



# Supporting Pupils with Medical Conditions Policy (SS-13)

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<b>Signature:</b>	
<b>Date:</b>	1 July 2025

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Version	Date	Comments	Author
02	Nov 18	Revised to include the use of adrenaline auto-injectors (AAIs). For ease of use and visual comfort, updated text is highlighted in green while entirely new sections are only headlined in green. Significant text in Section 4.10 has been updated and Section 4.11 is new. Appendices updated: B, C1, & C2. New Appendix E3.	SMg
03	Sept 20	Appendix B – IHCP updated to include disabilities	SMg
04	June 22	No significant changes. Updates throughout to cut content and clearly express procedures & current good practice. Updates to template forms to identify when a medicine is a controlled drug and requires a witness. New text in section 4.8 covering records retention. References to new Asthma and Anaphylaxis Procedures.	SMg
05	June 2025	Reviewed as still current requiring no legal or significant policy changes. Minor content updates to reflect the separation of appendices from the main document for ease of use. Significantly updated and removed appendices include the 999 Flowchart/poster (now more useful as a	SMG

		<p>poster including w3w or other options, Forms A-C3 (gender category now sex and option to add pronouns included), Forms D1 &amp; D2 with clearer expectations, Emergency Salbutamol use letter (now 3 slips to one sheet and includes an option to notify parents of a child's self-administration of their own inhaler as recommended by Asthma UK), and the Parent Invite to IHCP meeting (now includes the suggestion that parents add things to an enclosed blank IHCP to bring to the meeting). Reviewed. No legal or significant policy changes required. Links updated including to the new KAHub <a href="http://www.kymallanhub.co.uk">www.kymallanhub.co.uk</a> and added 3 advisories where, if using our <b>V3 model Administration of Medicines Procedures</b>, cuts can be made to this policy and the others referred to instead (managing medicines, Salbutamol, and AAls) new since this policy was last reviewed by KAHSC. Minor amendments to take account of the new KAHSC Anaphylaxis, asthma, diabetes and epilepsy (AADE) management procedures which replace the KAHSC model Managing Asthma procedures and model Managing Anaphylaxis procedures (now withdrawn).</p>	
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## 1 DEFINITIONS

For the purposes of this document a child/young person is referred to as a 'child' or a 'pupil' and they are normally under 18 years of age.

Wherever the term 'parent/carer' is used this includes any person with parental authority over the child concerned e.g. carers, legal guardians etc.

Wherever the term 'Headteacher' is used this also refers to any Manager with the equivalent responsibility for children.

Where the term 'school' is used this also refers to academies, and references to Governing Bodies includes Proprietors in academies.

## 2 STATEMENT OF INTENT

The Governing Body of Cockermouth School has a statutory duty (under section 100 of the Children and Families Act 2014), to ensure arrangements are in place to support pupils with medical conditions.

The aim of this Policy is to ensure that all pupils with medical conditions, in terms of both physical and mental health, receive appropriate support allowing them to play a full and active role in school life, remain healthy, have full access to education including physical education, school sports, and physical activity (PESSPA), and achieve their academic potential. It is based on the Department for Education (DfE) document [Supporting pupils at school with medical conditions](#), and will be reviewed regularly, and made accessible to pupils, parents/carers, staff, and other adults as appropriate.

This school is committed to ensuring that parents/carers feel confident that effective support for their child's medical condition will be provided and that their child will feel safe at school.

We recognise that there are also social and emotional implications associated with medical conditions and that pupils can develop emotional disorders, such as self-consciousness, anxiety, and depression, and be subject to bullying. This policy aims to minimise the risks of pupils experiencing these difficulties.

Long-term absences as a result of medical conditions can affect educational attainment, impact integration with peers, and affect wellbeing and emotional health. This policy contains procedures to minimise the impact of long-term absence and effectively manage short-term absence.

Some pupils with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. This school has a duty to comply with the Act in all such cases.

Some pupils with medical conditions may also have Special Educational Needs and/or Disabilities (SEND) with an Education, Health and Care (EHC) plan in place bringing together provision to manage all of them. For these pupils, this Policy should be read in conjunction with our SEND Policy and the DfE statutory guidance document '[Special Educational Needs and Disability: Code of Practice 0-25 Years](#)'.

To ensure that the needs of our pupils with medical conditions are fully understood and effectively supported, we consult with health and social care professionals, pupils, and their parents/carers.

### 3 ORGANISATION

#### 3.1 The Governing Body

The Governing body is legally responsible and accountable for fulfilling the statutory duty to make arrangements to support pupils with medical conditions in school, including the development and implementation of this Policy.

Supporting a child with a medical condition and ensuring their needs are met effectively, however, is not the sole responsibility of one person - it is the responsibility of the Governing body as a whole to ensure that:

- Pupils with medical conditions can access and enjoy the same opportunities as any other pupil.
- No pupil with a medical condition is denied admission because arrangements to manage their medical condition have not been made.
- No pupil's health is put at unnecessary risk and will reserve the right not to accept a pupil into school at times where it would be detrimental to the health of that pupil or others to do so e.g., when the pupil has an infectious disease.
- Work with the LA, health professionals, commissioners, and support services to ensure that pupils with medical conditions receive a full education is effective.
- Pupils are reintegrated effectively following long-term or frequent absence.
- The focus is on the individual needs of each pupil and what support is required to support them.
- Parents/carers and pupils can be confident in the school's ability to provide effective support.
- All members of staff are properly trained to provide the necessary support and are able to access information and other teaching support materials as needed.
- Policies, plans, procedures, and systems are properly and effectively implemented.

The Chair of the Safeguarding and Welfare Committee has overall responsibility for Policy implementation<sup>1</sup> and they are also the Lead Governor for supporting pupils at school with medical conditions.

#### 3.2 The Headteacher

The Headteacher of this school has a responsibility to ensure that this Policy is developed and implemented effectively with partners. They have overall responsibility for the development of IHCPs and will implement arrangements to ensure that:

- This Policy is effectively communicated and implemented with all stakeholders.
- All staff are aware of this Policy and procedures and understand their role;
- Enough staff are trained and available to implement this policy, carry out the procedures, and deliver against all individual healthcare plans (IHCPs), including in emergency situations.
- Staff are appropriately insured and aware of the insurance arrangements.
- Recruitment needs for the specific purpose of ensuring pupils with medical conditions are properly supported are considered.
- There is a named person (usually the SENDCo) who will liaise with the LA, parents/carers, and other professionals in relation to children with health needs;
- Professional medical support is sought where a pupil with a medical condition requires support that has not yet been identified.

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<sup>1</sup> DfE, 'Supporting Pupils at School with Medical Conditions', December 2015, p8.

## 3.3 School Staff

Every member of school staff:

- May be asked to provide support to pupils with medical conditions, including the administering of medicines, but are not required to do so.
- Should consider the needs of pupils with medical conditions in their lessons or other work when managing risks or when deciding whether or not to volunteer to administer medicines.
- Will receive enough training to achieve the required level of competency before taking specific responsibility for supporting pupils with medical conditions.
- Will know the signs when a pupil with a medical condition needs help and what to do in response.

## 3.4 Pupils

Pupils with medical conditions are often best placed to provide information about how they affect them. All pupils should:

- Be fully involved in discussions about their medical support needs if they have any.
- Contribute to the development of their IHCP, if they need one, and follow it.
- Be sensitive to the needs of all pupils with medical conditions.

## 3.5 Parents/Carers

Parents/carers are key partners in the success of this Policy and should:

- Notify the school if their child has a medical condition.
- Provide enough up-to-date information about their child's medical needs.
- Be involved in the development and review of their child's IHCP.
- Carry out any agreed actions in the IHCP.
- Ensure that they, or another nominated adult, are contactable at all times.

## 3.6 School nurses

The school nursing service should:

- Notify school at the earliest opportunity, when a pupil has been identified as having a medical condition requiring support in school.
- Support staff to implement IHCPs and provide advice and training.
- Liaise with lead clinicians locally on appropriate support for pupils with medical conditions.

## 3.7 Clinical Commissioning Groups (CCGs)

The role of CCGs is to:

- Ensure commissioning is responsive to pupils' needs, and that health services are able to cooperate with schools supporting pupils with medical conditions.
- Make joint commissioning arrangements for education, health, and care provision for pupils with SEND.
- Are responsive to LAs and schools looking to improve links between health services and schools.
- Provide clinical support for pupils who have long-term conditions and disabilities.
- Ensure that commissioning arrangements provide the necessary ongoing support essential to ensuring the safety of vulnerable pupils.

### 3.8 Other healthcare professionals

Other healthcare professionals, including GPs and paediatricians should:

- Notify the school nurse when a child has been identified as having a medical condition that will require support at school.
- Provide advice on developing IHCPs.
- Provide or signpost the provision of relevant specific support in the school for children with particular conditions, e.g., asthma, diabetes, anaphylaxis and epilepsy.

### 3.9 Providers of health services

Providers of health services will need to cooperate with school, including ensuring communication, liaising with the school nurse and other healthcare professionals, and participating in outreach training.

### 3.10 Local authorities

Our Local Authority (LA):

- Commissions school nurses for local schools.
- Promotes co-operation between relevant partners.
- Makes joint commissioning arrangements for education, health, and care provision for pupils with SEND.
- Provides support, advice and guidance, and suitable training for school staff, ensuring that IHCPs can be effectively delivered.
- Works with the school to ensure that pupils with medical conditions can attend school full-time.

Where a pupil is away from school for 15 days or more (whether consecutively or across a school year), the LA has a duty to make alternative arrangements, as the pupil is unlikely to receive a suitable education in a mainstream school.

### 3.11 Ofsted

Ofsted inspectors will consider how well the school meets the needs of the full range of pupils, including those with medical conditions.

Key judgements are informed by the progress and achievement of pupils with medical conditions, alongside pupils with SEND, and also by pupils' spiritual, moral, social and cultural development.

## 4 ARRANGEMENTS/PROCEDURES

### 4.1 Notification that a Pupil has a Medical Condition

When the school is notified that a pupil has a medical condition that requires support in school, the SENDCo will be informed and will initiate the procedure described in the flowchart at Appendix A.

For a pupil starting at this school in the ordinary September intake, arrangements will be in place before they arrive and will be informed by their previous educational and/or care setting (if any).

For a pupil who joins this school mid-term or is an existing pupil with a new diagnosis, we will work to ensure arrangements are put in place within two weeks.

For pupils leaving this school to attend another educational setting, we will appropriately inform the setting they are moving to of the pupil's needs during the transition process or as soon as possible following notification by the parents or carers of the proposed move.



School does not have to wait for a formal diagnosis before providing support to a pupil because in some cases their medical condition may be unclear or there may be a difference of opinion. The Headteacher will make judgements based on all available evidence (including medical evidence and consultation with parents/carers).

#### 4.2 School Attendance and Reintegration

After a period of absence through ill health, hospital education or other alternative provision there will be period of re-integration which will vary for each child, but in principle we will:

- Have an early warning system to inform the LA when a child becomes at risk of missing education for 15 days in any one school year due to their health needs e.g. our regular attendance reviews informed by our knowledge of pupils' potential vulnerabilities;
- Take steps to facilitate a child successfully staying in touch with school while they are absent e.g. email, newsletters, invitations to school events, approved and supervised phone, video chat or other direct contact by classmates or staff;
- Plan for consistent provision during and after a period of education outside school and who/what services we have available to support us to do this - for example in what ways can we ensure the absent child can access the curriculum and materials that he or she would have used in school;
- Work with the LA to set up an individually tailored reintegration plan for each child that needs one, actively seeking extra support to help fill any gaps arising from the child's absence;
- Make any *reasonable* adjustments to provide suitable access for the child as required under equalities legislation.

We will also consider the emotional needs of children who require re-integration and that such re-integration may not always be as a result of an absence but could be as the result of a serious or embarrassing incident at school.

#### 4.3 Individual Healthcare Plans (IHCP)

The school, healthcare professionals and parents/carers will agree, based on evidence, whether an IHCP is required for a pupil, or whether it would be inappropriate or disproportionate to their level of need. If no consensus can be reached, the Headteacher makes the final decision.

The IHCP is a working document that will help school effectively support a pupil with a medical condition. It will provide clarity about what needs to be done, when and by whom and aims to capture the steps which school should take to help the child manage their condition and overcome any potential barriers to get the most from their education. It will focus on the child's best interests and help ensure that this school can assesses and manage identified risks to their education, health and social wellbeing and minimise disruption.

An IHCP will cover:

- The medical condition, its triggers, signs, symptoms and treatments;
- The pupil's needs, including medicine (dose, side-effects, and storage) and other treatments, time, facilities (privacy, shower, sleep), equipment (glucose testing, AAls etc.), access to food and drink (when used to manage a condition), dietary requirements, and environmental issues (dust, pollen, crowds, distance between lessons etc.);
- Specific support for the pupil's educational, social, and emotional needs e.g., how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions etc.;
- The level of support needed, including in emergencies;
- Whether a child can self-manage their medicine and how this can be supported;
- Who will provide necessary support, their training needs, expectations of their role, and confirmation of their proficiency to carry it out effectively;
- Cover arrangements for when named supporting staff are unavailable;
- Who in the school needs to be aware of the child's condition and the support required;

- Arrangements for written permission from parents/carers and the Headteacher for medicines to be administered by a member of staff, or self-administered by the pupil during school hours or activities;
- Arrangements for written permission from parents/carers and the Headteacher for the school supply of emergency salbutamol or adrenaline to be administered by a member of staff, or self-administered by the pupil in an emergency during school hours or activities;
- Separate arrangements or procedures required for school trips and activities e.g., risk assessments;
- Personal Emergency Evacuation Plans (PEEP) for pupils with disabilities or a medical condition which would affect their safe evacuation in an emergency;
- Where confidentiality issues are raised by the parents/carers/child, the designated individuals to be entrusted with information about the child's condition; and
- What to do in an emergency, including who to contact, and contingency arrangements.

If a child has an emergency health care plan prepared by their lead Clinician, it will be used to inform development of their IHCP.

IHCPs are easily accessible to those who need to refer to them, but confidentiality is preserved.

IHCPs are reviewed at least annually, when a child's medical circumstances change, or following an incident, whichever is sooner. When an IHCP update is made, the SENDCo should trigger a review of associated information e.g., school insurance arrangements if it is a new medical procedure, or the asthma register recording parental consent to administer the school's emergency inhaler if consent is newly given or withdrawn.

Where a pupil has an EHCP, the IHCP is linked to it or becomes part of it. PEEPS are referenced in the EHCP of pupils who have a physical disability.

Where a child has SEND but does not have an EHCP, their SEND should be mentioned in their IHCP.

Where a child is returning from a period of hospital education, alternative provision, or home tuition, we work with the LA and education provider to ensure that their IHCP identifies the support the child needs to reintegrate (see section 4.).

#### **4.4 Pupils Managing their own Medical Conditions**

After discussion with parents/carers, pupils who are competent to manage their own health needs are encouraged to take responsibility for self-managing their medicines and procedures. This is reflected in their IHCP.

Where possible pupils will be allowed to carry their own medicines and relevant devices. If not, they will be able to access them quickly and easily.

If a pupil refuses to take a medicine or carry out a necessary procedure, staff will not force them to do so, but will follow the procedure agreed in the IHCP as well as inform parents/carers. This may trigger a review of the IHCP.

If a pupil with a controlled drug passes it to another person for use, this is a criminal offence and appropriate disciplinary action will be taken (see the Whole School Behaviour Policy).

#### **4.5 Training**

Any member of school staff providing support to a pupil with medical needs will receive suitable training to fulfil their role. A first-aid certificate does not constitute appropriate training for supporting pupils with medical conditions except for aspects included through specific 'bolt on' training that the provider is competent to deliver e.g., use of adrenaline auto-injectors (AAI).

Staff will not undertake healthcare procedures or administer medicines without appropriate training.

Staff training needs will be assessed through the development and review of IHCPs, on a termly basis for all school staff, and when staff leave, or a new staff member arrives.

Through training, staff will have the competency and confidence to support pupils with medical conditions and fulfil the requirements of IHCPs. It will help them understand the medical condition(s) they are asked to support, their implications, and any preventative measures that must be taken.

**All staff will undergo ‘whole school awareness’ training** on induction and regularly to be delivered at school. It will cover:

- Current school Policy on supporting pupils with medical conditions
- The role of staff in implementing it
- Whether any of our pupils have been diagnosed with asthma, diabetes, anaphylaxis, epilepsy, or another medical condition they need support with, and our duty to be ready to support as yet undiagnosed pupils
- How to spot a pupil experiencing an emergency
- What to do in an emergency
- How to find more information and resources.

**Staff who administer simple oral or topical medicines will undergo ‘administration awareness’ training** to be delivered at school before being asked to do so. It will cover:

- an awareness of school procedures around Fabricated or Induced Illness (FII);
- whether different procedures apply in different locations and where to find the written checklist displayed in each one;
- hygiene requirements e.g. washing hands before handling medicines, using a clean measuring device for oral medicine liquids, ensuring containers are clean before they are stored again; washing hands between each pupil if administering to more than one;
- pre-administration checks e.g. having the correct record sheet and checking the medicine has not already been administered, the child’s identity, child’s medicine (including that the dosage, frequency etc. on any IHCP matches the prescription label), expiry date of medicine, that storage instructions have been adhered to (i.e. if it should be refrigerated that it was in the fridge) etc.;
- procedures for administration e.g. whether the child self-administers, the minimum assistance or supervision required (as described in the IHCP), what should be done with used administration devices (spoons, oral syringes, sharps etc.), what to do if something goes wrong or a child refuses a medicine etc.;
- recording procedures.

**Designated staff will undergo ‘specific awareness’ training** on induction to relevant tasks and regularly to manage a specified condition, administer complex medicines, or carry out medical procedures to be delivered by an appropriately competent healthcare professional.

We will look to ensure it covers:

- responding appropriately to a request for help from another member of our staff;
- administering the medicines or procedures;
- recognising when emergency action is necessary;
- making appropriate records; and
- ensuring parents/carers are informed (see appendix E or the IHCP).

If no other record of training is made, this school will use Appendix H.

The family of a child will often be key in providing relevant information about how a child’s needs can be met. If families provide specific advice they will never be relied on as the sole source of advice.

#### 4.6 Supply staff

Supply staff will be:

- Provided with access to this policy and procedures.
- Informed of all relevant medical conditions of pupils they will have a responsibility for on Class Charts printout with notes.
- Covered under the school's insurance arrangements.

#### 4.7 Managing medicines

Medicines are only to be administered at school when we have been instructed to by a relevant medical professional or a parent/carer **and** it would be detrimental to the pupil's health or school attendance not to do so. Such medicines can be prescription or non-prescription. If staff have concerns about the administration of non-prescription, alternative, or herbal remedies they should seek the advice of the DSL

Other policy decisions on the administration of medicines which staff must follow include that:

- Pupils under 16 must not be given prescription or non-prescription medicines without their parents'/carers' written consent, except when it has been prescribed without parents'/carers' knowledge. School will encourage the pupil to involve their parents/carers while respecting their right to confidentiality.
- Pupils under 16 must not be given a medicine containing aspirin unless prescribed by a doctor.
- The [NHS](#) recommends that all children avoid all herbal medicines due to the dangers that the unregulated market poses to buyers, so they will not be administered by school staff without the agreement of a medical professional.
- Pain relief should not be administered without first checking maximum dosages and when the previous dose was taken. Every effort will be made to contact parents/carers prior to administration, where necessary, to check this and to inform them that pain relief will be given.
- The repercussions of staff administering an underdose or overdose of a pupil's medicines to them should be identified from the patient information sheets that come with them and be specifically drawn to the attention of staff to include what they should do next if they are worried a mistake has been made.
- School can only accept medicines that are in-date, labelled, in the original container as dispensed by a pharmacist or sold over the counter and which contain instructions for administration, dosage and storage. Pre-loaded medicines like salbutamol cannisters and adrenaline or insulin auto-injectors must still be in date but can be accepted in the dispenser rather than the packaging.
- Parents/carers must be informed any time medicines are administered that is not as agreed in an IHCP.
- All medicines must be stored safely, in their original containers and in accordance with their storage instructions. Medicines can be kept in a refrigerator containing food when in an airtight and clearly labelled container. Access to the fridge holding medicines is restricted and if large quantities will be kept, school will consider purchasing a suitable lockable fridge.
- Pupils should know where their medicines are at all times and are able to access them immediately, whether in school or off-site. Where relevant, pupils are informed of who holds the key to the relevant storage facility.
- When medicines are no longer required, they are returned to parents/carers for safe disposal. Sharps boxes are always used for the disposal of needles and other sharps.
- The school asthma inhaler(s) for emergency use is/are stored securely and their use is recorded. Inhalers are always used in line with medical guidance.
- The school adrenaline auto-injector(s) for emergency use is/are stored securely and their use is recorded. AAls are always used in line with medical guidance and specific training.
- Records must be kept of all medicines administered to individual pupils.

### **Controlled drugs**

The supply, possession and administration of some medicines e.g., methylphenidate (Ritalin) are strictly controlled by the Misuse of Drugs Act 1971 and its associated regulations and are referred to as 'controlled drugs'. They will be managed as follows:

Delivered and collected daily by a parent/carer to or from a named member of staff unless this is unreasonable or managed by agreement through a home-to-school transport provider.

- Stored in a non-portable container which only named staff members have access; however, these drugs will be easily accessible in an emergency.
- Staff can administer a controlled drug to a pupil for whom it has been prescribed and they should do so in accordance with the prescription instructions and in front of a suitable adult witness.
- A record must be kept of the administration of controlled drugs in the same way as other medicines but with the legible signature/initials of the staff administering them and the witness.

## **4.8 Record keeping and retention**

School will keep a record of all medicines administered to pupils, stating what, how and how much was administered, when and by whom, with a note of any side effects experienced or refusal.

When a pupil has a course of or on-going medicine(s) they will have an individual record sheet for each medicine completed and signed by a parent/carer when they deliver it (Appendix D: Record of Medicine Administered to an Individual Child).

When a pupil's medicine is a controlled drug, their individual record sheets will allow for the signature of a second witness to the administration. Details of receipts and returns of the controlled drug will be accurately recorded on the administration record (see Appendix D).

When a pupil is given a medicine as a one-off e.g., pain relief, it will be recorded on a general record sheet along with such medicines administered to other children (Appendix E1: Record of Medicine Administered to All Children).

To ensure that only eligible and appropriately identified pupils are given the school's emergency salbutamol asthma reliever inhaler and/or AAI, a register of such pupils will be kept in each emergency kit.

When a pupil is given the school emergency inhaler or school emergency AAI, it will be recorded on the relevant general record card in the relevant kit (Appendix E1 or E2). Parents/carers should be informed using Appendix I: Template Note Informing Parents of Emergency Salbutamol Inhaler Use).

When a pupil has needed to use the school emergency AAI, parents/carers will be informed, and a record made.

Records relating to the administration of medication by school staff are classed as school records as opposed to pupil records.

Consent forms should be held in a separate file to the pupil file and can be held together. These consent forms should not be transferred to the next school or setting and is why they should be kept separate from the pupil personal file.

It is generally recommended that records for the administration of medicines signed by school staff should be held for 2 years from the date of the last entry on the sheet.

Individual child records of medicines administered by school staff can be securely destroyed once the child has left the school and should be held in a file separate to the pupil's personal file. Again, these should not be transferred to the next or subsequent school or other educational setting.

## **4.9 Emergency procedures**

Medical emergencies will be handled under the school's emergency procedures.

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Where an IHCP is in place, it should detail:

- What constitutes an emergency, and
- What to do in an emergency.

Pupils will be involved in age and developmentally appropriate ways in our emergency procedures e.g., fetching help or equipment, and to increase community awareness, build peer-to-peer resilience, promote leadership skills, and reduce stigma or bullying.

If a pupil needs to be taken to hospital, a member of staff will remain with the pupil until their parents/carers arrive. This may mean that they will need to go to hospital in the ambulance and may need support with arrangements for their own transport back to school or home.

#### 4.10 Salbutamol inhalers

Asthma is a long-term condition that affects the airways (the tubes that carry air into and out of the lungs) and usually causes symptoms such as coughing, wheezing, and breathlessness. As many as 1 in every eleven children has asthma. If someone with asthma comes into contact with one of their asthma triggers, it can make their symptoms worse and even bring on an asthma attack make it difficult to breathe.

Now that the Human Medicines (Amendment) (No.2) Regulations 2014 allow (but do not require) schools to keep a salbutamol asthma reliever inhaler for use in an asthma emergency, governors have decided that keeping a supply will currently benefit pupils significantly.

In summary:

- The administration of reliever inhalers will be carried out in accordance with staff training.
- An asthma register of all pupils prescribed a reliever inhaler will be kept securely and will be checked as part of initiating the emergency response.
- Where a pupil has been prescribed a reliever inhaler, this will be recorded on their parental consent form with an indication of whether they can responsibly carry the device and self-administer it correctly. Not all pupils with asthma will have an IHCP.
- Whether use of a child's own asthma reliever inhaler should be recorded and reported to parents/carers will be made clear in the IHCP/asthma plan.
- Consideration will be given to preventing and managing an asthma attack when planning all school activities on and off-site.
- School has emergency salbutamol inhaler kits in Pupil Services and procedures are in place to administer, maintain, and dispose of them safely.
- Our decision to hold an emergency asthma kit does not in any way release a parent/carers from their absolute duty to ensure that their child attends school with a fully functional inhaler containing sufficient medicine for their needs.
- A copy of the asthma register including consent to administer the school emergency salbutamol will be held with each school asthma emergency kit.
- Designated staff will be trained in how to administer the school emergency inhaler and other staff will be trained in how to seek their help in an asthma emergency.
- Parents/carers will be informed whenever their child has used the school emergency inhaler.

#### 4.11 Allergens

Exposure to an allergen can cause an allergic reaction resulting in life threatening anaphylaxis where the resultant swelling can stop someone from breathing. Allergens can be found in foods like shellfish, eggs, dairy etc., objects like dye in clothing, latex etc., insect stings and bites, or in the air like pollen, dust, mould, animal dander etc.

This school is committed to supporting pupils who have been diagnosed with an allergy.



#### 4.11.1 School meal providers

Our catering team adheres to all allergen requirements and the staff are suitably trained and made aware of all potential allergens in the foods they provide. They have undertaken to:

- liaise directly with us and take the pupil IHCPs that we share into account when planning menus and allergen management;
- record the ingredients used in each dish to display in the food preparation area, or be readily available to all relevant staff, label foods they prepack, and keep a copy of the ingredient information on labels of pre-packed foods e.g. sauces, desserts etc.;
- keep ingredients in their original containers, or a copy of the labelling information in a central place, with each product suitably enclosed to prevent cross-contamination in storage;
- ensure allergen information is kept up to date e.g. if foods purchased are changed or products substituted.

Their recipes are analysed and details of allergen contents is available from our kitchen with each menu cycle. This information is posted to the school website.

Information is passed to, and we meet regularly with the kitchen/wraparound care team to make sure all dietary requirements and food intolerances are met and catered for. Children with food allergies have an IHCP which is shared as necessary to inform menus and practices.

When setting up or reviewing a child's IHCP, part of the process includes appropriate information sharing, such as dietary restrictions, with the kitchen team and others. Part of the educational visits planning process written into our risk assessment is to ensure dietary needs are addressed in advance and needs shared appropriately with third party providers like residential centres.

All food handlers receive suitable training on their first day of employment and before food handling duties commence in relation to managing food allergens to include:

- cross referencing IHCPs with ingredients regularly, especially when changing products or recipes;
- handling requests for allergen information;
- properly labelling all foods they prepack;
- how cross contamination can occur and how to prevent it;
- the signs and symptoms of an allergic reaction and what to do, and who to report to should this occur.

#### 4.11.2 Other food handlers

Other potential food handlers (food technology, classroom baking, cookery club, nursery and other staff serving snacks and treats etc.), will be made aware of information about the [14 Food Allergens | Anaphylaxis UK](#), and understand that they must take this into account when planning any food-related activity for children with known allergies.

Staff or volunteers working with food in play, or the curriculum will receive sufficient instruction on and follow the good practice outlined in Section 4.11.1 above in managing exposure to allergens.

#### 4.11.3 Steps to reduce anaphylaxis risks

We seek the cooperation of the whole school community in implementing the following to reduce the risk of exposure to allergens.

- Bottles, other drinks and lunch boxes provided by parents/carers for children with food allergies should be clearly labelled with the name of the child for whom they are intended.
- If food is purchased from the school canteen, parents/carers should check the appropriateness of foods by speaking directly to the catering manager. The child should also be taught to check allergen information with catering staff, before purchasing.
- Where we provide the food, our staff will be educated on how to read labels for food allergens and instructed about measures to prevent cross-contamination during the handling, preparation and serving of food. Examples include: preparing food for children with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils.
- Trading and sharing of food, food utensils or food containers will be actively discouraged and monitored.
- Training will include that unlabelled food poses a potentially greater risk of allergen exposure than packaged food with precautionary allergen labelling suggesting a risk of contamination.
- Careful planning for the use of food in crafts, cooking classes, science experiments and special events (e.g. fetes, assemblies, cultural events) with adequate substitutions, restrictions or protective measures put in place (e.g. wheat-free flour for play dough or cooking), non-food containers for egg cartons.
- Careful planning for out-of-school activities such as sporting events, excursions (e.g. restaurants and food processing plants), outings or camps, thinking early about the catering requirements and emergency planning (including access to emergency medication and medical care).
- Careful planning for on-site and off-site activities involving potential exposure to other allergens like animal dander, latex, pollen etc.

#### 4.12 Adrenaline Auto Injectors (AAI)

Anaphylaxis is a severe and potentially life-threatening reaction to a trigger such as an allergy. It usually develops suddenly, gets worse very quickly, and can be very serious if not treated quickly with adrenaline because the resultant swelling can stop someone from breathing.

Now that the Human Medicines (Amendment) Regulations 2017 allow (but do not require) schools to keep an adrenaline auto-injector (AAI) for use in an anaphylaxis emergency, governors have decided that keeping a supply will currently benefit pupils significantly.

This school is committed to supporting pupils who have been diagnosed with anaphylaxis.

In summary:

- The administration of AAI's will be carried out in accordance with professional medical guidance and staff training. Designated staff will be trained in how to administer a child's own AAI and other staff will be trained in how to seek the help of designated staff in an anaphylaxis emergency, and also what to do if they believe help will not come fast enough.
- The emergency services will be called when a reaction is severe even if the AAI has been administered or if a pupil is not diagnosed but seems symptomatic.
- Safe disposal arrangements are in place with sharps containers in the Medical Room.
- An AAI register of all pupils prescribed an AAI will be kept in the Medical Room and will be checked as part of initiating the emergency response.
- Where a pupil has been prescribed an AAI, this will be recorded on their IHCP with an indication of whether they can responsibly carry the device and self-administer it correctly.
- Every use of a child's own AAI will be recorded and reported to parents/carers including:
  - Where and when the reaction took place
  - How much medicine was given and by whom.
- Consideration will be given to preventing and managing an allergic reaction when planning all school activities on and off-site.
- School has emergency AAI kits in the Medical Room and procedures in place to administer, maintain, and dispose of them safely.



- **Our decision to hold an emergency AAI kit does not in any way release a parent/carer from their absolute duty to ensure that their child attends school with a fully functional AAI containing sufficient medicine for their needs.**
- A copy of the AAI register including consent to administer the school emergency AAI will be held with each school AAI emergency kit.
- Designated staff will be trained in how to administer the school emergency AAI and other staff will be trained in how to seek their help in an anaphylaxis emergency, as well as what to do if they believe help will not come fast enough.
- Parents/carers will be informed whenever their child has used the school emergency AAI.

#### 4.13 Day trips, residential visits, and sporting activities

Through development and communication of the IHCP staff will be made aware of how a pupil's medical condition might impact on their participation in educational visits, sporting, or other activities.

Before an activity takes place, a risk assessment will be conducted to identify what reasonable adjustments should be made to enable pupils with medical conditions to have equality of access. Advice is also sought from pupils, parents/carers, and relevant medical professionals.

A pupil will only be excluded from an activity if the Headteacher considers, based on the evidence, that no reasonable adjustment can make it safe for them or evidence from a clinician such as a GP states that an activity is not possible for that child.

#### 4.14 Other arrangements

##### 4.14.1 Home to school transport

While it is the responsibility of the LA to ensure pupil safety on statutory home to school transport the LA may find it helpful to be aware of the contents of a pupil's IHCP that school has prepared.

The LA *must* know if a pupil travels on home to school transport and has a life-threatening condition and carries emergency medicine so that they can develop an appropriate transport healthcare plan. School undertakes to appropriately share IHCP information with the LA for this purpose and will make this clear to parents/carers in the development meeting.

Where transport is organised by the school on a private arrangement with parents/carers, the responsibility for ensuring that the transport operator is aware of a pupil with a life-threatening medical condition rests with school in consultation with the parents/carers. In some cases, it may be appropriate to share elements of a pupil's IHCP with the transport operator.

##### 4.14.2 Defibrillators

Sudden cardiac arrest is when the heart stops beating, and it can happen to people at any age and without warning. When it does happen, quick action (in the form of early Cardio-Pulmonary Resuscitation - CPR - and defibrillation) can help save lives. A defibrillator is a machine used to give an electric shock to restart a patient's normal heart rhythm when they are in cardiac arrest. Modern defibrillators are easy to use and safe and the DfE has supported a campaign to install them in schools.

This school has an Automated External Defibrillator (AED) as part of our first aid equipment in Reception and the community has access to it.

We followed government recommendations in the DfE guide [Automated external defibrillators \(AEDs\) in schools](#), current at the time we got it regarding the type of machine, kit, location, installation, signage, and systems of access we needed.

There is a monitoring and maintenance schedule to ensure we spot when the automatic testing detects a fault or when consumables like pads, or batteries etc. need to be replaced.

AEDs are designed to be used by someone without any specific training and by following step-by-step instructions on the device. All school staff have been given access to the instructions and an appropriate briefing on our procedures for using the AED.

The emergency services will always be called where an AED is used on a person or requires using.

The local NHS and ambulance service have been notified of its location.

### 4.15 Unacceptable practice

While it is essential that all staff act in accordance with their training, in any given situation they should be confident in using their discretion and judging each case on its merits with reference to a child's IHCP. It is not however, generally acceptable practice at this school to:

- prevent children from easily accessing their inhalers and medicine and administering their medicines when and where necessary;
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents/carers; or ignore medical evidence or opinion, (although staff will be supported to appropriately challenge this where they have genuine concerns);
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments;
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- require parents/carers, or otherwise make them feel obliged, to attend school to administer medicine or provide medical support to their child, including with toileting issues. No parent/carer should have to give up working because the school is failing to support their child's medical needs; or
- prevent children from participating or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

### 4.16 Insurance

School staff who support pupils at school with their medical conditions and administer medicines are appropriately indemnified by the Risk Protection Arrangement (RPA) for schools to do so when they are acting in adherence with the statutory guidance on supporting pupils at school with medical conditions, December 2015 or similar amending statutory guidance. The RPA document is on the school website <https://www.cockermouthschool.org/perch/resources/documents/insurance-rpaforacademytrustsmembershiprules.pdf> and the specific section is on page 13, Section 5 point xi.

The RPA provides liability cover relating to the administration of medicines and any required healthcare procedures as identified through the IHCP process.

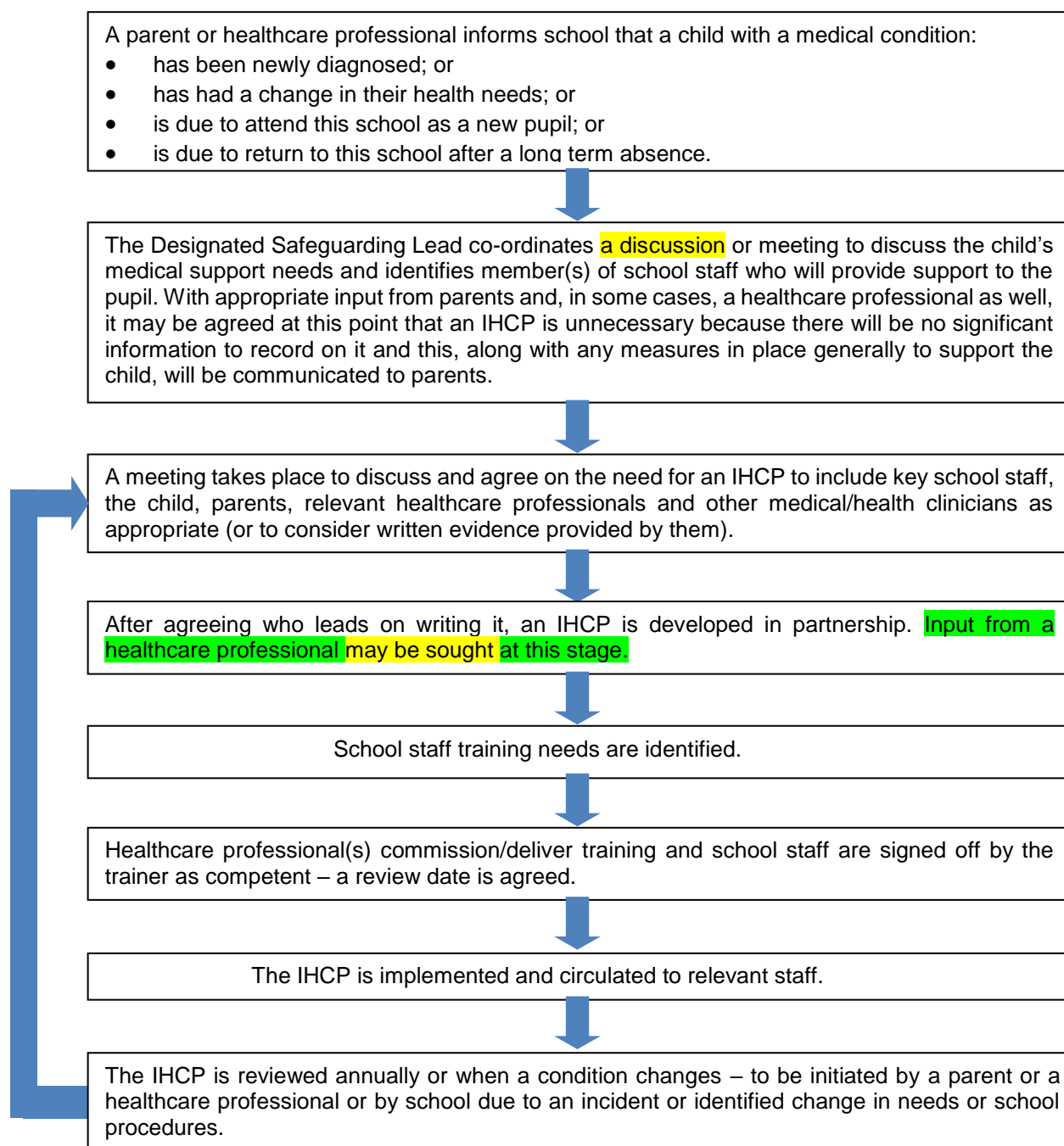
Every IHCP review must consider whether current indemnity arrangements remain compatible with any identified changes required. A significant change, for example an entirely new medical procedure required, will be checked as compatible with current RPA arrangements.

### 4.17 Complaints

If parents/carers or pupils are unhappy with the support provided they should discuss their concerns directly with the DSL in the first instance.

If this does not resolve the issue, parents/carers can make a formal complaint through the normal school complaints procedure which is available on the school website ([www.cockermouthschool.org](http://www.cockermouthschool.org)). If the issue remains unresolved, the complainant has the right to make a formal complaint to the DfE.

## Process for Developing an Individual Healthcare Plan (IHCP)



## Individual Healthcare Plan (IHCP)

<b>School/Setting:</b>	Cockermouth School			<b>PHOTO</b>
<b>Name of Child:</b>				
<b>Date of Birth:</b>				
<b>Address of Child:</b>				
<b>Gender:</b>	<b>MALE</b> / <b>FEMALE</b>	<b>Class/Form:</b>		
<b>Date:</b>		<b>Review Date:</b>		
<b>Who is responsible for providing support in school?</b>		The Designated Safeguarding Lead and First Aid Team		
<b>Medical Diagnosis or Condition</b>				
<b>Describe what constitutes an emergency and the action to take if this occurs</b>				
Permission is given to administer <b>salbutamol</b> in an <b>asthma</b> emergency:			YES N/A	NO
Permission is given to administer <b>adrenalin</b> in an <b>anaphylaxis</b> emergency:			YES N/A	NO

**Please note:** Some or all of this information may be shared on a *confidential* and *strictly need to know basis*, with adults other than school staff who may be working with children and young people in a paid or voluntary capacity. **Such adults are bound by the school's code of conduct on confidentiality.**

EMERGENCY CONTACT INFORMATION			
Family Contact 1		Family Contact 2	
Name:		Name:	
Relationship to Child:		Relationship to Child:	
Work Tel. No:		Work Tel. No:	
Home Tel. No:		Home Tel. No:	
Mobile Tel. No:		Mobile Tel. No:	
Clinic or Hospital Contact		GP Contact	
Name:		Name:	
Contact No:		Contact No:	
<b>Describe the child's medical needs</b> (e.g. details of any symptoms, triggers, signs, treatments, facilities, equipment/devices, environmental issues etc.)			
<b>Medicine details</b> (e.g. name of medicine, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision, whether carried by the child and how carried etc.)			
Which (if any) of these medicines are <u>controlled drugs</u> :			

<b>Agreed procedure if the medicine or procedures are refused by the child</b>
<b>Daily care requirements</b> (e.g. before sports activities, at lunchtime etc.)
<b>Specific support in place for any educational, social and emotional needs</b> (include re-integration and any partnership working following absences e.g. Local Authority hospital/home tuition services etc. and sensitive management of re-integration after serious or embarrassing incidents at school.
<b>Arrangements for educational visits or other activities outside the normal timetable</b>
<b>Describe any follow-up care required</b>
<b>Who is responsible in an emergency?</b> (Please state if different for different activities e.g. off-site etc.):

All staff have a shared responsibility to provide immediate care for the pupil and seek first aid support as required.

**Staff training needs identified or already undertaken** (e.g. names of staff trained, what training they have received and when, along with any plans to train others and when)

All school first aiders are trained to administer **salbutamol** in an **asthma emergency** and to administer **adrenalin** in an **anaphylaxis emergency**. All staff are trained to recognise the symptoms of these conditions.

**Do you consider your child to have a disability? YES** ☐ **if yes – please indicate below** **NO**  
☐ ☐

My disability is:

- ☐ Physical impairment
- ☐ Sensory impairment
- ☐ Mental health condition
- ☐ Learning disability/difficulty
- ☐ Long standing illness
- ☐ Other – please give details

.....

.....

.....

**Plan developed with:** (e.g. child, parents, healthcare professional, therapist etc.)

Print Name	Signature	Relationship to child:	Date

**Form copied to** (Please state who holds copies of this information and where):

This IHCP is held on the school's SIMS data system and the information is available to all teaching staff and leaders of educational visits.		
Transport operators:	YES N/A	NO
The Local Authority (in the case of life-threatening conditions):	YES N/A	NO



## Parental Consent to Administer Medicine

This school/setting will not give your child medicine unless it is in accordance with our Supporting Pupils with Medical Conditions Policy and Procedures **and** you complete and sign this form.

<b>School/Setting:</b>			
<b>Name of Child:</b>		<b>Gender:</b>	MALE / FEMALE
<b>Date of Birth:</b>		<b>Class/Form:</b>	
<b>Date for review to be initiated by:</b>			
<b>Medical diagnosis, condition or illness</b>			
<b>MEDICINE(S)</b>			
<b>Name/type of medicine(s)</b> (as described on the container)			
<b>Expiry date(s):</b>			
<b>Dosage and method of administration:</b>			
<b>Timing(s):</b>			
<b>Special precautions or other instructions:</b> e.g. with food etc.			
<b>Side effects that the school/setting must know about:</b>			
<b>Can the child self-administer?</b>	YES / NO	<b>If YES is supervision required?</b>	YES / NO
<b>Does any medicine need to be carried by the child on their person, what and where will they keep it?</b>	YES / NO		
<b>Steps to take in an emergency:</b>			

**PLEASE NOTE:** medicines must be in the original containers as dispensed by the pharmacy.

<b>CONTACT INFORMATION</b>			
<b>Name:</b>			
<b>Relationship to Child:</b>			
<b>Address:</b>		<b>Work Tel. No:</b>	
		<b>Home Tel. No:</b>	
		<b>Mobile Tel. No:</b>	
I understand that I must deliver the medicine personally to: (name the agreed member(s) of staff)			
I understand that my child must have a working, in-date and sufficiently full inhaler, clearly labelled with their name, which they will bring with them every day.			YES NO N/A
I consent to my child receiving, in an asthma emergency, salbutamol which has not been prescribed to them.			YES NO N/A
I understand that my child must have the number of working and in-date AAls that their medical practitioner has recommended, clearly labelled with their name, which they will bring with them every day.			YES NO N/A
I consent to my child receiving, in an anaphylaxis emergency, adrenaline not prescribed to them.			YES NO N/A
The above information is, to the best of my knowledge, accurate at the time of writing and I consent to school/setting staff administering medicine in accordance with the Policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medicine or if the medicine is stopped.			
<b>Signed:</b>		<b>Date:</b>	

## Parental Consent to Administer Medicine

This school will not give your child medicines or medical treatments unless it is in accordance with our Supporting Pupils with Medical Conditions Policy and procedures **and** you complete and sign this form. Parents/carers can complete this entire form, but in line with recommendations from child protection Serious Case Reviews, **a relevant medical professional must also sign their agreement** to the administration of medicines and treatments described below. **Please PRINT information clearly and use BLACK INK where possible.**

<b>Name of Child:</b>				<b>School/Setting:</b>	Cockermouth School	
<b>Date of Birth:</b>		<b>Gender:</b>	MALE / FEMALE	<b>Class/Form:</b>		<b>Date for review to be initiated by:</b>
<b>Medical diagnosis, condition or illness</b>						
<b>MEDICINE(S)</b>						
<b>Name/type of medicine(s)</b> (as described on container)	<b>Expiry date</b>	<b>Dosage and method of administration</b>	<b>Timing</b>	<b>Special precautions or other instructions</b> e.g. with food etc.	<b>Side effects that we need to know about</b>	

**PLEASE NOTE:** medicines must be in the original containers as dispensed by the pharmacy.

<b>Can the child self-administer?</b>	YES / NO	<b>If YES is supervision required?</b>	YES / NO (if YES, please detail e.g. visual only, guiding hand, measure check only etc.)
---------------------------------------	----------	--	--

<b>Does any medicine need to be carried by the child on their person, what and where will they keep it?</b>		YES / NO (if YES, please give details):			
<b>Procedures to follow in an emergency:</b>					
<b>EMERGENCY CONTACT INFORMATION</b>					
<b>Name:</b>			<b>Relationship to Child:</b>		
<b>Address:</b>			<b>Work Tel. No:</b>		
			<b>Home Tel. No:</b>		
			<b>Mobile Tel. No:</b>		
<b>Parental Declarations</b>					
I understand that I must deliver the medicine personally to: (name the agreed member(s) of staff)					
I understand that my child must have a working, in-date and sufficiently full inhaler, clearly labelled with their name, which they will bring with them every day.			YES NO N/A		
I consent to my child receiving, in an asthma emergency, salbutamol which has not been prescribed to them.			YES NO N/A		
I understand that my child must have the number of working and in-date AALs that their medical practitioner has recommended, clearly labelled with their name, which they will bring with them every day.			YES NO N/A		
I consent to my child receiving, in an anaphylaxis emergency, adrenaline not prescribed to them.			YES NO N/A		
The above information is, to the best of my knowledge, accurate at the time of writing and I consent to school/setting staff administering medicine in accordance with the Policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.					
<b>Signed:</b>		<b>Print Name:</b>		<b>Date:</b>	
<b>Medical Practitioner Declaration</b>					
The above information is, to the best of my professional knowledge of this child, accurate. I agree that, in order to adequately support this child at school with their medical condition(s), school staff need to administer or facilitate and/or supervise the self-administration of the medicines or treatments described above.					
<b>Signed:</b>		<b>Print Name:</b>		<b>Date:</b>	
<b>Professional Relationship to Child:</b>			<b>Recommended Date of Review/Review Trigger:</b>		

**COCKERMOUTH SCHOOL SIXTH FORM**  
**RECORD OF MEDICATION IN SCHOOL**

**CONFIDENTIAL**



Pupil Name: .....

Form .....

Date: .....

Name of medication : .....

Reason for medication : .....

.....

Instructions for use : .....

.....

Authorisation received from parents/carers    Y / N

## Record of Medicine Administered to an Individual Child

All medicines administered to individual children must be recorded on this sheet.

In addition, the supply, possession and administration of some medicines are strictly controlled by the Misuse of Drugs Act and its associated regulations and are referred to as 'controlled drugs'. Examples would include methylphenidate (Ritalin), Midazolam, Diazepam etc. In the case of controlled drugs, it is best practice for the administration of such substances to be witnessed by a second adult. Record the name of the member of staff administering the drug and they should initial under 'Staff initials (1)'. The second member of staff witnessing the administration of controlled drugs should initial under 'Staff initials (2)'. These initial signatures should be legible enough to identify individuals. The quantity of controlled drugs received from and returned to parents/carers must be carefully accounted for and recorded on this sheet.

<b>Name of school/setting:</b>	Cockermouth School								
<b>Name of child:</b>				<b>Date of Birth:</b>			<b>Class/Form:</b>		
<b>Name and strength of medicine:</b>									
<b>Dose and frequency of medicine:</b>	/								
<b>Date medicine received from parent/carer:</b>			<b>Expiry date of medicine:</b>			<b>Date medicine returned to parent/carer:</b>			
<b>Quantity of medicine received:</b>						<b>Quantity returned to parent/carer:</b>			
<b>Staff Signature:</b>					<b>Parent/Carer Signature:</b>				

**PLEASE NOTE: parents/carers must be informed of the non-administration of medicine that is due – record the reason for non-administration under 'Any reaction'**

<b>Date:</b>								
<b>Time given:</b>								
<b>Dose given:</b>								
<b>Any reaction?</b>								
<b>Name of staff administering:</b>								
<b>Staff initials (1):</b>								
<b>Staff initials (2):</b>								
<b>Date:</b>								

Time given:								
Dose given:								
Any reaction?								
Name of staff administering:								
Staff initials (1):								
Staff initials (2):								
Date:								
Time given:								
Dose given:								
Any reaction?								
Name of staff administering:								
Staff initials (1):								
Staff initials (2):								
Date:								
Time given:								
Dose given:								
Any reaction?								
Name of staff administering:								
Staff initials (1):								
Staff initials (2):								

<b>Name of school/setting:</b>	Cockermouth School
--------------------------------	--------------------

[illegible]

[illegible]



[illegible]

## Record Card: All Children: Emergency Salbutamol Inhaler Administration

[illegible]

[illegible][illegible]

[illegible]

**Record Card: All Children: Emergency Adrenaline Administration**

[illegible]

[illegible][illegible]

## Staff Training Record – Supporting Pupils with Medical Conditions

This form is for recording all training delivered to staff (and as appropriate volunteers) with the aim of supporting pupils with medical conditions, including the Whole School Awareness briefing.

<b>Name of School/Setting:</b>			
<b>Name(s) of Staff:</b>			
<b>Type of Training Received:</b> Describe in brief what was covered e.g. Whole School Awareness (and the content of it), physiotherapy, administering medicine, tube feeding etc.			
<b>Date Training Completed:</b>			
<b>Name of Trainer:</b>			
<b>Training Provider:</b> Organisation, profession and job title of the person delivering the training.			
I confirm that the above named member(s) of staff received the training detailed above and they are competent to carry out any necessary treatment.			
Date by which I recommend this training be updated:			
<b>Trainer Signature:</b>		<b>Date:</b>	
I confirm that I have received the training detailed above.			
<b>Staff Signature(s):</b>		<b>Date:</b>	

## Summoning Emergency Services

To summon an ambulance, dial **any prefix required** to get an outside line followed by 999, ask for an ambulance and be ready with the following information.

Your telephone number including any extension number.	
Your name.	
Your location.	Insert the full address of the school/setting here.
Your location postcode.	For satellite navigation systems this may be different from the postal code – check before completing this section. If your site is large there may be different postcodes for different entrances. The one given to emergency services must be for the entrance that is best to access the patient quickly.
The exact location of the patient within the school.	
The name of the patient and a brief description of their symptoms.	
The best entrance for the ambulance crew to use and state they will be met and taken to the patient.	

Display a suitably amended copy of this form close to any phone that might reasonably be used to summon emergency services

1 January 2022 [amend date accordingly]

Salutation  
Address 1  
Address 1



**Headteacher:**  
Mr R J King BSc

Dear Parent/Carer

### **DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD**

Thank you for informing us of your child's medical condition. The school's Policy for supporting pupils at school with medical conditions is available on the school's website for your information.

A central requirement of the Policy is for an Individual Healthcare Plan to be prepared, setting out what support your child needs and how this will be provided. Individual Healthcare Plans 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 judgements about how your child's medical condition impacts on 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.

Please find attached a draft of the Individual Healthcare Plan for your child. Please make any changes and amendments you wish and return it, together with any relevant evidence, for my consideration. If the needs of your child are complex or you would like to discuss the plan further please contact the Pastoral Support team at school to arrange a meeting. You are very welcome to phone me at school to discuss the plan if that would be more convenient.

Yours sincerely

**Mr S Milledge**  
**Designated Safeguarding Lead**

## Notification to Parents/Carers of Emergency Salbutamol Inhaler Use

Child's Name: .....

Child's Class: ..... Date: .....

Dear Parent/Carer

This letter is to formally notify you that your child has had problems with their breathing today. This happened when:

*[Delete the statements below that do not apply to the action taken]*

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.

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

Yours sincerely

## Notification to Parents/Carers of Emergency Salbutamol Inhaler Use

Child's Name: .....

Child's Class: ..... Date: .....

Dear Parent/Carer

This letter is to formally notify you that your child has had problems with their breathing today. This happened when:

*[Delete the statements below that do not apply to the action taken]*

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.

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

Yours sincerely



# Special Diet / Allergy Form

Cockermouth School is committed to providing meals for children needing special diets for medical and cultural requirements, where possible. We work closely with our suppliers and aim to be as accurate as possible but it must be noted that we can only be guided by the information the suppliers provide, similar to the process of a parent/carer catering for a special diet.

It is essential that all parties concerned work together when providing a safe special diet and that this is reviewed with every menu change. Therefore, please ensure this form is fully completed, marking any amendments clearly. Your child's Food Allergy Record and photo will also be displayed on the kitchen wall near the servery and, for this, parental consent is required. Please complete the relevant section below and return this form to the Data Office at Cockermouth School.

It is vital that all forms are accompanied with a referral letter from a medical professional (GP/consultant/dietician). It is important that the unit manager and kitchen team or servery supervisor have met the pupil requiring the special diet to ensure they give the right meal to the right child. This form should be handed into the school and discussed with them in the first instance.

Pupil Details, Dietary Information and Food Allergy Record					
Pupil Name:				Date of Issue:	
Gender:		Date of Birth:		Reg Group:	
Allergies to Food:					
Dietary Requirements:					
Food Allergy Record Consent					
Current Status:	<input type="text"/>				
<p><i>If you wish to change the above status, or have not yet completed consent for a Food Allergy Record &amp; photo to be displayed in the kitchen servery, please tick the relevant box below, sign and return this form to the Data Office at Cockermouth School as soon as possible.</i></p>					
I consent to my child's Food Allergy Record & Photo being displayed on the kitchen servery wall					<input type="checkbox"/>
I DO NOT consent to my child's Food Allergy Record & Photo being displayed on the kitchen servery wall					<input type="checkbox"/>
Parent/Carer Signature			Date		
School Details					
Name of School:	Cockermouth School				
Is the Headteacher involved/aware?	YES / NO				
Caterlink Area Manager:					
Unit Manager:	Steph Dennis				
Production kitchen address:	Cockermouth School, Castlegate Drive, Cockermouth CA13 9HF				
Midday Supervisor/school contact for special diets/allergies					
Parent/Carer Details					
Contact Name	Relationship	Tel Numbers (H / W / M)		Email Addresses (H / W)	
Other Information					
Has a photo ID form been completed and issued to the kitchen		YES / NO		Has the Unit Manager been informed?	
YES / NO				YES / NO	
If Epipen / Medication is needed, who is to be contacted and is it kept on site?					
Epipen carried?		Other Medication carried?		Health Care Plan in place?	

**Headteacher:**  
Mr R J King BSc

**Chair of Governors:**  
Mr A Rankin

Cockermouth School · Castlegate Drive  
Cockermouth · Cumbria · CA13 9HF

Tel: 01900 898888

[www.cockermouthschool.org](http://www.cockermouthschool.org)  
[reception@cockermouthschool.org](mailto:reception@cockermouthschool.org)

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