



# **First Aid, Managing Medical Needs and Supporting Pupils with Medical Conditions Policy**

September 2024

# FIRST AID, MANAGING MEDICAL NEEDS AND SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY

<b>Policy to be reviewed annually</b>			
<b>Action</b>	<b>Owner</b>	<b>Date</b>	<b>Completed</b>
Reviewed	Bursar	September 2024	✓
Approved	Head	September 2024	✓
Approved	Risk & Compliance Committee		

<b>To be published on</b>	
School network	✓
School website	✓
ISI Portal	✓

**Accessibility notice**

To enable easier reading, this Policy is available in a larger font upon request.

St Christopher's school is an inclusive community that welcomes and supports pupils with medical needs and 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 school endeavours to provide the same opportunities to pupils with medical conditions as to all other pupils and a positive and caring approach to pupils' needs is promoted by the senior leadership team and all staff.

This policy considers a school's legal duties under the Children and Families Act 2014 to decide to support pupils with medical conditions, as well as its duties under the Equality Act 2010. This policy details the school's arrangements to support pupils with short term medical needs and those with long term medical conditions in collaboration with pupils, parents, school staff, Governors and relevant professional healthcare providers and is written with reference to the DfE statutory guidance for "Supporting pupils at School with medical conditions", December 2015. In this document 'medical condition' refers to any physical or mental health condition that requires ongoing health professional input.

Responsibility for maintaining, implementing and communicating this policy lies with the Head. This policy is overseen by Health, Safety and Premises Committee.

## 1 Identification, Registers and Individual Health Care Plans

### 1.1 Procedures used by the school to identify all children with medical conditions

Before entry to the school, parents/carers will be asked if their child has any physical or mental health conditions and whether administration of medication will be required at school on the medical questionnaire as part of the enrolment process, and annually thereafter. The school asks for explicit consent to share this information with relevant school staff and healthcare professionals.

On the basis of this information, the Welfare Officer will decide whether it is advisable to set up an Individual Health Care Plan (**IHCP**) to ensure that the pupil's medical needs will be met at school. An IHCP is an agreement between parents/carers, the school and health care professionals with regard to the care that a child needs at school and how it will be carried out.

The school follows the procedure detailed in Appendix 1 to ensure that every child with a medical condition has an IHCP in place before they start school. An IHCP is necessary to support the safe management of an emergency or crisis at 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 required to provide the school with medical evidence** from a healthcare professional detailing their child's diagnosis and their expected care requirements whilst at school (*this includes children with temporary medical care needs e.g., limb injury requiring the use of a mobility aid or support sling*).

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

## **1.2 Records maintained by the school for all children with medical conditions**

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

A copy of the register and IHCP will accompany the pupil on any school trip/ off-site outing. The IHCP will also accompany the pupil should they need to attend hospital and includes parental permission for sharing it within an emergency setting.

A copy of the medical register is shared with all staff on internal networks.

### **Children with Food allergies**

Food Allergy information is shared with school kitchen with a photo ID of each child in school that has an allergy and what that allergy is. Food allergy information is also shared with all school staff. Food allergy lanyards are also used in the lunch hall by all pupils with a life- threatening food allergy as well as those with a mild allergy or food intolerance which are presented to the kitchen staff by the individual child (or their teaching assistant where more appropriate) prior to each meal. In exceptional cases, and subject to agreement by the Head, parents may opt out of the requirement for the pupil to wear a lanyard, but they will need to sign a disclaimer prior to implementation.

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.

## **1.3 Individual healthcare plans**

The school recognises that needs are specific to an individual pupil and that not all children with the same medical condition will have the same needs. 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 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.

The format of an IHCP may vary according to the nature and severity of the medical condition. This may range from a school asthma card to a more detailed IHCP as appropriate. All IHCPs should detail the medication and care requirements at school, what to do in an emergency, parent contact details and details of the child's GP.

For more severe and/or complex medical conditions, the IHCP should also include an individual risk assessment 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.

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

The school recognises that needs change over time. As such, IHCPs are updated annually, or ***whenever the pupil's needs change***. The school understands that certain medical conditions are debilitating and potentially life threatening, particularly if poorly managed or misunderstood. The school makes sure that all staff understand their duty of care to children and young people in the event of an emergency and that all staff understand the medical conditions that affect pupils at this school. In order to achieve this effectively, it is good practice and expected that **parents meet with school staff annually** to review and update the IHCP and medication consent forms.

There is an expectation that parents/carers understand the importance of their responsibility to inform the school immediately should their child's needs / condition change.

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 Guidance for administering emergency, long-term and short-term medication at school

### 2.1 Which medications can be administered by the school?

While there is no legal or contractual duty on teachers to administer medicines or supervise pupils taking their medications, nevertheless, we would wish to support pupils where we can. The prime responsibility for a pupil's health lies with the parent or carer who is responsible for the pupil's medication and should supply the school with any relevant information and present required medications to the school office as detailed below.

Medication should only be administered at school when it would be detrimental to a child's health or school attendance not to do so. We do not expect parents to ask the school to administer medication unless it is absolutely essential that this takes place in school hours. *This will not normally include short-term prescribed medication such as antibiotics*, which can be taken at the recommended dose frequencies before school, on returning home and at bedtime. 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. Should antibiotics be prescribed as a 4 dose per day regime, the lunchtime dose can be administered by a suitably trained member of staff in school. *Please note that the first 24 hours of an antibiotic or any medication that is new to the child, i.e., this is the first time they have ever taken this medication, must be administered by a parent and **parents must ensure that their child is well enough to attend school.***

When a child is prescribed a 4 dose per day antibiotic requiring a lunchtime dose to be given in school, **a separate labelled bottle for school should be requested from the pharmacist, containing only the amount of liquid that would be required to be administered in school** e.g. if x4 lunchtime doses of 5 mls is required over 4 days, then the school should be supplied with 20mls of antibiotic liquid.

Parents should never give their child any medication (this includes cough sweets) to bring into school and carry with them during the school day

The school should be informed of **ANY** medication regime imposed on one of its pupils *regardless of whether that medicine is administered at school or at home*. An IHCP may be necessary in these circumstances, as it would be essential in the safe management of an emergency or crisis at school.

## 2.2 Requirements for medications brought to school

We expect the medication to have been dispensed by a pharmacist and brought into school in the original container with the dispensing label attached to the medicine. The label should clearly state the child's name, the name of the medication, dosage, and length of treatment, expiry date, how the medication should be administered and any other required instructions. ***Any medications not presented in this way cannot be accepted or administered by the school.*** Liquid medicines should be accompanied by an appropriate 2.5ml / 5ml medicine spoon or oral syringe.

Where parents have asked the school to administer medication, a **consent form** will need to be obtained from the school office and completed as well as agreement obtained for administration of the medication from the head teacher.

We are not able to enter into an agreement to administer non-prescription, over-the-counter medications e.g. Calpol and antihistamines (unless specifically prescribed). The exception to this would be during a school residential trip where separate arrangements are in place and parental consents are obtained.

Where a child experiences regular menstrual pain that cannot be managed without medication in the school day, the school will enter into an arrangement with the parent to administer over the counter medication where required. A care plan will be agreed and signed by school and parents, medicine consent forms will be approved and, before any administration of pain management medication, a call will be made to the parent to authorise the administration and confirm that this will not exceed the recommended dosage.

The administration of medication in school will normally be undertaken by the Welfare Officer or another designated first aider, rather than by teacher. The exception to this would be during a school residential trip when this role can be undertaken by an appropriately trained member of staff.

## 2.3 Administration of medicines on a school residential trip

All medication held at school will be taken together with all IHCPs on residential trips. Prior to a residential trip, parents will be asked to complete a separate care plan and consent form for any additional prescription medication that will need to be taken during the trip.

Certain non-prescription medicines will be taken on residential trips by the school to treat minor ailments: headaches, fever, pain, mild allergic reactions and (if a parent expressly asks, medicine for travel sickness on the return journey). **No other non-prescription medicines will be administered by staff.** The medicine will be administered in accordance with the instructions on the packet if a supervising teacher feels it is needed and they will keep parents informed until the pupil feels well again.

Additional prescribed and non-prescription medicines as detailed above will only be administered on **receipt of a signed consent form** received from parents prior to each residential trip. A register of all medicines administered will be kept.

Children who require regular medication for an ongoing medical condition or those who may require emergency medication will only be given these medications as detailed in the pupil's IHCP, and when parents/carers complete and sign a medication consent form.

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

### **3 Guidance for staff who administer medication**

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.

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, however, the school accepts that all employees have rights in relation to:

- Choosing whether or not to become involved
- Receiving appropriate training
- Working to clear guidelines
- Having concerns about legal liability
- Bringing any concerns they have about supporting pupils with medical needs to the management

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

### **4 Guidance on storing medication and equipment at school**

#### **4.1 Storage of medication in 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. All pupil medications, (with the exception of those medicines which need to be stored in a fridge), are stored securely but accessibly in the school office. Medicines requiring refrigeration are kept in the medical fridge located in the School Office on the ground floor. Medical fridge temperatures are checked and logged daily.

The school does not allow pupils to carry their own medication/equipment.

The school ensures that medication is in date, labelled and in its original container where possible (although insulin will generally be supplied in an insulin injector or pump), and stored in accordance with its storage instructions including temperature. Expiry dates of all medications stored at school are checked by the Welfare Officer monthly and parents are informed when medications need to be replaced prior to their expiry dates.

When required, the school keeps Controlled Drugs (e.g., methylphenidate [Ritalin], some strong painkillers marked CD on container) stored securely, with staff being aware where they are at all times and who holds the key to the storage facility, but with only named staff having access.

Parents/carers must collect all medication/equipment annually and provide new and in-date medication at the start of the academic year.

The school does not dispose of any medication. It is the parent/carer's responsibility to dispose of out-of-date medication.

A sharps bin is also located in the School Office and sharps are disposed of by a specialist third party contractor.

#### **4.2 Storage and administration of emergency inhalers and adrenaline pens**

The school has clear guidance on the storage and administration of emergency inhalers and adrenaline pens.

The school stores pupil's inhalers and adrenaline pens securely but accessibly in the school office.

Parents of a child with an allergy requiring an Adrenaline Auto-Injector Pen (AAI) should provide the school with their child's Allergy Action Plan.

Emergency Medication will only be administered in accordance with a child's IHCP together with an accompanying signed consent form.

Children who have been prescribed an Adrenaline Auto-Injector Pen (AAI) must supply the school with **two** in date pens; failure to do so will require that the child be kept at home until the school receives the required supply of emergency medication.

Children who have been prescribed a Salbutamol (Ventolin) inhaler for asthma should provide the school with their child's Asthma Management plan together with an in-date inhaler and an age-appropriate spacer device. Failure to do so will require that the child be kept at home until the school receives the required supply of emergency medication.

The school's supply of emergency asthma inhalers and adrenaline pens are available for pupils who have already been prescribed a Ventolin inhaler or adrenaline pen where their own medication is not available or fails. Written parental consent and medical authorisation for use of the school's supply of emergency medication also needs to be given. They are stored in an accessible, secure location, separate from the pupil's own prescribed medication.

## **5 First aid provision**

### **5.1 Who is supported with first aid**

The school has clear guidance with regards to first aid provision.

St Christopher's aims to provide first aid care to all pupils and staff who injure themselves at school or who have become unwell during the school day. First aid is also provided to pupils and staff when they are away from school on day trips or residential outings. St Christopher's follow the [Department for Education \(DfE\) Guidance on First Aid for schools](#).

Although the school has no legal responsibility for the provision of first aid to non-employees on the school premises, it does in practice extend first aid to parents or other school visitors.



St Christopher's believes that where practicable, every effort is made to support children staying in school when they sustain a minor injury, to this end, the Welfare Officer is on duty in the school office from 08:00hrs – 17:00hrs daily, to administer first aid, to deal with any accidents/incidents or emergencies, or to help if a pupil or adult is taken ill. There is always someone on duty in the main school office.

## **5.2 First aiders in school**

The school ensures that it is fully compliant with the HSE recommendations (x1 first aid provider for every 50 pupils/staff members) in providing sufficient numbers of first aiders to cover the school and off-site visits and trips.

An up-to-date list of all first aid providers, their qualifications and their location are displayed in the school office, staff room and all classrooms throughout the school and all new pupils and staff are given information on where to go for help in the event of an accident as part of their induction to the school.

Responsibility for maintaining and monitoring all aspects of the first aid room and first aid provision including maintaining stock levels, lies with the Welfare Officer.

First aid supplies can be found in the School Office. First aid kits are placed in all areas of the school where an accident is considered possible or likely i.e., in the PE department, science room art/DT room and the kitchen. A first aid kit can also be found in the library and the Bursar's Office and in all classrooms. First aid kits are also carried by the playground supervisors and supervising teachers at break times, these kits can be found in the school office. Each year group will take their own first aid kit with them whenever they go on a school trip/outing. The Welfare Officer checks and replenishes all first aid kits as needed.

Two paediatric first aid providers always accompany EYFS children on school trips and outings.

Where possible, it is good practice to manage first aid in the first aid room however, it may be necessary to carry out first aid where the pupil is located.

All staff must make themselves aware of how to contact Ambulance Services in an emergency by calling 999 from any school phone.

## **5.3 Recording first aid**

If a child needs medical attention, the supervising member of staff will fill in a yellow referral slip for her to take to the first aider on duty. All members of Reception are escorted to the first aider by a member of staff. Other pupils may be escorted by an adult or another pupil if the referring member of staff feels it is appropriate.

The yellow referral slip records the pupil's name, date and time, and a brief description of the incident. The attending First Aider then records the treatment given the outcome of the incident and the time that the pupil returns to class or is collected and taken home. These slips are kept by the Welfare Officer or, in her absence, one of the other First Aiders, until the end of the day, when it may be used as the basis of a written accident report if one is needed. Details of referral slips are recorded on the school management information system and monitored regularly.

All minor accidents are recorded on the yellow slips.

Severe accidents are further recorded in the HSE-approved RIDDOR Accident Book, kept in the School Office. The Bursar, who has responsibility for Health & Safety in the school, keeps the entries from the RIDDOR book, and a copy is kept securely in the School Office. We report all serious incidents to RIDDOR.

#### **5.4 Notification to parents of first aid provision**

The school will always contact parents if a child suffers anything more than a minor injury, if she becomes unwell or if there are any concerns about her health.

Parents are always notified on the same day about:

- Any head Injury (apart from the most minor), including injuries to face, nose, mouth and teeth or eyes
- A wasp or a bee or other insect sting

#### **5.5 Treatment of common injuries**

##### **Head injury**

For a head injury, unless the injury is obviously severe, girls are initially given treatment in the form of a cold pack and rest, under observation, for a minimum of 10 minutes. This period may be extended as appropriate, according to the response of the pupil.

If, on the basis of this observation period, the child appears to have recovered and is ready to re-join the class, she is given an 'I bumped my head today' sticker to wear for the rest of the day. All teachers in contact with her will then automatically monitor her. The Welfare Officer or the First Aider in charge will ring the girl's parents to tell them of the incident and ask them to continue monitoring at home.

If the injury appears severe, or the child exhibits symptoms of head injury or concussion, parents are contacted immediately to come and fetch her for urgent medical attention. The Welfare Officer or First Aider in charge will make a decision as to whether to call the emergency services.

##### **Bee or Wasp or other Insect Stings**

In the case of a wasp or bee or other insect sting, a first aider will endeavour to remove the sting using a card for this purpose. An ice pack is applied to the affected area, and the child kept under observation for half an hour. Parents are notified of any sting, and are requested to collect their child if the swelling increases rather than decreases, or is in high-risk areas such as the mouth or throat or eyes

##### **Diarrhoea and/or Vomiting**

If a pupil experiences the symptoms of diarrhoea and/or vomiting, she will be taken to the first aid room to rest in the care of one of the First Aiders until a parent or carer can collect her.

Until she is collected, an adult toilet will be temporarily designated 'Sick Room Loo' and used exclusively by the pupil with signage added to ensure other people do not subsequently use the toilet

before it is thoroughly cleaned. A notice will be put on the door directing visitors to another toilet. The Sick Room toilet will be cleaned intensively before being returned to general use.

Should the pupil suffer from diarrhoea and/or vomiting, in line with Government and NHS guidelines, she should be kept at home and not return to school until 48hours after the **last** episode of diarrhoea or vomiting has occurred.

On school trips accompanying staff carry sick bags and tissues for cases of vomiting.

## **Raised Temperature**

If a pupil experiences a raised temperature, she will be taken to the first aid room to rest in the care of one of the First Aiders, the temperature will be checked with a thermometer and where appropriate a parent or carer will be asked to come and collect her.

If the pupil has a raised temperature or is feeling unwell parents will be asked to keep them at home until they feel better.

## **Control of Infections & Contagious Diseases**

The school relies on parents to assist them in keeping all pupils safe by reporting any cases of infectious or contagious diseases and to keep their child at home until their doctor has confirmed that they are no longer infectious or contagious.

The school follows the [Public Health Agency guidance 2020](#) when advising whether or not it is safe for a child with an infection to attend school.

### **5.6 999 PROTOCOL**

In an emergency situation following an accident or injury the nearest member of staff will ring 999, and then notify the Welfare Officer or First Aider in charge that this has been done.

If a 999 call is made, the child's parents will be rung immediately afterwards, to notify them and ask them to come as soon as possible, either to school or to A & E.

## **6 Training**

The school promotes staff 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.

### **6.1 Level 1 – All staff are aware of the medical needs and conditions policy, emergency procedures and are encouraged to undergo further training**

The school ensures that all staff, including temporary staff, are aware of the 'Managing Medical Needs and Supporting pupils with Medical Conditions policy' and their role in implementing the policy as part of induction.

All staff know which named members of staff should be called on in the event of a medical emergency and should 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.

All members of staff have a duty to be aware of the medical Information of all children for whom they are regularly responsible.

The school encourages all staff to undertake awareness raising opportunities as part of its programme of Professional Review and Development , including first aid training, as well as accredited online training modules tailored for schools around managing common medical conditions including Asthma and Anaphylaxis, Diabetes and Epilepsy The school keeps a record of staff training.

### **6.2 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 trained first aiders, considering factors such as the size of the school.

All first aiders are trained in the management of common medical emergencies and basic life support, including cardiopulmonary resuscitation (CPR) and anaphylaxis training; this should be refreshed at least every three years. A list of first aiders is displayed in every classroom.

The school has an Automatic External Defibrillator (AED) on site which is located in the school office, which all staff are aware of. The Welfare Officer is responsible for maintaining this and carrying out monthly checks.

### **6.3 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 trained to support pupils with more complex medical needs staff and suitable levels of training are assigned to support where appropriate. The school ensures that this training is provided by appropriate professionals.

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

Training should be sufficient to ensure that those 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 individual healthcare plans.

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 school reserves the right to seek professional advice/specialist training from relevant healthcare professionals where it is deemed appropriate to do so.

## 7 Whole School Environment

### 7.1 Inclusive whole school environment

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

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

The school uses opportunities such as personal, social, health, citizenship and economic education (PSHCE) and science lessons to raise awareness of medical conditions to help promote a positive environment.

The school listens to the views of parents/carers and pupils, ensuring that pupils with medical conditions feel safe at school and confident in receiving an appropriate level of care that meets their medical needs.

If and when appropriate, pupils with medical conditions are encouraged and educated to take control of their treatment in preparation for self-care in later life.

No child with a medical condition will be sent home more than necessary or excluded from activities or facilities because reasonable adjustments have not been made by the school.

No child will be prevented from eating/drinking or taking toilet or other breaks needed in order to manage their medical condition.

The school recognises that any measures to identify pupils with medical conditions for their safety should be proportionate and consider confidentiality and emotional wellbeing.

The school is committed to ensuring children's emotional needs are met. This is done through clear guidance and strong supportive pastoral care.

### 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 reasonable adjustments to physical activity sessions in accordance with a pupil's individual healthcare plan. 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 will require consultation with

parent/carers and pupils and may require advice from the relevant healthcare professional to ensure that pupils can participate safely

### **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 Learning Enrichment Co-ordinator) who will liaise with the pupil (where appropriate), parents and the pupil's healthcare professional.

Where a child is returning to school following a period of hospitalisation or alternative provision (including home tuition), this school will work with the educational and healthcare providers to ensure that the child receives the support they need to reintegrate effectively. This may include updating their individual healthcare plan where necessary.

## **8 The school learns from incidents and complaints**

The school investigates all serious incidents related to this policy and reports these to the school's Health and Safety Advisor. 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.

## **9 Additional Resources**

### **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://www.allergywise.org.uk/p/allergywise-for-schools>

### **Supporting Children's Health Asthma Online Course**

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

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

<https://www.firstaidforfree.com/online-asthma-awareness/asthma.org.uk/advice/inhaler-videos>

### **Information & supporting children with Type 1 Diabetes - [jdrf.org.uk](http://jdrf.org.uk)**

Schools e- learning module to help school staff provide appropriate support for children or young people with type 1 in their care.

<https://jdrf.org.uk/for-professionals/school-pack/schools-e-learning-module/>

### **MindEd**

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

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

### **Epilepsy**

[Free online epilepsy awareness courses for school](#)

[Learn.epilepsy.org.uk](http://Learn.epilepsy.org.uk)

**Appendix 1**

**Process for Developing Individual Health Care Plans (IHCP)**

