



Twyford
C of E
Academies Trust

Document Title	First Aid and Support for Pupils with Medical Conditions Policy
Committee Responsible for Policy	Board of Directors (in consultation with Student Committees).
Review Frequency	Annually
Last Reviewed	February 2026)
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Policy Author	Director of Finance & Operations

Assessment of the Impact of a Policy on Equality & Diversity

Policy: First Aid and Supporting Pupils with Medical Conditions Policy			
Impact assessed by: R Lane		Date: 17/09/2025	
<p>1. What is the potential for this policy impacting a person or group with a protected characteristic differently (favourably or unfavourably) from everyone else?</p> <p>Substantial. A disabled pupil may be disadvantaged because the school does not provide enough support for them to attend school and engage fully with school activities.</p>			
<p>2. How would this be evidenced?</p> <p>Complaint from someone in a protected group.</p>			
<p>3. What is the impact of the policy and latest changes on people with protected characteristics?</p>			
Protected Characteristic	Impact before change*	Impact after change*	Comments
Age	Neutral	Neutral	
Disability	Positive	Positive	The policy helps ensure that students with disabilities can participate fully in school activities
Gender Reassignment	Neutral	Neutral	
Marriage and civil partnership	Neutral	Neutral	
Pregnancy and maternity	Positive	Positive	The policy helps ensure that all medical conditions are responded to appropriately
Race	Neutral	Neutral	
Religion of belief	Neutral	Neutral	
Sex	Neutral	Neutral	
Sexual orientation	Neutral	Neutral	

* Positive/Negative/Neutral.

<p>4. Policies are required to reduce or eliminate inequality and disadvantage and promote diversity. Does this assessment indicate that the Policy and latest changes pass or fail this test?</p> <p>Pass</p>

Log of changes:

July 2025: [Clarification of AAI guidance for Schools](#). In exceptional, life threatening circumstances, School held AAls may be administered to any pupil or other person with or without medical authorisation or consent.

October 2025: An update to the Equality and Diversity Impact Assessment. Clarification on responsibilities and protection for staff who are not first aid trained (1.11).

February 2026: Contents page added. List of first aiders to be displayed in reception (1.6) and clarification on the procedure when a student needs to be sent to Reception (1.11). Mental Health First Aiders added. More detail on Anaphylaxis and Asthma added.

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First Aid and Support for Pupils with Medical Conditions Policy

Introduction

This school is an inclusive community that welcomes and supports pupils with medical conditions so that they can play a full and active role in all aspects of school life, remain as healthy as possible and achieve their academic potential.

The Department for Education statutory guidance 'Supporting pupils with medical conditions at school' (2014) states:

"Children and young people with medical conditions are entitled to a full education and have the same rights of admission to school as other children. This means that no child with a medical condition can be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made. However, in line with their safeguarding duties, governing bodies should ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases."

This policy takes into account the school's legal duties under the Children and Families Act 2014 to make arrangements to support pupils with medical conditions, as well as its duties under the Equality Act 2010. The policy also takes into account the common law 'Duty of Care' to pupils attending Trust schools which expects staff (and in particular teachers) to act reasonably and as a prudent parent would in the circumstances of school and in accordance with the guidance of a reputable professional body. This policy is also informed by the Department for Education's non-statutory guidance ['First Aid in Schools, Early Years and Further Education' \(2022\)](#).

This policy details the school's arrangements to support pupils with long term medical conditions. In this document 'medical condition' refers to any physical or mental health condition that requires ongoing health professional input.

Section 1 First Aid

1.1 Statement of Principle

Twyford CE Academies Trust will undertake to ensure compliance with the relevant legislation with regard to the provision of First Aid for pupils, staff and visitors and will make sure that procedures are in place to meet that responsibility.

1.2 Aims

- To identify the first aid needs of each school
- To ensure that first aid provision is available at all times when people are on the school premises, and also, as far as possible, off the premises whilst on school trips to meet the identified needs.

The Location of First Aid Boxes and contents in each school is published in the School First Aid Arrangements documents.

1.3 Objectives

- To appoint an appropriate number of suitably trained people as First-Aiders (including Mental Health First Aiders) to meet the needs of each school and to maintain current qualifications for those people.
- To provide relevant training and ensure monitoring of training needs
- To provide sufficient and appropriate resources and facilities
- To inform staff and parents of the school's first aid arrangements
- To keep accident records and to report to HSE as required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)

1.4 Medical Facilities

Each school is required by School Premises (England) Regulations 2012 to provide suitable accommodation in order to cater for the welfare and basic medical/therapy needs of pupils including

- (a) the medical examination and treatment of pupils
- (b) the short term care of sick and injured pupils which includes a washing facility and is near to a toilet facility

The location of the Welfare Room in each school which is where these facilities are provided, the names of trained staff and the location of equipment is published in the School First Aid Arrangements documents.

The requirement for facilities and first aid trained staff is determined through a First Aid Needs Assessment. This exercise is an assessment of how many trained staff are required for the number of staff and pupils on site, taking into account the type of activities they are engaged in. [HSE guidance](#) says that a ratio of 1 first aid trained staff to 100 people on site is appropriate for low hazard areas and 1:50 for high hazard areas. In Trust schools we aim for 1:75 overall, with 1:50 in high-risk areas such as Science Labs, Art Rooms, Food Technology, kitchens and PE.

1.5 Welfare Team/First Aid Staff

Each school has a Welfare/First-Aid team consisting of a Designated First-Aider/Lead and others with the same level of training who are able to provide cover. All have received at least 3 days of first aid training (full First Aid at Work certificate), approved by the Health and Safety Executive, in order to staff the Welfare Room and generally be on call within the school. Some further details of first aid training are found in Appendix 14: First Aid training guidance.

The main duties of a Full First-Aider are to:

- give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at school;
- when necessary, ensure that an ambulance or other professional medical help is called.

Details of the Designated First Aider/Lead and a list of staff who have completed the full First Aid at Work qualification in each school ('Full First Aiders') is published in the School First Aid Arrangements documents.

Full First Aiders are supported by Emergency First Aiders, also called 'Appointed Persons' (who have completed the one-day Emergency First Aid at Work course). Emergency First Aiders are included in the 1:75 ratio mentioned in 1.4 above.

The Trust is committed to providing competent and supportive staff in each of its schools who have completed a Mental Health First Aid qualification provided by Mental Health First Aid England.

1.6 Emergency First Aiders ('Appointed Persons')

An Emergency First Aider (as a minimum) must be present at every offsite school activity.

An Emergency First Aider is **NOT** a Full First-Aider. They have received 1 day of emergency first aid training which covers the following:

- what to do in an emergency
- cardiopulmonary resuscitation
- first aid for the unconscious casualty
- first aid for the wounded or bleeding

As a minimum, there must be an Emergency First Aider on every school trip.

A cohort of staff have volunteered to be Emergency First Aiders and have received 1 day of emergency first aid training in order to be on call on a school trip.

A list of staff who have received Emergency First Aid training is published in each school's First Aid Arrangements documents and displayed in the main reception area.

NB Teachers' conditions of employment do not include giving first aid, but any member of staff may volunteer to undertake these tasks and receive Emergency First Aid training. Teachers and other staff in charge of pupils are expected to use their best endeavours at all times, particularly in emergencies, to secure the welfare of the pupils in the school in the same way that parents might be expected to act towards their children. In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

1.7 Full First Aiders

Each school site will have Full First Aider cover at all times during school hours.

Unless providing Full First Aider cover is part of a member of staff's contract of employment, people who agree to become Full First-Aiders do so on a voluntary basis. We consider our Full First-Aiders to:

- Be reliable and have good communication skills
- Have the aptitude and stability to absorb new knowledge and learn new skills
- Be able to cope with stressful and physically demanding emergency procedures

FULL FIRST-AIDERS will:

- Ensure that their qualification and insurance (provided by the Trust) are always up to date.
- Ensure that Full First Aider cover is available throughout the working hours of the school week.

- Always attend a casualty when requested to do so and treat the casualty to the best of their ability in the safest way possible. This includes protection where clinical waste is present (e.g. loss of blood or body fluid is evident), calling for help from other Full First-Aiders or Emergency Services.
- Help fellow Full First-Aiders at an incident and provide support during the aftermath.
- Act as a person who can be relied upon to help when the need arises.
- Insist that any casualty who has sustained a significant head injury is seen by professionals at the hospital. Either by sending them directly to hospital or by asking parents to pick up a child to take them to hospital; ensure that parents are aware of all head injuries promptly and given leaflet on head injuries. [Appendix 15](#) includes a link to further guidance on concussion.
- Ensure that a child who is sent to hospital by ambulance is either:
 - Accompanied in the ambulance by an appropriate member of staff at the request of the paramedics if a parent cannot be there.
 - Met at hospital by a parent/carer as recorded in order of priority on SIMs
- Liaison must occur with the teacher in charge of cover, (via reception) to ensure that any lessons are covered in the event of an absent teacher
- Keep a record of each student attended to, the nature of the injury and any treatment given, in SIMS. In the case of an accident, details must be recorded as an accident so that the record is transferred to the Accident Book system.
- Full First-Aiders will never administer medications except for circumstances below
 - Full First-Aiders may administer paracetamol to relieve symptoms of headaches, high temperature, toothache, period pain or anti-histamines to relieve symptoms of an allergic reaction for a child not known to have allergies, having checked that the maximum dose is not being exceeded and only with prior parental consent (which may be verbal but must be recorded).
 - Ensure that prescribed medication is taken at home where possible. If it has to be taken in school a Full First-Aider will supervise a student taking it from a pharmacy labelled container after receipt of a letter from the parent.
 - For pupils with a known medical condition, following receipt of medical information from a parent/carer, a care plan will be prepared for reference by the First-Aid team and kept with any medication required for the pupil.
 - A Full First Aider trained to use an adrenaline auto-injector device may use the device, preferably on the advice of emergency services, for pupils who have been prescribed the device and with the consent of parents. However, in an exceptional life threatening situation, less qualified staff may administer an adrenaline auto-injector device held by the school, for any pupil or other person not known by the school to be at risk of anaphylaxis, with or without medical authorisation/consent being in place..
- Staff with management responsibility for the first aid service have management responsibility for ensuring uninterrupted compliance with these requirements.
- A Full First-Aider should be present at all offsite residential trips.

1.8 Youth Mental Health First Aiders

Youth Mental Health First Aiders are trained to identify and understand mental ill-health symptoms and can support and reassure someone who is experiencing a mental health issue. As part of their role, these staff will:

- know how to access and signpost to professional help as and when required and
- be able to act promptly, safely and effectively until that help is available.

1.9 Procedures

a. Accidents

During the school day (normally 08:00 – 16:30, but subject to variation when there are before or after school activities)

For Pupils

1. Pupils should immediately tell the nearest teacher or other adult. If they cannot find one, they should go to reception to ask for medical help. The accident victim should not be moved if they cannot walk without help.
2. The teacher or other adult at the scene of an accident needs to make a quick assessment of the severity of the accident.
3. If the student is able to walk they should be taken to the Welfare Room via Reception with another student
4. If mobility is in doubt or considered dangerous, a Full First-Aider should be asked to come to the accident scene through the adult contacting Reception or Welfare Room by radio, phone, email (if likely to receive a prompt response) or sending a pupil to get First Aid Team help. Phone numbers for Reception and the Welfare Room for each school are published in the School First Aid Arrangements documents.
5. The Full First-Aider will assess the situation and advise calling an ambulance when necessary
6. Parents should be contacted by a member of the First Aid Team by telephone.
7. The adult on the scene should stay with the casualty while waiting for assistance
8. The adult on the scene should send a written report of the incident to the Head of Year and Designated First-Aider as soon as possible on the same day
9. The Head of Year should take witness statements as soon as possible to get a full picture of what happened when an ambulance has needed to be called.
10. Details of the accident must be recorded on SIMS by the Full First-Aider attending if an ambulance is called and details logged.

For staff

Staff who have had an accident on the school premises should report it to the Designated First Aider who will enter details on the Every system and offer first aid and any other help required.

For visitors

Visitors should report accidents to reception who will notify the Designated First-Aider who will record details on the Every system and offer first aid and any other help required. Instructions for visitors are written on the back of visitors badges.

b. Illnesses

1. In lessons - A pupil feeling ill should speak to their teacher and ask to go to the Welfare Room. They will be given an exeat (exit) card and sent to reception accompanied by another pupil. Reception will alert the Full First-Aider on duty, in more urgent situations the guidance for teachers in 1.12 below will apply.
2. During break or lunch – a pupil feeling ill should report to a member of staff on duty or go to reception who will alert the Full First-Aider on duty
3. On a school trip – a pupil should speak to a teacher on the trip who will alert the Full First-Aider or Emergency First Aider if there is one present. The First Aider will administer emergency first aid if necessary and inform the parent/carer and the school. The First Aider should log the details of the incident and actions taken and give it to the school on return. If a Full First-Aider or Emergency First Aider Is not present then the procedure described under point 5 should be followed.
4. At an extra-curricular event on site, (rehearsals, sports events, performances etc.) a pupil should inform the teacher in charge who will contact one or more of: school staff available, parents/carers
5. At an extra-curricular event off site, a pupil should inform the teacher in charge who will contact one or more of: the first aid provision at the venue, parents/carers, school staff.
6. At a parents evening – parents will be responsible for their child’s welfare
7. At any other event where part of the building is hired by an outside organisation - the external hirers are responsible for providing their own first aid provision
8. Staff feeling ill – staff should use their discretion in deciding whether to call for first aid help by sending a pupil or raising a SIMS alert.

1.10 Reporting and Record Keeping

Twyford CE Academies Trust will notify the HSE in line with “Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013” (RIDDOR).

A copy of the document can be found at <http://www.hse.gov.uk/pubns/edis1.pdf>

Each Trust school will keep a record of any first aid treatment given by Full First-Aiders and Emergency First Aiders using the SIMS system. First aid treatment arising from accidents will be recorded as an accident and transferred to the Accident Book system for follow up action by the Health & Safety Management Team as appropriate.

As a minimum, the following details should be recorded:

1. The date, time and place of incident
2. The name and tutor group of the injured or ill person
3. Details of the injury/illness and what first aid or medication was given
4. What happened to the person immediately afterwards (for example went home, resumed normal duties, went back to class, went to hospital)

5. Name of the First-Aider or person dealing with the incident

The information in the record can:

- Help the school identify accident trends and possible areas for improvement in the control of health and safety risks
- Be used for reference in future first aid needs assessments
- Be helpful for insurance and investigative processes

All serious or significant incidents will be reported to parents by telephone

A First-Aid report will be written by the First Aid Team at the end of each term in order to monitor trends and, where necessary, generate actions. This will be presented to the Governors' Student Committee by a member of the Senior Leadership Team.

1.11 First Aid materials, equipment and facilities

NB the word 'container' refers to any box/bag/kit containing first aid equipment

- All first-aid containers are marked with a white cross on a green background.
- Where possible first-aid containers are kept near hand-washing facilities
- All staff will take precautions to avoid infection such as enabling and promoting good hand hygiene (particularly in toilets), effective cleaning and disinfection procedures (particularly for food preparation), providing and using PPE when appropriate, following best practice when dealing with blood or other bodily fluids and when disposing of dressings or equipment. [Advice on precautions is available here.](#)
- The Designated First-Aid Lead is responsible for:
 - Examining the contents of first-aid containers.
 - Checking them frequently and restocking as soon as possible after use.
 - Making sure extra stock is kept in school
 - Discarding items safely after the expiry date has passed
 - Keeping a log of first-aid container checks and restocking.
- First-aid containers are located in each building on site. Locations and contents of each container for each school are published in the School First Aid Arrangements documents.
- First-aid containers will be given to a designated member of staff on each school trip.
Minimum contents :
 - A leaflet giving general advice on first aid
 - 6 individually wrapped sterile adhesive dressings (assorted sizes conforming to St John's Ambulance standards)
 - 2 triangular bandages
 - 2 safety pins
 - 1 large (approx. 18cm × 18cm) sterile individually wrapped unmedicated wound dressing
 - Individually wrapped moist cleansing wipes

- 1 pair of disposable gloves
- First-aid containers will be carried on school minibuses. Minimum contents:
 - 10 antiseptic wipes, foil packaged
 - 1 conforming disposable bandage (not less than 7.5 cms wide)
 - 2 triangular bandages
 - 1 packet of 24 assorted adhesive dressings
 - 3 large sterile unmedicated ambulance dressings (not less than 15cm × 20 cm)
 - 2 sterile eye pads, with attachments
 - 12 assorted safety pins
 - 1 pair of rustless blunt-ended scissors

1.12 Guidance for Teachers

TEACHERS will:

1. Familiarise themselves with the first aid procedures in operation and ensure that they know who the current Full First-Aiders are.
2. Be aware of specific medical details of individual pupils when publicised on SIMs.
3. Never move a casualty until they have been assessed by a Full First-Aider unless the casualty is in immediate danger.
4. Send for help to Reception or Welfare as soon as possible either by a person or telephone, ensuring that the messenger knows the precise location of the casualty. Where possible, confirmation that the message has been received must be obtained.
5. Reassure, but never treat, a casualty unless staff are in possession of a valid First Aid certificate or know the correct procedures; such staff can obviously start emergency aid until a Full First-Aider arrives at the scene or instigate simple airway measures if clearly needed.
6. Send a student who has minor injuries to Reception if they are able to walk with another student or send a SIMS alert/ phone/ walkie-talkie to request a member of staff to escort student to the welfare room where a Full First-Aider will assess them.
7. Send a student who feels generally “unwell” to Reception. This student should be accompanied by another student if they feel well enough to walk or send a SIMS alert/ phone/ walkie-talkie to request a member of staff to escort student to the welfare room where a Full First-Aider will assess them.
8. Follow the procedures outlined in the School Trips Policy
9. Ensure that they have a current medical consent form for every student that they take out on a school trip which indicates any specific conditions or medications of which they should be aware, and carry a school mobile phone and ensure it is kept charged.
10. Ensure that students carry sufficient quantities of their medication with them. Students will remain at school if they have not. Students requiring adrenaline auto-injector devices (such as Epipens) must carry two on a school trip and should not take a device held by the school.

11. Ensure that First Aid Containers are collected from the Welfare Room and are taken on all school trips and residential visits and returned to the Welfare Room once visit/trip is over. All items used must be reported to the Welfare Officer.
12. Have regard for personal safety and only administer other treatment for life saving purposes (e.g. adrenaline auto-injector devices)
13. Never administer Paracetamol or other medications unless they are a full first aider working in accordance with the provisions described in section 1.6 above.
14. There are insurance and legal protections in place for staff without first-aid training acting in an emergency. As long as the employee has been “suitably trained” and risk assessments are in place, RPA cover will apply to any member of staff who undertakes immediate first aid whilst awaiting the arrival of a fully-trained first-aider. Non-first aid trained staff are not required to intervene in an emergency. Staff are covered by the SARAH Act (the Social Action, Responsibility and Heroism Act 2015), which provides reassurance that if something goes wrong when people are acting for the benefit of society or to help someone in an emergency, the court will take into account the context of their actions in the event that something goes wrong and they are sued.

1.13 Parents’ Responsibilities

1. Parents are responsible for providing emergency contact details and keeping them up to date.
2. It is the parent’s responsibility to provide details of medical conditions, to update the school concerning any changes (see Section 2).
3. Following receipt of this information a care plan or Individual Health Care Plan (IHCP) will be prepared and kept with any medication for reference by the First-Aid Team (see Section 2).
4. It is the parent’s responsibility to provide up-to-date medication for their child, and to renew before the expiry date

See Appendices 3-7 for copies of Emergency Contact and Request for Medical Information forms and Individual Healthcare Plans (IHCPs).

Section 2 Support for Pupils with Medical Conditions

2.1 Statement of Principle

No child can be refused admission to Trust schools simply on medical grounds, except where it would be detrimental to the health of the child or others to admit them.

Twyford CE Academies Trust will undertake to ensure that all children on the school roll with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy, and achieve their academic potential as required by DfE statutory guidance ‘Supporting pupils at school with medical conditions’, the Children and Families Act 2014 and the Equality Act 2010.

Most of this section is based on the Supporting Pupils with Medical Conditions Policy produced by Ealing Council. Appendix 2: ‘Supporting Pupils at School with Medical Conditions’ checklist provides a checklist of key requirements for each school.

2.2 Policy Aims and Objectives

- To minimise the risk of an adverse health event or health-related emergency while a pupil with a medical condition is at school or involved in school related activities.
- To be proactive in raising the awareness of and support offered to pupils with medical conditions.
- To ensure that staff members respond appropriately to an adverse health event or health-related emergency by seeking appropriate assistance or initiating appropriate treatment.
- To raise, the awareness of high-risk health conditions and their management through education and policy implementation.
- To give parents and pupils confidence in the Trust's ability to provide effective support and show an understanding of how medical conditions impact on a child's ability to learn as well as to increase their confidence and promote self-care where appropriate.

2.3 Roles and Responsibilities

The Directors of Twyford CofE Academies Trust are responsible for approving this policy and holding Trust leadership to account for ensuring it is implemented.

Governors of Trust Schools are consulted over changes to this policy, receive regular reports and monitor the implementation of this policy in their school.

The Chief Executive and leadership staff of Twyford CofE Academies Trust have overall responsibility for ensuring this policy is implemented in full in each Trust school and to monitor the effectiveness of the policy and propose changes when required.

The Deputy Headteachers (Pastoral) have responsibility for the policy implementation in each school.

The **parents/carers** of a pupil with a medical condition are responsible for:

- Notifying the school about their child's medical condition.
- Working with the school to develop a plan that accommodates their child's needs in all school related activities. The family should ask the pupil's doctor, school nurse, paediatrician or other appropriate healthcare professional to help.
- Providing written medical documentation, instructions and medications as directed by a doctor.
- Replacing medications after use and before expiry.
- Ensuring their child is trained in self-care when appropriate.
- Reviewing policies and procedures and the Individual Healthcare Plan (IHCP) with the school staff, the school Welfare Officer, the pupil's doctor and their child (if age appropriate) annually and after an adverse medical event has occurred.
- Communicating clearly all relevant issues to the school.
- If necessary information and up-to-date medication is not provided when required and as a result a child is put at risk then the school may seek authority for direct contact with the child's healthcare professional and/or treat the matter as a child protection issue.

Pupils are responsible for (as appropriate to their age level):

- Being proactive in the care and management of their medical condition.
- Learning to recognise personal symptoms and alerting an adult immediately if they are concerned about a possible adverse medical event.
- Always wearing their medical alert bracelet or some other form of medical identification if appropriate.
- Developing a supportive relationship with the school first-aider or trusted adult e.g. form tutor or welfare officer and talking to them about identifying issues related to the management of their medical condition in school.
- Keeping emergency medications where appropriate, in the Designated First Aider's office or in an agreed suitable location. This may include carrying the medication with them at all times.
- Notifying an adult if they are being picked on or threatened by other pupils.
- Knowing their Health Care Plan as appropriate to their age.

The School's dedicated **First Aid/Welfare Team** are responsible for:

- Contacting parents for required medical documentation regarding a child's medical condition. (The responsibility lies with parents to ensure this information is provided)
- Ensuring that there is an effective system to regularly update and disseminate medical information to staff and others including supply staff.
- Ensuring that parents are reminded of their responsibilities to provide information for a current IHCP.
- Ensuring that where pupils with known medical conditions are participating in school trips, the risk assessment for those trips takes into account the pupil's IHCP. IHCPs are not normally taken on day trips during school hours because the trip leader can call the school in an emergency. IHCPs should be taken on residential trips and trips that may extend outside school hours.
- Ensuring that first-aid staff are trained in relevant emergency treatments as appropriate and that similar training/information is provided periodically to other staff as appropriate.
- Keeping a record of medication held for pupils and notifying parents when items are missing or expiring
- Liaising with pupils with medical conditions and their parents.
- Ensuring pupils with common medical conditions are appropriately supported. This includes monitoring the operation of IHCPs, ensuring staff involved in support are well informed and trained as appropriate, carrying out risk assessments and liaising with and taking advice from healthcare professionals (School Nurses, GPs, CAMHS, specialists etc.) as required.
- Liaising with school nurses, including referring cases to them when there are particular concerns and involving them/taking their advice concerning IHCPs and risk assessments.

- Following up and reporting on missing medication or information with parents in accordance with the procedures described in Appendix 3.
- Informing the Catering Manager about changes in pupils' allergies and check each term that the till system is highlighting pupils' allergies. (They will also inform staff that their allergies can also be recorded on the till system).

The **SENCO** is responsible for:

- Ensuring pupils with specific medical conditions constituting special educational needs are appropriately supported. This includes monitoring the operation of IHCPs, ensuring staff involved in support are well informed and trained as appropriate, carrying out risk assessments and liaising with and taking advice from healthcare professionals (School Nurses, GPs, CAMHS, specialists etc.) as required.
- Organizing appropriate support for these pupils if their teaching assistant or key worker is absent.
- Ensuring that the quality of teaching and progress made by children with disabilities and those with SEN, including children with medical conditions, are at least in line with Ofsted expectations.

The **Trust Welfare Lead** is responsible for:

- Assist the Trust leadership with ensuring consistently high standards of welfare provision are in operation across all Trust schools
- Represent and coordinate networking between Welfare Officers.
- Quality assure the service provided by Welfare Officers through audits and peer reviews.

School nurses

A named school nurse is provided by the LB of Ealing for each school. The School Nursing Service is commissioned by the local authority to support all schools in the borough. The service is contracted out to a local NHS Trust and is provided under the terms of a service level agreement. School nurses are responsible for:

- Providing advice and training for school staff with front line responsibility for supporting pupils with medical conditions.
- Assisting with reviewing IHCPs on admission and annually and assisting with drawing up risk assessments.
- Assisting with determining which pupils should be considered 'high risk'.
- Receiving referrals from schools where there are particular issues or concerns requiring specialist medical input and advice.
- Liaising with medical professionals in general practice or hospitals if required (having obtained parental consent).

Teachers are responsible for:

- Participating in in-service training about managing medical conditions.

- Being familiar with information provided in the IHCPs and the School management information system for the pupils they teach, be aware of and implement the emergency plan if an adverse medical event is suspected.
- Determining and implementing suitable protocols regarding high-risk situations in the classroom.
- Responding immediately to reports of pupils being teased or bullied about their medical conditions.
- Following IHCPs and taking appropriate action in emergency situations.

The **cover lead** is responsible for:

- Ensuring that information on pupils with medical conditions is passed on to supply teachers;

Leaders of off-site activities

- The activity leader is responsible for liaising with parents of pupils with medical conditions as appropriate and being familiar with and trained to be able to implement the IHCPs of pupils on the trip. For trips during the school day, telephone support from the First Aid Team can be provided.

Catering Contractor/Café Staff

- Will label all pre-packaged items to highlight allergens in accordance with legal requirements;
- Will provide signage highlighting allergens in non-packaged food;
- Will ensure details of pupil's known allergies are entered on the till system and till staff are trained to look out for inappropriate purchases.
- Will remove the most common allergens from recipes where possible;
- Will provide a letter to parents and pro-actively communicate with pupils/parents about appropriate menu items and arrangements for serving special meals for particular children.

Others involved in potentially high-risk situations:

- Other staff or contractors involved in potentially high-risk activities for pupils with medical conditions may also be required to take action to minimise the risk of an adverse medical event.

2.4 Identification, Registers and IHCPs

Students at school with medical conditions should be supported so that they have full access to education, including inclusion on school trips & PE, as far as possible.

Governing bodies should ensure that school leaders consult health & social care professionals (such as the school nurse), pupils and parents to ensure the needs of children with medical conditions are effectively supported.

2.4.1 The school identifies all children with medical conditions

The school asks parents/carers if their child has any physical or mental health condition on the medical questionnaire as part of the admission/enrolment process (Appendix 4), and annually thereafter. The school asks for explicit consent to share this information with relevant school staff and healthcare professionals. This information is initially collected through an online form which includes emergency contacts.

The school follows the procedure detailed in Appendix 5: Procedure following notification that a pupil has a medical condition (flow chart). to ensure that every child with a medical condition has an IHCP in place before they start school. Any exception to the requirement to have an IHCP in place before the child starts school will be at the discretion of the school.

Parents/carers are responsible for informing the school of any new diagnosis, or changes to their child's medical condition, as soon as possible. It is the school's responsibility to act on this information.

The school may require written confirmation of a medical diagnosis from a healthcare professional.

2.4.2 The school keeps a record of all children with medical conditions

The school keeps a register of pupils with medical conditions to identify and safeguard these pupils. This register is held in a central, secure location, with access by staff as appropriate, and includes the child's IHCP.

The school ensures that the pupil's confidentiality is protected in line with the General Data Protection Regulation (GDPR), and will only share this information with relevant members of staff and healthcare professionals as appropriate.

2.4.3 All children with a medical condition must have an IHCP

The school recognises that needs are specific to an individual pupil. As such, all pupils with a medical condition require an IHCP.

All pupils with a medical condition will require a meeting to discuss the IHCP. This may be as part of the induction or admissions process. For more severe/complex conditions, an additional meeting between relevant school staff (including those who will be providing support to the pupil) and the parent/carer will normally be required to complete the IHCP, and may also involve health professionals and the pupil if appropriate. This should ideally take place before the start of the academic year or school term if mid-year entry (Appendix 5: Procedure following notification that a pupil has a medical condition (flow chart)).

The format of an IHCP may vary according to the nature and severity of the medical condition. However, all IHCPs should detail the medication and care requirements at school, what to do in an emergency and details of the child's GP. A standard IHCP template is provided in Appendix 6: Standard Individual Healthcare Plan. Templates for IHCPs for common medical conditions are provided in Appendix 7: Alternative Individual Healthcare Plan Formats.

Where the IHCPs purely involve administration of medication this should be the responsibility of the Designated First Aider/Lead.

Where they involve accommodations to the curriculum, assessment arrangements or other professionals, responsibility should be with the SENCO & the child should be listed as SEN support. Close working with the Designated First Aider/Lead, school nurse, healthcare professionals, Learning & Inclusion, parents & child will be required.

2.4.4 IHCPs must include the following:

- The medical condition;
- The student's resulting needs including medication, other treatments, time, facilities, equipment, testing, access to food, drink, dietary requirements & environmental issues, such as travel time between lessons;
- Specific support for the student's educational, social & emotional needs including how absences will be managed, extra time in exams, rest breaks, counselling sessions, the level of support needed and whether the child can self-medicate
- Which member of staff will oversee the support, staff training needs, expectations of the role, cover arrangements for when they are unavailable
- Which staff in school need to be aware of the child's condition
- Agreement concerning the sharing of information with staff and other students. Where there are confidentiality issues, designated individuals entrusted with information about the child's condition should be specified. Where information needs to be shared for the pupil's safety the plan for this sharing of information should be agreed.
- Arrangements for written permission from parents for medication to be taken in school
- Agreement concerning the sex of the member of staff administering medication should this be a potentially sensitive issue.
- Separate arrangements for school trips, that will ensure the child can attend e.g. risk assessments
- What to do in an emergency, whom to contact and contingency arrangements.

IHCPs will be reviewed at least annually.

NB. Please see Appendix 5: Procedure following notification that a pupil has a medical condition (flow chart)..

For more severe and/or complex medical conditions, the IHCP should also include an individual risk assessment (Appendix 8: Individual pupil risk assessment form) and an assessment of how the condition may impact on the child's learning, behaviour, performance and wellbeing, and plans to mitigate these risks and minimise disruption. In these cases the school nurse should be consulted.

If a pupil has special educational needs or disabilities (SEND), their special educational needs should be made clear in the IHCP and linked to their special educational needs (SEN) or Education, Health and Care (EHC) Plan if they have one.

The school recognises that needs change over time. As such, IHCPs should be updated annually, or whenever the pupil's needs change. It is good practice to meet with parents annually to review the IHCPs and the school considers ways of doing this, such as during parents' evenings (target setting meetings).

A copy of the IHCP is maintained and updated by the school and is easily accessible to staff who need to refer to it, while also preserving confidentiality in line with the General Data Protection Regulation.

2.5 Medication

2.5.1 The school has clear guidance on administering medication at school

Medication should only be administered at school when it would be detrimental to a child's health or school attendance not to do so. Where clinically possible, parents/carers should request their prescribing clinician to prescribe medication in dose frequencies which enable them to be taken outside the school day.

If medication is required for a known condition at school, this will only be given as detailed in the pupil's IHCP, and when parents/ carers fill out a medication consent form. If there is a short-term need parents/carers should contact the school to discuss and the medication consent form must be completed by parents/carers. (Appendix 9: Medicines permission letter for pupils with medical conditions).

The school keeps an accurate record of all the medication administered, including the dose, time, date and supervising staff (Appendix 10: Medication records). Records offer protection to staff and children and provide evidence that agreed procedures have been followed.

2.5.2 The school supports staff who administer medication

The school ensures that there are members of staff trained to administer routine and emergency medication and undertake procedures to meet the care needs of an individual child (see 2.6.4).

All staff are aware of the specific members of staff trained to administer medication or medical procedures in an emergency situation.

Staff who may be regularly expected to administer medication and undertake medical procedures should have this responsibility recognised in their job description. Staff are encouraged to volunteer for this role as part of their duty of care.

The Board of Directors will ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk.

2.5.3 The school has clear guidance on storing medication and equipment at school

The school ensures that all medication is stored safely, and that pupils with medical conditions and staff know where they are at all times, and who holds the key to the storage facility.

The school allows pupils to carry their own medication/equipment if this is appropriate to their IHCP and has been risk assessed. Parents/carers should check that this medication is in date. Paracetamol/anti-histamine may be administered by a full first aider to relieve symptoms in limited circumstances (see 1.6 above). Pupils should therefore not need to bring these medicines into school and should not be sharing them. Pupils found to be in possession of medication or substances that haven't been authorised may be subject to the provisions of the Behaviour Policy.

The school ensures that medication it holds is in date and labelled in its original container where possible (although insulin will generally be supplied in an insulin injector or pump), and in accordance with its instructions including storage temperature.

The school keeps controlled drugs (e.g. methylphenidate [Ritalin], some strong painkillers marked Controlled Drug (CD) on container) stored securely, but accessibly, with only named staff having access.

Parents/carers are responsible for the collection/disposal of their child's medication/equipment annually, and all out of date medication and provide new and in-date medication at the start of the academic year and when needed. The school should not dispose of items but should obtain consent from parents in advance allowing their children to take medication/equipment home when required.

2.5.4 The school has clear guidance on emergency inhalers and adrenaline pens.

Students diagnosed with asthma must always carry on their persons their reliever inhaler and spacer (if appropriate), parents may provide the welfare room with an additional asthma inhaler although this is not compulsory.

School emergency asthma inhalers are available for pupils for whom written parental consent and medical authorisation for use has been given. They are stored in a secure location but not locked away (locations for individual schools are displayed in the main office reception area and can also be found in the schools own 'First Aid Arrangements' document (see Appendix 11: Emergency Inhalers and Adrenaline Auto-Injectors (AAIs/'EpiPens')).

Students diagnosed with anaphylaxis must always carry on their persons 2 adrenaline auto injectors (EpiPen), parents may provide the welfare room with additional AAI's although this is not compulsory.

In exceptional life-threatening circumstances, adrenaline auto-injector devices may be used, for any pupil or other person not known by the school to be at risk of anaphylaxis, with or without medical authorisation/consent in place.

2.6 Training

2.6.1 The school promotes staff awareness and training in supporting pupils with medical conditions

The school recognises that different levels of training are required for different members of staff in order to meet the school's duties to support pupils with medical conditions. Details of training resources are found in Appendix 13: Training resources for Ealing school staff and Appendix 14: First Aid training guidance.

2.6.2 Level 1 – All staff are aware of the First Aid and Support for Pupils with Medical Conditions Policy, emergency procedures and are encouraged to undergo further training

The school ensures that all staff, including temporary staff, are aware of this 'First Aid and Supporting Pupils with Medical Conditions' policy and their role in implementing the policy

as part of induction. This includes advice on specific high-risk conditions (see Appendix 15: Advice on Certain High Risk Conditions). All staff will be required to sign up to this policy. This will be recorded in the staff file.

All staff know which named members of staff should be called on in the event of a medical emergency and are familiar with the procedure for calling the emergency services. All staff are aware that if a pupil is taken to hospital by ambulance, a member of staff must accompany them and remain with them until a parent or carer arrives. Pupils should not be taken to hospital in staff cars.

The school has posters on display in the staff room and school office that reiterates the steps to take during an emergency.

The school encourages all staff to undertake training opportunities as part of its comprehensive programme of Continuing Professional Development (CPD), including First Aid training, as well as accredited online training modules tailored for schools around managing asthma and anaphylaxis (Appendix 15: Advice on Certain High Risk Conditions). The school keeps a record of staff training.

2.6.3 Level 2 –The school has a sufficient number of trained first aiders

The school ensures they carry out risk assessments as appropriate and have sufficient numbers of Full First Aiders, taking into account factors such as the size of the school (Appendix 14: First Aid training guidance). See 1.4 above for more details on this.

Full First Aiders are trained in the management of common medical emergencies and Basic Life Support, including Cardiopulmonary Resuscitation (CPR). This should be refreshed at least every three years.

The school has one or more Automatic External Defibrillator (AED) on site which all staff are aware of (see Appendix 14: First Aid training guidance). Named members of staff have received training in its use and are responsible for maintaining it. AEDs have instructions on their use printed on them and can be used by any staff member in an emergency with the support of a 999 operator.

2.6.4 Level 3 – the school supports staff who take on specific responsibilities for supporting pupils with medical conditions

The school has named members of staff who are ‘Medical Conditions Co-ordinators/Leaders’, a role that should be recognised in their job description. These staff are trained on managing medical emergencies and supporting the implementation of this ‘First Aid and Supporting Pupils with Medical Conditions’ policy. These staff are clear about the support they can receive and included as part of their annual appraisals.

Some children with medical conditions require more specific training for named members of staff. The school ensures that this training is provided by appropriate professionals (see supporting document - [levels of training guidance on Ealing Grid for Learning](#)).

The school ensures that there are sufficient numbers of staff trained to support pupils with specific medical conditions, taking into account staff absences, staff turnover and other contingencies.

Training should be sufficient to ensure that these members of staff are competent and have confidence in their ability to support pupils with medical conditions and to fulfil the requirements as set out in IHCPs.

The family of a child should be key in providing relevant information to school about how their child's needs can be met, and parents/ carers should be asked for their views. They should provide specific advice, but should not be the sole trainer.

The 'Medical Conditions Co-ordinators/Leaders' are normally members of the Welfare or SEN Teams.

2.7 Whole School Environment

2.7.1 The whole school environment is inclusive

The school is committed to providing an accessible physical environment for pupils with medical conditions. This includes out-of-school activities.

The school uses opportunities such as assemblies, Personal, Social, Health and Economic Education (PSHE) and Science lessons to raise awareness of medical conditions to help promote a positive environment.

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

The school recognises that any measures to identify and raise awareness about pupils with medical conditions for their safety should be proportionate and take into account confidentiality and emotional wellbeing.

2.7.2 The school ensures that arrangements are made for pupils with medical conditions to participate in all aspects of the curriculum where reasonably possible

The school ensures that the needs of pupils with medical conditions are adequately considered so that they can participate fully in all structured and unstructured activities, extended school activities and residential visits.

The school understands the importance of all pupils taking part in physical activity (including out-of-school clubs and team sports). All relevant staff should make appropriate adjustments to physical activity sessions in accordance with a pupil's IHCP. This may involve ensuring that pupils have the appropriate medication/equipment/food with them during physical activity.

The school makes sure that a risk assessment is carried out before an educational visit. The needs of pupils with medical conditions are considered during this process and plans are put in place for any additional medication, equipment or support that may be required. This may require consultation with parent/carers and pupils and may require advice from the relevant healthcare professional to ensure that pupils can participate safely as detailed in the Trusts School Trips policy (based on procedures produced by Ealing Council).

2.7.3 The school understands the impact a medical condition may have on attendance and learning

School staff understand that frequent absences, or symptoms, such as limited concentration and frequent tiredness, may be due to a pupil's medical condition.

Where a pupil has frequent absences or a prolonged absence due to a medical condition, it is expected that parents/ carers will work with the school and healthcare providers to ensure relevant information is available as part of a coordinated care/support approach.

The school will refer pupils with medical conditions who are finding it difficult to keep up educationally to a relevant member of staff (e.g. the Special Educational Needs Co-ordinator) who will liaise with the pupil (where appropriate), parent and the pupils' healthcare professional.

Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), the school will work with the local authority and educational provider to ensure that the child receives the support they need to reintegrate effectively. This may include updating their IHCP where necessary.

2.7.4 The school learns from incidents and complaints

The school investigates all serious incidents related to this policy and reports these to the Trust's Health and Safety Advisor. (The local authority may also be advised). Learning from these incidents is shared with staff and used to inform any subsequent revisions to this policy.

The school responds to all concerns and complaints related to implementation of this policy, in line with the school's complaints policy.

2.7.5 The school will carry out annual audits to ensure the the policy is being followed.

The Trust Welfare Lead, supported by the school nurses will periodically audit arrangements in each school based on the checklist in Appendix 2 to ensure that the policy is being followed.

2.8 Further Guidance

1. Trust schools will recognize that unacceptable practices include:
 - Preventing children from easily accessing their inhalers. (Schools are now able to hold asthma inhalers and adrenaline auto-injector devices for emergency use).
 - Sending children with medical conditions home frequently
 - Sending ill children to the Welfare Room unaccompanied
 - Penalising children for their attendance record if their absences are related to their medical condition e.g. hospital appointments
2. Detailed advice on high-risk conditions involving bodily fluids, concussion and allergies/anaphylaxis are attached as Appendix 15: Advice on Certain High Risk Conditions.
3. Further reference material is found in Appendix 16: Other key reference documents.

Section 3 Implementation Monitoring, Evaluation and Review

Implementation of this policy will be monitored and regularly reported on to Student Committees of Local Governing Bodies. The reports will include:

- Confirmation that transition interviews have been completed, the breakdown of new pupils with medical conditions, highlighting those with high-risk conditions and confirmation that IHCPs and Risk Assessments are in place in accordance with the policy.
- A summary of medical conditions per year group
- Details of induction and other training provided to staff.
- Confirmation that information has been shared with students in form time and that Health and Safety assemblies have been held.
- Confirmation that PSHE workshops covering medical conditions have been completed.
- Confirmation that annual reviews of IHCPs have been completed and follow up action is being taken for any exceptions.
- Confirmation that monthly checks of medicines about to expire are taking place, numbers of cases where medicines are less than 2 months from expiry and follow up action being taken.

In addition, a Link Governor will be appointed who will take a particular interest in the application of this policy and regularly visit the school (as part of the formal programme of Governor Visits) and ask questions of the staff responsible for implementing the policy and report back to the Local Governing Body.

This policy shall be reviewed and updated on a yearly basis and after any serious adverse medical event at the school, and shall be automatically amended to conform to amendments and changes in DfE/Local Authority Guidance.

Appendix 1: Glossary

Controlled Drug (CD): Medication that is controlled as part of the misuse of drugs legislation (e.g. methylphenidate/Ritalin or some strong pain killers)

Education, Health and Care (EHC) plans: A legal document that describes a child's special educational, health and social care needs, and support required to meet those needs

General Data Protection Regulation (GDPR): A data protection regulation from May 2018 intended to strengthen and unify data protection for individuals.

Individual Healthcare plans (IHCP): A document that describes a child's medical needs and support required in school to meet those needs.

Individual risk assessment: A risk assessment to determine the risks and controls required for pupils with severe/complex or potentially life-threatening health conditions.

Medical condition: For the purposes of this policy, 'medical condition' refers to any physical or mental health conditions including anxiety and depression that requires ongoing health professional input (e.g. from GP, clinic or hospital specialist).

Medical Conditions Co-ordinators/leaders: Designated members of staff who lead the implementation of the 'First Aid and Supporting Pupils at School with Medical Conditions' policy and support pupils with medical conditions.

Special educational needs or disabilities (SEND): Special educational needs and disabilities that can affect a child or young person's ability to learn.

Special Educational Needs Co-ordinator (SENCO): Designated members of staff who lead the implementation of the SEND policy and support pupils with SEND.

Appendix 2: ‘Supporting Pupils at School with Medical Conditions’ checklist for each school

Area	In place	Needs some work	Not in place	Named person responsible for
Policy and implementation:				
Agreed policy in place				
Policy revised annually in consultation with governors and staff				
Policy on the school website				
Governing board committee with a responsibility for and link governor(s) who visits the school termly to monitor implementation				
Annual report from the Headteacher to the governing board on this policy				
Annual report to parents/communication via newsletters				
Identification, registers and individual healthcare plans:				
Process in place for notifying the school of pupils with medical conditions (e.g. questionnaire)				
Process in place for ensuring all pupils with medical conditions have an individual healthcare plan in place before they start school				
Process in place for reviewing the individual healthcare plans every year				
A register of pupils with medical conditions in a secure location, with individual healthcare plans, medication				

Area	In place	Needs some work	Not in place	Named person responsible for
consent forms, medication records, and individual risk assessment forms				
Medication:				
Stores medication securely but accessibly				
Process for ensuring all medication and equipment (including defibrillators) are in date				
Accurate record of medication administered				
Protocol for use of emergency inhalers and adrenaline auto-injectors (<i>if applicable</i>)				
Staff/Training:				
Policy is part of all staff induction, including temporary, supply staff and volunteers				
Staff/Training:				
All staff are aware of the emergency procedures (Inc. information displays)				
Information on this policy in the staff handbook				
All staff know the pupils they work with who have an individual healthcare plan/medical conditions				
School has risk assessed and has a sufficient number of trained first aiders (Full First Aiders and Emergency First Aiders)				
Insurance cover current and adequate to needs				

Area	In place	Needs some work	Not in place	Named person responsible for
Medical conditions co-ordinators/leads are clearly known by all staff, pupils, parents and other stakeholders				
Medical conditions co-ordinators/leads are clear about line management arrangements, annual appraisals and attend regular training				
Job descriptions exist for medical conditions co-ordinators/leads and includes relevant responsibilities				
Whole school environment:				
School admission arrangements take this policy into consideration				
Risk assessments for educational visits are in place				
Process for reporting incidents to Trust Health and Safety Advisor and Ealing Council Health and Safety				

Appendix 3: Procedure for Following up and Reporting Missing Medication or Information from Parents.

Monthly Parental Action Check Control Sheet

Completed by: _____ for month: _____ year: _____ /☒

Medication/information has been checked on SIMS and paper records for all pupils with IHCPs and reminders/referrals for follow-up action have been made as detailed below.

Note: 1st reminders must be sent when medications are less than 3 months from expiry.

1st reminders: Parents emailed requesting action on medication/information

Pupil Name	Reg Group	Details of action on medication/information requested (including the name(s) of the medication and expiry date of stock currently held)

2nd reminders: Parents emailed and phoned requesting action on medication/information

Pupil Name	Reg Group	Details of action on medication/information requested (including the name(s) of the medication and expiry date of stock currently held)

3rd reminders: Cases referred to Safeguarding Lead for phone call/follow-up action

Pupil Name	Reg Group	Details of action on medication/information requested (including the name(s) of the medication and expiry date of stock currently held) and follow-up action taken.

Signed by: _____ Date: _____

Reviewed by: _____ Date: _____

Annual IHCP Review Control Sheet

Completed by: _____ for reviews due by (date): _____

/

Annual IHCP reviews have been completed for all pupils with IHCPs except those listed below who have been asked to contact us to make an appointment.

Parents of pupils with IHCPs reminded to make an annual review appointment

Pupil Name	Reg Group	Details of the pupil's medical condition (include whether it is high risk).

Signed by: _____ Date: _____

Reviewed by: _____ Date: _____

Monthly Check Reminder Letter 1

Dear [parent]

Monthly Check of Individual Healthcare Records and Medication

According to our records [we have not received the medication for your child specified in the Individual Healthcare Plan]/[your child’s medication is due to expire in less than three months]/[an annual review of your child’s Individual Healthcare Plan is outstanding]/[we have not received information from you concerning your child’s medical condition]*.

Please address this matter by [three weeks’ time] to avoid further follow-up action.

We would remind you that under the Home-School Agreement, you are responsible for keeping the school updated about your child’s medical conditions and providing up-to-date medication.

If you are unsure what you are required to do please contact the school office on

Yours sincerely,

[Name]
Welfare Officer

* Delete as appropriate

Monthly Check Reminder Letter 2

Dear [parent]

Monthly Check of Individual Healthcare Records and Medication – 2nd Reminder

According to our records [we have not received the medication for your child specified in the Individual Healthcare Plan]/[your child’s medication is due to expire in less than two months]/[an annual review of your child’s Individual Healthcare Plan is outstanding]/[we have not received information from you concerning your child’s medical condition]*.

Urgent action is now required as your child’s safety at school is at risk. You must address this matter by [two weeks’ time] to avoid referral to the school Safeguarding Lead for further follow-up action.

We would remind you that under the Home-School Agreement, you are responsible for keeping the school updated about your child’s medical conditions and providing up-to-date medication.

If you are unsure what you are required to do please contact the school office on

Yours sincerely,

[Name]
Welfare Officer

* Delete as appropriate

Monthly Check Referral Letter to Safeguarding Lead

Dear [parent]

Monthly Check of Individual Healthcare Records and Medication – 3rd Reminder

According to our records, despite two previous reminders, [we have not received the medication for your child specified in the Individual Healthcare Plan]/[your child’s medication is due to expire in less than two months]/[an annual review of your child’s Individual Healthcare Plan is outstanding]/[we have not received information from you concerning your child’s medical condition]*.

We are now very concerned that it may not be safe for your child to continue to attend school. Therefore the matter is being referred to the school Safeguarding Lead, [name] for further follow-up action.

We would remind you that under the Home-School Agreement, you are responsible for keeping the school updated about your child’s medical conditions and providing up-to-date medication.

If you are unsure what you are required to do please contact the school office urgently on

Yours sincerely,

[Name]
Welfare Officer

* Delete as appropriate

Annual IHCP Review Reminder Letter

Dear [parent]

Annual Review of your child's Individual Healthcare Plan (IHCP)

According to our records you did not attend the annual target setting day and we were therefore unable to review your child's IHCP with you.

It is essential that there is contact between parents and the school annually to ensure that IHCPs include the latest information about your child's condition, treatment, medication and action to take in an emergency. We would remind you that under the Home-School Agreement, you are responsible for keeping the school up to date.

Please contact the school office on to either advise us that there are no changes to the IHCP or to make an appointment to carry out this review with a member of our welfare team.

Yours sincerely,

[Name]
Welfare Officer

Appendix 4: Emergency Contact and Request for Medical Information Form

Emergency contact and medical information is collected online using the questionnaire below. Parents also provide additional documentation (by hand/email or uploaded) about their child's condition. The questionnaire responses and additional documents are all entered/loaded onto the Trust's student records system, SIMS. The questionnaire includes the following questions about the child's medical condition in Section F of the form.

Section F: Welfare (First Aid and Dietary)

Which contact is responsible in an emergency?

If this is different for offsite activities please specify.

General Practitioner/Clinic Contact

General Practice name and contact details

Details of dietary requirements

Known medical conditions and/or symptoms (select those that apply): Asthma, Anaphylaxis, Diabetes, Epilepsy, General Allergies, Other, No known medical conditions or symptoms.

Questions if Asthma selected:

The condition to be kept confidential to certain staff: Yes/No

My child has been diagnosed with asthma and prescribed an inhaler: Yes/No

My child has a working, in-date inhaler, clearly labelled with their name which they will carry on their persons at all times (to be accompanied by a spacer in line with the School's policy): Yes/No

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 and spacer held by the school for such emergencies: Yes/No

Inhaler prescription details

Prescription expiry date

Does your child tell you when he/she needs medicine? Yes/No

Does your child need help taking his/her asthma medicine? Yes/No

Dosage instructions.

Does your child need to take medicines before exercise or play? Yes/No

If so, which medicine and what dose?

Questions if Anaphylaxis selected:

The condition to be kept confidential to certain staff: Yes/No

My child has been diagnosed with anaphylaxis and has been prescribed an adrenaline auto-injector (AAI): Yes/No

My child uses an inhaler for anaphylaxis (please refer to the Asthma section parents and carers are required to complete the Asthma section as well): Yes/No

My child has 2 working, in-date adrenaline auto-injectors (AAI), clearly labelled with their name, which they will carry with them at all times: Yes/No

In the event of my child displaying symptoms of anaphylaxis and if their adrenaline auto-injector device is not available or is unusable, I consent for my child to receive epinephrine from an emergency adrenaline auto-injector device held by the school for such emergencies: Yes/No

(Note that under specific UK legislation (Human Medicines Regulations 2017), a school can use a spare, unprescribed adrenaline auto-injector (AAI) on any pupil suspected of having anaphylaxis in an emergency, even if they don't have their own prescribed pen, allowing life-saving treatment for unexpected severe reactions.): Yes/No

Prescription details.

Prescription expiry date.

Does your child tell you when he/she needs medicine? Yes/No

Does your child need help taking his/her anaphylaxis medicines? Yes/No

Dosage instructions.

Does your child need to take medicines before exercise or play? Yes/No

Which medicine?

How much and when?

My child has an allergy specialist

Allergy Specialist Practice/Surgery contact details.

Questions if Diabetes selected:

The condition to be kept confidential to certain staff: Yes/No

My child has been diagnosed with diabetes: Yes/No

My child has been diagnosed as hypoglycaemic: Yes/No

Prescription details.

Prescription expiry date.

Does your child tell you when he/she needs medicine? Yes/No

Does your child need help taking his/her diabetes medicines? Yes/No

Dosage instructions.

Does your child need to take medicines before exercise or play? Yes/No

Which medicine?

How much and when?

Questions of Epilepsy selected:

The condition to be kept confidential to certain staff: Yes/No

My child has been diagnosed with epilepsy/seizure disorder: Yes/No

Prescription details.

Prescription expiry date.

Dosage instructions.

Does your child need to take medicines before exercise or play? Yes/No

Which medicine?

How much and when?

Specific instructions relating to convulsive seizures (tick all that apply):

- Do protect the pupil's head and protect them from injury.
- Do put the pupil in the recovery position once the seizure is over.
- Do protect the pupil's dignity during a seizure if in school.
- Do stay with the pupil and reassure them when they come round.
- Do follow the care plan and record the event.
- Do give rescue medication if prescribed for prolonged seizure.
- Do not move the person unless in danger.
- Do not put anything in the pupil's mouth.
- Do not try to restrain or stop the pupil from moving.
- Do not give anything to eat or drink until fully recovered.

Specific instructions relating to non-convulsive seizures (tick all that apply):

- Do guide the pupil away from danger and talk reassuringly.
- Do repeat any instructions/information which might have been missed.
- Do follow the care plan and record the event.
- Do not try to restrain or stop the pupil.

Questions if General Allergies selected:

The condition to be kept confidential to certain staff: Yes/No

My child has been diagnosed with the following allergies: Yes/No

My child takes medication for their allergies: Yes/No

Prescription details.

Prescription expiry date.

Does your child tell you when he/she needs medicine? Yes/No

Does your child need help taking his/her asthma medicines? Yes/No

Dosage instructions.

Does your child need to take medicines before exercise or play? Yes/No

Which medicine.

How much and when?

Questions if Other Conditions selected:

My child suffers from the following condition(s).

My child takes medication for their condition(s).

Prescription details.

Prescription expiry date.

Does your child tell you when he/she needs medicine? Yes/No

Does your child need help taking his/her asthma medicines? Yes/No

Dosage instructions.

Does your child need to take medicines before exercise or play? Yes/No

Which medicine?

How much and when?

Questions for all pupils with a medical condition selected:

Description of typical symptoms

Reliever treatment when needed and after treatment (e.g. as soon as they feel well they can return to normal activity)

Daily care requirements (e.g. before sports and/or at lunchtime)

Describe what constitutes as an emergency to the pupil, actions to be taken and follow-up care

Is there a significant risk that the condition could suddenly deteriorate and require emergency admission to hospital? (Examples of such high risk conditions include some allergies/risk of anaphylaxis, epilepsy, diabetes, asthma, some heart conditions). Yes/No

Agreement to comply with the Trust's First Aid and Supporting Pupils with Medical Conditions Policy

The parents/carers of a pupil with a medical condition are responsible for:

- Notifying the school about their child's medical condition.
- Working with the school to develop a plan that accommodates their child's needs in all school related activities. The family should ask the pupil's doctor, school nurse, paediatrician or other appropriate healthcare professional to help.

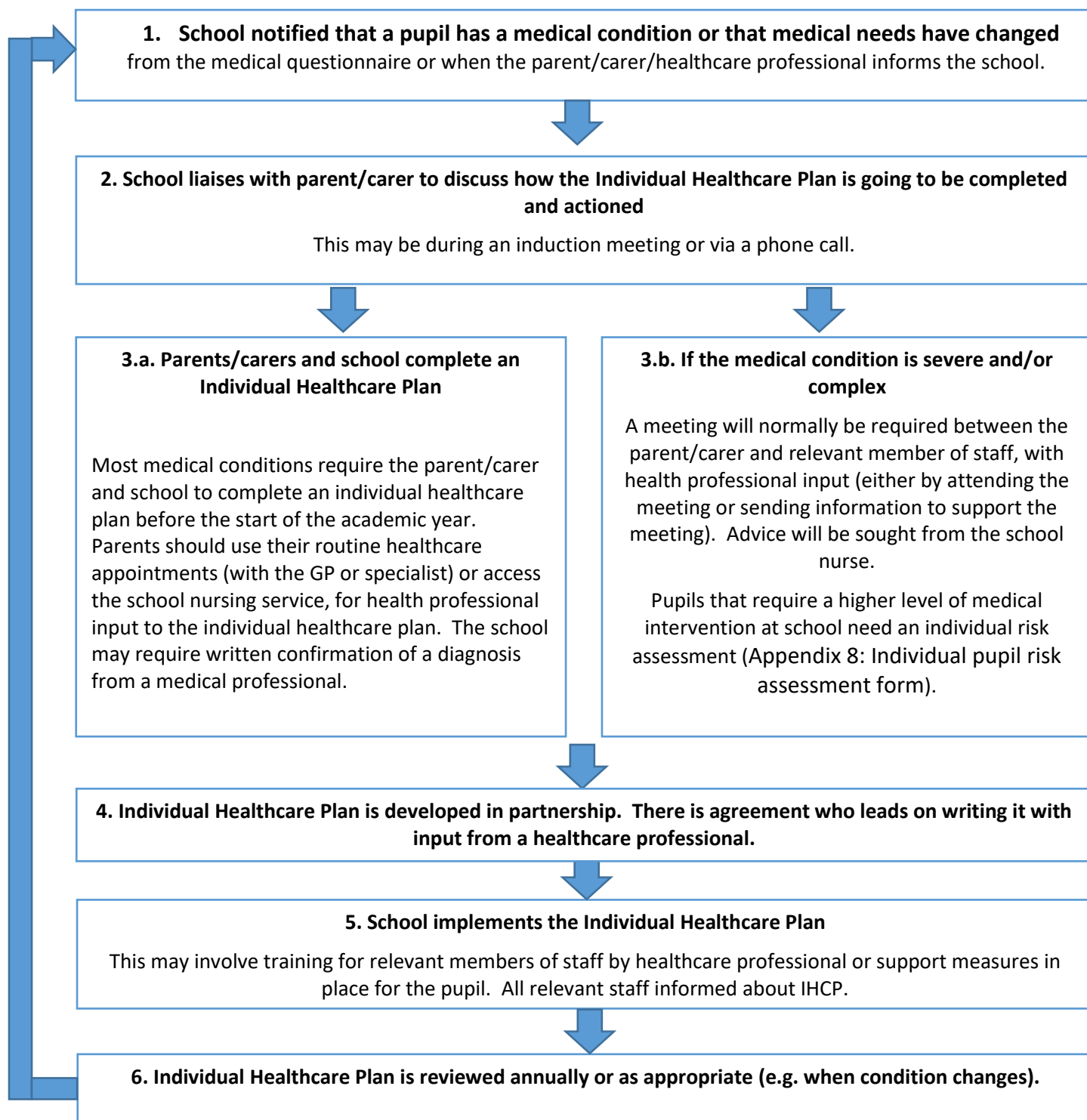
- Providing written medical documentation, instructions and medications as directed by a doctor.
- Replacing medications after use and before expiry.
- Ensuring their child is trained in self-care when appropriate.
- Reviewing policies and procedures and the Individual Healthcare Plan with the school staff, the school Welfare Officer, the pupil's doctor and their child (if age appropriate) annually and after an adverse medical event has occurred.
- Communicating clearly all relevant issues to the school.
- If necessary information and up-to-date medication is not provided promptly and as a result a child is put at risk then the school may seek authority for direct contact with the child's healthcare professional and/or treat the matter as a child protection issue.

[Link to Download and Print Policy](#)

I confirm that I have read and agree to comply with the Trust's First Aid and Supporting Pupils with Medical Conditions Policy. (Tick box)

If you have any queries or concerns regarding your child's Individual Healthcare Plan please contact the school's Welfare Officer.

Appendix 5: Procedure following notification that a pupil has a medical condition (flow chart).



Appendix 6: Standard Individual Healthcare Plan

Healthcare Plan for a Pupil with Medical Needs

Name:.....
Date of Birth:.....
PHOTO
Condition:.....
.....
.....
Class/Form:.....
Name of School:.....
Date:.....

Review Date:.....

Contact Information

Family Contact 1
Family Contact 2
Name:.....
Name:.....
Tel: work:..... Tel:
work:.....
Home.....
Home.....
Relationship:.....
Relationship:.....

Clinic/Hospital contact G.P
Name:.....
Name:.....
Tel: Tel:
.....

Describe condition and give details of pupil's individual symptoms:
.....
.....
.....
.....
.....
.....

Daily care requirements: eg before sport/at lunchtime)
.....
.....
.....
.....

.....
.....
.....

Describe what constitutes an emergency for the pupil, and the action to take if this occurs:
.....
.....
.....
.....
.....

Follow up care:
.....
.....
.....
.....
.....

Who is responsible in an Emergency: (State if different on off-site activities)
.....
.....
.....
.....
.....

Form copied to:
.....
.....
.....
.....
.....

Appendix 7: Alternative Individual Healthcare Plan Formats

The pupil may have a different individual healthcare plan from their health professional which would be acceptable.

Asthma UK school asthma card

https://www.asthma.org.uk/globalassets/health-advice/resources/schools/school_asthma_card_september_2014_ver_b.pdf

BAS allergy action plans

<http://www.bsaci.org/about/download-paediatric-allergy-action-plans>

Diabetes UK sample individual healthcare plan

<https://www.diabetes.org.uk/guide-to-diabetes/your-child-and-diabetes/schools/ihp-a-childs-individual-healthcare-plan>

Young Epilepsy sample individual healthcare plan

<http://www.youngepilepsy.org.uk/dmdocuments/IHP-child-form.pdf>

Health Conditions in School Alliance generic individual healthcare plan

http://medicalconditionsatschool.org.uk/documents/Individual%20Healthcare%20plan_Part%202.pdf

Appendix 8: Individual pupil risk assessment form

See also templates for specific conditions in appendix 17.

Hazard	Risk (High/Medium/Low)			Existing control measures	Recommendations/ further actions required
	Likelihood of occurrence	Severity of harm	Overall risk		

Appendix 9: Medicines permission letter for pupils with medical conditions

In line with this school's 'First Aid and Supporting Pupils at School with Medical Conditions' Policy, the school will not give your child medicine unless you complete and sign this form.

Name of school/setting	
Date	
Pupil's name	
Group/class/form	
Name and strength of medicine	
Reason for use	
Expiry date	
How much to give (i.e. dose to be given)	
When to be given	
Any other instructions	
Number of tablets/quantity to be given to school/setting	

Note: Medicines must be in the original container as dispensed by the pharmacy

Daytime phone no. of parent/carer	
Name of GP, GP practice name and phone number	
Agreed review date to be initiated by	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school's policy. I

will inform the school immediately, in writing, if there is any change in dosage or frequency of the medicine or if the medicine is stopped.

Parent/carers signature

Print name

Date

Designated member of staff's signature

Print name

Date

Appendix 10: Medication records

Record of medicines administered to an individual child

Name of school/setting	
Name of pupil	
Date medicine provided by parent/carer	
Group/class/form	
Name and strength of medicine	
Dose and frequency of medicine	
Quantity received	
Quantity returned	
Expiry date	

Staff signature

Date	/ /	/ /	/ /	/ /
Time given				
Dose given				
Name of member of staff				
Staff initials				

Record of medicines administered to all children

Date	Pupil's name	Time	Name of medicine	Dose given	Spacer cleaned? Y/N/N-A	Any reactions	Signature of staff	Print name
/ /								
/ /								
/ /								
/ /								
/ /								
/ /								
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/ /								
/ /								
/ /								
/ /								
/ /								
/ /								

Appendix 11: Emergency Inhalers and Adrenaline Auto-Injectors (AAIs/'EpiPens')

This section needs to be read in conjunction with the following Department of Health guidance:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf

Schools are not required to hold an inhaler or AAIs – this is a discretionary power enabling schools to do this if they wish. However, keeping an inhaler and/or AAIs for use in an emergency prevents unnecessary and traumatic trips to hospital for a child and potentially saves their life. Schools that choose to hold an emergency inhaler and/or AAIs need protocols for their use to protect staff by ensuring they know what to do in the event of a child having an asthma or anaphylactic attack.

It is the Policy of Twyford C of E Academies Trust that all Trust schools will hold an emergency asthma inhaler kit and AAI's for use in an emergency.

The protocol should include:

- Arrangements for the supply, storage, care, and disposal of the inhaler, spacers and AAI devices, in line with this First Aid and Supporting Pupils with Medical Conditions Policy
- Having a register of children in the school who have been:
 - Diagnosed with asthma or prescribed a reliever inhaler. A copy of the register should be kept with the emergency inhaler
 - Prescribed AAIs (or where a doctor has provided a written plan recommending AAI(s) to be used in the event of anaphylaxis).
- Having written parental consent for use of the emergency inhaler and/or for use of the spare AAI(s), included as part of a child's Individual Healthcare Plan (IHCP). This should be signed in the school asthma card or the allergy action plan (see alternative IHCPs Appendix 7).
- Ensuring that, normally, the emergency inhaler and spare AAIs are only used by children with written parental consent for their use. However, in exceptional life-threatening circumstances, adrenaline auto-injector devices may be used for any pupil or other person not known by the school to be at risk of anaphylaxis, with or without medical authorisation/consent in place.
- Appropriate support and training for staff is provided in the use of the emergency inhaler and spare AAIs in line with this First Aid and Supporting Pupils with Medical Conditions policy
- Keeping a record of use of the emergency inhaler and/or AAIs as required by this 'First Aid and Supporting Pupils with Medical Conditions' policy (Appendix 10: Medication records) and informing the parent/carers when their child has been administered an inhaler/AAI and whether this was the school's spare inhaler/AAI or the pupil's own device (Appendix 12: Letters to inform parents/carers of their child's use of an inhaler*). This should include where and when the attack took place, how much medication was given and by whom. Anonymised records may be shared with relevant NHS agencies and named records shared with medical professionals with parental consent.
- Having at least two volunteers responsible for ensuring the protocol is followed

Schools can purchase small quantities of inhalers, spacers and AAI's from a community pharmacy. The pharmacy will need a request signed by the principal or head teacher on headed paper stating:

- The name of the school for which the product is required;
- The purpose for which that product is required, and
- The total quantity required

Asthma

From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 allows schools to buy salbutamol inhalers, without a prescription, for use in emergencies.

The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.

An Emergency asthma inhaler kit should include:

- A salbutamol metered dose inhaler;
- At least two plastic spacers compatible with the inhaler;
- Instructions on using the inhaler and spacer;
- Instructions on cleaning and storing the inhaler;
- Manufacturer's information;
- A checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded;
- A note of the arrangements for replacing the inhaler and spacers;
- A list of children permitted to use the emergency inhaler as detailed in their Individual Healthcare Plan;
- A record of administration (i.e. when the inhaler has been used). This should include where and when the attack took place how much medication was given and by whom.

Schools can consider keeping more than 1 kit if they cover more than 1 site.

It is recommended that at least 2 volunteers from school staff should have responsibility for ensuring that:

- On a monthly basis, the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available;
- Replacement inhalers are obtained when expiry dates approach;
- Replacement spacers are available following use;
- The plastic inhaler housing (which holds the canister) has been cleaned, dried and returned so that replacements are available if necessary.

The kit must be kept in a safe place but must not be locked away. It should be kept separate from any children's inhalers and the inhaler(s) labelled to avoid confusion with a child's inhaler.

The plastic spacer should not be reused and can be given to the child to use at home. The inhaler can be reused provided it is cleaned after use.

A child may be prescribed an inhaler for their asthma which contains an alternative reliever medication to salbutamol (such as terbutaline). The salbutamol inhaler should still be used by

these children if their own inhaler is not accessible – it will still help to relieve their asthma and could save their life.

See also: Healthy London Partnership pharmacy guidance:

<https://www.healthylondon.org/wp-content/uploads/2017/10/Pharmacy-guidance-for-supply-of-salbutamol-to-schools.docx>

Anaphylaxis

From 1 October 2017, the Human Medicines (Amendment) Regulations 2017 allows schools to obtain adrenaline auto-injector (AAI) devices without a prescription, for emergency use in children who are at risk of anaphylaxis but their own device is not available or not working (e.g. because it is broken, or out-of-date).

Normally, Schools may administer their “spare” adrenaline auto-injector (AAI), obtained for use in emergencies, if available, but only to a pupil at risk of anaphylaxis, where both medical authorisation and written parental consent for use of the spare AAI has been provided. The school’s spare AAI can be administered to a pupil whose own prescribed AAI cannot be administered correctly without delay. In exceptional life threatening circumstances, adrenaline auto-injector devices may be used, for any pupil or other person not known by the school to be at risk of anaphylaxis, with or without medical authorisation/consent in place.

In severe cases the allergic reaction can progress within minutes into a life-threatening reaction. Severe reactions can require much more than an adrenaline injection and it is therefore vital to contact Emergency Services as early as possible.

In the event of a possible severe allergic reaction in a pupil who does not meet these criteria, emergency services (999) should be contacted and advice sought from them as to whether administration of the spare emergency AAI is appropriate.

SEVERE ANAPHYLAXIS IS AN EXTREMELY TIME-CRITICAL SITUATION: DELAYS IN ADMINISTERING ADRENALINE HAVE BEEN ASSOCIATED WITH FATAL OUTCOMES.

Depending on their level of understanding and competence, **children and particularly teenagers should carry their AAI(s) on their person at all times or they should be quickly and easily accessible at all times.** If the AAI(s) are not carried by the pupil, then they should be kept in a central place in a box marked clearly with the pupil’s name but NOT locked in a cupboard or an office where access is restricted.

AAIs are available in different doses depending on the manufacturer. Schools should hold a single brand to avoid confusion in training and administration. ‘EpiPen’ is the most well-known and likely to be the brand used by most pupils.

It is good practice for schools holding spare AAIs to store these as part of an emergency anaphylaxis kit which should include:

- 1 or more AAI(s).
- Instructions on how to use the device(s).
- Instructions on storage of the AAI device(s).
- Manufacturer’s information.
- A checklist of injectors, identified by their batch number and expiry date with monthly checks recorded.
- A note of the arrangements for replacing the injectors.
- A list of pupils to whom the AAI can be administered.
- An administration record.

The kit must be kept in a safe place but must not be locked away. It should be kept separate from any children’s AAIs and the labelled to avoid confusion. The kit should be located not more than 5 minutes away from where it might be needed.

AAIs can be used through clothes and should be injected into the upper outer thigh in line with the instructions provided by the manufacturer. If someone appears to be having a severe allergic reaction (anaphylaxis), emergency services (999) MUST be called without delay, even if they have already used their own AAI device, or a spare AAI.

- When dialing 999, give clear and precise directions to the emergency operator, including the location's postcode.
- If the pupil's condition deteriorates and a second dose adrenaline is administered after making the initial 999 call, make a second call to the emergency services to confirm that an ambulance has been dispatched.
- Send someone outside to direct the ambulance paramedics when they arrive.
- Tell the paramedics:
 - If the child is known to have an allergy
 - What might have caused this reaction e.g. recent food;
 - The time the AAI was given.

Appendix 12: Letters to inform parents/carers of their child's use of an inhaler*

The following letter templates may be used (as appropriate) when notifying parents/carers about use of an inhaler in school (either their own or the school's emergency device).

Use of the School's emergency inhaler:

School name:.....

Child's name:.....

Child's class:.....

Date:.....

Dear.....

This letter is to formally inform you that.....has had problems breathing today.

This happened when.....

They did not have their own inhaler with them so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were givenpuffs.

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

We are aware that GPs are limiting prescribing of asthma inhalers and equipment to be held in schools for named pupils. However, if possible please provide us with a new unopened replacement spacer and inhaler for use in school. Both should be clearly labelled with your child's name and date of birth. We will continue to hold a stock in school for use in an emergency.

Yours sincerely

Use of the child's own inhaler:

School name:.....

Child's name:.....

Child's class:.....

Date:.....

Dear.....

This email is to inform you thatneeded to take his/her Asthma pump xxxx times today.

It is our practice to let parents know when their child has used their inhaler in Welfare so you are aware should they continue to use the pump when they return home. Please also

encourage your child to let you know if they have used their pump unassisted so you are able to monitor their usage and report this to their GP at their next asthma review.

We appreciate your continued support.

Yours sincerely

**Please note that parents will be informed immediately when a child has used the school's emergency adrenaline auto-injector (and emergency services called).*

Appendix 13: Training resources for Ealing school staff

Online

Anaphylaxis Campaign AllergyWise Online Course

Free online anaphylaxis training course AllergyWise for Schools is designed to ensure that key staff in schools are fully aware of the signs and symptoms of anaphylaxis, how to provide emergency treatment and the implications for management of severely allergic children from Key Stages 1 to 5 in an education setting.

<https://allergywise.org.uk/course-login/>

Supporting Children's Health Asthma Online Course

Being aware of asthma and its triggers can help to ensure children with asthma in your care are safe and can get involved in the same activities as any other child without issue or harm. This module aims to help you support children who have asthma by:

- Raising your awareness of the condition and how it's managed
- Exploring plans you may need to ensure that children with asthma in your care are supported

<https://www.supportingchildrenshealth.org/asthma-module/>

MindEd

MindEd is a free educational resource on children and young people's mental health for all adults.

<https://www.minded.org.uk>

Face to face

School nursing service training (includes management of medical emergencies training for schools):

<https://www.egfl.org.uk/services-to-schools/ealing-school-nursing-service-201819>

Ealing Health and Safety training (includes First Aid training for schools):

<https://www.egfl.org.uk/facilities/health-and-safety/health-and-safety-training>

Appendix 14: First Aid training guidance

First-aid can prevent deaths and can also prevent minor medical problems and injuries from escalating into major ones. Guidance exists for schools on the subject of first aid and this section of the 'First Aid and Supporting Pupils at Schools with Medical Conditions' policy draws and refers to these accordingly.

First aid in schools:

The Department for Education good practice guidance titled [Guidance on First Aid for Schools](#) explains that the numbers of first aid personnel required in schools is not an exact science. A suitable and sufficient risk assessment needs to be carried out taking into account the school's specific circumstances such as: the size and location of the school, any specific hazards on-site, any specific needs and any historic accident data. Schools should consider the risks to employees, pupils and visitors as part of this risk assessment.

In addition, HSE document [L74](#) (Third edition-2013) details useful guidance on first aid matters in the workplace including: first aid courses content, suggested numbers of first aid personnel, first aid kits and training provider selection. This document is a valuable resource to help schools complete their first aid risk assessment.

Ealing Council has a page on [EGfL](#) dedicated to first aid which is also a useful resource for schools. This page includes a blank template that Schools can use to carry out their first-aid risk assessment.

Automatic External Defibrillators (AEDs) in schools:

Ealing Council purchased the Powerheart® G5 AED for schools in the Borough in 2017. This was the most appropriate unit for schools as advised by the London Ambulance Service.

The Department for Education guide for schools on [automated external defibrillators \(AEDs\)](#) provides guidance on the purchase, use, installation, training, maintenance and additional considerations (such as the development of a resuscitation plan and safety considerations) of AEDs. This guidance explains that AEDs are designed for use by people who can simply follow the step-by-step instructions provided on the AED at the time of use, without any specific training. This guidance also explains that it should be sufficient for schools to circulate the manufacturer's instructions to all staff and then to provide a short general awareness briefing session in order to meet their statutory obligations. Any awareness briefing could be incorporated into any wider training on CPR and the chain of survival.

Ealing Council has a page on [EGfL](#) dedicated to AEDs which is also a useful resource for Schools. This page includes a video that demonstrates the use of the Powerheart® G5 AED.

Appendix 15: Advice on Certain High Risk Conditions

Body Spillages/HIV

1. Ensure that everything is cleared away, using gloves, and that the site is clear following an incident. When dealing with clinical waste every dressing etc. should be put in a yellow bag for contaminated/used items and sealed tightly before disposing of the bag. Any bloodstains on the ground must be washed away thoroughly.
2. No person must treat a pupil who is bleeding without protective gloves.
3. Protective gloves are stored in the School Office/Welfare Room/Site Office.
4. Sponges and water buckets must never be used for First Aid to avoid the risk of HIV contamination and other bodily fluid transmitted diseases e.g. Hepatitis B, Ebola etc.
5. All body fluid spillage's (vomit, diarrhoea and blood) must be cleaned immediately following an incident. This is vital if spread of infections is to be reduced. Gloves should be worn when contact with blood or body fluid is likely. Ordinary rubber gloves are suitable for dealing with spillages. They must be kept for this purpose only. Following use, gloves must be destroyed as above.
6. Absorbent granules should be dispersed over spillage and left to absorb for a few minutes then swept into a newspaper. A designated dust pan and brush is available for body spillages and is kept in the Site Office. Wash the affected area with warm water and detergent and dry. Single use latex gloves should be available for first aid and hygiene care procedures (these are available in the Office/First Aid area). Once spillage has been put into the newspaper, hands must be washed and dried after removal of protective gloves.
7. Once spillage has been put into newspaper it must then be placed in a sealed black plastic bag and put in the external dustbins for domestic waste disposal it must be disposed of in accordance with Health and Safety guidelines.
8. When not using absorbent granules. Whenever blood, semen or other body fluids have to be mopped up, disposable plastic gloves and an apron should be worn and paper towels used; these items should then be placed in plastic bags labelled "medical waste" and safely disposed of, preferably by burning. The Site Team will be responsible for their disposal. Clothing may be cleaned in an ordinary washing machine using its hot cycle. The HIV virus is killed by household bleach and the area in which any spills have occurred should be disinfected using one part bleach diluted with ten parts water; caution should be exercised, as bleach is corrosive and can be harmful to the skin. Plastic gloves are in the office, the science department and the Site Office.
9. If direct contact with another person's blood or body fluids occurs, the area should be washed as soon as possible with ordinary soap and water. Clean, cold tap water should be used, if the lips, mouth, tongue or broken skin are affected and medical advice sought.

NHS and Health and Safety Executive (HSE) guidelines for needle-stick or sharps injuries (including cuts with potentially contaminated objects), say that you should take immediate action to reduce the risk of infection

Immediate First Aid Actions:

1. Encourage bleeding: Gently squeeze the wound to encourage it to bleed, ideally while holding it under running water.
2. Wash the wound: Wash the area thoroughly with soap and warm running water.
3. Do NOT scrub or suck: Do not scrub the wound while washing and do not suck the wound.
4. Dry and cover: Dry the skin and cover the wound with a waterproof plaster or dressing.
5. Eyes or Mouth: If blood has splashed into your eyes or mouth, rinse them copiously with water.

Next Steps and Seeking Advice

1. Seek urgent medical advice: Go to your nearest Accident and Emergency (A&E) department or contact your GP or NHS 111 immediately.
2. Report the incident: to the welfare officer and Health & Safety Officer
3. Timing is key: If you are at high risk of infection, you may need Post-Exposure Prophylaxis (PEP) for HIV, which is most effective when started within 1 hour, though it can be started up to 72 hours later.
4. Information to gather: Note details about the "source" (the person or object the blood came from) if possible.

This is not a special precaution because of HIV. There are other illnesses like Hepatitis B which are much more infectious. If you think your wound could have come into contact with infected blood, seek medical advice

10. First-Aiders who may be called upon to give mouth to mouth resuscitation should be aware that mouthpieces are available for use when carrying out this procedure, but they should only be used by properly trained persons. Mouth to mouth resuscitation should never be withheld in an emergency because a mouthpiece is not available. Use a clean plastic bag or a crisp packet with a small hole in it.
11. PREVENT INFECTION ON THE PLAYING FIELDS- The use of communal sponge and bucket where there is bleeding, cuts or grazes has always been bad practice, with a potential for spreading blood or soil borne infections. The "trainer" needs to carry separate containers of water for each case (plastic bottles are suitable) and a supply of paper towels/tissues, plastic bags and disposable plastic gloves. Use separate paper towels/tissues, instead of communal sponge. Dispose of soiled towels/dressings, used gloves to a plastic bag for later disposal, as for other possibly contaminated material.
12. The Facilities Manager has full information on the disposal of medical waste and bleach mentioned in these guidelines.

Advice On Allergies and Anaphylaxis Management

Overview

Twyford CofE Academy Trust recognises that a number of members of our community (pupils and staff) may suffer from potentially life threatening allergies to certain foods or toxins from

insects. No school is in a position to guarantee a completely allergen free environment so the Trust seeks parent, staff and pupil support towards maintaining a minimised risk environment, whilst also concentrating on ensuring effective medical response to potential anaphylactic episodes.

The intent of this advice, based on guidance produced by the Schools Food Trust, is to minimise the risk of any child suffering allergy-induced anaphylaxis whilst at School or attending any school related activity, and to ensure staff are properly prepared to manage such emergency situations should they arise. For action to take in an emergency also refer to Appendix 11: Emergency Inhalers and Adrenaline Auto-Injectors (AAIs/'EpiPens')

The common causes of allergies relevant to this policy are nuts, (in particular peanuts), dairy products, eggs, wasps, bees, and ants. However, this list of allergies is not exhaustive and the policy will apply to any allergy suffered by any pupil or member of staff in the school of which the school has been notified. The allergy to nuts is the most common high risk allergy, and as such, demands more rigorous controls than the controls for allergies to dairy products, eggs and wasps, bees and ants.

During anaphylaxis there can be a whole range of symptoms including those described above. Some or all of the following may be present:

- flushing of the skin
- nettle rash (hives) anywhere on the body
- the feeling that something terrible is happening - an impending sense of doom
- swelling in the throat or mouth
- difficulty in swallowing or speaking
- alterations in heart rate
- severe asthma
- stomach pain, feeling sick and vomiting
- sudden feeling of weakness (drop in blood pressure)
- collapse and unconsciousness

The School is also aware of the stresses imposed on parents, carers and teachers, with the potential for anaphylactic reaction in children for whom they have a responsibility. To this end, the provision of procedures and systems to manage such stress effectively is also an aim of this policy.

Definitions

Allergen – A normally harmless substance that triggers an allergic reaction in the immune system of a susceptible person.

Allergy - A condition in which the body has an exaggerated response to a substance (e.g. food or drug). Also known as hypersensitivity.

Allergic reaction – A reaction to an allergen. Common signs and symptoms include one or more of the following: hives, generalised flushing of the skin, tingling around the mouth, swelling of tissues of the throat and mouth, difficulty breathing, abdominal pain, nausea and/or vomiting, alterations in heart rate, sense of impending doom, sudden feeling of weakness, collapse and unconsciousness.

Anaphylaxis – Anaphylaxis, or anaphylactic shock, is normally a sudden, severe and potentially life threatening allergic reaction to food, stings, bites, or medicines though a delayed reaction is possible in certain cases.

EpiPen – Brand name for syringe style device containing the drug adrenaline which is ready for immediate intramuscular administration.

Minimised Risk Environment - An environment where risk management practices have minimised the risk of (allergen) exposure to a reasonable level. Not an allergen free environment. Management System – A record system managed by the person in charge which describes the individual student medical care plans and the particular members of staff who will need to be trained and informed of these plans.

Individual Health Care Plan (IHCP) - A comprehensive plan for the care of children with special health care needs, including food allergies and action plan for location of adrenaline auto-injector device.

Advice on Concussion

All concussions must be taken seriously to safeguard the health and welfare of children and young people. Failing to do so can have serious consequences including, in extremely rare cases, death. The following link is to a document produced by the Sport and Recreation Alliance which provides guidance on the management of concussion in a school setting.

<https://sramedia.s3.amazonaws.com/media/documents/9ced1e1a-5d3b-4871-9209-bff4b2575b46.pdf>

Appendix 16: Other key reference documents

Department for Education guidance

Supporting pupils at schools with medical conditions guidance:

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3#history>

Healthy London Partnership resources

Asthma schools guidance:

<https://www.healthylondon.org/wp-content/uploads/2017/11/London-schools-guide-for-children-and-young-people-with-asthma.pdf>

<https://www.healthylondon.org/resource/london-asthma-toolkit/schools/>

Diabetes schools guidance:

<https://www.healthylondon.org/resource/london-guide-teachers-parents-children-young-people-diabetes/>

Epilepsy schools guidance:

<https://www.healthylondon.org/resource/london-epilepsy-guide-schools>

Appendix 17: Individual Risk Assessments Templates

RISK ASSESSMENT

ACTIVITIES: (What will you be doing and with whom?)	Students with Anaphylaxis			
DATE OF RISK ASSESSMENT:	Date completed:	xxxx	Date to be reviewed: (Max timeframe 1 year)	xxxx
ROLES & RESPONSIBILITIES: (Reviewer, consultees, specialist advisor, etc.)	Welfare Officers, First Aiders & All Staff			
OVERALL RISK SCORES: (For the highest risk hazard)	Untreated score:	3 x 3 = 9	Treated score:	1 x 3 = 3

What are the hazards? (List only actual hazards/issues related to planned activities)	Who might be harmed and how? (Staff, students, visitors, include vulnerable groups etc.)	What are you already doing to control/treat the risks? (Eliminate, substitute, engineering controls, administrative controls, PPE)	Treated Risk Score (Likelihood x Impact = Score, see table at end of doc)	What further action do you need to take to control/treat the risks? (Eliminate, substitute, engineering controls, administrative controls, PPE)	Who needs to carry out the action? (Staff member names or job roles)	When is the action needed by?
Students with Anaphylaxis Attending School on a Daily Basis (For general, overarching risk mitigations)	Students with Anaphylaxis	<ul style="list-style-type: none"> • First Aid and Supporting Pupils with Medical Conditions Policy in place & in operation. Staff familiarised with this • Correct number of trained first aiders on site (as per school First Aid Arrangements document) • Provision of first aid facilities and equipment around school site • All staff attend annual “Allergy & Anaphylaxis” training • Individual healthcare plans for those with Anaphylaxis • Welfare staff trained to deal with medical emergencies such as severe allergic reactions 	1 x 3 = 3			

What are the hazards? (List only actual hazards/issues related to planned activities)	Who might be harmed and how? (Staff, students, visitors, include vulnerable groups etc.)	What are you already doing to control/treat the risks? (Eliminate, substitute, engineering controls, administrative controls, PPE)	Treated Risk Score (Likelihood x Impact = Score, see table at end of doc)	What further action do you need to take to control/treat the risks? (Eliminate, substitute, engineering controls, administrative controls, PPE)	Who needs to carry out the action? (Staff member names or job roles)	When is the action needed by?
		<ul style="list-style-type: none"> AEDs and emergency adrenaline auto-injector device on site and staff trained in their use. Student Profile Look Books in place around the school inc. to HOYs 				
Contact with or ingestion of Allergen in class (Low risk lessons)	Students with Anaphylaxis coming into contact with Allergens	In addition to controls itemised above: <ul style="list-style-type: none"> School policy of “no eating” in class Staff told not bring high risk products into school e.g. Nuts & Nut Products- This is included in the start of year training by HT and any in year staff are inducted by CDE 	$1 \times 3 = 3$			
Contact with or ingestion of Allergen in class (High risk lessons such as Science, Food Tech, etc.)	Students with Anaphylaxis coming into contact with Allergens	In addition to controls itemised above: <ul style="list-style-type: none"> School policy of “no eating” in class Appropriate first aid equipment is located close to areas where higher risk activities take place Policies, procedures and risk assessments in place for high risk activities. Staff familiarised with these Food Tech – recipes do not contain high risk ingredients such as Nuts, equipment is washed between use, teaching staff aware of students with allergies 	$2 \times 2 = 4$	Science - need to add a section on ‘Experiments using Dairy’ to their risk assessment Welfare – to ensure Science Prep Room receive a copy of the Student Profile Look Books		ASAP

What are the hazards? (List only actual hazards/issues related to planned activities)	Who might be harmed and how? (Staff, students, visitors, include vulnerable groups etc.)	What are you already doing to control/treat the risks? (Eliminate, substitute, engineering controls, administrative controls, PPE)	Treated Risk Score (Likelihood x Impact = Score, see table at end of doc)	What further action do you need to take to control/treat the risks? (Eliminate, substitute, engineering controls, administrative controls, PPE)	Who needs to carry out the action? (Staff member names or job roles)	When is the action needed by?
		<ul style="list-style-type: none"> Science – Experiments using chemicals are all risk assessed following Cleapss guidance Music – Eating is banned in all music rooms and any student with an allergy can wipe down equipment prior to use 				
Contact with or ingestion of Allergen in PE	Students with Anaphylaxis coming into contact with Allergens	In addition to controls itemised above: <ul style="list-style-type: none"> Students with anaphylaxis should always have an AAI on their person and take it with them to PE lessons. PE Staff to check this before each class Appropriate first aid equipment is located in the Sportshall, Pavilion and on the school Minibuses Policies, procedures and risk assessments in place for high risk activities. Staff familiarised with these 	$2 \times 2 = 4$	Welfare – implement termly stock check on all first aid bags/kits/ around the school site		ASAP
Contact with or ingestion of Allergen before/after school or at break/lunch	Students with Anaphylaxis coming into contact with Allergens	In addition to controls itemised above: <ul style="list-style-type: none"> Students with anaphylaxis told to not share/accept food from other students Café provides allergen information on all food / display boards 	$2 \times 3 = 6$	N.B. The Risk Likelihood x Risk Impact is high for this Hazard because of the unknown situations outside of school (i.e. before/after school) and the ratio of staff/student supervision is lower		

What are the hazards? (List only actual hazards/issues related to planned activities)	Who might be harmed and how? (Staff, students, visitors, include vulnerable groups etc.)	What are you already doing to control/treat the risks? (Eliminate, substitute, engineering controls, administrative controls, PPE)	Treated Risk Score (Likelihood x Impact = Score, see table at end of doc)	What further action do you need to take to control/treat the risks? (Eliminate, substitute, engineering controls, administrative controls, PPE)	Who needs to carry out the action? (Staff member names or job roles)	When is the action needed by?
		<ul style="list-style-type: none"> • Café Manager has a copy of the Student Profile Look Books and inputs the data into the tills so that alerts appear when each child buys from the café. The till operator has to click “ok” to acknowledge the alert • Café tables cleaned between each use • Students with anaphylaxis should always have an AAI on their person • All students are given an annual assembly about Allergies • Parents/Carers sent termly reminder to not send high risk products into school in packed lunches, etc. e.g. Nuts & Nut Products • Students with anaphylaxis are encouraged to share the details of their allergies with their friends/peers 		outside of classroom time.		
Contact with or ingestion of Unforeseen Allergens	Any Student coming into contact with unforeseen Allergens	In addition to controls itemised above: <ul style="list-style-type: none"> • For students with known Anaphylaxis, Welfare staff are trained in dealing with medical emergencies and administering AAls 	$1 \times 3 = 3$			

What are the hazards? (List only actual hazards/issues related to planned activities)	Who might be harmed and how? (Staff, students, visitors, include vulnerable groups etc.)	What are you already doing to control/treat the risks? (Eliminate, substitute, engineering controls, administrative controls, PPE)	Treated Risk Score (Likelihood x Impact = Score, see table at end of doc)	What further action do you need to take to control/treat the risks? (Eliminate, substitute, engineering controls, administrative controls, PPE)	Who needs to carry out the action? (Staff member names or job roles)	When is the action needed by?
		<ul style="list-style-type: none"> For students with no known Anaphylaxis, Welfare staff are trained to call 999 in order to obtain permission to administer the school's AAI and follow the operator's instructions. In exceptional, life threatening circumstances, an AAI can be administered without permission. 				
Access to AAI is impaired or difficult to access	Students with Anaphylaxis	<ul style="list-style-type: none"> Step 1 – Students with anaphylaxis should always have an AAI on their person Step 2 – Students with anaphylaxis should have an AAI in the Welfare Room which is stored in a clear plastic box, labelled with their name and photo and is easily accessible Step 3 – Parents/Carers encouraged to give permission for the school to administer the school adrenaline auto-injector device in an emergency 	$1 \times 3 = 3$			
AAI is due to expire or has expired	Students with Anaphylaxis	<ul style="list-style-type: none"> There is a 3-stage reminder system to parents/carers that advises when the AAI (and all other medication) is due to expire 	$1 \times 3 = 3$			

What are the hazards? (List only actual hazards/issues related to planned activities)	Who might be harmed and how? (Staff, students, visitors, include vulnerable groups etc.)	What are you already doing to control/treat the risks? (Eliminate, substitute, engineering controls, administrative controls, PPE)	Treated Risk Score (Likelihood x Impact = Score, see table at end of doc)	What further action do you need to take to control/treat the risks? (Eliminate, substitute, engineering controls, administrative controls, PPE)	Who needs to carry out the action? (Staff member names or job roles)	When is the action needed by?
		<ul style="list-style-type: none"> Final stage is referral to the CP Team Students with expired AAIs will be sent home until an in-date AAI is provided to the school. This is confirmed on a case-by-case basis with the Headteacher Certain batches of adrenaline auto-injector device may be used up to 4 months after the expiry date (details here). Final one fully expires April 2021. 				
Student unsure or not confident to administer own AAI	Students with Anaphylaxis	<ul style="list-style-type: none"> All staff attend annual “Allergy & Anaphylaxis” training which demonstrates how to administer each of the different AAIs 	$1 \times 1 = 1$			
Student goes into Anaphylactic Shock	Students with Anaphylaxis	All staff are trained to do the following: <ul style="list-style-type: none"> Keep the student where they are and clear the area of other students Get medication and Welfare staff to the student Administer the student’s AAI (student to do it themselves or staff member to do it if necessary) Call 999 and state “ANAPHYLAXIS” 	$1 \times 3 = 3$			

What are the hazards? (List only actual hazards/issues related to planned activities)	Who might be harmed and how? (Staff, students, visitors, include vulnerable groups etc.)	What are you already doing to control/treat the risks? (Eliminate, substitute, engineering controls, administrative controls, PPE)	Treated Risk Score (Likelihood x Impact = Score, see table at end of doc)	What further action do you need to take to control/treat the risks? (Eliminate, substitute, engineering controls, administrative controls, PPE)	Who needs to carry out the action? (Staff member names or job roles)	When is the action needed by?
		<ul style="list-style-type: none"> Administer a second AAI within 5 minutes if necessary 				
Offsite trips	Students with Anaphylaxis	In addition to controls itemised above: <ul style="list-style-type: none"> At least 1 x 1-day Emergency First Aider accompanies each trip At least 1 x first aid kit is taken on each trip 1 x first aid kit kept in each minibus All trip letters include standard line that students without their medication will not be permitted to go on the trip Policies, procedures and risk assessments in place for trips. Staff familiarised with these Day Trips – Trip Leader checks medical details of trip participants with Welfare Officer and then ensures that each student has their medication on their person before the trip departs Residential Trips – a Medical List is provided to the Trip Leader as well as copies of IHCPs and emergency medications, all of which is sent on the trip with the Trip Leader. The Trip Leader familiarises themselves with students with medical 	2 x 3 = 6	N.B. The Risk Likelihood x Risk Impact is high for this Hazard because of the unknown situations outside of school (i.e. on a school trip) and certain trips allow for independent time away from the trip leader.		

What are the hazards? (List only actual hazards/issues related to planned activities)	Who might be harmed and how? (Staff, students, visitors, include vulnerable groups etc.)	What are you already doing to control/treat the risks? (Eliminate, substitute, engineering controls, administrative controls, PPE)	Treated Risk Score (Likelihood x Impact = Score, see table at end of doc)	What further action do you need to take to control/treat the risks? (Eliminate, substitute, engineering controls, administrative controls, PPE)	Who needs to carry out the action? (Staff member names or job roles)	When is the action needed by?
		conditions and seeks further support from Welfare Officer or the family if required. The Trip Leader ensures that each student has their medication on their person before the trip departs				
Covid-19 Measures	Students with Anaphylaxis	Please refer to the Twyford Trust and William Perkin Risk Assessments	$1 \times 3 = 3$			
Responsible person name:		Signature:		Date:		
SLT name:		Signature:		Date:		

For each hazard please rate the **Risk Impact** and the **Risk Likelihood** using the below table remaining after control measures currently in place are taken into account. Calculate **overall risk scores** based on an assessment of the treated/untreated scores for the highest risk hazard.

		Risk Likelihood		
Total Risk calculation table		1: Unlikely	2: Neither Likely nor Unlikely	3: Likely
Risk Impact	1: No injury/no or minor property damage	1	2	3
	2: Minor injuries/major property damage	2	4	6
	3: Major injuries/fatality	3	6	9

Likelihood and Impact are multiplied to form the risk score with control measures in place.

Risk Likelihood

Unlikely means once in more than 100 years or

less often

Neither Likely nor unlikely means less often than once in 10 years but more often than once in 100 years.

Likely means once in 10 years or more often

Risk Rating Calculation: Total Risk = Remaining Risk Impact X Remaining Risk Likelihood

A **Total Risk** score of **1-2** should mean you are safe to undertake the activity as long as the required control measures are in place throughout.

A **Total Risk** score of **3-4** should mean you proceed with caution, reconsider control measures, method or even necessity of activity before undertaking it.

A **Total Risk** score of **6-9** should mean you do not undertake the activity at all until you have completely reconsidered how to deliver it safely.

Please Also Note

All risk assessments should be approved and signed by SLT/line management as appropriate.

RISK ASSESSMENT

ACTIVITIES: (What will you be doing and with whom?)	Students with Asthma			
DATE OF RISK ASSESSMENT:	Date completed:	xxxx	Date to be reviewed: (Max timeframe 1 year)	xxxx
ROLES & RESPONSIBILITIES: (Reviewer, consultees, specialist advisor, etc.)	Welfare Officers, First Aiders & All Staff			
OVERALL RISK SCORES: (For the highest risk hazard)	Untreated score:	3 x 3 = 9	Treated score:	1 x 3 = 3

What are the hazards? (List only actual hazards/issues related to planned activities)	Who might be harmed and how? (Staff, students, visitors, include vulnerable groups etc.)	What are you already doing to control/treat the risks? (Eliminate, substitute, engineering controls, administrative controls, PPE)	Treated Risk Score (Likelihood x Impact = Score, see table at end of doc)	What further action do you need to take to control/treat the risks? (Eliminate, substitute, engineering controls, administrative controls, PPE)	Who needs to carry out the action? (Staff member names or job roles)	When is the action needed by?
Students with Asthma Attending School on a Daily Basis (For general, overarching risk mitigations)	Students with Asthma	<ul style="list-style-type: none"> • First Aid and Supporting Pupils with Medical Conditions Policy in place & in operation. Staff familiarised with this • Correct number of trained first aiders on site (as per school First Aid Arrangements document) • Provision of first aid facilities and equipment around school site • Welfare staff attend annual “Asthma” training • Individual healthcare plans for those with Asthma • Welfare staff trained to deal with medical emergencies such as severe Asthmatic reactions • AEDs and emergency Asthma pumps on site and staff trained in their use 	1 x 3 = 3			

What are the hazards? (List only actual hazards/issues related to planned activities)	Who might be harmed and how? (Staff, students, visitors, include vulnerable groups etc.)	What are you already doing to control/treat the risks? (Eliminate, substitute, engineering controls, administrative controls, PPE)	Treated Risk Score (Likelihood x Impact = Score, see table at end of doc)	What further action do you need to take to control/treat the risks? (Eliminate, substitute, engineering controls, administrative controls, PPE)	Who needs to carry out the action? (Staff member names or job roles)	When is the action needed by?
		<ul style="list-style-type: none"> Student Profile Look Books in place around the school inc. to HOYs 				
Asthma Attack in class, before/after school or at break/lunch	Students with Asthma	In addition to controls itemised above: <ul style="list-style-type: none"> Students with Asthma should always have a reliever inhaler on their person at all times Appropriate first aid equipment is located close to areas where higher risk activities take place Policies, procedures and risk assessments in place for high risk activities. Staff familiarised with these Food Tech – recipes do not contain high risk ingredients such as Nuts, equipment is washed between use Music – Eating is banned in all music rooms and students can wipe down equipment prior to use All students are given an annual assembly about Allergies & Asthma Students with Asthma are encouraged to share the details of their condition with their friends/peers 	$2 \times 3 = 6$	N.B. The Risk Likelihood x Risk Impact is high for this Hazard because of the unknown situations outside of school (i.e. before/after school) and the ratio of staff/student supervision is lower outside of classroom time.		

What are the hazards? (List only actual hazards/issues related to planned activities)	Who might be harmed and how? (Staff, students, visitors, include vulnerable groups etc.)	What are you already doing to control/treat the risks? (Eliminate, substitute, engineering controls, administrative controls, PPE)	Treated Risk Score (Likelihood x Impact = Score, see table at end of doc)	What further action do you need to take to control/treat the risks? (Eliminate, substitute, engineering controls, administrative controls, PPE)	Who needs to carry out the action? (Staff member names or job roles)	When is the action needed by?
Asthma Attack in Science	Students with Asthma	<ul style="list-style-type: none"> Science Experiments using chemicals are all risk assessed following Cleapss guidance 	$1 \times 2 = 2$			
Asthma Attack in PE	Students with Asthma	In addition to controls itemised above: <ul style="list-style-type: none"> Students with Asthma should always have a reliever inhaler on their person at all times, especially in PE lessons Appropriate first aid equipment is located in the Sportshall, Pavilion and on the school Minibuses Policies, procedures and risk assessments in place for high risk activities. Staff familiarised with these 	$2 \times 2 = 4$			
Unforeseen Asthma Attack	Students who are not known to have Asthma	In addition to controls itemised above: <ul style="list-style-type: none"> For students with no known Asthma, Welfare staff are trained to call 999 in order to obtain permission to administer the school's reliever inhaler or follow instructions from the operator 	$1 \times 3 = 3$			
Access to Reliever Inhaler is impaired or difficult to access	Students with Asthma	<ul style="list-style-type: none"> Step 1 – Students with Asthma should always have a reliever inhaler on their person 	$1 \times 3 = 3$			

What are the hazards? (List only actual hazards/issues related to planned activities)	Who might be harmed and how? (Staff, students, visitors, include vulnerable groups etc.)	What are you already doing to control/treat the risks? (Eliminate, substitute, engineering controls, administrative controls, PPE)	Treated Risk Score (Likelihood x Impact = Score, see table at end of doc)	What further action do you need to take to control/treat the risks? (Eliminate, substitute, engineering controls, administrative controls, PPE)	Who needs to carry out the action? (Staff member names or job roles)	When is the action needed by?
		<ul style="list-style-type: none"> Step 2 – Students with Asthma should have a reliever inhaler in the Welfare Room which is labelled with their name and is easily accessible (subject to the GP’s prescribing policy) Step 3 – Parents/Carers strongly encouraged to give permission for the school to administer the school a reliever inhaler in an emergency 				
Reliever Inhaler is due to expire or has expired	Students with Asthma	<ul style="list-style-type: none"> The standard reminder/escalation procedure may be applied but it is recognized that some GP’s no longer prescribe inhalers to be held at school for named pupils. In this case, parental consent for use of the school’s reliever inhaler must be obtained. 	$1 \times 3 = 3$			
Student unsure or not confident to administer own Reliever Inhaler	Students with Asthma	<ul style="list-style-type: none"> Welfare staff attend annual “Asthma” training which demonstrates how to administer reliever inhalers using spacers 	$1 \times 1 = 1$			
Student has uncontrollable Asthma Attack	Students with Asthma	All staff are trained to do the following: <ul style="list-style-type: none"> Keep the student where they are and clear the area of other students 	$1 \times 3 = 3$			

What are the hazards? (List only actual hazards/issues related to planned activities)	Who might be harmed and how? (Staff, students, visitors, include vulnerable groups etc.)	What are you already doing to control/treat the risks? (Eliminate, substitute, engineering controls, administrative controls, PPE)	Treated Risk Score (Likelihood x Impact = Score, see table at end of doc)	What further action do you need to take to control/treat the risks? (Eliminate, substitute, engineering controls, administrative controls, PPE)	Who needs to carry out the action? (Staff member names or job roles)	When is the action needed by?
		<ul style="list-style-type: none"> • Get medication and Welfare staff to the student • After 8-10 puffs of the reliever inhaler (using a spacer), call 999, continue to give 1 puff of the reliever inhaler every 30-60 seconds until the paramedics arrive 				
Offsite trips	Students with Asthma	In addition to controls itemised above: <ul style="list-style-type: none"> • At least 1 x 1-day Emergency First Aider accompanies each trip • At least 1 x first aid kits taken on each trip • 1 x first aid kit kept in each minibus • Trip letters include standard line that students without their medication will not be permitted to go on the trip • Policies, procedures and risk assessments in place for trips. Staff familiarised with these • Day Trips – A medical list is provided to the Trip Leader who checks that each student has their medication on their person before the trip departs • Residential Trips – a Medical List is provided to the Trip Leader as well as copies of IHCPs and emergency 	2 x 3 = 6	N.B. The Risk Likelihood x Risk Impact is high for this Hazard because of the unknown situations outside of school (i.e. on a school trip) and certain trips allow for independent time away from the trip leader.		

What are the hazards? (List only actual hazards/issues related to planned activities)	Who might be harmed and how? (Staff, students, visitors, include vulnerable groups etc.)	What are you already doing to control/treat the risks? (Eliminate, substitute, engineering controls, administrative controls, PPE)	Treated Risk Score (Likelihood x Impact = Score, see table at end of doc)	What further action do you need to take to control/treat the risks? (Eliminate, substitute, engineering controls, administrative controls, PPE)	Who needs to carry out the action? (Staff member names or job roles)	When is the action needed by?
		medications, all of which is sent on the trip with the Trip Leader. The Trip Leader familiarises themselves with students with medical conditions and seeks further support from Welfare Officer or the family if required. The Trip Leader ensures that each student has their medication on their person before the trip departs				
Covid-19 Measures	Students with Asthma	Please refer to the Twyford Trust and William Perkin Risk Assessments	$1 \times 3 = 3$			
Responsible person name:		Signature:		Date:		
SLT name:		Signature:		Date:		

For each hazard please rate the **Risk Impact** and the **Risk Likelihood** using the below table remaining after control measures currently in place are taken into account. Calculate **overall risk scores** based on an assessment of the treated/untreated scores for the highest risk hazard.

		Risk Likelihood		
Total Risk calculation table		1: Unlikely	2: Neither Likely nor Unlikely	3: Likely
Risk Impact	1: No injury/no or minor property damage	1	2	3
	2: Minor injuries/major property damage	2	4	6
	3: Major injuries/fatality	3	6	9

Likelihood and Impact are multiplied to form the risk score with control measures in place.

Risk Likelihood

Unlikely means once in more than 100 years or

less often

Neither Likely nor unlikely means less often than once in 10 years but more often than once in 100 years.

Likely means once in 10 years or more often

Risk Rating Calculation: Total Risk = Remaining Risk Impact X Remaining Risk Likelihood

A **Total Risk** score of **1-2** should mean you are safe to undertake the activity as long as the required control measures are in place throughout.

A **Total Risk** score of **3-4** should mean you proceed with caution, reconsider control measures, method or even necessity of activity before undertaking it.

A **Total Risk** score of **6-9** should mean you do not undertake the activity at all until you have completely reconsidered how to deliver it safely.

Please Also Note

All risk assessments should be approved and signed by SLT/line management as appropriate.

RISK ASSESSMENT

ACTIVITIES: (What will you be doing and with whom?)	Students with Diabetes			
DATE OF RISK ASSESSMENT:	Date completed:	xxxx	Date to be reviewed: (Max timeframe 1 year)	xxxx
ROLES & RESPONSIBILITIES: (Reviewer, consultees, specialist advisor, etc.)	Welfare Officers, First Aiders & All Staff			
OVERALL RISK SCORES: (For the highest risk hazard)	Untreated score:	3 x 3 = 9	Treated score:	1 x 3 = 3

What are the hazards? <small>(List only actual hazards/issues related to planned activities)</small>	Who might be harmed and how? <small>(Staff, students, visitors, include vulnerable groups etc.)</small>	What are you already doing to control/treat the risks? <small>(Eliminate, substitute, engineering controls, administrative controls, PPE)</small>	Treated Risk Score <small>(Likelihood x Impact = Score, see table at end of doc)</small>	What further action do you need to take to control/treat the risks? <small>(Eliminate, substitute, engineering controls, administrative controls, PPE)</small>	Who needs to carry out the action? <small>(Staff member names or job roles)</small>	When is the action needed by?
Students with Diabetes Attending School on a Daily Basis (For general, overarching risk mitigations)	Students with Diabetes	<ul style="list-style-type: none"> • First Aid and Supporting Pupils with Medical Conditions Policy in place and in operation. Staff familiarised with this • Correct number of trained first aiders on site (as per school First Aid Arrangements document) • Provision of first aid facilities and equipment around school site • Welfare staff attend annual “Diabetes” training • Individual healthcare plans for those with Diabetes • Welfare staff trained to deal with medical emergencies such as Hypos • AEDs on site and staff trained in their use. 	1 x 3 = 3			

What are the hazards? (List only actual hazards/issues related to planned activities)	Who might be harmed and how? (Staff, students, visitors, include vulnerable groups etc.)	What are you already doing to control/treat the risks? (Eliminate, substitute, engineering controls, administrative controls, PPE)	Treated Risk Score (Likelihood x Impact = Score, see table at end of doc)	What further action do you need to take to control/treat the risks? (Eliminate, substitute, engineering controls, administrative controls, PPE)	Who needs to carry out the action? (Staff member names or job roles)	When is the action needed by?
		<ul style="list-style-type: none"> Student Profile Look Books in place around the school inc. to HOYs 				
Student with Diabetes has a Hypo (Low Blood Sugar)	Students with Diabetes	In addition to controls itemised above: <ul style="list-style-type: none"> Students with Diabetes have a stock of glucose products on their person at all times (e.g. Lucozade, GlycoGel, etc.) Students with Diabetes have a stock of glucose products in the Welfare Room at all times (e.g. Lucozade, GlycoGel, etc.) Welfare staff trained in the following: <ul style="list-style-type: none"> Low Reaction (student alert & communicative) – support the student to eat/drink glucose product Moderate Reaction (student not cooperative / “drunk-like”) – squeeze GlycoGel into the child’s cheeks Severe Reaction (student unconscious / having a seizure) – call 999 and state “TYPE 1 DIABETIC IS UNCONCIOUS”. Administer hormone injection to leg. 	$2 \times 2 = 4$			

What are the hazards? (List only actual hazards/issues related to planned activities)	Who might be harmed and how? (Staff, students, visitors, include vulnerable groups etc.)	What are you already doing to control/treat the risks? (Eliminate, substitute, engineering controls, administrative controls, PPE)	Treated Risk Score (Likelihood x Impact = Score, see table at end of doc)	What further action do you need to take to control/treat the risks? (Eliminate, substitute, engineering controls, administrative controls, PPE)	Who needs to carry out the action? (Staff member names or job roles)	When is the action needed by?
Student with Diabetes has a Hyper (High Blood Sugar)	Students with Diabetes	<p>In addition to controls itemised above:</p> <ul style="list-style-type: none"> Students with Diabetes have a stock of Insulin in the Welfare Room at all times (kept in the fridge) Students with Diabetes have a blood sugar monitor and ketones monitor in the Welfare Room at all times <p>Welfare staff trained in the following:</p> <ul style="list-style-type: none"> High Blood Sugar Level but Low Ketones – support the student to administer Insulin. Student should eat something and can stay in school High Blood Sugar Level & High Ketones – support the student to administer Insulin, drink water and eat something. Call home for advice / ask for the student to be collected from school High Blood Sugar Level & High Ketones & Vomiting – call 999 and state “TYPE 1 DIABETIC IS HYPER & VOMITING”. 	2 x 2 = 4			

What are the hazards? (List only actual hazards/issues related to planned activities)	Who might be harmed and how? (Staff, students, visitors, include vulnerable groups etc.)	What are you already doing to control/treat the risks? (Eliminate, substitute, engineering controls, administrative controls, PPE)	Treated Risk Score (Likelihood x Impact = Score, see table at end of doc)	What further action do you need to take to control/treat the risks? (Eliminate, substitute, engineering controls, administrative controls, PPE)	Who needs to carry out the action? (Staff member names or job roles)	When is the action needed by?
Student with Diabetes has a Hypo or Hyper in Class	Students with Diabetes	In addition to controls itemised above: <ul style="list-style-type: none"> • Diabetic Student should remain in the classroom and not be moved • Teachers and Classroom Staff should ask for the student's Emergency Box to be brought to the classroom by the Welfare Officer / First Aid team • For PE – as above, the student should stay in situ and their Emergency Box should be brought to them. The student should always eat a snack before PE. 	$2 \times 2 = 4$			
Access to Diabetes Equipment or Medication is impaired or difficult to access	Students with Diabetes	<ul style="list-style-type: none"> • Students with Diabetes should have an Emergency Box in the Welfare Room which is stored in a clear plastic box, labelled with their name and photo and is easily accessible • Students with Diabetes have a stock of glucose products on their person at all times (e.g. Lucozade, GlycoGel, etc.) • Students with Diabetes have a stock of Insulin in the Welfare 	$1 \times 2 = 2$			

What are the hazards? (List only actual hazards/issues related to planned activities)	Who might be harmed and how? (Staff, students, visitors, include vulnerable groups etc.)	What are you already doing to control/treat the risks? (Eliminate, substitute, engineering controls, administrative controls, PPE)	Treated Risk Score (Likelihood x Impact = Score, see table at end of doc)	What further action do you need to take to control/treat the risks? (Eliminate, substitute, engineering controls, administrative controls, PPE)	Who needs to carry out the action? (Staff member names or job roles)	When is the action needed by?
		Room at all times (kept in the fridge and is easily accessible)				
Insulin Pump Malfunctions	Students with Diabetes who have an Insulin Pump	<ul style="list-style-type: none"> The student knows to inject Insulin themselves rather than relying on the Pump 	2 x 2 = 4			
Flash Glucose Monitor / Freestyle Libre Malfunctions	Students with Diabetes who have a "Flash"	The student knows to carry-out a finger-prick test themselves: <ul style="list-style-type: none"> rather than always relying on the Flash if the Flash reading is 4 or below if they have symptoms of a Hypo if the Flash gives a reading that's not consistent with their symptoms 	2 x 2 = 4			
Insulin or Glucose Products are due to expire or have expired	Students with Diabetes	<ul style="list-style-type: none"> There is a 3-stage reminder system to parents/carers that advises when the Insulin (and all other medication) is due to expire Final stage is referral to the CP Team Students with expired Insulin will be sent home until in-date Insulin is provided to the school. This is confirmed on a case-by-case basis with the Headteacher 	1 x 2 = 2			
Student unsure or not confident to administer own Insulin	Students with Diabetes	<ul style="list-style-type: none"> Students with Diabetes attend the Diabetes clinic every 3 months Welfare staff attend annual "Diabetes" training which 	1 x 1 = 1			

What are the hazards? (List only actual hazards/issues related to planned activities)	Who might be harmed and how? (Staff, students, visitors, include vulnerable groups etc.)	What are you already doing to control/treat the risks? (Eliminate, substitute, engineering controls, administrative controls, PPE)	Treated Risk Score (Likelihood x Impact = Score, see table at end of doc)	What further action do you need to take to control/treat the risks? (Eliminate, substitute, engineering controls, administrative controls, PPE)	Who needs to carry out the action? (Staff member names or job roles)	When is the action needed by?
		demonstrates how to administer Insulin and hormone injection				
Offsite Trips	Students with Diabetes	In addition to controls itemised above: <ul style="list-style-type: none"> • At least 1 x 1-day Emergency First Aider accompanies each trip • At least 1 x first aid kits taken on each trip • 1 x first aid kit kept in each minibus • All trip letters include standard line that students without their medication will not be permitted to go on the trip • Policies, procedures and risk assessments in place for trips. Staff familiarised with these • Day Trips – Trip Leader check medical details of trip participants with Welfare Officer and then ensures that each student has their medication on their person before the trip departs • Residential Trips – a Medical List is provided to the Trip Leader as well as copies of IHCPs and emergency medications, all of which is sent on the trip with the Trip Leader. The Trip Leader familiarises themselves with students with medical 	$2 \times 3 = 6$	N.B. The Risk Likelihood x Risk Impact is high for this Hazard because of the unknown situations outside of school (i.e. on a school trip) and certain trips allow for independent time away from the trip leader.		

What are the hazards? (List only actual hazards/issues related to planned activities)	Who might be harmed and how? (Staff, students, visitors, include vulnerable groups etc.)	What are you already doing to control/treat the risks? (Eliminate, substitute, engineering controls, administrative controls, PPE)	Treated Risk Score (Likelihood x Impact = Score, see table at end of doc)	What further action do you need to take to control/treat the risks? (Eliminate, substitute, engineering controls, administrative controls, PPE)	Who needs to carry out the action? (Staff member names or job roles)	When is the action needed by?
		conditions and seeks further support from Welfare Officer or the family if required. The Trip Leader ensures that each student has their medication on their person before the trip departs				
Staff Member gets a “Needlestick Injury”	Staff	<ul style="list-style-type: none"> • Staff should not routinely be injecting Diabetic students with Insulin • Insulin Pens do not have exposed needles as a preventative measure • Insulin Pumps do not have exposed needles • Welfare staff attend annual “Diabetes” training which demonstrates how to draw-up and administer the hormone injection. Welfare staff are shown how to handle the needle safely, how to dispose of it safely and what to do in the event of a “needlestick injury” 	$1 \times 2 = 2$			
Covid-19 Measures	Students with Diabetes	Please refer to the Twyford Trust and William Perkin Risk Assessments	$1 \times 3 = 3$			
Responsible person name:		Signature:		Date:		

What are the hazards? (List only actual hazards/issues related to planned activities)	Who might be harmed and how? (Staff, students, visitors, include vulnerable groups etc.)	What are you already doing to control/treat the risks? (Eliminate, substitute, engineering controls, administrative controls, PPE)	Treated Risk Score (Likelihood x Impact = Score, see table at end of doc)	What further action do you need to take to control/treat the risks? (Eliminate, substitute, engineering controls, administrative controls, PPE)	Who needs to carry out the action? (Staff member names or job roles)	When is the action needed by?
SLT name:		Signature:		Date:		

For each hazard please rate the **Risk Impact** and the **Risk Likelihood** using the below table remaining after control measures currently in place are taken into account. Calculate **overall risk scores** based on an assessment of the treated/untreated scores for the highest risk hazard.

		Risk Likelihood		
Total Risk calculation table		1: Unlikely	2: Neither Likely nor Unlikely	3: Likely
Risk Impact	1: No injury/no or minor property damage	1	2	3
	2: Minor injuries/major property damage	2	4	6
	3: Major injuries/fatality	3	6	9

Likelihood and Impact are multiplied to form the risk score with control measures in place.

Risk Likelihood

Unlikely means once in more than 100 years or

less often

Neither Likely nor unlikely means less often than once in 10 years but more often than once in 100 years.

Likely means once in 10 years or more often

Risk Rating Calculation: Total Risk = Remaining Risk Impact X Remaining Risk Likelihood

A **Total Risk** score of **1-2** should mean you are safe to undertake the activity as long as the required control measures are in place throughout.

A **Total Risk** score of **3-4** should mean you proceed with caution, reconsider control measures, method or even necessity of activity before undertaking it.

A **Total Risk** score of **6-9** should mean you do not undertake the activity at all until you have completely reconsidered how to deliver it safely.

Please Also Note

All risk assessments should be approved and signed by SLT/line management as appropriate.

RISK ASSESSMENT

ACTIVITIES: (What will you be doing and with whom?)	Students with Epilepsy			
DATE OF RISK ASSESSMENT:	Date completed:	xxxx	Date to be reviewed: (Max timeframe 1 year)	xxxx
ROLES & RESPONSIBILITIES: (Reviewer, consultees, specialist advisor, etc.)	Welfare Officers, First Aiders & All Staff			
OVERALL RISK SCORES: (For the highest risk hazard)	Untreated score:	3 x 3 = 9	Treated score:	1 x 3 = 3

What are the hazards? (List only actual hazards/issues related to planned activities)	Who might be harmed and how? (Staff, students, visitors, include vulnerable groups etc.)	What are you already doing to control/treat the risks? (Eliminate, substitute, engineering controls, administrative controls, PPE)	Treated Risk Score (Likelihood x Impact = Score, see table at end of doc)	What further action do you need to take to control/treat the risks? (Eliminate, substitute, engineering controls, administrative controls, PPE)	Who needs to carry out the action? (Staff member names or job roles)	When is the action needed by?
Students with Epilepsy Attending School on a Daily Basis (For general, overarching risk mitigations)	Students with Epilepsy	<ul style="list-style-type: none"> • First Aid and Supporting Pupils with Medical Conditions Policy in place & in operation. Staff familiarised with this • Correct number of trained first aiders on site (as per school First Aid Arrangements document) • Provision of first aid facilities and equipment around school site • Individual healthcare plans for those with Epilepsy • Welfare staff trained to deal with medical emergencies such as an Epileptic Fit/Seizure • AEDs on site and staff trained in their use. • Student Profile Look Books in place around the school inc. to HOYS 	1 x 3 = 3			

What are the hazards? (List only actual hazards/issues related to planned activities)	Who might be harmed and how? (Staff, students, visitors, include vulnerable groups etc.)	What are you already doing to control/treat the risks? (Eliminate, substitute, engineering controls, administrative controls, PPE)	Treated Risk Score (Likelihood x Impact = Score, see table at end of doc)	What further action do you need to take to control/treat the risks? (Eliminate, substitute, engineering controls, administrative controls, PPE)	Who needs to carry out the action? (Staff member names or job roles)	When is the action needed by?
Epileptic Fit/Seizure in School	Students with Epilepsy	<p>Welfare Staff are trained in the following:</p> <ol style="list-style-type: none"> 1. Clear the Area – move the other students away as soon as possible. 2. Assess – stay calm and assess the situation; are they in danger of hurting themselves? Remove any nearby objects that could cause injury. 3. Protect – Cushion the student’s head to prevent them from head injury. Protect their dignity and self-esteem but covering them with a blanket or covering. 4. NEVER – move the student unless they are in danger, or restrain the student or put something in their mouth (e.g. food or drink). 5. Time – Very important to check the time the seizure starts and how long it lasts; if it lasts longer than usual for the student or continues for more than 5 minutes, then call an ambulance and administer medication. 6. Identity – Obtain the Student’s Emergency Welfare Box 	$1 \times 2 = 2$			

What are the hazards? (List only actual hazards/issues related to planned activities)	Who might be harmed and how? (Staff, students, visitors, include vulnerable groups etc.)	What are you already doing to control/treat the risks? (Eliminate, substitute, engineering controls, administrative controls, PPE)	Treated Risk Score (Likelihood x Impact = Score, see table at end of doc)	What further action do you need to take to control/treat the risks? (Eliminate, substitute, engineering controls, administrative controls, PPE)	Who needs to carry out the action? (Staff member names or job roles)	When is the action needed by?
		<p>7. Medication – Students with Epilepsy will have Buccolam in their Emergency Welfare Box. This should be administered as per the instructions in the student’s IHCP.</p> <p>8. Finished – Once the seizure has finished, aid breathing by gently placing the student in the recovery position; this helps drain saliva or vomit – never force; It can be normal for breathing to stop during the ‘tonic’ part of the seizure, the face may go pale; during the ‘clonic’ part breathing can be irregular. Reassure them and continue to protect their dignity and self-esteem.</p> <p>9. Call 999 – if you have any concerns, if it lasts longer than usual for the student, if it continues for more than 5 minutes, if this is someone’s first fit/seizure, if it says to do so in the IHCP.</p>				
Access to Buccolam is impaired or difficult to access	Students with Epilepsy	<ul style="list-style-type: none"> Students with Epilepsy should have an Emergency Box in the Welfare Room which is stored in a clear plastic box, labelled with their 	$1 \times 2 = 2$			

What are the hazards? (List only actual hazards/issues related to planned activities)	Who might be harmed and how? (Staff, students, visitors, include vulnerable groups etc.)	What are you already doing to control/treat the risks? (Eliminate, substitute, engineering controls, administrative controls, PPE)	Treated Risk Score (Likelihood x Impact = Score, see table at end of doc)	What further action do you need to take to control/treat the risks? (Eliminate, substitute, engineering controls, administrative controls, PPE)	Who needs to carry out the action? (Staff member names or job roles)	When is the action needed by?
		name and photo and is easily accessible <ul style="list-style-type: none"> Students with Epilepsy have Buccolam in the Welfare Room at all times 				
Buccolam is due to expire or has expired	Students with Epilepsy	<ul style="list-style-type: none"> There is a 3-stage reminder system to parents/carers that advises when the Buccolam (and all other medication) is due to expire Final stage is referral to the CP Team Students with expired Buccolam will be sent home until in-date Buccolam is provided to the school 	1 x 3 = 3			
Staff unsure or not confident to administer Buccolam	Students with Epilepsy	<ul style="list-style-type: none"> Welfare staff trained to deal with medical emergencies such as an Epileptic Fit/Seizure Welfare staff trained how to administer Buccolam 	1 x 1 = 1			
Offsite trips	Students with Epilepsy	In addition to controls itemised above: <ul style="list-style-type: none"> At least 1 x 1-day Emergency First Aider accompanies each trip At least 1 x first aid kits taken on each trip 1 x first aid kit kept in each minibus 	2 x 3 = 6	N.B. The Risk Likelihood x Risk Impact is high for this Hazard because of the unknown situations outside of school (i.e. on a school trip) and certain trips allow for		

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Covid-19 Measures	Students with Epilepsy	Please refer to the Twyford Trust and William Perkin Risk Assessments	$1 \times 3 = 3$			

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Responsible person name:		Signature:		Date:		
SLT name:		Signature:		Date:		

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