

COGNITA

St Margaret's Preparatory School



Supporting Pupils with Medical Conditions Policy

November 2019

Our Vision

- We want... every child to love coming to school and to love learning.
- We want... all children to feel secure and cared for.
- We believe... in teaching the whole child and finding exciting ways to enhance their learning experience so that when they leave St. Margaret's, they say what a fantastic school it is in every way.

And this is what we aim to do

- Provide a high quality education, where children can grow in knowledge and understanding.
- Equip all children with appropriate skills, attitudes and values.
- Create an environment where every child can fulfil their potential.
- Encourage every child to benefit from our caring staff and fine facilities.
- Enable every child to communicate with confidence in every situation.
- Treat every child with the highest standards of courtesy, loyalty, honesty and fairness, and expect the same from them in return.

This policy applies to the whole School and to The Nursery at St. Margaret's.

1 Policy Statement

- 1.1 The school understands that it has a responsibility to make the school welcoming and supportive to pupils with medical conditions who currently attend and to those who may enrol in the future. The school aims to provide all children with all medical conditions the same opportunities as others at school. We will help to ensure they can fulfil their academic potential as healthy citizens in the school community.
- 1.2 Pupils with medical conditions are encouraged to take control of their condition. The school aims to include all pupils with medical conditions in all school activities.
- 1.3 Staff understand the medical conditions of pupils at this school and that they may be serious, adversely affect a child's quality of life and impact on their ability and confidence. All staff understands their duty of care to children and young people and know what to do in the event of an emergency.
- 1.4 The school understands that certain medical conditions are serious and can be potentially life-threatening, particularly if ill managed or misunderstood. All staff understands the common medical conditions that affect children at this school. Staff receive training on the impact this can have on pupils.
- 1.5 The medical conditions policy is understood and supported by the whole school and local health community.
- 1.6 We recognise our duties as detailed in Section 100 of the Children and Families Act 2014. Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. Where this is the case, this school complies with the duties under that Act. Some may also have special educational needs (SEN) and may have an Education, Health and Care (EHC) Plan which brings together health and social care needs, as well as their special educational provision. For children with SEN, this policy should be read in conjunction with the Special Educational Needs Policy.

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1.7 This policy applies to all pupils, including those in the Early Years.

Key personnel	
Headteacher	Carolyn Moss (Acting)
First aid co-ordinator	Kay Crispin
First aiders	Harriett Carter Tom Clifton Kay Crispin
The following staff have completed a recognised training course in EFAW	Judith Morgan Abigail Ford Corinne Walker Sophie Moser Jayne Crowley
The following staff have completed a 2 day Paediatric course in first aid (EYFS requirement)	Debbie Raby Jo Irvine Hannah Fraser Melanie Harris Nicola Turner Terri Griffiths Harriett Carter Louise Laurie Jocelyne Crallan Carolyn Moss

2 Roles and Responsibilities

2.1 This school works in partnership with all interested and relevant parties including all school staff, parents, employers, community healthcare professionals, catering staff and pupils to ensure the policy is planned, implemented and maintained successfully. The following roles and responsibilities are used for the medical conditions policy at this school. These roles are understood and communicated regularly.

2.2 The Headteacher/Principal will:

- Ensure the Health and Safety of their employees and anyone else on the premises or taking part in school activities (this includes all pupils).
- Ensure responsibility extends to those staff and others leading activities taking place off-site, such as visits, outings or field trips.
- Ensure the Health and Safety policies and risk assessments are inclusive of the needs of pupils with medical conditions.
- Ensure the medical conditions policy is effectively monitored and evaluated and regularly updated.
- Provide indemnity for staff who volunteer to administer medication to pupils with medical conditions.
- Ensure the school is inclusive and welcoming and that the medical conditions policy is in line with local and national guidance and policy frameworks.
- Liaise between interested parties including pupils, school staff, special educational needs coordinators, pastoral support, teaching assistants, school nurses, parents, employers, the school health service, and local emergency care services.
- Ensure the policy is put into action, with good communication of the policy to all.
- Ensure that information held by the school is accurate and up to date and that there are good information sharing systems in place (noting this is reliant on parents updating information).
- Ensure pupil confidentiality.
- Assess the training and development needs of staff and arrange for them to be met.
- Ensure all supply teachers and new staff know the medical conditions policy.

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2.3 All school staff will:

- Be aware of the potential triggers, signs and symptoms of common medical conditions and know what to do in an emergency.
- Understand the School's Medical Conditions Policy.
- Know which pupils in their care have a medical condition and be familiar with the content of the pupil's Individual Healthcare Plan (IHP) – including emergency action plans where required.
- Allow all pupils to have immediate access to their emergency medication.
- Maintain effective communication with parents including informing them if their child has been unwell at school.
- Ensure pupils who carry their medication with them have it when they go on a school visit or out of the classroom.
- Be aware of pupils with medical conditions who may need extra support.
- Understand the common medical conditions and the impact it can have on pupils (pupils should not be forced to take part in any activity if they feel unwell).
- Ensure all pupils with medical conditions are not excluded unnecessarily from activities they wish to take part in.
- Ensure pupils have the appropriate medication or food with them during any exercise and are allowed to take it when needed.

2.4 All teaching staff will:

- Ensure pupils who have been unwell catch up on missed school work.
- Be aware that medical conditions can affect a pupil's learning and provide extra help when pupils need it.
- Liaise with parents and the School Nurse/First Aid Coordinator.
- Use opportunities such as PSHE and other areas of the curriculum to raise pupil awareness about medical conditions.

2.5 The School Nurse or First Aid Coordinator will:

- Help update the School's Medical Conditions Policy.
- Help provide regular training for school staff in managing the most common medical conditions at school.
- Provide information about where the school can access other specialist training.

2.6 First aiders will:

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

2.7 Special educational needs coordinators will:

- Ensure that they know which pupils have a medical condition and which have special educational needs because of their condition.
- Ensure staff make the necessary arrangements if a pupil needs special consideration or access arrangements in exams or course work.

2.8 Pastoral support will:

- Know which pupils have a medical condition and which have special educational needs because of their condition.
- Ensure all pupils with medical conditions are not excluded unnecessarily from activities they wish to take part in.

2.9 Pupils will:

- Treat other pupils with and without a medical condition equally.
- Tell their parents, teacher or nearest staff member when they are not feeling well.
- Let a member of staff know if another pupil is feeling unwell.

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- Let any pupil take their medication when they need it, and ensure a member of staff is called.
- Treat all medication with respect.
- Know how to gain access to their medication in an emergency.
- If mature and old enough, know how to take their own medication and to take it when they need it.
- Ensure a member of staff is called in an emergency situation.

2.10 Parents/carers will:

- Tell the school if their child has a medical condition.
- Ensure the school has a complete and up-to-date Pupil Health Record form for their child on a regular basis and is updated with contact details
- Inform the school about the medication their child requires during school hours.
- Inform the school of any medication their child requires while taking part in visits, outings or field trips and other out-of-school activities.
- Tell the school about any changes to their child's medication, what they take, when, and how much.
- Inform the school of any changes to their child's condition.
- Ensure their child's medication and medical devices are labelled with their child's full name.
- Provide the school with appropriate medication labelled with their child's name, in original container and containing the medicine information leaflet.
- Ensure that their child's medication is within expiry dates.
- Keep their child at home if they are not well enough to attend school.
- Ensure their child catches up on any school work they have missed.

3 Communication Plan

3.1 Pupils are informed and reminded about how the policy can support them and their specific need:

- in assemblies;
- in the school newsletter at several intervals in the school year; and
- in personal, social and health education (PSHE) classes.

3.2 Parents are informed and regularly reminded about the medical conditions policy:

- at the start of the school year when communication is sent out about Pupil Health Record forms;
- in the school newsletter at several intervals in the school year;
- when their child is enrolled as a new pupil; and
- via the school's website, where it is available all year round.

3.3 School staff are informed and regularly reminded about the medical conditions policy:

- via the school VLE;
- at scheduled medical conditions training;
- through the key principles of the policy being displayed in several prominent staff areas around the school; and
- all supply and temporary staff are informed of the policy and their responsibilities.

4 Individual Healthcare Plans (IHPs)

4.1 All pupils with a medical condition should have an IHP. Cognita provide a template IHP.

4.2 An IHP details exactly what a child needs in school, when they need it and who is going to give it.

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- 4.3 It should also include information on the impact any health condition may have on a child's learning, behaviour or classroom performance.
- 4.4 This should be drawn up with input from the child (if appropriate) their parent/carer, relevant school staff and healthcare professional, ideally a specialist if the child has one.

5 Emergency Procedures and Training

- 5.1 All staff including temporary or supply staff at the school are aware of the most common serious medical conditions at the school. Staff at the school understand their duty of care to pupils in the event of an emergency. All staff know what action to take in the event of a medical emergency. This includes:
 - how to contact emergency services and what information to give (see Appendix 1)
 - who to contact within the school.
- 5.2 If a pupil needs to be taken to hospital, a member of staff will always accompany them and will stay with them until a parent arrives. The school tries to ensure that the staff member will be one the pupil knows. Staff should not take pupils to hospital in their own car.
- 5.3 The pupils IHP's should inform what help they need in an emergency. The school has procedures in place so that a copy of the pupil's IHP is sent to the emergency care setting with the pupil. On occasions when this is not possible, the form is sent with the pupil. Parental consent will be sought and recorded in the IHP for sharing IHP with emergency case settings. All staff who work with groups of pupils at the school receive training and know what to do in an emergency for the pupils in their care with medical conditions. Training is refreshed for all staff at least once a year.

6 Administration of Medication

The following is a synopsis of our Administration of Medication Policy. Please see our Supporting Pupils with Medical Conditions Procedures for more detailed information about administration of medication procedures and roles / responsibilities.

Administration – Emergency Medication

- 6.1 All pupils at this school with medical conditions have easy access to their emergency medication. All pupils are encouraged to carry and administer their own emergency medication, when their parents and health specialists determine they are able to start taking responsibility for their condition. All pupils carry their emergency medication with them at all times, except if they are controlled drugs as defined in the Misuse of Drugs Act 1971. This is also the arrangement on any off-site or residential visits. Pupils who do not carry and administer their own emergency medication know where their medication is stored and how to access it. Pupils who do not carry and administer their own emergency medication understand the arrangements for a member of staff to assist in helping them take their medication safely.

7 Administration – General

- 7.1 All use of medication defined as a controlled drug, even if the pupil can administer the medication themselves, is done under the supervision of a named member of staff at the school. This school understands the importance of medication being taken as prescribed. All staff are aware that there is no legal or contractual duty for any member of staff to administer medication or supervise a pupil taking medication unless they have been specifically contracted to do so. Many other members of staff are happy to take on the voluntary role of administering medication. Any member of staff may administer prescribed and non-prescribed medication to pupils under the age of 16, but only with the written consent of the pupil's parent. Training is given to all staff members who agree to administer medication to pupils and where specific training is needed.
- 7.2 All school staff have been informed through training that they are required, under common law duty of care, to act like any reasonably prudent parent in an emergency situation. This may include taking action such as administering medication.
- 7.3 In some circumstances medication is only administered by an adult of the same gender as the pupil, and preferably witnessed by a second adult.
- 7.4 Parents at this school understand that if their child's medication changes or is discontinued, or the dose or administration method changes, that they should notify the school immediately.
- 7.5 If a pupil at this school refuses their medication, staff record this and follow procedures. Parents are informed as soon as possible.
- 7.6 All staff attending off-site visits are aware of any pupils with medical conditions on the visit. They receive information about the type of condition, what to do in an emergency and any other additional support necessary, including any additional medication or equipment needed. If a trained member of staff, who is usually responsible for administering medication, is not available the school makes alternative arrangements to provide the service. This is always addressed in the risk assessment for off-site activities.
- 7.7 If a pupil misuses medication, either their own or another pupil's, their parents are informed as soon as possible. These pupils are subject to the school's usual disciplinary procedures.

8 Administration – Use of Adrenaline Auto-Injectors (AAI)

- 8.1 From 1 October 2017, schools can now purchase spare adrenaline auto-injectors for use on children with serious allergies in emergency situations without prescription, for use in situations where the device is potentially not available, not working or out of date. However this is considered a spare/back up device and not a replacement for a pupil's own AAI(s)The school will follow the guidance issued by the [Department of Health dated 15 September 2017](#).
- 8.2 A register of pupils who have been prescribed AAI(s) or where a doctor has provided a written plan recommending use of AAI(s) to be used in event of anaphylaxis will be in place at the school.
- 8.3 Written consent will be sought from the pupil's parent/guardian for the use of spare AAI(s) as part of a pupils Individual healthcare plan.
- 8.4 Spare AAI(s) will only be used on pupils where both medical authorisation and written parental consent has been provided.

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8.4.1 Training for staff on use of the AAI is included in approved first aid training courses as detailed in the First Aid Policy.

8.5 Storage of these auto-injectors will be in line with the Storage of Medication section below.

9 Administration – Overseas Medicines

9.1 Pupils returning from overseas and who bring in medication obtained from another country must be willing to provide, from the prescriber, written details of the name, nature, dose and quantity of drug(s) supplied. These must be written or translated into English, and permission must be sought from the school for the pupil to continue taking them whilst under the care of school. If this is not granted, but the pupil continues to use the medication, parents/carers will be informed and will be expected to assume full responsibility/liability if the pupil continues to take them. Storage, administering and procedures for such medicines remain the same. Prescription medicines must not be administered unless they have been prescribed by a doctor, dentist, nurse or pharmacist.

10 Storage of Medication

See the Supporting Pupils with Medical Conditions Procedures for more detailed information and roles and responsibilities

10.1 Medicines are always securely stored in accordance with individual product instructions, paying particular note to temperature. Some medication for pupils at this school may need to be refrigerated. All refrigerated medication is stored in an airtight container and is clearly labelled. Refrigerators used for the storage of medication are in a secure area, inaccessible to unsupervised pupils or lockable as appropriate.

10.2 We will carry out a risk assessment to consider any risks to the health and safety of our school community and put in place measures to ensure that identified risks are managed and that medicines are stored safely.

10.3 All medicines shall be stored in the original container in which they were dispensed, together with the prescriber's instructions for administration.

10.4 If a pupil is prescribed a controlled drug, it will be kept in safe custody in a locked, non-portable container and only named staff will have access. Controlled drugs must be counted in and witnessed if they are not administered by a qualified nurse or practitioner. The medication form must be signed by two people with at least one being the First Aid Coordinator. The records must indicate the amount of remaining medication.

10.5 Parents should collect all medicines belonging to their child at the end of the day. They are responsible for ensuring that any date-expired medication is collected from the school. All medication is sent home with pupils at the end of the school year. Medication is not stored in summer holidays. If parents do not pick up out-of-date medication or at the end of the school year, medication is taken to a local pharmacy for safe disposal.

- 10.6 We will keep medicines securely locked and only named staff will have access, apart from EpiPens, Asthma pumps and diabetes hypo kits which need to be with or near pupils who need them. Three times a year the First Aid Coordinator/School Nurse will check the expiry dates for all medication stored at school.
- 10.7 Sharps boxes are used for the disposal of needles. All sharps boxes in the school are stored in a locked cupboard unless alternative safe and secure arrangements are put in place. If a sharps box is needed on an off-site or residential visit, a named member of staff is responsible for its safe storage and return to a local pharmacy or to school or the pupil's parent. Collection and disposal of sharps boxes is arranged by the school biannually.

11 Record Keeping

See the Supporting Pupils with Medical Conditions Procedures for more detailed information and roles and responsibilities

- 11.1 Parents at this school are asked if their child has any health conditions or health issues on the Pupil Health Record Form, which is filled out at the start of each school year. Parents of new pupils starting at other times during the year are also asked to provide this information on Pupil Health Record forms.
- 11.2 IHPs are used to create a centralised register of pupils with medical needs. An identified member of staff has responsibility for the register at this school.
- 11.3 If a pupil has a short-term medical condition that requires medication during school hours, a medication form plus explanation is sent to the pupil's parents to complete.
- 11.4 Parents at this school are regularly reminded to update their child's IHP if their child has a medical emergency or if there have been changes to their symptoms (getting better or worse), or their medication and treatments change. Every pupil with an IHP at this school has their plan discussed and reviewed at least once a year.
- 11.5 Parents and pupils at the school are provided with a copy of the pupil's current agreed IHP and are kept in a secure central location at school. Apart from the central copy, specified members of staff (agreed by the pupil and parents) securely hold copies of pupils' IHPs. All members of staff who work with groups of pupils have access to the IHPs of pupils in their care. When a member of staff is new to a pupil group, for example due to staff absence, the school makes sure that they are made aware of (and have access to) the IHPs of pupils in their care.
- 11.6 The school ensures that all staff protect pupil confidentiality and the school seeks permission from parents before sharing any medical information with any other party.
- 11.7 If a pupil requires regular prescribed or non-prescribed medication at school, parents are asked to provide consent on their child's Pupil Health Record form giving the pupil or staff permission to administer medication on a regular/daily basis, if required. A separate form is sent to parents for pupils taking short courses of medication.
- 11.8 This school keeps an accurate record of each occasion an individual pupil is given or supervised taking medication. Details of the supervising staff member, pupil, dose, date and time are recorded. If a pupil refuses to have medication administered, this is also recorded and parents are informed as soon as possible. Staff understand where to find further information on specific medical conditions within the school.

- 11.9 This school holds training on common medical conditions once a year. All staff attending receive a certificate confirming the type of training they have had. A log of the medical condition training is kept by the school and reviewed every 12 months to ensure all new staff receive training.
- 11.10 All school staff who volunteer or who are contracted to administer medication are provided with training. The school keeps a register of staff who have had the relevant training. This school keeps an up-to-date list of members of staff who have agreed to administer medication and have received the relevant training.

12 Record Keeping – Residential Trips

See the Supporting Pupils with Medical Conditions Procedures for more detailed information and roles and responsibilities

- 12.1 Parents are sent a residential visit form to be completed and returned to school shortly before their child leaves for an overnight or extended day visit. This form requests up-to-date information about the pupil's current condition and their overall health. This provides essential and up-to-date information to relevant staff and school supervisors to help the pupil manage their condition while they are away. This includes information about medication not normally taken during school hours.
- 12.2 All residential visit forms are taken by the relevant staff member on visits and for all out-of-school hours activities where medication is required. These are accompanied by a copy of the pupil's IHP.
- 12.3 All parents of pupils with a medical condition attending a school trip or overnight visit are asked for consent, giving staff permission to administer medication at night or in the morning if required.
- 12.4 The residential visit form also details what medication and what dose the pupil is currently taking at different times of the day. It helps to provide up-to-date information to relevant staff and supervisors to help the pupil manage their condition while they are away.

13 Whole School Environment Inclusive and Favourable to Pupils with Medical Conditions

- 13.1 The school is committed to providing a physical environment that is accessible to pupils with medical conditions. Pupils with medical conditions are included in the consultation process to ensure the physical environment at this school is accessible. The school's commitment to an accessible physical environment includes out-of-school visits. The school recognises that this sometimes means changing activities or locations.
- 13.2 The school ensures the needs of pupils with medical conditions are adequately considered to ensure their involvement in structured and unstructured social activities, including during breaks and before and after school.
- 13.3 All staff at the school are aware of the potential social problems that pupils with medical conditions may experience. Staff use this knowledge to try to prevent and deal with problems in accordance with the school's anti-bullying and behaviour policies. Staff use opportunities such as personal, social and health education (PSHE) lessons to raise awareness of medical conditions amongst pupils and to help create a positive social environment.

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- 13.4 The school understands the importance of all pupils taking part in sports, games and activities. The school ensures all those who teach PE and games make appropriate adjustments to sports, games and other activities to make physical activity accessible to all pupils.
- 13.5 The school ensures all those who teach PE and games understand that pupils should not be forced to take part in an activity if they feel unwell. All those who teach PE and games are aware of pupils in their care who have been advised to avoid or to take special precautions with particular activities. The school ensures all those who teach PE and games are aware of the potential triggers for pupils' medical conditions when exercising and how to minimise these triggers.
- 13.6 The school ensures all pupils have the appropriate medication or food with them during physical activity and that pupils take them when needed. The school ensures all pupils with medical conditions are actively encouraged to take part in out-of-school clubs and team sports.
- 13.7 The school ensures that pupils with medical conditions can participate fully in all aspects of the curriculum and ensures that appropriate adjustments and extra support are provided. If a pupil is missing a lot of time at school, they have limited concentration or they are frequently tired, all staff at the school understand that this may be due to their medical condition.
- 13.8 Staff at the school are aware of the potential for pupils with medical conditions to have special educational needs (SEN). Pupils with medical conditions who are finding it difficult to keep up with their studies are referred to the SEN coordinator. The school's SEN coordinator consults the pupil, parents and first aid coordinator to ensure the effect of the pupil's condition on their schoolwork is properly considered.
- 13.9 Pupils at the school learn about what to do in the event of a medical emergency.
- 13.10 Risk assessments are carried out by the school prior to any out-of-school visit and medical conditions are considered during this process. Factors the school considers include: how all pupils will be able to access the activities proposed, how routine and emergency medication will be stored and administered, and where help can be obtained in an emergency. The school understands that there may be additional medication, equipment or other factors to consider when planning residential visits. The school considers additional medication and facilities that are normally available at school.

14 Common Triggers

- 14.1 The school is committed to reducing the likelihood of medical emergencies by identifying and reducing triggers both at school and on out-of-school visits. School staff have been given training on medical conditions. This training includes detailed information on how to avoid and reduce exposure to common triggers for common medical conditions.
- 14.2 The school has a list of common triggers for the common medical conditions at this school. The school has written a trigger reduction schedule and is actively working towards reducing or eliminating these health and safety risks. Written information about how to avoid common triggers for medical conditions has been provided to all school staff.
- 14.3 The school uses the IHPs to identify individual pupils who are sensitive to particular triggers. The school has a detailed action plan to ensure these individual pupils remain safe during all lessons and activities throughout the school day.

14.4 Full health and safety risk assessments are carried out on all out-of-school activities before they are approved, including work experience placements and residential visits, taking into account the needs of pupils with medical conditions.

14.5 The school reviews medical emergencies and incidents to see how they could have been avoided. Appropriate changes to this school's policy and procedures are implemented after each review.

15 Review

15.1 In evaluating the policy, the school seeks feedback from key stakeholders including pupils, parents/carers (where applicable), school nurses, specialist nurses and other relevant healthcare professionals, school staff, local emergency care services and governors. The views of pupils with medical conditions are central to the evaluation process. Should parents and pupils be dissatisfied with the support provided they should discuss these concerns with the Head teacher.

15.2 This school's medical condition policy is reviewed, evaluated and updated annually in line with the school's policy review timeline.

Contacting Emergency Services

Dial 999, ask for an ambulance and be ready with the following information:

1. Your telephone number
2. Give your location as follows: St Margaret's Preparatory School, Gosfield Hall Park (Hall Drive), Gosfield, Halstead, Essex CO9 1SE
3. Give your full name
4. Give the name of the person needing help, their age and their date of birth (if available)
5. Give a brief description of the person's symptoms (and any known medical condition)
6. Inform ambulance crew of the best entrance to get to the casualty and state that the crew will be met at this entrance and taken to the person needing help
7. Do not hang up until the information has been repeated back to you

Speak clearly and slowly

APPENDIX 1

ST MARGARET’S PREPARATORY SCHOOL – MEDICAL AND DIETARY INFORMATION FORM

Name of Child	Date of Birth
Emergency contact number, name and email address (1)	
Emergency contact number, name and email address (2)	
Doctors Name, Surgery and Phone Number	

Medical Conditions:

Does your child have any medical conditions, allergies or disability that the school needs to know about?	YES* / NO
If yes, please provide details:	
Does your child take any medication?	YES* / NO
If yes, please provide details (including information about any side-effects).	
Will the medication need to be administered in school?	YES* / NO
Does your child need to carry an epipen / adrenaline auto-injector?	YES* / NO
Does your child need to carry an inhaler?	YES* / NO
Do we have permission to put a plaster on your child if appropriate to do so?	YES / NO

Dietary Needs:

Does your child have any dietary needs which the school needs to be aware of?	YES* / NO
If yes, please provide details:	

**PLEASE NOTE: If you have answered YES to any of these questions, please refer to the school’s Supporting Pupils with Medical Conditions Policy and Procedures - available on the school’s website or from the School Facilities Manager*

- I give permission for my child to receive first aid as appropriate and if necessary
- I understand that in an emergency the school will use the contact details above and if necessary will contact the emergency services. This may be in school or on a school trip
- I understand that it is my responsibility to update these details if and when there are changes to my child’s health or medication requirements
- I understand that, if necessary, a Health Care Plan may need to be prepared by the school in relation to my child’s condition and that I may need to contribute to its preparation

Signed.....Print
Name.....Date.....

Relationship to
child.....

Data Protection Information

At Cognita, we look after your personal information and only use it for the purpose for which it has been collected. If you would like further information about how and why we use your personal information, please see our privacy notices which are available either here www.stmargaretsprep.com/about-us/school-policy-documents or in paper format from the School Facilities Manager

APPENDIX 2 – HEALTH CARE PLAN

PARENT/CARER TO COMPLETE SECTIONS 1 AND 2 BELOW AND RETURN TO THE FIRST AID CO-ORDINATOR

1. CONTACT DETAILS:

Name of Child:		Date of Birth:
Child's Form:		
Child's Address		
Emergency contact number, name, email address and relationship to child (1):		
Emergency contact number, name, email address and relationship to child (2):		
GP Contact: Doctors Name: Surgery: Phone Number:		
Clinic / Hospital Contact: Name: Hospital: Phone Number:		

2. MEDICAL CONDITIONS:

Medical Diagnosis or Condition

Give details of child's symptoms, triggers (see the school's Trigger Reduction Schedule) and signs and treatments

Has the child been seen by a doctor or specialist in relation to this condition	YES / NO
If so, when were they last seen by the doctor / specialist? (insert date)	

Has s/he been prescribed any treatment or medication as a result of the diagnosis from the doctor or specialist?	YES* / NO
Will the medication need to be administered in school?	YES* / NO
When did the child start taking the medication? (insert date)	

Please provide the name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by / self-administered with/without supervision.

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**PLEASE NOTE: If you have answered YES to any of these questions, you will need to complete a Request to Administer Medicines Form – available from the First Aid Co-ordinator – and to refer to the school's Supporting Pupils with Medical Conditions policy and procedures - available on the school's website or from the First Aid Co-ordinator*

Does s/he need to use any specialist equipment, aids or other devices in order to manage their condition?	YES / NO
If yes, please provide details	

Does your child need to carry an epipen / adrenaline auto-injector?	YES / NO
Has it been prescribed by a doctor?	YES / NO
Does your child need to carry an inhaler?	YES / NO
Has it been prescribed by a doctor?	YES / NO

Does your child have any daily care requirements (eg before or after lunchtime / break)?	YES / NO
If yes, please provide details:	

Does the child need support in relation to educational, social and emotional needs?	YES / NO
If yes, please provide details:	

Please describe what constitutes an emergency and the action to be taken if this occurs

Who is responsible in an emergency?

3. ACTION TO BE TAKEN BY THE SCHOOL

This child's Form Teacher is:	
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Is the child's condition(s) likely to affect their learning, behaviour or classroom performance?	YES / NO
If yes, explain how and set out any management strategies in the Other Actions box below.	

Is it appropriate for the school to develop the pupil's responsibility towards, and awareness of, their condition?	YES / NO
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If yes, explain how and set out any management strategies in the Other Actions box below.

OTHER ACTION(S) TO BE TAKEN BY THE SCHOOL		
Action(s):	Who By:	When:

LOCATION(S) OF EPIPENS (AAI'S) – IF APPLICABLE
LOCATION(S) OF INHALERS – IF APPLICABLE

Has a training need for school staff been identified?	YES / NO
If yes, what is it, who is going to be trained, who is going to organise the training and when is it going to take place?	

This Health Care Plan has been prepared by:

Name	Relationship to Child / Role at School

This Health Care Plan was prepared on:	
It will be reviewed on (unless reviewed earlier for any reason) :	

Copies of this Health Care Plan have also been sent to:

Name	Role	Date sent

- I/we give permission for my/our child to receive first aid as appropriate and if necessary
- I/we understand that in an emergency the school will use the contact details above and if necessary will contact the emergency services. This may be in school or on a school trip
- I/we agree that, in the event of an emergency or in the event that my/our child's epi-pen/AAI or inhaler are not working or cannot be used for some reason, the school can use the spare epi-pen/AAIO/inhalers that are kept for use in these circumstances
- I/we understand that it is my/our responsibility to let the school know if and when there are changes to my/our child's health or medication requirements that require a review of this Health Care Plan

Signed.....

Print.....

Name.....

Date.....

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Relationship to
child.....
.....

Signed.....
Print.....

Name..... Date.....

Relationship to
child.....
.....

Data Protection Information

At Cognita, we look after your personal information and only use it for the purpose for which it has been collected. If you would like further information about how and why we use your personal information, please see our privacy notices which are available either here www.stmargaretsprep.com/about-us/school-policy-documents or in paper format from the School Facilities Manager

APPENDIX 3

COGNITA

**St Margaret's Preparatory
School**



Trigger Reduction Schedule

June 2019

UK

General Schedule

Medical Condition	Trigger	Trigger Reduction Advice
<p>ANAPHYLAXIS</p>	<p>Peanuts</p>	<p>Also known as groundnuts, earth nuts and monkey nuts Peanuts are legumes rather than nuts, but it is probably unnecessary for the pupil to eliminate other legumes (peas, beans, lentils) unless there is evidence that they cause problems Food labels should be read carefully Foods most likely to contain peanuts or tree nuts include: cakes, biscuits, confectionery, veggie burgers, salads and salad dressings, pesto sauce and Indian, Chinese, Thai or Indonesian dishes Marzipan and praline are also made from nuts Beware of salad dressings containing unrefined nut oil</p>
	<p>Tree nuts</p>	<p>Tree nuts include almonds, Brazil nuts, cashews, hazelnuts, pistachios and walnuts Biologically distinct from peanuts which are legumes Food labels should be read carefully Foods most likely to contain peanuts or tree nuts include: cakes, biscuits, confectionery, veggie burgers, salads and salad dressings, pesto sauce and Indian, Chinese, Thai or Indonesian dishes Marzipan and praline are also made from nuts</p>
	<p>Sesame</p>	<p>Heating or cooking does not destroy the allergenic properties of sesame Sesame oil should be regarded as extremely risky because it is almost certain that it will be unrefined and, therefore, contain the allergenic proteins that trigger allergic reactions Dishes containing sesame include tahini, gomashio (a Japanese flavouring), hummus and halvah Chinese stir fry oils sometimes contain sesame oil</p>
	<p>Egg</p>	<p>Read food labels carefully to check if products contain egg or albumen (an egg product) Some pupils with egg allergy can eat well cooked egg (for example, in cake) without any ill effects but not raw or lightly cooked egg Mayonnaise often contains egg and this is sometimes raw egg A lot of fresh pasta contains egg – source dried pasta that is egg free Some varieties may carry a very small risk of cross-contamination – check with the manufacturer</p>

	<p>Milk and dairy</p> <p>Fish</p> <p>Shellfish</p> <p>Wasp and bee stings</p> <p>Latex</p> <p>Food technology lessons</p>	<p>Ask parents to provide detailed written information to the school about what their child can and cannot eat – this will form part of their healthcare plan</p> <p>Foods to be avoided include; milk, butter, or anything derived from butter (for example, buttermilk, butter cream, butter icing), cheese, yoghurt, ghee (clarified butter used in South Asian cooking), curds and ice cream Check food labels carefully – look out for whey or casein as these are milk proteins and should be avoided</p> <p>Pupils who react to one type of fish are wise to eliminate all fish from their diet, as there is a high risk of cross-contamination Exposure to a minute amount of fish can cause a reaction Foods to be avoided: surimi (a seafood product present in some processed foods), Caesar salad dressing, Worcestershire sauce and caponata (all of which are likely to contain anchovies), and kedgeree (a rice and fish dish)</p> <p>Biologically distinct from fish and can be divided into 4 main groups: crustaceans (eg crab, lobster, crayfish, shrimp, prawn), bivalves (eg mussels, oysters, scallops, clams), gastropods (eg snails) and cephalopods (eg squid, cuttlefish, octopus) Those who are allergic to one type of shellfish due to the risk of cross-contamination should avoid all shellfish</p> <p>Pupils need to take special care outdoors and wear shoes at all times Make sure any food or drink is covered and kept in sight</p> <p>Avoid everyday items such as rubber gloves, balloons, pencil erasers, rubber bands, rubber balls, and tubes and stoppers used for science experiments Use non-latex gloves in all areas of the school Some pupils who have severe allergy to latex may also have food allergy to sweet chestnut and also other fruits such as banana, kiwi and avocado</p> <p>Ensure the teacher is aware of any pupils with allergies and their particular triggers (allergens) Wherever possible, do not use ingredients that pupils in the school/class are known to be allergic to. Ensure that work areas and utensils</p>
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	<p>Science experiments</p> <p>Art and craft lessons</p> <p>Pet/wild bird food</p> <p>Birthdays and end of term treats</p> <p>Contaminated Materials (e.g. cereal boxes, egg cartons)</p>	<p>are washed thoroughly in hot soapy water before and after use</p> <p>Ensure the teacher is aware of any pupils with allergies and their triggers Whenever possible, avoid using those allergens in experiments Clean work surfaces down thoroughly after use especially if another class has been experimenting with allergens</p> <p>Ensure the teacher is aware of any pupils with allergies and their triggers Whenever possible, avoid using those allergens for craft work</p> <p>Food for pets and wild birds often include potential allergens. Buy separate ingredients and mix your own or check with the manufacturer</p> <p>Have a swap box in the classroom with safe food supplied by the pupils parent/carer</p> <p>If there is a pupil with severe allergies in your class do not use containers or boxes that may have been in contact with their particular allergen during lessons (eg craft/technology)</p>
<p>ASTHMA</p>	<p>Tobacco Smoke</p> <p>Colds and Flu</p> <p>Chalk Dust</p> <p>House Dust Mites</p> <p>Mould</p> <p>Pollen and grass cuttings</p>	<p>No Smoking Policy on school premises and for all school activities including school trips</p> <p>Reminder to parents from First Aid Coordinator/School Nurse about the eligibility and availability of free flu vaccination to those with specific medical conditions</p> <p>Wet dust areas affected by chalk dust</p> <p>Ensure rooms are regularly wet dusted and cleaned to reduce dust and house dust mites Vacuum all areas frequently – vacuum cleaners should have good suction and a filtered exhaust that does not scatter dust Limit the number of soft furnishings and soft toys in the classroom</p> <p>Ensure classes are well aired and avoid condensation Remove any damp and mould in the school quickly Ensure piles of autumn leaves are kept in areas away from pupils and regularly removed from school grounds</p> <p>Avoid keeping pollinating plants in the classroom or playground area</p>

	<p>Stress and emotion</p> <p>Furry and feathery animals</p> <p>Scented deodorants and perfumes</p> <p>Latex gloves</p> <p>Dust from flour or grain</p> <p>Chemicals and fumes</p> <p>Cleaning and gardening products</p>	<p>Avoid mowing playing fields and grassy areas during school hours – this is best done on a Friday afternoon Pupils with pollen allergies should have the option of remaining indoors on high pollen days – this includes PE and games/activities</p> <p>Assist pupils with time management and in learning relaxation techniques to help avoid and manage stress especially at exam time Encourage pupils to set aside some time in their week to do something for themselves Be aware of pupils whose asthma is triggered by extreme emotion or fits of laughter</p> <p>Do not keep furry or feathery animals in classrooms Be aware that symptoms could be triggered from the clothing of other pupils with pets at home</p> <p>Be aware of pupils whose asthma is triggered by scented deodorants and perfumes Encourage staff and pupils not to wear strong perfume Ensure changing rooms are well ventilated Avoid using room deodorisers or air fresheners Encourage the use of unscented and non-aerosol products across the school</p> <p>Use powder free vinyl gloves in all areas of the school</p> <p>Be aware of pupils whose asthma is triggered by dust from flour and flour grain Avoid spreading dust from flour and grain in cooking classes</p> <p>As far as possible avoid chemicals and fumes that trigger pupils' asthma in science and technology classes Use fume cupboards in science lessons if possible Be aware of pupils with asthma and their triggers – before the lesson begins, discreetly offer them the option of using their reliever inhaler or standing towards the back of the room If certain chemicals or fumes are known to trigger pupil's asthma, allow them to leave the room until the fumes are no longer in the classroom</p> <p>Rather than sprays, use solid or liquid alternative cleaning products where possible Avoid using furniture polish, floor cleaners, carpet cleaners and oven cleaners in school hours – ensure there is plenty of airing time</p>
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	<p>School maintenance or woodwork chemicals</p> <p>Wood dust</p> <p>Weather and air quality</p>	<p>Minimise use of cleaning products where possible and open windows after use to air Only use lawn weed and insect sprays outside of school hours</p> <p>Avoid isocyanate chemicals – these are found in spray paint, foam moulding, adhesives, foundry cores and surface coatings Avoid colophony chemicals found in soldering fumes, glues and some floor cleaners</p> <p>Ensure pupils with asthma use an extractor fan and mask in all woodwork classes Avoid working with hard woods especially western red cedar</p> <p>Avoid leaving windows open during thunderstorms – thunderstorms can release large quantities of pollen into the air, which can trigger asthma attacks Ensure that pupils with asthma have the option of remaining indoors during very cold or very hot days Give pupils with asthma the option of remaining indoors on days when pollution levels are high – this includes PE and games/activities</p>
<p>DIABETES</p>	<p>Hypoglycaemia (low blood glucose)</p> <p>Hyperglycaemia (blood glucose levels above normal limits)</p>	<p>Can be caused by: too much insulin, a missed or delayed meal or snack, not enough food, especially carbohydrate and strenuous or unplanned exercise Ensure that the pupil has a sugary drink available if required to treat the hypoglycaemia</p> <p>Can be caused by: too little or no insulin, too much food, stress, less exercise than normal, infection or fever.</p> <p>Ensure that pupils with diabetes check their blood glucose level regularly throughout the school day</p>
<p>EPILEPSY</p>	<p>Stress, anxiety or excitement</p>	<p>Worrying about their epilepsy and how it may affect their school life Worry about exams Excitement/worry about being able to take part in school activities or events Stress caused by being bullied or teased Factors outside school – bereavement, difficult home life Assist pupils with time management and in learning relaxation techniques to help avoid and manage stress especially at exam time Encourage pupils to set aside some time in their week to do something for themselves Availability of school counsellor</p>

	<p>Hormonal changes</p> <p>Not taking medication</p> <p>Unbalanced diets</p> <p>Late nights</p> <p>Alcohol and recreational drugs</p> <p>Some over the counter and prescription medicines</p> <p>Illness</p> <p>Photosensitive epilepsy</p>	<p>Onset of puberty or menstruation</p> <p>Can cause changes in a pupil's epilepsy, such as the pattern or severity of seizures</p> <p>Skipping meals leads to low blood sugar levels that, in some pupils with epilepsy, may trigger a seizure</p> <p>Broken sleep, or irregular sleep patterns can trigger seizures</p> <p>Alcohol can make seizures more likely and worsen the side effects of anti-epileptic medication</p> <p>Recreational drugs can trigger seizures in children and young people whether or not they have epilepsy. In pupils with epilepsy they can affect seizure patterns</p> <p>May make a pupil more likely to have seizures</p> <p>Can make seizures more likely</p> <p>Where seizures are triggered by flickering or flashing light – only 5% of people with epilepsy are photosensitive; most common between 9 and 15 years of age</p> <p>High contrast, for example, black and white stripes, patterned clothing, wallpaper and sunlight through blinds may also trigger seizures for some pupils who have photosensitive epilepsy</p> <p>Flickering from television screens can sometimes trigger seizures for some pupils with photosensitive epilepsy.</p> <p>Computers and interactive whiteboards should not trigger seizures for pupils with photosensitive epilepsy unless they are displaying high contrast patterns or material that is flickering or flashing. This is because they usually either flicker at a rate that is too fast to trigger seizures or do not flicker at all.</p> <p>Risk can be minimised by viewing the screen at least 2.5 metres/8 feet away</p> <p>Wearing polarised sunglasses outdoors on sunny days can help to remove flickering reflection (e.g. from water)</p>
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