

Shakespeare

Primary School

Shakespeare Primary School

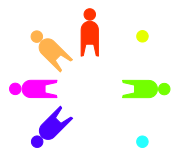
Medical Needs Policy and Practice

2023-2024

Ratified by Shakespeare Primary School Governors November 2023



Medical Needs Policy and Practice



2023-2024



What would you like to know?

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Roles and Responsibilities

Medical Needs

Introduction

Shakespeare Primary School is committed to the inclusion and support of pupils with medical needs. We work with the child, parents/carers and other professionals to ensure that children have the fullest possible access to education. We understand that not all children with the same medical condition will have the same needs and so we work closely with families and agencies to gain an insight into the child’s needs and how they can be met in school. This policy has been written in compliance with Section 100 of The Children and Families Act 2014 and with regard to ‘Supporting Pupils with Medical Conditions’ guidance from The Department of Education.

Roles and Responsibilities

Role of the Governing Body

- Governing bodies are legally responsible under Section 100 of the Children and Families Act 2014 to make arrangements to support pupils with medical conditions and must have regard to the new guidance.
- The governing body must ensure that arrangements are in place to support pupils with medical conditions and that policies, plans, procedures and systems are properly and effectively implemented.
- The governing body will regularly audit their policies relating to supporting pupils with medical conditions, to ensure that healthcare plans are being adhered to, the correct training is being given and the appropriate people are providing the necessary care.
- The governing body will ensure that school develops a policy for supporting pupils with medical conditions that is reviewed regularly and is readily accessible to parents and school staff.



Role of the Head Teacher

- The Head Teacher will ensure there are named members of staff in place to implement the medical needs policy.
- The Head Teacher will ensure that sufficient trained numbers of staff are available to deliver against IHPs, including contingency and emergency situations.
- The Head Teacher will make sure school staff are appropriately insured to support pupils with medical conditions.
- The Head Teacher will ensure staff are suitably supported in their work with medical needs and that identified members of staff have received First Aid Training.

Role of named staff for Medical Needs

- The named staff with responsibility for medical needs are:
 - Julian Gorton (Head Teacher) – See above.
 - Amy Brealey (Deputy Head Teacher) – Policy writing and implementation, record keeping, staff training
 - Greg Perry (Assistant Head Teacher – Inclusion) Funding applications, record keeping, GP/medical liaison, parental and outside agency liaison
 - Gemma Ingle (Administrative Assistant) – Administration and record keeping, parental liaison, new starters.
 - Amy Hutchinson (LSA) – Asthma Champion
- Across school we have appropriately trained first aiders in each phase. This first aid training does not replace specific training or qualify staff to support individuals with medical needs but does ensure we can respond effectively to any emergency situations for all pupils.

Role of Teachers and Support Staff

- Any member of school staff may be asked to provide support to pupils with medical conditions, although they cannot be required to do so unless specifically stated in their job description.
- All staff should consider the medical needs of the children they teach and make adaptations and alterations where necessary.
- All staff should have an awareness and understanding of any IHPs, Allergy Action Plans, Seizure Plans, Intimate Care Plans or Asthma Plans for children in their care.
- Teachers should identify children with medical needs as part of educational visit risk assessments. Any relevant information and actions should be recorded on Evolve by the Visit Leader.
- School staff should raise any concerns about a child's medical needs with a named member of staff.
- All staff should be a point of contact for parents of children with medical needs and should pass any relevant information to named staff.
- Ensure records are kept of any medicines administered.
- Ensure children have access to their medication where appropriate (inhalers).
- Ensure long-term medication kept on-site is stored safely in a Key Phase lockable medicine cabinet.



kept on-site is stored safely in a Key

- Teachers and support staff should be sensitive to the individual needs of the class and make adjustments accordingly to ensure they can access an activity safely. For example, making asthma inhalers available for asthma sufferers during the daily mile, or adapting expectations of effort during physical activity.

Role of Parents/Carers

- It is the responsibility of parents/carers to ensure school have up to date information regarding a child's medical needs.
- Parents/carers must bring the correct, in date, medication in school complete with pharmacy dispensing label.
- Parents/carers must make every effort to ensure their child is well enough to attend school. If a medical need is impacting on a child's attendance and access to education, advice can be sought from our Family and Attendance Advisor, Rachel Brookes.



- Medical appointments should be made outside of school hours wherever possible. Where not possible, school should be notified of appointments.
- Where school raises concerns around the medical needs of a child, it is the responsibility of the parents/carers to access medical advice.
- Parents/carers must correctly dispose of any medicines that are no longer required/out of date.
- At the start of each academic year, parents/carers will be provided with a form detailing the current medical information school holds for their child. It is parents/carers responsibility to return the form with any necessary changes communicated.

Identification, Provision and Support

Identification

Medical needs are established by healthcare professionals. Once a need has been established parents/carers must share this information with school and we ask that parents/carers give their consent for healthcare professionals to share information and reports with us directly. If school has medical concerns about a child we will discuss this with the parents and support them in the appropriate course of action. Any action taken by school in response to a claim of medical need by a parent must be confirmed by a medical professional first.

In the event of school being informed by a medical professional about a medical need, the Medical Needs Response procedure should be followed (see Appendix).

Provision

School follow the advice of healthcare professionals in terms of provision and support. We ensure that appropriate training is planned and delivered to individuals and groups of staff who will have responsibility for supporting a child with medical needs. The Head Teacher and Deputy Head Teacher ensure that sufficient numbers of staff receive training and that there are contingency plans for staff absence.

Children with identified medical needs will have an IHP (Individual Healthcare Plan), an Allergy Action Plan, a Seizure Care Plan, an Intimate Care Plan and/or an Asthma Plan. They will outline their needs, emergency procedures, medication information and contact details. These plans are written by, or with, healthcare professionals, parents/carers and are shared with the child and all relevant staff. Children with Epilepsy should only be in school once the Seizure Care Plan has been obtained from the Epilepsy Nursing Team. **Allergies**

In the case of notified allergies in children, the information will be shared with the school kitchen. Children with food allergies wear allergy alert badges at lunch time. Kitchen staff check the badges for stated allergens before serving the child food. Children with a prescribed Autoimmune Injector – All (of which EpiPen is a brand name) or antihistamine will have an Allergy Action Plan. There is one plan for a child with a prescribed autoimmune injector and one for a child who is not prescribed an autoimmune injector. The Assistant Head Teacher for Inclusion and class teachers ensure that children have the appropriate medication in school and that plans are adhered to by all staff. Longterm allergy medication should be stored in the child’s Key Phase lockable medicine cabinet.



In the event of school being informed of an allergy, the Allergy Response procedure should be followed (see Appendix).

Asthma

When school is notified of a confirmed case of Asthma, parents will be given a School Asthma Card to complete. They will also be given an Asthma Plan to be signed off by their medical professional. Parents should also complete an Administering Medication Form to consent to their child using their inhaler in school.

Each classroom which has an asthma sufferer should have a 'How to Recognise an Asthma Attack' poster and 'What to do in the Event of an Asthma Attack' displayed in the classroom.

School has an emergency salbutamol inhaler in each Key Phase medicine cabinet. **The inhaler should only be used by children, for whom written parental consent for the use of the emergency inhaler has been given, who have either been diagnosed with asthma or prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.** The inhaler can be used if the child's prescribed inhaler is not available (for example, because it is broken, or empty). Parents must sign permission for their child to use the emergency inhaler. Any child who has used the emergency inhaler should have a Emergency Salbutamol Inhaler Use letter given to parents/carers (see Appendix). If a child has a prescribed Terbutaline (not Salbutamol) inhaler but parents have given their consent to use the Emergency Salbutamol Inhaler then this should be given in an emergency.

Emergency Salbutamol Inhaler Kits are kept in each Key Phase Office and at the School Office.

Epilepsy

When school is notified of a confirmed case of Epilepsy, the child should not be allowed in school until a Seizure Plan has been obtained from the Epilepsy nursing team. An Individual Health Care Plan should also be completed by school. Each Phase has a seizure rescue pack containing a blanket and timer. Children with a history of seizure but without a diagnosis should have a Seizure Rescue Plan. Personal details cards should be stored securely for these children in the Key Phase medicine cabinet to hand to paramedics in the case of emergency. Seizure rescue medication should be kept securely in the Key Phase medicine cabinet and staff that support the child should be trained to administer the medication.

Transition

Children with medical needs are fully supported through transitions both within school (class to class, key phase change) and when they move to another school (end of KS2 or mid-year transfer). This involves sharing current provision and support in place and the names of relevant professionals and agencies.

Medical Emergencies, Accidents and First Aid

Medical Emergencies

For children with identified medical needs, their individual Healthcare Plans should be followed in the event of a medical emergency and relevant training and procedures would be followed by trained staff, for example the administration of emergency medication.



In the event of an unforeseen medical emergency, staff would first call an ambulance and then notify parents/carers and a member of the Senior Leadership Team. In the event of school being unable to contact the child's emergency contacts a member of staff would accompany the child to hospital and remain with the child until a parents/carer arrived. First aid would be provided in school where required by a trained member of staff. Please see the Medical Emergency Response plan (Appendix) for further information.

Accidents and First Aid

If a child sustains an injury that does not require emergency treatment, a designated first aider would be consulted and the child would receive treatment as appropriate. Care should be taken to understand young children or children only acquiring English when checking for injury. A green accident slip would be completed to notify parents in writing. All green accident slips should be completed in full. Completed booklets of slips should be sent to the office for archiving. On some occasions, a parent/carer would be notified by phone of an accident if the first aider deems that follow up care or medical attention may be necessary. When a child sustains a head injury a parent/carer should always be notified by telephone.

Illness and Medication in School

Illness in School

When children become unwell in school but do not require emergency treatment, classroom staff should seek advice from the Senior Leadership Team and/or a designated first aider. Should it be determined that a child is too unwell to remain in school the Attendance Advisor would be notified. Following this, a phone call would be made to parents/carers requesting they collect their child. If a child who is unwell remains in school until the end of the school day parents will be notified in person by classroom staff upon collection. If children walk home alone a phone call to notify parents that their child has been unwell will be made.

School uses the Guidance on infection control in schools and other childcare settings (Public Health Agency March 2017) to advise parents on recommended length of absence for infectious illnesses.

Medication in School

Only medication prescribed by a doctor is allowed in school and, in the case of antibiotics/paracetamol, would need to be prescribed at a minimum of 4 times a day. Medicines such as this would be kept in the school office and refrigerated if required. Any other long term medicines such as Autoimmune Injector – All (of which EpiPen is a brand name) or insulin are stored as recommended. Controlled drugs will be stored in a non-portable, locked container and will only be accessed by trained staff. During educational visits the controlled drugs will be carried by trained staff only.

Children with asthma keep their inhalers in the classroom. Children in UKS2 carry their own inhalers on their person but must notify a member of staff if they need to take their medication. School has emergency inhalers that can be administered to all children who currently have an inhaler and have signed consent from parents/carers.

All administration of medicines is recorded on appropriate paperwork and shared with parents/carers. A copy of our Intimate Care Policy is available on request.



Medicine should always be signed in at the office and a permission to administer medication form completed. No medicines should be sent to school with children.

There is a defibrillator located in the main entrance of school.

Educational Visits, Extra-Curricular Activities, Travel and Risk Assessments

When on an educational visit, the medical needs of individuals form part of the standard risk assessment. In more complex cases, or where the nature of the need presents certain risks, an individual risk assessment will be carried out. These additional risk assessments would be used to ensure a visit was suitable for a child. Appropriate training or staffing would be provided for extracurricular activities for children with medical needs.

All adults must be aware of the children with medical needs on an educational visit. Children's inhalers plus any other medication should be carried by a designated adult, including an Emergency Salbutamol Inhaler should any children on the visit have asthma.

It is the responsibility of the Local Authority to ensure children with more complex medical needs can access home to school transport if required.

Special Educational Needs

A child with medical needs will not be listed on the school SEN register unless the medical need impacts significantly on their educational attainment and progress. If a special educational need is established through school processes, provision and support will be put in place as appropriate and with regard to and consideration of the child's medical needs.

This policy should be read alongside the school policy for SEN, the Intimate Care Policy and Accessibility Policy and Plan.

Policy written by: Amy Brealey, Deputy Head Teacher
Head Teacher: Julian Gorton

Responsible Sub-committee: Pupil Support

Review date: September 2023

In compliance with:

Supporting pupils at school with medical conditions: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England December 2015

Section 100 of The Children and Families Act 2014.

Section 5 of the Leeds Health and Safety Handbook for Schools.

Guidance on infection control in schools and other childcare settings – Public Health Agency March 2017

Guidance on the use of emergency salbutamol inhalers in schools March 2015

Policy written: September 2022

Review date: September 2024



Appendices – follow this link for blank forms: [Blank Medical Proformas](#)

Appendix 1 – Medical Needs Response procedure
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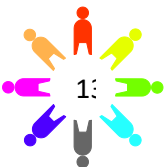
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Appendix 1

Medical Needs Response Procedure – Link: [Medical Needs](#)

[Response Procedure.docx](#)

Scenario 1

School is informed of a medical need by a medical professional.

Information is shared with the Deputy Head Teacher. Deputy Head Teacher informs the Assistant Head Teacher for Inclusion, Class Teacher and Administrative Assistant.

The Administrative Assistant adds the information to SIMS and the Medical Needs register on SharePoint.

The Deputy Head Teacher completes an IPRA, plus any other appropriate documents such as an Intimate Care Plan, Seizure Plan, emergency medical needs information card, etc. Information shared with Class Teacher

Parents/carers provide Epilepsy Health Care Plan if appropriate.

Parents /carers sign permission for any longterm emergency medication to be administered in school. Medication is stored in the Key Phase Medicine lockable cabinet. The Deputy Head Teacher organises any necessary medication training. Administering Medication forms completed as necessary. A seizure box is given to the Class Teacher (if appropriate).

Scenario 2

School is informed of a medical need by a parent/carer.

Information is shared with the Deputy Head Teacher. Deputy Head Teacher informs the Assistant Head Teacher for Inclusion, Class Teacher and Administrative Assistant.

The Administrative Assistant adds the information to SIMS and the Medical Needs register on SharePoint in BLUE until confirmed.

Parents/carers are asked to give permission via school template letter to their child's health professional to release medical information to school. Request for provide Epilepsy Health Care Plan if appropriate.

Letter sent by Assistant Head Teacher for Inclusion. Follow up after seven days.



A

The Deputy Head Teacher completes an Individual Health Plan and IPRA, plus any other appropriate documents such as an Intimate Care Plan, Seizure Plan, emergency medical needs information card, etc.

ppendix 2

Parents/carers sign permission for any longterm emergency medication to be administered in school. Medication is stored in the Key Phase Medicine lockable cabinet. The Deputy Head Teacher organises any necessary medication training. Administering Medication forms completed as necessary. A seizure box is given to the Class Teacher (if appropriate).

Allergy Response Procedure – Link: [Allergy Response Procedure.docx](#)

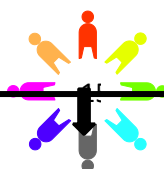
School is informed of an allergy

Information is shared with the Deputy Head Teacher. Deputy Head Teacher informs the Assistant Head Teacher for Inclusion, Class Teacher and Administrative Assistant.

The Administrative Assistant adds the information to SIMS and the Medical Needs register on SharePoint in BLUE until confirmed. The Administrative Assistant informs Leeds City Council and the School Kitchen using the Catering Leeds 'Special Diet Request' form. The Administrative Assistant creates an allergy badge.

Parents/carers are asked to give permission via school template letter to their child's health professional to release medical information to school. Letter sent by Assistant Head Teacher for Inclusion. Follow up after seven days.

The Deputy Head Teacher completes an Allergy Plan All for any child with an Autoimmune Injector (of which EpiPen is a brand name), OR Allergy Plan non-All



A

for any child without an Autoimmune Injector (AI), plus any other appropriate documents such as an Allergy Alert poster (EYFS). Information shared with Class Teacher and on SharePoint.

Parents/carers sign permission for any long-term emergency medication to be administered in school. Medication is stored in the Key Phase Medicine lockable cabinet. The Deputy Head Teacher organises any necessary medication training.

Administering Medication forms completed as necessary.

ppendix 3

Asthma Response Procedure – Link: [Asthma Response Procedure.docx](#)

School is informed of asthma

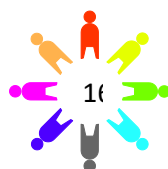


Information is shared with the Deputy Head Teacher. Deputy Head Teacher informs the Assistant Head Teacher for Inclusion, Class Teacher and Administrative Assistant.

The Administrative Assistant adds the information to SIMS, the Medical Needs register on SharePoint and the Asthma Register on SharePoint.



Parent/carers sign permission for an inhaler to be administered in school.



A

Parents/carers sign to say whether their child can use the school Emergency Salbutamol Inhaler. List of children with emergency permission stored with inhalers. Inhalers stored in the child's classroom for easy access. This must not be locked away. Emergency Salbutamol inhaler available at the school office.



The Deputy Head Teacher gives the parent/carer a School Asthma Card and Asthma Plan to complete. Information shared with Class Teacher and on SharePoint. Class Teachers provided with asthma posters.



Letter given to parents/carers from School Office if Emergency Salbutamol Inhaler is used.

ppendix 4

Medical Emergency Response Procedure – Link: [Medical Emergency Response Procedure.docx](#)

Medical emergency takes place



Staff immediately refer to First Aider and member of the Senior Leadership Team.



A

Member of Senior Leadership Team to liaise with First Aider and call 999 and ask for an ambulance (as appropriate).



School office to phone parents/carers.



First Aider to accompany child in ambulance if parents/carers do not arrive on time.

Appendix 5

SHAKESPEARE PRIMARY SCHOOL AND NURSERY – Link: [Consent to Administer](#)

[Medicine.docx](#)

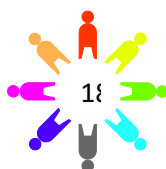
[Consent to Administer Medication](#)

Medication will only be given at school if:

- It has been prescribed four times a day (3 times a day can be given at home and not school).
- It has been prescribed by a GP and the medication is in its original packaging.

Parental agreement for school/setting to administer medicine

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



A

Name of School/Setting _____

Shakespeare Primary

School and Nursery _____

Name of Child: _____

Date of Birth: _____

Group/Class/Form: _____

Medical condition/illness: _____

Medicine

Name/Type of Medicine (as described on the container): _____

Date dispensed: _____

Expiry date: _____

Dosage and method: _____

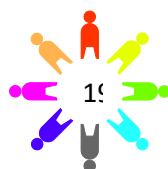
Timing: _____

Special Precautions: _____

Are there any side effects that the school/setting needs to know about? _____

Self-Administration Yes/No (delete as appropriate)

Procedures to take in an Emergency: _____



Contact Details

Name:

Daytime Telephone No:

Relationship to Pupil:

Address if different from child

I understand and agree to:

- My Child reporting to the appointed person as the prescribed time in order to receive their medication
- Whilst every reasonable effort will be made to remind children to report for their medication school will not be made responsible should a dose be missed
- Medication will be given according to the instructions given by your child's doctor, from their own clearly labelled medication. We are unable to administer any medication without such a label

Date:

Signature(s):

Relationship to child:

CONFIRMATION OF SCHOOL'S AGREEMENT TO ADMINISTER MEDICINE

We agree to give the medicine as detailed on this form.

SIGNATURE.....

DATE.....





Appendix 7

SHAKESPEARE PRIMARY SCHOOL AND NURSERY – [Link: A guide - short term prescribed medications.docx](#)

[A guide - short term prescribed medicines](#)

Should a child require a prescribed medicine (more than three times a day) then a Consent to Administer Medication form should be completed by parents/carers at the office. No medicines should be administered without this form. Medicines will be kept in the school office and will be administered by office staff.

When the child's medicine is due, follow this procedure:

- Refer to the Consent to Administer Medication form prior to giving the medicine.
- Check the child's name on the form and the medicine.
- Check the prescribed dose.
- Check the expiry date.
- Check the prescribed frequency of the medicine.
- Measure out the prescribed dose (parents should provide measuring spoons/syringes).
- Another staff member should witness the details.
- Check the child's name and administer the medication.
- Complete and sign the Record of Administration of Medication form. The witness should also sign.
- If a child refuses medication, record and inform parents as soon as possible.

APPENDIX 8

SHAKESPEARE PRIMARY SCHOOL AND NURSERY – Link: [Emergency use of salbutamol inhaler permission.docx](#)
Consent for use of Emergency Salbutamol Inhaler



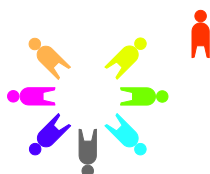
Name of Child:	Class:
----------------	--------

(Please tick the appropriate boxes)

I can confirm that my child has been diagnosed with Asthma and has been prescribed with an inhaler.	
My child has a working, in-date inhaler (clearly labelled with their name) which they will bring with them to school every day.	
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 (used with a disposable spacer) held by the school for such emergencies.*	

Signature of Parent/Carer:	Date:
Print Full Name:	
Home address:	
Emergency telephone number:	
Email address:	

*If your child no longer receives an inhaler on prescription please let the school office know so that our records can be updated.



APPENDIX 9

Link:

20



[How to recognise an asthma attack poster.docx](#)

HOW TO RECOGNISE AN ASTHMA ATTACK

The signs of an asthma attack are:

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

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

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





APPENDIX 11

Link:

[What to do in the event of an asthma attack poster.docx](#)



WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward
- Use the child's own inhaler – if not available, use the emergency inhaler
- Remain with the child while the inhaler and spacer are brought to them
- Immediately help the child to take two separate puffs of salbutamol via the spacer
- If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, **CALL 999 FOR AN AMBULANCE**
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way



APPENDIX 12

Link:



22

[Letter informing of use of emergency salbutamol inhaler.docx](#)

Shakespeare
Primary School and Nursery
TOGETHER ANYTHING IS POSSIBLE



EMERGENCY SALBUTAMOL INHALER USE

Child's name: Class: Date:

Dear....., [Delete as appropriate]

This letter is to formally notify you that.....has had problems with his / her breathing today. This happened when.....

A member of staff helped them to use their asthma inhaler. They did not have their own asthma inhaler with them, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given puffs. Their own asthma inhaler was not working, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given puffs. [Delete as appropriate]

Although they soon felt better, we would strongly advise that you have your seen by your own doctor as soon as possible.

Yours sincerely,

Julian Gorton
Head Teacher


APPENDIX 13

Link:



23

[Allergy Alert - classroom sign EYFS.docx](#)

Allergy Alert 

My name is _____

I have an allergy to:
_____ |

do not have emergency medication.

I **do have** emergency medication:


- Antihistamine
- Autoimmune Injector All (of which EpiPen is a brand name) – Please see my Allergy Plan

Link: [Allergy Badge.docx](#)



APPENDIX 14

Link:


Allergy Badge 

Name: _____ **Class:** _____

I cannot eat: _____

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[Seizure Plan classroom poster.docx](#)



IMMEDIATE PLAN OF ACTION FOR EPILEPTIC SEIZURE

1. One adult to clear the area around **INSERT NAME** to ensure that he is safe whilst other adults get all of the children outside/away from the area.
2. Alert SLT member and First Aider, start stopwatch, get a blanket (Seziure Box in Key Phase office) and get a mobile phone and ring 999.
3. One adult to lightly cradle **INSERT NAME** head.
4. One adult to inform the office that an ambulance is on the way and to ring **INSERT NAME** parents.

Plan read and understood by:

INSERT STAFF NAMES

APPENDIX 15

[Link:](#)



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APPENDIX 16

Link:

[Emergency medical information card for paramedics.docx](#)

Shakespeare Primary School and Nursery

Medical needs information card in case of emergency

Child's Name:

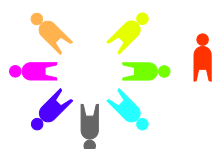
Child's DOB:

Child's Address:

Parent Name and contact:

Known medical condition:

Known prescribed medication:



APPENDIX 17

Link: [Letter to release medical information.docx](#)



PERMISSION TO RELEASE MEDICAL INFORMATION TO SCHOOL

Child's name:

Date of birth:

Address:

The parent/carer of the above child has notified us that their child has a medical need that school needs to be aware of.

We have asked parent/carers permission for you to release any relevant information to school.

I give permission for my child's medical information to be shared with school.

Signed: _____

Name: _____

Date: _____

Please could you share any medical records including HENs, care plans and other relevant documentation, using the postal address below.

Yours sincerely,

Greg Perry

Assistant Head Teacher - Inclusion



Link: [Intimate Care Plan.docx](#)



APPENDIX 18

Intimate Care Plan



Child's Name: _____

Intimate care needed	Nappy changing
Resources provided by home	Nappies and wipes
Arrangements for changing	Reception classroom toilet area Key Person or second to change nappy
Timings	Once per session Additional changes where necessary
Infection control	PPE to include apron, gloves and face covering
Level of assistance needed	FULL CHANGE ON MAT/PULL UPS AT FLOOR LEVEL/DRESSING AND UNDRESSING
Application of nappy cream	YES/NO Name of cream: _____

Key Person name:	
Key Person signature:	Date:
Parent/carer name:	
Parent/carer signature:	Date:



APPENDIX 19

Link: [my-asthma-plan-child-mar-21.pdf](#)



My Asthma Plan

1 My usual asthma medicines

- I need to take my preventer inhaler every day. It is called _____ and its colour is _____
- I take ___ puff/s of my preventer inhaler in the morning and ___ puff/s at night. I do this every day even if my asthma's OK.
- Other asthma medicines I take every day: _____
- My reliever inhaler helps when I have symptoms. It is called _____ and its colour is _____
- I take ___ puff/s of my reliever inhaler when I wheeze or cough, my chest hurts or it's hard to breathe.
- My best peak flow is _____

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



2 My asthma is getting worse if...

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

If my asthma gets worse, I will:

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



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



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

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

Other things to do if my asthma is getting worse

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

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

If I have an asthma attack, I will:



Call for help



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



Take one puff of my reliever inhaler (with my spacer if I have it) **every 30 to 60 seconds** up to a total of 10 puffs.



If I don't have my blue inhaler, or it's not helping, I need to call **999** straightaway.



While I wait for an ambulance I can use my blue reliever again, every 30 to 60 seconds (up to 10 puffs) if I need to.

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

APPENDIX 20

APPENDIX 21

School Asthma Card

To be filled in by the parent/carer

Child's name

Date of birth

Address

Parent/carer's name

Telephone - home

Telephone - mobile

Email

Doctor/nurse's name

Doctor/nurse's telephone

This card is for your child's school. **Review the card at least once a year and remember to update or exchange it for a new one if your child's treatment changes during the year.** Medicines and spacers should be clearly labelled with your child's name and kept in agreement with the school's policy.

Reliever treatment when needed

For shortness of breath, sudden tightness in the chest, wheeze or cough, help or allow my child to take the medicines below. After treatment and as soon as they feel better they can return to normal activity.

Medicine	Parent/carer's signature
<input type="text"/>	<input type="text"/>

If the school holds a central reliever inhaler and spacer for use in emergencies, I give permission for my child to use this.

Parent/carer's signature Date

Expiry dates of medicines

Medicine	Expiry	Date checked	Parent/carer's signature
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Parent/carer's signature Date

What signs can indicate that your child is having an asthma attack?

Does your child tell you when he/she needs medicine?

Yes No

Does your child need help taking his/her asthma medicines?

Yes No

What are your child's triggers (things that make their asthma worse)?

- Pollen Stress
 Exercise Weather
 Cold/flu Air pollution

If other please list

Does your child need to take any other asthma medicines while in the school's care?

Yes No

If yes please describe

Medicine	How much and when taken
<input type="text"/>	<input type="text"/>

Dates card checked

Date	Name	Job title	Signature / Stamp
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

To be completed by the GP practice

What to do if a child is having an asthma attack

- Help them sit up straight and keep calm.
- Help them take one puff of their reliever inhaler (usually blue) every 30-60 seconds, up to a maximum of 10 puffs.
- Call 999 for an ambulance if:
 - their symptoms get worse while they're using their inhaler - this could be a cough, breathlessness, wheeze, tight chest or sometimes a child will say they have a 'tummy ache'
 - they don't feel better after 10 puffs
 - you're worried at any time.
- You can repeat step 2 if the ambulance is taking longer than 15 minutes.



Any asthma questions?

Call our friendly helpline nurses

0300 222 5800

(Monday-Friday, 9am-5pm)

www.asthma.org.uk

APPENDIX 22

– Link for form for child with an All: [BSACIAllergyActionPlan2019EpiPen-1.pdf](#)



APPENDIX 23

This child has the following allergies:

Name:

DOB:

Photo

Mild/moderate reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

Action to take:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine:

(If vomited, can repeat dose)

- Phone parent/emergency contact

Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY**

- | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>A AIRWAY</p> <ul style="list-style-type: none"> • Persistent cough • Hoarse voice • Difficulty swallowing • Swollen tongue | <p>B BREATHING</p> <ul style="list-style-type: none"> • Difficult or noisy breathing • Wheeze or persistent cough | <p>C CONSCIOUSNESS</p> <ul style="list-style-type: none"> • Persistent dizziness • Pale or floppy • Suddenly sleepy • Collapse/unconscious |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

- 1 Lie child flat with legs raised** (if breathing is difficult, allow child to sit)
 -
 -
 -
- 2 Use Adrenaline autoinjector without delay** (eg. EpiPen®) (Dose: ...0.15... mg)
- 3 Dial 999** for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

***** IF IN DOUBT, GIVE ADRENALINE *****

AFTER GIVING ADRENALINE:

1. Stay with child until ambulance arrives, **do NOT stand child up**
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes**, give a further adrenaline dose using a second autoinjectable device, if available

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

Emergency contact details:

1) Name:



2) Name:



Parental consent: I hereby authorize school staff to administer the medicines listed on this plan, including a 'spare' back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAIs in schools.

Signed:

Print name:

Date:

For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit sparepensinschools.uk

How to give EpiPen®



1 PULL OFF BLUE SAFETY CAP and grasp EpiPen. Remember: "blue to sky, orange to the thigh"



2 Hold leg still and PLACE ORANGE END against mid-outer thigh "with or without clothing"



3 PUSH DOWN HARD until a click is heard or felt and hold in place for **3 seconds**. Remove EpiPen.

Additional instructions:

This is a medical document that can only be completed by the child's healthcare professional. It must not be altered without their permission. This document provides medical authorization for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendments) Regulations 2017. During travel, adrenaline auto-injector devices must be carried in hard-luggage or on the person, and NOT in the luggage hold. This action plan and authorization to travel with emergency medications has been prepared by:

Sign & print name:

Hospital/Clinic:



Date:



APPENDIX 24

Link for form for child without an All [Allergy Plan non-All.PNG](#)



APPENDIX 25

ALLERGY ACTION PLAN

This child has the following allergies:

Name: _____

DOB: _____

Photo

● Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms. ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY**.

<p>A AIRWAY</p> <ul style="list-style-type: none"> • Persistent cough • Hoarse voice • Difficulty swallowing • Swollen tongue 	<p>B BREATHING</p> <ul style="list-style-type: none"> • Difficult or noisy breathing • Wheeze or persistent cough 	<p>C CONSCIOUSNESS</p> <ul style="list-style-type: none"> • Persistent dizziness • Pale or floppy • Suddenly sleepy • Collapse/unconscious
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

- 1 Lie child flat with legs raised (if breathing is difficult, allow child to sit)

✓

✓

✗

- 2 Immediately dial 999 for ambulance and say ANAPHYLAXIS ("ANA-FIL-AK-IS")
- 3 In a school with "spare" back-up adrenaline autoinjectors, **ADMINISTER the SPARE AUTOINJECTOR** if available
- 4 Commence CPR if there are no signs of life
- 5 Stay with child until ambulance arrives; do **NOT** stand child up
- 6 Phone parent/emergency contact

*** IF IN DOUBT, GIVE ADRENALINE ***

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis. For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit sparepennschools.uk

Mild/moderate reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy-skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

Action to take:

- Stay with the child, call for help, if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine:

(if needed, can repeat dose)

• Phone parent/emergency contact

Emergency contact details:

1) Name: _____

2) Name: _____

Parental consent: I hereby authorize school staff to administer the medicines listed on this plan, including a "spare" back-up adrenaline autoinjector (AAE if available), in accordance with Department of Health Guidance on the use of AAE in schools.

Signed: _____

Print name: _____

Date: _____

For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit sparepennschools.uk

© The British Society for Allergy & Clinical Immunology (BSACI)

Additional instructions:

If wheezy: DIAL 999 and GIVE ADRENALINE using a "back-up" adrenaline autoinjector if available, then use asthma reliever (blue puffer) via spacer

This BSACI Action Plan for Allergic Reactions is for children and young people with mild food allergies, who need to avoid certain allergens. For children at risk of anaphylaxis and who have been prescribed an adrenaline autoinjector device, there are BSACI Action Plans which include instructions for adrenaline autoinjectors. These can be downloaded at bsaci.org

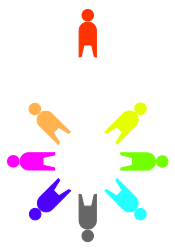
For further information, consult NICE Clinical Guidance CG116 Food allergy in children and young people at guidance.nice.org.uk/CG116

This is a medical document that may only be completed by the child's healthcare professional. It must not be altered without their permission. This document provides medical authorization for schools to administer a "spare" adrenaline autoinjector. In the event of the above named child having anaphylaxis, as permitted by the Human Medicines (Amendment) Regulations 2017, the healthcare professional named below certifies that they are an individual who is authorized to administer to the above named child being administered an adrenaline autoinjector by school staff in an emergency. **This plan has been prepared by:**

Sign & print name

Hospital/Clinic

Date





APPENDIX 20

Link: [Special Medical Diet Request Form \(1\).pdf](#)



**Catering
Leeds**

Feeding the Future

Special Medical Diet Parent Request Form

Name of Child : _____ Date: _____
 Date of Birth: _____ New Diet or Change to existing : _____
 Name of school/centre : _____ Class: _____
 Parent/Guardian contact details (Name & Number): _____
 Doctor, Dietician contact details (Name & Number): _____ (optional)

SECTION 1 - to be completed by the parent/guardian

Please clearly tick the food allergen boxes and list the dietary exclusions relevant to the child. (Please include information on severity of allergy and any other information required for the provision of a meal)

Celery	Cereals Containing Gluten	Crustaceans	Eggs	Fish	Lupin	Milk	Mollusc	Mustard	Nuts	Peanuts
Sesame Seeds	Soya	Sulphur Dioxide / Sulphites								

Other dietary exclusions

Other medical conditions and dietary requirements

This child no longer requires a special diet

SECTION 2 - to be completed by Parent / Guardian

Parental / Guardian Consent

I hereby authorise Catering Leeds to provide a school meal which meets the special medical dietary requirements of the child noted above. I accept it is my responsibility to inform Catering Leeds in writing of any special medical dietary changes

Signed: _____ Date: _____

Print Name: _____

School may provide a photograph of your child to Catering Leeds to enable identification. If you do not consent to this please speak to your school.

This form must be returned directly to the school office.

Please note, all personal details for provision of special diets held by Catering Leeds are processed in line with General Data Protection Regulation (GDPR) and Data Protection Act 2018. <https://www.leeds.gov.uk/privacy-and-data/service-privacy-notice/business-and-licensing-privacy/civic-enterprise-notice>

Special Diet Reference Number (office use only)

APPENDIX 21



APPENDIX 22



**Catering
Leeds**
Feeding the Future

**Special Medical Diet
Parent Request
Form**

FOR OFFICE USE ONLY

Special Diet Reference
Number: _____

For the attention of Catering Team Leader

Name of child _____

Date: _____

Name of school/centre _____

Class: _____

Childs food allergies and exclusions: Refer to SECTION 1 of Special Medical Diet Request Form

Details of arrangements required at meal times to support this request:

Permit To Eat

Product Suitability Listing

Personalised Menu

Initial Request made: _____

Updated: (date) _____

Updated: (date) _____

Special Diet Acknowledgement

Catering Team Leader Signature: _____

Food Technologist Signature: _____

Special Diet Understanding and Acknowledgement

In the absence of a CTL on site, the designated kitchen lead must sign below to demonstrate their acknowledgement and understanding of this special diet.

New CTL Signed: _____ Date: _____ CTL Mobile Signed: _____ Date: _____

New CTL Signed: _____ Date: _____ CTL Mobile Signed: _____ Date: _____

New CTL Signed: _____ Date: _____ CTL Mobile Signed: _____ Date: _____

New CTL Signed: _____ Date: _____ CTL Mobile Signed: _____ Date: _____

ENSURE FULLY SIGNED AND RETAINED IN SCHOOL KITCHEN Please note, all personal details for provision of special diets held by Catering Leeds are processed in line with General Data Protection Regulation (GDPR) and Data Protection Act 2018.