.2 Children who are unable to attend school

As stated in section 5 of Part A, the school will make every effort to ensure a child can attend school full-time. However, in instances where a child is unable to attend for medical reasons, or specific health needs, in consultation with parents/carers, a flexible programme of study will be identified, if this is deemed appropriate. If a child has had a period of absence due to a medical condition:

- a suitable return to school programme will be established which may include a phased return to school;
- a risk assessment will be put in place;
- regular welfare checks will be made on the child;
- additional support will be offered by staff members; and/or
- further classroom or school adjustments made in consultation with health care providers.

Ryefield aims to ensure that children who are unable to attend school because of medical needs, and who would not receive suitable education without such provision, continue to have access to as much education as their medical condition allows so that they can maintain the momentum of their education and to keep up with their studies. Children who may be unable to attend school as a result of their medical/health needs will include those with:

- Physical injuries
- Physical health issues
- Mental health needs, including anxiety issues
- Emotional difficulties/school refusal
- Progressive conditions
- Terminal illness
- Chronic illnesses

Arrangements for alternative provision will be made as soon as it is known that a child has not attended school for 15 days for health reasons or as soon as it is clear that a health-related absence from school will be 15 days or longer, verified by a medical doctor. The 15 days may be consecutive or cumulative. The provision will commence as quickly as possible. There may be circumstances in which suitable alternative education is already in place e.g. if the school has already made remote learning arrangements for a pupil or the pupil is receiving education at a hospital school. In such circumstances, the local authority will intervene only if it has reason to think that the education provision being made is unsuitable or insufficient.

5.3 Specific practices

Where children are admitted to a hospital, the school will work closely with the education staff in the hospital to:

- ensure that information about the child’s curriculum, their achievements and any special educational needs that they may have is provided promptly;
- provide appropriate work and materials promptly and regularly;
- be active in the monitoring of progress and the smooth reintegration into school, liaising with other agencies as necessary;
- ensure that children who are unable to attend school because of medical needs are kept informed about school social events; and
- encourage and facilitate liaison with peers, for example through visits, videos and messages.

For absences that are expected to last for more than 15 working days, and where a child has a medical/health or physical condition, the school will:

- confirm the child’s absence with relevant medical services and parents/carers;
- discuss arrangements that would be needed to ensure the child’s continued access to education;
- review arrangements to ensure that the child returns to school as soon as they are medically able to do so and any reintegration arrangements that should be considered, e.g. a phased return; and
- refer to Child and Adolescent Mental Health Services (CAMHS) for a view of the child's needs, where the medical/health needs involve a psychological or mental health difficulty or emotional difficulties/school refusal. A referral to an Education Psychologist may also be considered. The school will undertake a risk management plan for children who are at significant risk of self-harm. The school may also make a referral to the local authority’s Attendance Team for further guidance and support, for both the school and the family.

Where health services are involved, the school will:

- ask for confirmation of the length of the child’s absence;
- ask for guidance on the child’s ability to cope with educational provision;
- ask for guidance on the kind of arrangements that would be needed to ensure the child’s continued access to education;
- ask for guidance on the length of time that the child is likely to be absent and therefore in need of support;
- ask for guidance on whether the illness is chronic and therefore whether future absences are likely and tuition will be needed without the need to re-refer;
- ask for guidance on the review arrangements to ensure that the child returns to school as soon as they are medically able to do so and any reintegration arrangements that should be considered; and
- ask for guidance on the treatment or support that the child is to receive through the health service to support their return to health and mainstream schooling.

When working with the Trust and other stakeholders, we 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.

5.4 Circumstances where attendance may not be appropriate

In circumstances when a child’s attendance may not be appropriate due to health reasons for example an infectious disease, decisions will be informed by the relevant national and local guidance as set out in Part A of this policy. Within Ryefield Primary School, the Head of School will make the final decision on whether attendance is appropriate with full consideration of the child’s best interest and the Ryefield Primary School community. As a school, we recognise the importance of protecting children from infection, particularly those with reduced immunity and/or increased risk due to a medical condition.

5.5 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 may be considered as a means 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 critical oversight of children who are not able to access full-time education at school.

6. Notification relating to a child's medical condition

The main notification pathway is through the school's admissions process, where parents/carers complete a medical form within the admissions pack to highlight their child's medical condition or health needs. The admissions form is passed onto the welfare lead to action. The welfare lead makes immediate contact with the family (telephone call and a meeting if required), and makes contact with the previous school to discuss the child's medical condition and gain additional information or support. The welfare lead will ask for any medical health paperwork to be sent with the child's school file as well as inform them that our school uses the CPOMS platform for effective information storage and sharing. The welfare lead informs all relevant staff of the child's medical condition or health needs and identifies any reviewed staff training that needs to take place. The welfare lead compiles the IHCP and disseminates it accordingly. Where a child with a medical condition has joined the school as an in-year admission, the parents/carers will make the medical condition clear via the admissions process and the same procedure is followed as above. In consultation with the parents/carers, the welfare lead may also seek advice from the School Nursing Service regarding additional planning linked to the child's medical condition and health need.

7. Individual Healthcare Plans (IHCP)

Following notification that a child has a medical condition, Ryefield Primary School invites parents/carers to attend a meeting (**Appendix 1**) to discuss the development of an IHCP (**Appendix 2**).

7.1 Development of IHCPs

IHCPs are co-produced with the parent/carer at the meeting. If the medical condition or health need is complex, external health services who are currently involved in the child's medical care will be contacted for additional information. The school welfare lead initiates the meeting and may seek advice from a senior member of staff if required. The named school welfare lead is Ms Clements. The school-led IHCP is primarily developed by the welfare lead, however as shared above, they may seek additional guidance from healthcare services involved as well as from a member of the school's senior leadership team.

7.2 School-specific information regarding the storing and recording of IHCP information

- School-led and NHS-led individual healthcare plans are stored in the welfare office cabinet and in the class red medical bags.
- All plans are stored primarily as paper-based documents, however, main documents are also uploaded to CPOMS (online platform).
- Staff who have access to the plans include the welfare lead, class teachers, office staff, sports leads, teaching assistants, Rascals' breakfast and after-school club staff.
- The school-wide asthma posters are displayed in the corridors outside each classroom, lunch hall, welfare room, EYFS area, hub, library area and staff room.

7.3 Reviewing IHCPs

- IHCPs are reviewed annually or periodically when updates have been made to a child's medical condition or health need.
- The welfare lead emails the IHCP form to parents/carers asking them to complete the form by a deadline (usually 2 weeks). Upon return of the form, if any medical information has changed since the last IHCP, they will be called or invited into the school to discuss updated information. Hospitals send updated copies of IHCPs when there have been any changes.
- For NHS-led paediatric epilepsy care plans, the specialist nurse makes direct contact with the school if a change has been made to the care plan. If no change has been made, the welfare lead will still seek an annual review. For NHS-led allergy team plans for auto adrenaline injectors, the welfare lead makes an annual written request to the service requesting a review of the plan. This is followed up with telephone calls. The welfare lead will also correspond with parents/carers for updated and reviewed plans, as well as seek advice from the School Nursing Service to see what support they can initiate with annual reviews.
- Where NHS-led care plans are not routinely and regularly reviewed, communication to the relevant service will be initiated and governors will also be kept informed.

8. Staff training and support

8.1 Informing staff of children with medical conditions

The school's welfare leads take responsibility for informing all relevant staff, as well as any new staff upon induction, of the medical conditions of pupils in their class. In addition to the meeting, staff are advised to read this policy in its entirety.

8.2 Raising awareness

- Asthma and allergy training is provided annually by the Hillingdon School Nursing Service for all staff. It is taken in person at the school and is normally completed at the start of the spring term.
- First aid training is provided by MGM Training or through the London Borough of Hillingdon first aid services. Staff access first aid training every 3 years. Certificates are retained for all qualified staff.
- Epilepsy training is accessed online through Epilepsy.org.uk (click here) by all staff as well as upon the school's request for the epilepsy specialist nurse to come into school to provide specific training to relevant staff.
- The school's catering company is Cucina. They take responsibility for allergy training and medical diet planning for their staff (provided by an external company). Parents/carers can inform Cucina directly that their child has a medical diet need, via the online platform Parent Pay. The allergy information is also recorded in the school's management information system and is taken from the admissions form.

8.3 First aid

Whilst it is important to recognise that first aid training does not constitute appropriate training in supporting children with medical conditions, there will be occasions where basic first aid actions will be sufficient. For example, a child suffering from a convulsive seizure may require positioning so that they do not injure themselves. Ryefield Primary School first aiders receive training and certification from MGM Training or through London Borough of Hillingdon first aid services. Qualifications held by staff include:

- 1-day Emergency Paediatric First Aid, updated every three years
- 2-day Emergency Paediatric First Aid, updated every three years
- 3-day First Aid at Work, updated every three years

8.4 IHCP interventions

When children require specific, personalised care which is set out in their IHCP, all Ryefield Primary School staff with a responsibility to provide support will receive appropriate training. Ryefield Primary School retains records of staff training and associated documentation. Training records are stored both electronically and paper-based. The school operations manager is responsible for the monitoring and tracking of staff training. A senior member of the leadership team will also oversee this. Some NHS services communicate annually regarding training via email (Diabetes/Asthma & Allergy). However, the Epilepsy Service refers staff to the website (click here) for information and training. It is only upon the school's request that they may offer onsite school training linked specifically to a child's medical condition. During the school day, the welfare lead takes responsibility for administering all prescription-only medication. When children are on school trips, the welfare lead trains a first aid trained staff member to administer medication whilst away from school. When a health professional has delegated health care and support as set out in an NHS-led care plan e.g. administering insulin or administering buccal midazolam, the health professional should take reasonable steps to monitor the outcome of the task. The welfare lead is in routine contact with health professionals regarding medication administration linked to NHS-led care plans. Health professionals are available for reviewed training.

9. Medication

9.1 Administering medicines

The welfare lead takes full responsibility for administering medicines (prescription only) with parental written consent. Non-prescription medication e.g. Calpol can be administered at school by the welfare lead, as long as parents/carers have signed a consent form (**Appendix 3**). Parents/carers must take responsibility for appropriately medicating their children before or after school.

9.2 Managing medicines on school premises

- Medication (asthma pumps and epi-pens) is stored in the classroom in a red medical bag (unlocked) and in the welfare room in a locked cabinet.
- Medication that requires refrigeration is stored in the welfare room fridge.
- Children will have access to the school's emergency inhaler in the unlikely event that their regular inhaler fails to work or is not available at school (ie. the parent/carer has not provided the school with the necessary inhaler/spacer). Emergency Inhaler packs can be found in EYFS (Nursery Class), welfare office, main office, Coral Class and outside the Hub. Emergency EpiPen devices are held in the school, in the welfare room. The parent/carer will need to complete a consent form and school asthma card for the use of an emergency salbutamol inhaler.
- The welfare lead records all medication details and expiry dates and this is reviewed monthly.
- Parents/carers are contacted by email, telephone or in-person to collect their child's expired medication. It is the responsibility of parents/carers to dispose of the expired medication through their NHS services.
- The school does not have a sharps bin facility currently at school as no children are diabetic; however, if this becomes the case then a sharps bins will be acquired and routinely disposed of via a registered health company.

10. Emergency procedures

Ryefield Primary School has clear procedures in place for supporting pupils who feel unwell and managing health-related emergencies. These procedures will be brought to the attention of all new staff as part of their induction training:

- When children feel unwell during the school day they inform their teacher if they are in class. The class teacher decides if the child needs to see the welfare lead.
- During break times, children present themselves to a staff member on duty outside. The staff member decides if the child needs to see the welfare lead. The school's procedure for managing children who feel unwell is set out in Appendix 1 of Part A (flow diagram).
- Where a child does not have an underlying medical condition, the welfare lead will assess whether the child should be sent home (in which case a parent/carer will be contacted) or whether the child should return to their class after a short monitoring period in the welfare office. Children will not be allowed to spend a significant part of the school day in the welfare office.
- Where a child suffers from an underlying medical condition, reference will be made to their IHCP. Where a child's medical condition increases and the likelihood that they will require emergency care, their IHCP will include details of what constitutes an emergency and what steps staff should take in this

situation. This information is shared with the welfare lead as required. Where a child has an IHCP and requires hospitalisation, a copy of the NHS-led IHCP and/or school-led IHCP will be supplied to paramedics**.** Verbal or written consent will be sought from parents/carers in advance of information sharing.
- Further information with regards to procedures around asthma and anaphylaxis can be found in **Appendices 4 to 7**.

The School has two automatic defibrillators on the school site. One is located inside the welfare office, the other is located in the main office. These are checked on a termly basis by the welfare lead. The central record of checks and the associated consumables expiry dates is kept in the welfare office electronically easily accessible by the welfare lead/leadership team.

11. Record-keeping

Ryefield Primary School staff with responsibility for supporting and assisting a pupil are aware of the need to complete the necessary records, in accordance with the school's protocol.

- Medication administration is recorded on the school's MIS.
- Communication to parents/carers that health support/assistance has been provided by the welfare lead is communicated via the StudyBugs online platform. In some instances, a direct telephone call by the welfare lead with the parent/carer may be required.

All IHCPs are stored securely and confidentially within the Yellow Class medical bags or in a locked file within the welfare office. NHS-led care plans are not shared with any other agencies, apart from the emergency services when required. It is the responsibility of the parents/carers to share NHS-led care plans with other agencies that the family may be involved with. Where IHCPs have expired, they are securely destroyed by the welfare lead. When registered health professionals delegate healthcare interventions to Ryefield Primary School staff, all instructions and requirements given by the health professional associated with record keeping will be followed. Any requests from health professionals to review, assess and/or supervise a member of Ryefield Primary School staff's health interventions record-keeping for the healthcare activity will be complied with. The welfare lead stores any specific letters, as well as a register of medical conditions in the pupil's file, stored within a cabinet in the locked main office. On most occasions, this information is provided directly by parents/carers themselves. Monthly asthma audits are stored securely within the welfare lead's school folder.

12. Sporting activities, day trips and residential visits

Ryefield Primary School actively supports the fullest possible participation of children with medical conditions and health needs in all school activities and trips.

12.1 Medication

For children requiring prescribed medicines, the named first aider on a day trip will administer the medicine and this will be recorded. The record will be passed on to the trip leader (usually year group lead or phase lead) for post-trip evaluations. For residential trips, all parents/carers are required to complete medical forms prior to the trip. For those pupils who require a prescribed medicine, the named first aider on the trip will administer the medicine and this will be recorded. The record will be passed on to the trip leader for post-trip evaluations. The trip leader will take full responsibility for safely storing prescribed medication. During a residential, the trip leader may also make contact with the welfare lead back at school for any additional intervention required during the trip. The welfare lead will make contact with parents/carers as well as liaise directly with health professionals and feedback to the trip leader. At all times, parents/carers will be kept informed and updated on additional care provided to their child. During sporting activities onsite, the class red medical bag is taken outside and available when needed. During sporting activities offsite, the medical items required are kept safely by the teacher and made available if required.

12.2 Risk assessments

Well in advance of any overnight, residential or extended day trip, the school will seek to gather additional information about a child's medical condition from parents/carers and if appropriate, the relevant health professional to conduct a timely risk assessment and discuss plans for care requirements that are likely to arise. Ryefield Primary School expects health service/professional involvement as part of its obligations in relation to care planning and risk management. For all off-site trips, the school will follow Department for Education (DfE) guidance on health and safety on educational visits (click here), as well as guidance on risk assessments (click here) from the Health and Safety Executive. Specific arrangements for off-site visits will be drawn up alongside the child's IHCP. For any health interventions not routinely delivered in school, liaison with health professionals will be undertaken to ensure appropriately trained and competent staff are available to support the child. All instructions regarding additional medication or intervention requirements will be detailed in the supplementary healthcare plan, which will be signed by the welfare lead and parents/carers. This plan will accompany the child. A minimum of two first aid-trained members of staff will be available to accompany children with a medical condition on an extended off-site visit including overnight stays and residential trips. Contingency plans are made for staff absence. These plans are detailed in the risk assessment for the trip.

13. Monitoring

The oversight and monitoring arrangements for this policy are embedded in the school's governance framework. This is achieved through:

- annual ratification of health-related policies at LGB;
- data linked to incidents resulting in visits to the welfare office, any advised visits to the hospital;
- direct feedback from parents/carers and children regarding the management of their child's medical condition, medical procedures;
- monitoring complaints relating to supporting pupils with medical conditions; and
- monitoring of support offered by health professionals for any health-delegated activity.

This policy is reviewed annually. The review involves pupils, governors and parents/carers. It also involves the relevant local NHS services and others with duties under the policy. The views of children with medical conditions, as well as their parents/carers, are central to the evaluation process. If a parent/carer or child believes that any aspect of this policy has not been properly followed, they should either speak to the welfare lead directly or contact the school office as appropriate. If any of our partners, including a parent/carer or child, believes that this policy requires improvement or amendment in any way, they should contact the welfare lead using the contact details outlined above.

14. Liability and indemnity

Ryefield Primary School is covered by the DfE's Risk Protection Arrangement scheme. This means that Ryefield Primary School and its staff are indemnified for liabilities in respect of or arising out of the business of the school which includes supporting pupils with medical conditions. This indemnity covers undertaking medical procedures and provision of prescribed medicines. A central record of the medical interventions undertaken by Ryefield Primary School staff is maintained and overseen by the LGB and headteacher to ensure appropriate indemnity is in place.

15. Complaints

Should parents/carers or children be dissatisfied with the support provided by Ryefield Primary School, they are encouraged to contact the school operations manager via the reception. If for whatever reason this does not resolve the issue, a formal complaint can be made via the Trust's complaints procedure.

Approval / revision history

Revision date	By	Summary of changes made
January 2024	Welfare Lead and Head of School	This is a new Part B policy applying the VLT policy template. Relevant appendices have been embedded within the policy.
March 2025	Headteacher	Updated to reflect the changes made in Part A of the policy.

List of appendices

- **Appendix 1:** Model letter inviting parents/carers to contribute to an Individual Healthcare Plan (IHCP)
- **Appendix 2:** Template for an IHCP
- **Appendix 3:** Parental agreement for school staff to administer medicine
- **Appendix 4:** Asthma protocol and guidelines
- **Appendix 5:** Parental consent form for the use of emergency salbutamol inhalers at school
- **Appendix 6**: Principles for the management of students with severe allergies (anaphylaxis)
- **Appendix 7:** Anaphylaxis arrangements: parental consent form

Appendix 1: Model letter inviting parents/carers to contribute to an Individual Healthcare Plan (IHP)

Dear parent/carer,

Re. Developing an individual healthcare plan for your child

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

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support each pupil needs and how this will be provided.

Individual healthcare plans (IHPs) are developed in partnership between the school, parents/carers, pupils and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgments about how your child's medical condition impacts their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for

____

I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend.

The meeting will involve____.

Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you to contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely,

Miss C Clements (Welfare Assistant)

Ryefield Primary School

Ryefield Avenue

Hillingdon

Middx UB10 9DE

01895 547 036

cclements@ryefieldprimary.org.uk

Appendix 2: Template for Individual Healthcare Plan (IHP)

Ryefield Primary School Individual Healthcare Plan

Name of school/setting	Ryefield Primary School
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	
Family Contact Information	
Name	
Relationship to child	
Phone (mobile)	
Phone (home/work)	
Name	
Relationship to child	
Phone (mobile)	
Phone (home/work)	
Clinic/Hospital Contact	
Name	
Phone no.	
G.P.	
Name	
Phone no.	

Describe medical needs and give details of the child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc Name of medication, dose, method of administration, when to be taken, side effects, contra- indications, administered by/self-administered with/without supervision	
Daily care requirements	
Specific support for the pupil's educational, social and emotional needs	
Arrangements for school visits/trips etc	
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 and when	
IHP copied to	Welfare x 2, Class Teacher, Staff Room, Child's file in Office, Green File in Office.

Appendix 3: Parental agreement for School staff to administer medicine

Ryefield Primary School

MEDICAL CONSENT FORM

Only to be completed by a parent/carer

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.

Child Name	
Date of Birth	
Class	
Medical Condition/Illness	

Name of Medicine **(as described on the original container)**	
Expiry Date	
Dosage and Method (including time to be administered)	
Procedures to take in an emergency:	
IF APPROPRIATE: I confirm that I have provided a spare Epipen / Inhaler / Insulin for the Medical Room	Yes / No

Parent/Carer Name	
Daytime Phone Number	
Relationship to Child	

I understand that I must deliver the medicine personally to the school Front Desk, to be passed onto the welfare assistant. I confirm that the above information is, to the best of my knowledge, accurate at the time of writing and I give consent to Ryefield Primary School to administer the medicine in accordance with school policy. I accept that this is a service which the school is not obliged to undertake. I will inform Ryefield Primary School in writing if there is any change in the dosage or frequency of the medication.

Signed: ………………………………………….. Date: …………………

Appendix 4: Asthma policy and guidelines

RYEFIELD PRIMARY SCHOOL

ASTHMA 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/carers, students and staff to be well informed about asthma and adopt a responsible attitude in its treatment.

1. Use of Inhalers in School

1.1 All students must have their own inhaler, which is kept in the class red medical box.The medical box will be taken to PE and its contents taken on any school journey or trip.

1.2 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 the Medical Room in case of emergencies.

2. School Asthma Cards

All students with asthma must have a school asthma card, completed and signed by their parents/carers. Information regarding the number of asthmatics, attendance, inhaler usage etc is reported to the Paediatric Respiratory Nursing Team once per month by the Welfare Assistant.

3. Spacer

3.1 Pupils should provide their own spacers – clearly labelled with the pupil's name.

3.2 A spacer can help a child to take their inhaler more effectively (especially of importance during a severe attack).

.

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

4.1 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 the hospital and wait/meet the parent/carer at A&E.

4.2 While waiting for Paramedics, students will be instructed to continue with a blue relief inhaler every 5 – 10 minutes – or as documented on a care plan.

Appendix 5: Parental consent form for the use of emergency salbutamol inhalers at school

Ryefield Primary School Parental Consent form

FOR THE USE OF EMERGENCY SALBUTAMOL INHALER AT SCHOOL

Child showing symptoms of asthma/having an asthma attack:

1. I confirm that my child has been diagnosed with asthma / has been prescribed an inhaler (delete as appropriate)
2. My child has a working, in-date inhaler, clearly labelled with their name, which they will leave in school, to be used at school and during any school trips or journeys
3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Parent/carer signature:

Date:

Parent/carer Name (PRINT):

Child's name:

Class

Parent/carer address and contact details:

Address:

Phone:

Email:

Appendix 6: Principles for the management of students with severe allergies (anaphylaxis)

RYEFIELD PRIMARY SCHOOL

PRINCIPLES FOR THE MANAGEMENT OF STUDENTS WITH SEVERE ALLERGIES (ANAPHYLAXIS)

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

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

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

4. It is the responsibility of the parents/carers to provide 2 Epipens which will be kept in the Class Medical Box and Medical Room for emergency use.

5. It is the responsibility of the class teacher to carry the Class Medical Box to all school activities within or outside school grounds (a portable Medikit is provided for school trips).

6. It is the school's responsibility (in liaison with the parent/carer) 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 school staff 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). Action plans will be displayed in the Staff Room and in the Medical Room.

9. The school will hold under secure conditions all appropriate medications accessible during the day. All medication, apart from inhalers and EpiPens, is locked securely in a cupboard in the Medical Room. Keys are kept in a Lock Box in the Medical Room.

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

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

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

13. Training support for staff will be reviewed on at least an annual basis.

Appendix 7: Anaphylaxis arrangements: parental consent form

RYEFIELD PRIMARY SCHOOL

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:_________