OneSchool Global

Supporting Students with Medical Conditions at School

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OSG Document Code POL_UK_OP_Supporting_Students_with_Medical_Conditions_at_School_V7.1	**Authorisation date:** 09/2026	**Next review date:** 09/2027
Policy author Tracy Greer, Regional Director of Safeguarding	**Approved by:** OneSchool Global UK Board on 09/2026.	
Enquiries contact: support@uk.oneschoolglobal.com	**Associated documents** First Aid Policy Health & Safety Policy	

1. PURPOSE

1.1 The purpose of this policy is to ensure that OSG UK Tewkesbury Campus ("The Campus") has safe and effective procedures in place for the support of students with medical conditions, and that staff, students and parents are aware of these procedures.

2. SCOPE

2.1 This policy applies to all staff, parents and students who either have, or are responsible for the support of students with medical conditions and the management of medication at the Campus.

3. DEFINITIONS

Term	Definition
Children	For the purpose of this policy, this means all students at the Campus.

4. INTRODUCTION/POLICY STATEMENT

4.1 **Introduction**

4.1.1 OneSchool Global UK has a statutory duty to make arrangements for students with medical needs under Section 100 of the Children and Families Act 2014. The policy and supporting documents are based on Department of Education statutory guidance (December 2015, updated August 2017) 'Supporting pupils at school with medical conditions.

4.1.2 In line with that statutory guidance staff and article 6 of the Education (Independent School Standards) Regulations 2014, this policy is published on the Campus website,

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is made available to all parents and staff, and is reviewed and updated at least annually by the Regional Director of Safeguarding.

4.1.3 Where a student is unable to attend the Campus because of their health needs, the Campus will work with the parents, the relevant healthcare professionals and the local authority so that suitable education is arranged as soon as it is clear the student will be away from school for fifteen or more school days, whether consecutive or cumulative, in line with the local authority's duty under section 19 of the Education Act 1996 and the statutory guidance "Education for children with health needs who cannot attend school". The student remains on roll, and their absence will be recorded and supported in accordance with the Attendance and CMIE Policy.

4.1.4 Some students with medical conditions are also disabled within the meaning of the Equality Act 2010, and some will have special educational needs. Where that is the case, the Campus will comply with its duties under the Equality Act 2010, including the duty to make reasonable adjustments and the anticipatory nature of that duty, and the Individual Healthcare Plan will be developed alongside any SEN Support arrangements or Education, Health and Care plan in accordance with the SEND Code of Practice 2015 and the Learning Support (SEND) Policy.

4.2 **Policy Principles**

4.2.1 The Campus will help to ensure students can:

4.2.1.1 Be healthy.

4.2.1.2 Stay safe.

4.2.1.3 Enjoy and achieve.

4.2.1.4 Make a positive contribution.

4.2.1.5 Achieve economic well-being.

4.2.2 The Campus ensures all staff understand their duty of care to children and young people in the event of an emergency.

4.2.3 The Campus maintains a register of students with medical conditions. A copy of this should be held confidentially in the school office.

4.2.4 The Campus has identified **Stephen Pritchard** as the named member of staff who has overall responsibility for the implementation of this policy under the ultimate responsibility of the Campus Principal.

4.2.5 Staff receive on-going training and are regularly updated on the impact medical conditions can have on students. The training agenda is based on a review of current healthcare plans.

4.2.6 All staff feel confident in knowing what to do in an emergency.

4.2.7 All staff understand that certain medical conditions are serious and can be potentially life threatening, particularly if ill managed or misunderstood.

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4.2.8 All staff understand the common medical conditions that affect children at this Campus and are familiar with their Individual Health Care Plans (IHCPs).

4.2.9 Campus Principals should ensure that their school's policy is effectively implemented with partners.

4.2.10 Although administering medicines is not part of teachers' professional duties, staff consider the needs of students with medical conditions that they teach. Students with a medical condition will have this identified on 'Health Background' on Bromcom to ensure staff awareness. IHCPs are reviewed annually by the lead professional along with the parents, students and a lead medical professional as needed. If evidence is provided that the child's needs have changed then the review may be earlier than this.

5. PROCEDURES

5.1 **What should be done when the Campus is informed that a student has a medical condition?**

5.1.1 Campuses do not need to wait for a formal diagnosis before providing support. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on the available evidence. This would normally involve some form of medical evidence and consultation with parents. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place.

5.1.2 **Agree need and support** – Appendix 1 – Creation of an Individual Healthcare Plan – follow the flow chart on this document. Complete 1b Emergency Healthcare Plan.

5.1.3 **Appendix 2 – Individual Healthcare Plan Template**

5.1.4 Share identification of student and need – add to Appendix 14 Medical Register and ensure that all relevant staff are kept informed.

5.1.5 **Store IHCP** – this should be saved as an attached document on Bromcom and also added as a paper copy to the student file. It should also be confidentially made available to relevant staff who know where it is kept.

ROLES AND RESPONSIBILITIES

5.2 **Campus Principal** – ultimately responsible for ensuring this policy is implemented at Campus.

5.2.1 Works with the lead professional to ensure that this is fully implemented.

5.3 **Lead professional at this Campus is Hayley Brady**

5.3.1 Ensure that sufficient staff are trained.

5.3.2 Ensure that all relevant staff are aware of the child's condition.

5.3.3 Make sure there are cover arrangements in place in case of staff absences to ensure that someone is always available.

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5.3.4 Ensure that supply teachers are briefed on any medical conditions present in the groups of students they are teaching and the necessary procedures.

5.3.5 Ensure that risk assessments are in place for school visits, holidays and other school activities outside the normal timetable.

5.3.6 Monitor individual healthcare plans.

5.4 **Campus Support Team** – make sure the policy is implemented.

5.4.1 Ensure that any members of school staff who provide support to students with medical conditions are able to access information and other teaching support materials as needed.

5.5 **Parents** – provide school with sufficient and up to date information on their child's medical needs.

5.5.1 Play a key role in the development and review of the Individual Healthcare Plan

5.5.2 Carry out any action they have agreed to as part of its implementation.

5.5.3 Ensure all medicines provided to the Campus are within their expiry date.

5.5.4 Ensure they or a nominated adult are contactable at all times.

5.6 **Student** – fully involved in discussions about their medical needs.

5.6.1 Contribute to the development of and comply with their individual healthcare plan.

5.7 **Campus staff** – all may be asked to provide support to students with medical conditions, including the administering of medicines, although they cannot be required to do so.

5.7.1 Consider the needs of students with medical needs that they teach.

5.7.2 Receive sufficient and suitable training and achieve the necessary level of competency to support students in their Campus with medical conditions.

5.7.3 Any member of Campus staff should know what to do and respond accordingly when they become aware that a student with a medical condition needs help.

5.8 **Other healthcare professionals** – may provide advice on developing individual healthcare plans.

5.8.1 Specialist local health teams may be able to provide support in school for students with particular conditions (e.g. asthma, diabetes, epilepsy).

5.9 **Providers of health services** - Providers of health services should co-operate with schools that are supporting children with a medical condition, including appropriate communication, liaison with school nurses and other healthcare professionals such as specialist and children's community nurses, as well as participating in locally developed outreach and training. Health services can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.

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6. TRAINING PROVISION

6.1 Suitable training should have been identified during the development or review of individual healthcare plans. Some staff may already have some knowledge of the specific support needed by a child with a medical condition and so extensive training may not be required. Staff who provide support to pupils with medical conditions should be included in meetings where this is discussed.

6.2 The relevant healthcare professional should normally lead on identifying and agreeing with the school the type and level of training required, and how this can be obtained. Schools may choose to arrange training themselves and should ensure this remains up to date.

6.3 Training should be sufficient to ensure that 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. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

6.4 A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.

6.5 Healthcare professionals, including the school nurse, can provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

6.6 Annual whole school awareness training is provided during CPD provision to ensure that all staff are aware of the school's policy for supporting students with medical conditions and their role in implementing that policy.

6.7 Any specific training needs should be entered on the Medical Register (Appendix 14) along with due dates to ensure completion.

7. MANAGEMENT AND MONITORING OF INDIVIDUAL HEALTHCARE PLANS

7.1 Individual healthcare plans can help to ensure that schools effectively support pupils with medical conditions. They provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed and are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex.

However, not all children will require one. The Campus, healthcare professional and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the Campus Principal is best placed to take a final view.

7.1.1 Campus Principals have overall responsibility for the development of individual healthcare plans. In this Campus, this has been delegated to Tasmine Gray to help draw up an Individual Healthcare Plan for students with complex healthcare or educational needs as outlined in Section 5.

7.1.2 This Campus uses Individual Healthcare Plans to record important details about individual children's medical needs at Campus, their triggers, signs, symptoms,

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medication and other treatments. Further documentation can be attached to the Individual Healthcare Plan if required.

7.1.3 If a student has a short-term medical condition that requires medication during Campus hours, a medication form plus explanation is sent to the student's parents to complete (Appendix 4).

7.1.4 The parents, healthcare professional and student with a medical condition, are asked to fill out the student's Individual Healthcare Plan together. Parents then return these completed forms to the Campus.

7.1.5 **Individual Healthcare Plans are used by this Campus to:**

7.1.5.1 Provide clarity about what needs to be done, when and by whom.

7.1.5.2 Capture steps which the campus should take to help the student manage their condition and overcome any potential barriers to getting the most from their education and how they might work with other statutory services.

7.1.5.3 Inform the appropriate staff and supply teachers about the individual needs of a student with a medical condition in their care.

7.1.5.4 Ensure that campuses effectively support students with medical conditions.

7.1.5.5 Enable parents, medical professionals and staff with the student to agree the best plan for the student.

7.1.5.6 Plan specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions.

7.1.5.7 Agree the level of support needed and by who.

7.1.5.8 Remind students with medical conditions to take their medication when they need to and, if appropriate, remind them to keep their emergency medication with them at all times.

7.1.5.9 Identify common or important individual triggers for students with medical conditions at Campus that bring on symptoms and can cause emergencies. This Campus uses this information to help reduce the impact of common triggers.

7.1.5.10 Ensure this Campus's local emergency care services have a timely and accurate summary of a student's current medical management and healthcare in the event of an emergency.

7.1.5.11 Remind parents of students with medical conditions to ensure that any medication kept at Campus for their child is within its expiry dates. This includes spare medication.

7.1.5.12 At review identify changing needs for staff training.

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8. ADMINISTRATION OF MEDICATION

8.1 Medicines should only be administered at school when it would be detrimental to a child's health or campus attendance not to do so.

8.2 No child under 16 should be given prescription or non-prescription medicines without their parent's written consent. This should be gained using Appendix 4: Parental Agreement for Campus to administer medicine.

8.3 The Campus understands the importance of taking the medication as prescribed and are aware that students with inhalers and EpiPens should carry them with them.

8.4 All staff understand that there is no legal or contractual duty for any member of staff to administer medication or supervise a student taking medication unless they have been specifically contracted to do so. Permission to administer pain killers is part of the annual terms and conditions of enrolment.

8.5 Where specific training is not required, any member of staff may administer prescribed and non-prescribed medicines to students under the age of 16 with parental consent.

8.6 OneSchool Global UK are responsible to ensure full insurance and indemnity to staff who administer medicines. The insurance policy includes liability cover.

8.7 Where clinically possible, medicines should be prescribed in dose frequencies that enable them to be taken outside of school hours.

8.8 Administration of medication which is defined as a controlled drug (even if the student can administer themselves) should be done under the supervision of a member of staff.

8.9 A student under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g., for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should always be contacted and asked to complete a consent for administration with email confirmation before pain killers are given.

8.10 Schools should only accept prescribed medicines if these are:

8.10.1 In date.

8.10.2 Labelled.

8.10.3 Provided in the original container as dispensed by the pharmacist.

8.10.4 Include instructions for administration, dosage and storage.

8.11 The exception to this is insulin which must still be in date but will generally be available to schools inside an insulin pen or a pump, rather than in its original container.

8.12 **Administration of Medication – Recording Process:**

8.12.1 School staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions. Schools should keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by

whom. Any side effects of the medication to be administered at school should be noted in school.

8.12.2 Therefore, this process has been assigned to Donesafe by recording the administration of medication via Incident Reporting as illustrated below and it must capture the information required in the Appendix 13 Record of Medication administered on campus.



9. CHILDREN WHO ARE COMPETENT TO MANAGE THEIR OWN HEALTH NEEDS AND MEDICINES

9.1 After discussion with parents, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected in their Individual Healthcare Plan.

9.2 Children who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self- manage, relevant staff should help to administer medicines and manage procedures for them.

10. STORAGE OF MEDICATION

10.1 Safe storage – emergency medication such as Adrenaline Auto-Injector pens (EpiPens) Blood glucose and inhalers should be readily available at all times during the school day and not locked away.

10.2 If the emergency medication is a controlled drug and needs to be locked up, the keys are readily available. Held in the School Office Fridge. Keys are in the key press. The student themselves needs to know where it is stored and who has access.

10.3 All students carry their own Adrenaline Auto-injector pens at all times and a spare kept in the school office medical cupboard.

10.3.1 Students are reminded to carry their emergency medication with them.

10.3.2 Please refer to Trip Policy and risk assessment as needed.

10.4 Safe storage – non-emergency medication:

10.4.1 All non-emergency medication is kept in a lockable cupboard. In the Office Medical Cupboard.

10.4.2 Students with medical conditions know where their medication is stored and how to access it.

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10.4.3 Staff ensure that medication is only accessible to those for whom it is prescribed.

10.4.4 A student who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so but passing it to another child for use is an offence. Monitoring arrangements may be necessary.

10.5 Safe storage – general:

10.5.1 **Christine Meek** ensures the correct storage of medication at Campus.

10.5.2 Three times a year **Christine Meek** checks the expiry dates for all medication stored at Campus.

10.5.3 COA's, along with the parents of students with medical conditions, ensures that all emergency and non-emergency medication brought into Campus is in the original container (except insulin) and clearly labelled with the student's name, the name and dose of medication and the frequency of dose. This includes all medication that students carry themselves.

10.5.4 Some medication may need to be refrigerated. All refrigerated medication is stored in an airtight container and is clearly labelled. This is in a secure area, inaccessible to unsupervised students.

10.5.5 It is the parents' responsibility to ensure new and in-date medication comes into Campus on the first day of the new academic year.

10.5.6 When no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

10.6 Recording Keeping

10.6.1 Campuses should ensure that written records are kept of all medicines administered to students. Use ***Appendix 13 Medicines administered to students on campus*** for this.

11. IN AN EMERGENCY

11.1 Relevant staff understand and are updated in what to do in an emergency for the most common serious medical conditions at this Campus.

11.2 In an emergency situation Campus staff are required under common law duty of care to act like any reasonably prudent parent/carer. This may include administering medication.

11.3 This Campus uses Individual Healthcare Plans to inform the appropriate staff (including supply teachers and support staff) of students with complex health needs in their care who may need emergency help. Supply staff are briefed on entry to the Campus, when undertaking their commissioned duties.

11.4 Make sure that Emergency Health Care Plan form 1b of the Individual Healthcare Plan is adhered to.

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11.5 In the event of a student with an Individual Healthcare Plan needing to be taken to hospital, the Campus will ensure that a copy of the plan is provided for the hospital.

11.6 Information in Individual Healthcare Plans is also used to support transitional arrangements to another Campus and/or re-integration.

11.7 If a student needs to be taken to hospital, a member of staff will always accompany them and will stay with them until a parent arrives. This Campus will try to ensure that the staff member will be one the student knows. The staff member concerned should inform a member of the campus' senior leadership team.

11.8 All students with medical conditions should have easy access to their emergency medication. Items such as inhalers and Adrenaline Auto-injector pens are held by the student who must take the responsibility to have it to hand at all times.

11.9 Where a student has been prescribed an inhaler or Adrenaline Auto-injector pen, the campus gain consent from parents (see Appendix 3) for the use of the campus owned inhaler or Adrenaline Auto-injector pen if the student cannot locate their own in an emergency.

11.10 Students are encouraged to administer their own emergency medication (e.g., Adrenaline Auto-injector pens) where possible and should carry it with them at all times unless it is a controlled drug as defined in the Misuse of Drugs Act 1971. This also applies to any off-site visits.

11.11 Students are encouraged to keep spare supplies of emergency medication in the school office.

11.12 Schools may administer their "spare" adrenaline auto-injector (AAI), obtained, without prescription, 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.

11.13 The Human Medicines (Amendment) (No. 2) Regulations 2014 permit schools to buy salbutamol inhalers, without a prescription, for use in emergencies, and the Human Medicines (Amendment) Regulations 2017 permit schools to buy spare adrenaline auto-injectors on the same basis.

11.14 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.

11.15 The inhaler can be used if the student's prescribed inhaler is not available (for example, because it is broken, or empty).

12. SCHOOL TRIPS AND SPORTING ACTIVITIES

12.1 Teachers should be aware of how a child's medical condition will impact on their participation, but there should be enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments. Schools should make arrangements

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for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible.

12.2 Campuses should consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits. It is best practice to carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included.

12.3 Asthma inhalers, blood glucose testing meters and adrenaline pumps should be readily available for the relevant student as needed.

12.4 For off-site activities, a risk assessment is undertaken to ensure students needing medication still have access and a staff member is named as the responsible lead. The risk assessment also helps to identify any reasonable adjustments that need to be made.

12.5 Travelling on the school bus - Bus drivers should be made aware of any Individual Healthcare Plans and sealed copies of associated emergency response guidance kept in the glove box for emergency purposes.

12.6 The Individual Healthcare Plan should include a section of specific requirements around travel and what drivers would need to know to respond to a medical emergency. (**Appendix 10 OneBus Emergency Procedure Example 1)**

12.7 Bus drivers should receive training on the key emergency responses for high-risk medical issues for students they are carrying. The Campus Principal will organize this.

12.8 Bus drivers should carry the relevant set of emergency response cards created by the NSO. (**Appendix 12 OneBus medical Actions)**

12.9 Defibrillator use:

12.9.1 All OSG campuses should have a Defibrillator in their campus in a location familiar to all staff.

12.9.2 There should be annual update training for all staff in its use.

12.9.3 Campuses need to notify their local NHS ambulance service of its location.

13. UNACCEPTABLE PRACTICE

13.1 Our staff recognise that it is not acceptable practice to:

13.1.1 Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary.

13.1.2 Assume that every child with the same condition requires the same treatment.

13.1.3 Ignore the views of the child or their parents; or ignore medical evidence or opinion (although this may be challenged).

13.1.4 Send children with medical conditions home frequently or prevent them from staying for normal Campus activities, including lunch, unless this is specified in their individual healthcare plans.

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13.1.5 If the child becomes ill, send them to the Campus office or medical room unaccompanied or with someone unsuitable.

13.1.6 Penalise children for their attendance record if their absences are related to their medical condition, e.g., hospital appointments.

13.1.7 Prevent students from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively.

13.1.8 Require parents, or otherwise make them feel obliged, to attend Campus to administer medication or provide medical support to their child, including with toileting issues.

13.1.9 Prevent children from participating or creating unnecessary barriers to children participating in any aspect of Campus life, including Campus trips, e.g., by requiring parents to accompany the child.

14. COMPLAINTS

14.1 Complaints about this policy and/or procedures should be dealt with in accordance with the Campus' published Complaints Policy.

15. GUIDELINES

15.1 Guidance on the use of adrenaline auto-injectors in Schools, September 2017

15.2 Supporting pupils at Campus with medical conditions – December 2015, updated August 2017

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

15.4 Section 100 of the Children and Families Act 2014

15.5 The Education (Independent School Standards) Regulations 2014; Equality Act 2010; and the SEND Code of Practice 2015

15.6 Education for children with health needs who cannot attend school – statutory guidance; section 19 of the Education Act 1996

16. ASSOSIATED DOCUMENTS

16.1 First Aid Policy

16.2 Health & Safety Policy

17. ATTACHMENTS

17.1 Appendix 1 Creation of an Individual Healthcare Plan

17.2 Appendix 2 Individual Healthcare Plan Template

17.3 Appendix 3 Asthma Consent Form for Emergency

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17.4 Appendix 4 Parental Agreement for Campus to Administer Medicines

17.5 Appendix 5 Request for a Student to carry their own Medication

17.6 Appendix 6 Staff Training Record – Administration of Medical Treatment

17.7 Appendix 7a Guidelines for Administration of Rectal Diazepam in Epilepsy

17.8 Appendix 7b Record of use of Rectal Diazepam

17.9 Appendix 8 Contacting Emergency Services

17.10 Appendix 9 Timeline by Term

17.11 Appendix 10 OneBus Emergency Procedure – Example 1

17.12 Appendix 11 OneBus Emergency Procedure – Example 2

17.13 Appendix 12 OneBus Medical Actions

17.14 Appendix 13 Record of Medication Administered on Campus

17.15 Appendix 14 Medical Register

18. VERSION CONTROL

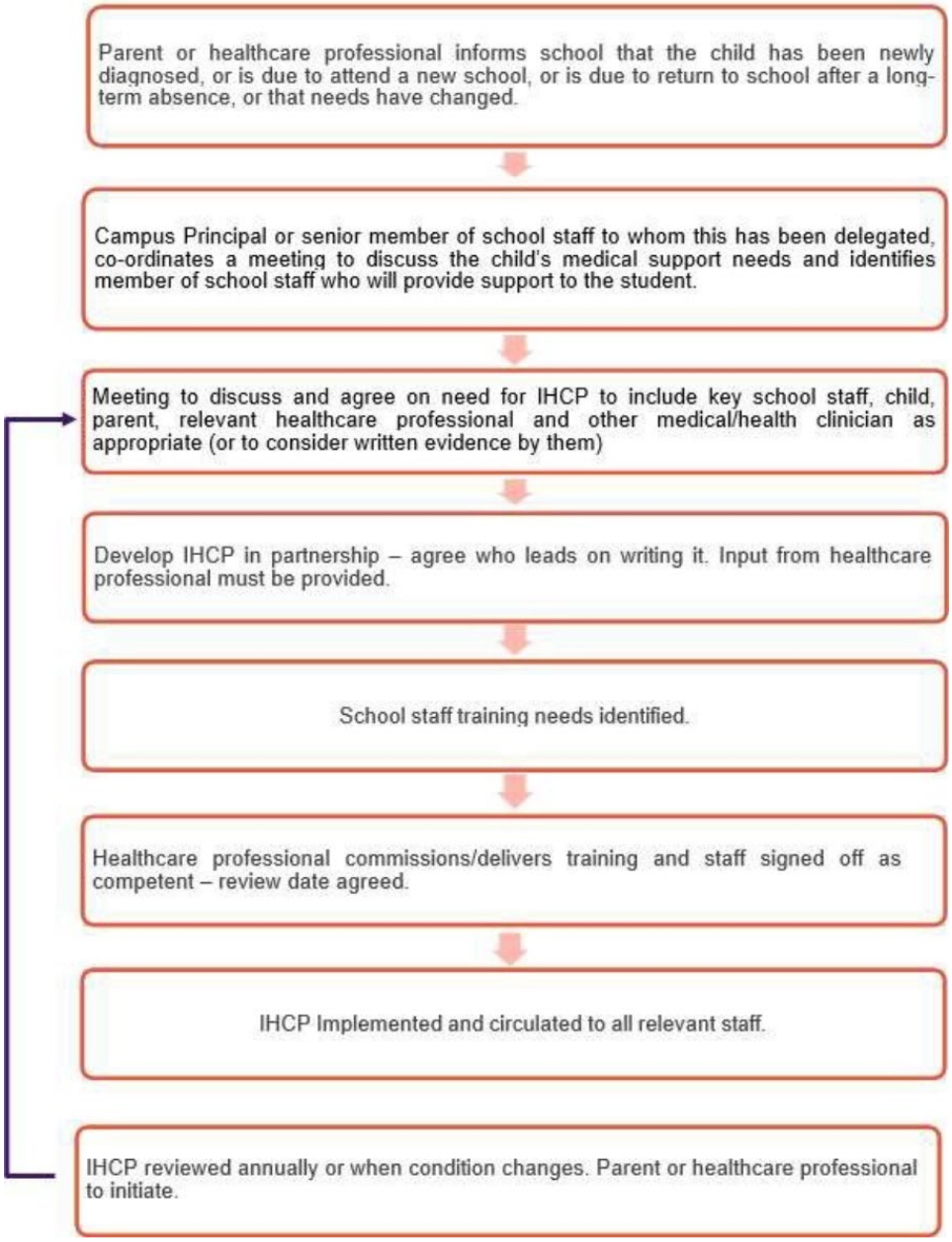
Document Code	Date	Version No.	Nature of change
POL_UK_OP_Supporting_ Students _with_Medical_Conditions_ at_School	March 2019	2	
POL_UK_OP_Supporting_ Students _with_Medical_Conditions_ at_School	March 2020	3	Review, minor updates and addition of extra appendix
POL_UK_OP_Supporting_ Students _with_Medical_Conditions_ at_School	March 2021	4	Review and update of Appendix 2
POL_UK_OP_Supporting_ Students _with_Medical_Conditions_ at_School	January 2022	5	Major review with added guidance and new appendices with forms
POL_UK_OP_Supporting_ Students _with_Medical_Conditions_ at_School	April 2023	6	Substantial review to include renaming to reflect revised content on supporting students with medical needs and details of the use of IHCPS and responsibilities.
POL_UK_OP_Supporting_ Students _with_Medical_Conditions_ at_School_V7	April 2024	7	Rewording of the requirements around documentation on the bus and awareness of the drivers. Addition of Appendices on OneBus Emergency Procedure and OneBus medical action cards.

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			Guidance wording on the preparation of the IHCP changed to ensure that that a medical professional. should be involved in it. Amendments to the layout and storage of the medical needs register. Reference to the Administration of Medication process, now recorded on Donesafe via the Incident Reporting.
POL_UK_OP_Supporting_ Students _with_Medical_Conditions_ at_School _V7.1	September 2026	7.1	Compliance review against section 100 of the Children and Families Act 2014, the statutory guidance "Supporting pupils at school with medical conditions" and the Education (Independent School Standards) Regulations 2014: publication and annual review of the policy confirmed; new clause on Equality Act 2010 reasonable adjustments and the interface with SEND provision; new clause on education for students unable to attend because of health needs (section 19, Education Act 1996); emergency salbutamol / spare adrenaline auto-injector regulations corrected and 2017 AAI regulations added; Guidelines updated; next review date moved to July 2027.

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APPENDIX 1 CREATION OF AN INDIVIDUAL HEALTHCARE PLAN



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APPENDIX 2 INDIVIDUAL HEALTHCARE PLAN TEMPLATE

Form 1 – Individual Healthcare Plan

To be completed for students with any medical condition that:

- is long-term and complex
- fluctuates
- is a recurring condition; or
- there is a high risk that emergency intervention will be required.

Examples are:

- Diabetes
- Epilepsy
- Severe Asthma
- Severe Allergies that require an EpiPen

It should be written with the NHS Medical Staff involved with the family e.g. Epilepsy Nurse, Diabetes Nurse and involve the family and the campus Learning Support Lead.
It should be written at transition and reviewed yearly or at the point of any significant change earlier than this.

The completed document should be uploaded to BROMCOM.

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Form 1a – Individual Healthcare Plan

Student's Name			Student Photograph
Date of Birth			
Year			
Student's Home Address			
Doctor's Name and Surgery			
Doctor's Contact Number			
Medical Diagnosis or Condition			
Date Completed		Review Date	
Completed by (Signature)	Name: Signature:		
People involved in developing the plan and contact details Completed by (Name and Role) and Signature	Name: Role: Signature:		
	Name: Role: Signature:		
	Name: Role:		

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	Signature:	
	Name: Role: Signature:	
	Name: Role: Signature:	
Who in the Campus needs to be aware of the student's condition and the supported needed?		
Description of medical condition including symptoms, triggers, signs, treatments:		
Name of medication, dose, method of administration, when to be taken, where it is stored:		
Side effects, contra-indications:		
Is the student self-managing medication?	Yes/No	If yes, record details including how this will be monitored:

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Daily care support needed to help the student manage their condition *e.g. time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues e.g. crowded corridors, travel time between lessons*:	
Who is providing support if needed – *Training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional and cover arrangements for when they are unavailable*: **Form 6 Staff Training Record**	
Specific support for social, emotional and mental health needs *e.g. how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions*:	
Does the student have **SEN** or a **disability**?	Yes/No
Does the student have an **EHC** plan?	Yes/No
Describe the student's SEN and/or disability needs:	
Procedures or adjustments required for school trips, offsite or other extra-curricular activities. *(paste into risk assessment for individual activities under student need)*	

Other information including any potential complications noted:
Any other staff training requirements

Form 1b – Emergency Healthcare Plan

This is the version that needs to be held on the School OneBus

In the event of an EMERGENCY Does the Student have an Emergency Healthcare Plan prepared by their Lead Clinician? **Yes/No** If yes, attach to the medical file for the student.	
What constitutes an **emergency** for the student? Note **signs and symptoms** and any **known triggers** for the onset or exacerbation of symptoms:	**Action** to be taken in the event of an **emergency**:
School staff responsible in an **emergency**	
On Site:	Off-site Activities:
School staff responsible for providing **non-emergency** support	
On Site:	Off-site Activities:

Family Contact Information			
Name			
Relationship to student			
Contact Numbers	Home:		
	Mobile:		
	Other:		
Second Contact Information			

Name	
Relationship to student	
Contact Numbers	Home
	Mobile
	Other

Hospital Consultation/Clinic Details/Outside Agencies	
Name	
Service/Agency	
Contact Number	
Name	
Service/Agency	
Contact Number	
Name	
Service/Agency	
Contact Number	
Name	
Service/Agency	
Contact Number	

Parent/Carer Consent	
I agree with the content of this individual healthcare plan	Yes/No
I give consent for it to be shared as appropriate*	Yes/No

If no, indicate reasons for disagreement:	
Parent/Carer's Name:	Signature:
Health Professional:	Signature:

Process for sharing/storing plan – this will need to be reviewed

Action	Action Date	Action By
Paper copy filed in medical records		
Paper copy given to relevant staff		
Paper copy held in central place with medicines		
Paper copy given to parent/carer		
Electronic copy uploaded onto Bromcom		

Arrangements for written permissions: highlight as needed

Appendix 4 - Request for school to administer medication
Form 3 - Confirmation of the Campus Principal's agreement to administer medication
Appendix 13 - Record of medication administered in school
Appendix 5 - Request for pupil to carry his/her medication

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APPENDIX 3 ASTHMA CONSENT FORM FOR EMERGENCY

Consent form for use of emergency salbutamol inhaler XX Campus

Child showing symptoms of asthma / having asthma attack:

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler [delete as appropriate].

2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day.

3. 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 held by the school for such emergencies.

Signed: Date:

Name (Print):

Childs name:

Class:

Parents address:

Telephone:

Email address:

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APPENDIX 4: PARENTAL AGREEMENT FOR CAMPUS TO ADMINISTER MEDICINES

The school/setting will not give your child medicine unless you complete and sign this form, and the Campus Principal has agreed that the staff can administer medicine.

Date for review to be initiated by	
Name of Campus	
Name of Child	
Date of Birth	
Year	
Medical Condition or Illness	
Medicine	
Name/type of medicine (as described on the container)	
Expiry Date	
Dosage and Method	
Timing	
Special precautions/other instructions	
Are there any side effects that the Campus needs to know about?	
Self-administration	Yes/No
Procedures to take in an emergency	
NB: Medicines must be in the original container as dispensed by the pharmacy	
Contact Details	
Name	
Daytime telephone No.	
Relationship to child	
Address	
I understand that I must deliver the medicine personal to	[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the Campus staff administering medicine in accordance with the Campus Policy. I will inform the Campus immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signed: Date:

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Form 3 – Confirmation of the Campus Principal's Agreement to Administer Medicine

I agree that [Name of student] will receive [quantity and name of medicine] every day at [time e.g. lunchtime, break or set time].

[Name of student] will be given the medicine/supervised whilst they take their medication by [name of member of staff].
This arrangement will continue until either the end date of course of medicine or until instructed by parents.

Date:

Signed (Campus Principal):

Signed (Named member of staff):

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APPENDIX 5: REQUEST FOR A STUDENT TO CARRY THEIR OWN MEDICATION

THIS MUST BE HELD ON THE STUDENT'S PERSON OR IN THEIR BAG. CONTROLLED MEDICINES MUST BE LOCKED AWAY

This form must be completed by a parent/guardian.

Student's Name	
Year	
Address:	
Condition or Illness:	
Name of Medicine	
Procedures to be taken in an Emergency:	
Contact Information	
Name	
Daytime Phone No.	
Relationship to Child	
I would like my son/daughter to keep his/her medication on him/her for use as necessary	
Signed	Date

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APPENDIX 6: STAFF TRAINING RECORD – ADMINISTRATION OF MEDICAL TREATMENT

Campus Name	
Staff Name	
Type of Training Received	
Date of Training Completed	
Training Provided by	
Profession and Title	

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment.	
I recommend that the training is updated (weekly, monthly, annually, etc.)	
Trainer's Signature	
Date	

I confirm that I have received the training detailed above.	
Staff Signature	
Date	
Suggested review date	

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APPENDIX 7A: GUIDELINES FOR ADMINISTRATION OF RECTAL DIAZEPAM IN EPILEPSY

Individual care plan to be completed by or in consultation with the medical practitioner.
(Please use language appropriate to the lay person)

Name of pupil or student: _____

Age: _____

Seizure classification and/or description of seizures which may require rectal diazepam
(Record all details of seizures e.g. goes stiff, falls, convulsions down both sides of body, convulsions last 3 minutes etc. Include information re: triggers, recovery time etc. If status epilepticus, note whether it is convulsive, partial or absence)

Usual duration of seizure?

Other useful information:

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DIAZEPAM TREATMENT PLAN

1. **When should rectal diazepam be administered?** (Note here should include whether it is after a certain length of time or number of seizures)

2. **Initial dosage: how much rectal diazepam is given initially?** (Note recommended number of milligrams for this person)

3. **What is the usual reaction(s) to rectal diazepam?**

4. **If there are difficulties in the administration of rectal diazepam e.g. constipation/diarrhoea, what action should be taken?**

Can a second dose of rectal diazepam be given? YES/NO

After how long can a second dose of rectal diazepam be given? (State the time to have elapsed before re-administration takes place)

How much rectal diazepam is given as a second dose? (State the number of milligrams to be given and how many times this can be done after how long)

5. **When should the person's usual doctor be consulted?**

6. **When should 999 be dialled for emergency help?** (e.g. if the full prescribed dose of rectal diazepam fails to control the seizure.)

ii) **Other** (Please give details)

7. **Who should (a) administer the rectal diazepam? (b) witness the administration of rectal diazepam?** (e.g. another member of staff of same sex)

8. **Who needs to be informed?**

a) Parent/Guardian Tel:

b) Prescribing Doctor Tel:

c) Other Tel:

9. **Insurance cover in place?** YES/NO

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10. **Precautions: under what circumstances should rectal diazepam not be used?** e.g. Oral Diazepam already administered within the last _____ minutes

All occasions when rectal diazepam is administered must be recorded (see overleaf)

This plan has been agreed by the following:

Prescribing Doctor: _____

(Block Capitals)

Signature: _____ **Date:** _____

Authorised person/s trained to administer rectal diazepam.

Name: _____ Signature: _____ Date: _____
(Block Capitals)

Name: _____ Signature: _____ Date: _____
(Block Capitals)

Name: _____ Signature: _____ Date: _____
(Block Capitals)

Pupil (if sufficiently mature)

Name: _____ Signature: _____ Date: _____
(Block Capitals)

Parent/Guardian

Name: _____ Signature: _____ Date: _____
(Block Capitals)

Employer of the person(s) authorised to administer rectal diazepam.

Name: _____ Signature: _____ Date: _____
(Block Capitals)

Campus Principal

Name: _____ Signature: _____ Date: _____
(Block Capitals)

This form should be available for review at every medical review of the pupil.

Copies of this form to be held by: _____

Expiry date of this form: _____

Copy holders to be notified of any changes by: _____

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Useful telephone numbers

Members of the Joint Epilepsy Council: British Epilepsy Associations: 0800 309030

Epilepsy Association of Scotland: 0141 427 4911

Irish Epilepsy Association, Dublin: 557500

Mersey Region Epilepsy Association: 0151 298 2666

The David Lewis Centre: 01565 872613

The National Society for Epilepsy: 01494 873991

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APPENDIX 7B: RECORD OF USE OF RECTAL DIAZEPAM

Date					
Recorded by					
Type of seizure					
Length and/or number of seizures					
Initial dosage					
Outcome					
Second dosage (if any)					
Outcome					
Observations					
Parent/Guardian informed					
Prescribing doctor informed					
Other information					
Witness					
Name of Parent/ Guardian resupplying Dosage					
Date delivered to school					

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APPENDIX 8: CONTACTING EMERGENCY SERVICES

Dial 999. Ask for ambulance.

Be ready to answer their questions as best you can.

- What is the exact location of the emergency?
  OneSchool Global, Tewkesbury Campus, Gloucester Road, Tewkesbury GL20 7DG at the time of the emergency you should describe the location on person on campus and whether someone will be meeting the ambulance at the main gate.
- What is the phone number you are calling from? 01452 782850
- What is the problem?
- What exactly happened?
- How many people are hurt?
- How old is the person?
- Is the person conscious (awake)?
- Is the person breathing?

Stay on the phone unless told to hang up.

Follow the call taker's instructions while waiting for the ambulance. These instructions will help the patient and the ambulance paramedics.

As soon as the location and type of emergency is confirmed, an ambulance will be dispatched by the dispatch team.

The call taker will continue to ask more questions about the patient. The questions help the call-taker to prioritise the request for an ambulance promptly and determine whether the patient requires an alternative service or additional services such as paramedics/medic.

To assist the ambulance:

- Answer each question calmly, accurately.
- Ensure the property is clearly identifiable.
- Have someone wait outside for the ambulance and to direct to the exact location of the urgency.
- Have any current medication ready Ring back on 999 if the patient's condition changes.

In an emergency, Campus staff are required under common law duty of care to act like any prudent parent/carer. This may include administering medication.

All students with medical conditions should have easy access to their emergency medication. Items such as inhalers and Adrenaline Auto-injector pens are held by the student who must take the responsibility to always have it to hand.

Arrangements should be made to ensure that any student or adult is accompanied in the ambulance if necessary, or followed to hospital, by a member of staff if it is not possible to contact the parents in time.

In the event of a student with an Individual Healthcare Plan needing to be taken to hospital, the Campus will ensure that a copy of the plan is provided for the hospital.

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APPENDIX 9: TIMELINE BY TERM

Term	Actions Needed
Autumn 1	
Autumn 2	
Spring 1	
Spring 2	
Summer 1	
Summer 2	Initiate revised Individual Healthcare Plans for students who currently have one (or earlier as needed) Request new Individual Healthcare Plans for incoming Year 3 students with a medical need.

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APPENDIX 10: ONEBUS EMERGENCY PROCEDURE – EXAMPLE 1

MEDICAL EMERGENCY

Step 1	Stop the vehicle in a safe place (not in risk of collision with vehicle).
Step 2	Ensure everyone is safe and remains quiet.
Step 3	Assess the situation and contact the Emergency Service.
Step 4	Dial 999 and request urgent medical aid/ambulance.
Step 5	Continue to give support until the arrival of Emergency Services.

EMERGENCY – VEHICLE COLLISION

Step 1	If safe and possible, move the vehicle off the carriageway (onto the hard shoulder on a motorway) and switch on the hazard warning lights.
Step 2	If it is not possible to move the vehicle into the hard shoulder, then the vehicle should be moved as far away from moving traffic as possible. If a warning triangle is used, it should be placed on the same side of the road, at least 45 metres (147 feet) from the minibus.
Step 3	Move passengers out of the nearside of the vehicle and as far away from it and other traffic as possible. Ensure passengers are kept together in one group. Nominate someone to supervise the group.
Step 4	No one should stand between the vehicle and oncoming traffic.
Step 5	Assess Example 1 condition and immediately contact the Emergency Service.
Step 6	Dial 999, inform of current situation, and request urgent medical aid/ambulance.
Step 7	Continue to give support until the arrival of Emergency Services.
Step 8	**Do not allow child passengers to assist with repairing or re-starting the vehicle and never allow them to push the vehicle.**

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APPENDIX 12: ONEBUS MEDICAL ACTIONS

Asthma

Signs and symptoms of an Asthma attack

Symptoms include:

- Frequent coughing
- A whistling or wheezing sound when breathing out
- Shortness of breath
- Chest congestion or tightness

In severe cases, you might see the child's chest and sides pulling inward as he or she struggles to breathe.
The child might have an increased heartbeat, sweating and chest pain. Seek emergency care.

What to do if you are assisting someone with an Asthma Attack

If you are assisting someone who is having an asthma attack, you should:

1. Sit them up straight – try to keep them calm.
2. They should take one puff of their reliever inhaler (usually blue) every 30 to 60 seconds up to 10 puffs.
3. If you note they are getting/feeling worse at any point, or they do not feel better after 10 puffs, **call 999 for an ambulance**.
4. If the ambulance has not arrived after 10 minutes and their symptoms are not improving, **repeat step 2**.
5. If their symptoms are no better after repeating step 2, and the ambulance has still not arrived, **contact 999 again immediately.**

Action to be taken if the student becomes unconscious:

- The student must be placed in the recovery position.
- Telephone 999
- Inform Parents and school as soon as possible.
- Accompany the student to hospital and await arrival of Parent.

Never be frightened of calling for help in an emergency.

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Epilepsy

How to recognise a seizure

There are several types of epilepsy, but seizures are usually recognisable by the following symptoms:

- The student may appear confused and fall to the ground.
- Slow noisy breathing.
- Possible blue colouring around the mouth, returning to normal as breathing returns to normal.
- Rigid muscle spasms.
- Twitching of one or more limbs and/or face.
- Possible incontinence.

The following actions should be taken to assist the student:

- Try to help the student to the floor if possible but do not put yourself at risk of injury.
- Remove any obstructions (bags, etc.) away from the student in order to prevent further injury.
- If available, place a cushion or something soft under the student's head.
- Call 999.
- Cover the student with a blanket as soon as possible in order to hide any incontinence.
- Stay with the student throughout duration of the seizure.
- As the seizure subsides place the student into recovery position (see overleaf)
- Inform OneBus Transport Manager, the School or Parents as soon as possible.

Never be frightened of calling for help in an emergency.

Action to be taken if the student becomes unconscious:

- The student must be placed in the recovery position.
- Telephone 999
- Inform Parents and school as soon as possible.
- Accompany the student to hospital and await arrival of Parent.

Never be frightened of calling for help in an emergency.

How to put a student in the recovery position

It is safe to place someone in the recovery position who is not responding to you but is breathing normally.

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Place the arm that is nearest to you at a right angle to their body, with the elbow bent and their palm facing upwards.



With your other hand, pull their far knee up so that their foot is flat on the floor.



Keeping the back of the casualty's hand pressed against their cheek, pull on the far leg to roll the casualty towards you on to their side. You can then adjust the top leg so that it is bent at a right angle.



Gently tilt the casualty's head back and lift their chin to make sure their airway stays open. You can adjust the hand under their cheek to do this.



Call 999/112 for emergency help if it hasn't already been done. Monitor their level of response while waiting for help to arrive.

- If they remain in the recovery position for 30 minutes, roll them into the recovery position on the other side.

St John Ambulance

Diabetes

Signs and symptoms of low blood sugar level (hypoglycaemia)

Onset can be quite quick and may be due to a missed/late meal, missing snacks, infection, more exercise, warm weather, too much insulin and stress. Individuals should test their own blood sugar levels if testing equipment available. Symptoms include:

- Pale
- glazed eyes
- blurred vision
- confusion/incoherent
- shaking
- headache
- change in normal behaviour - weepy/aggressive/quiet.
- agitated/drowsy/anxious.
- tingling lips
- sweating
- hunger
- dizzy
- leading to unconsciousness

Signs and symptoms of high blood sugar level (hyperglycaemia)

This develops much more slowly over time but can be much more serious if untreated. Caused by too little insulin, eating more carbohydrates, infection, stress, and less exercise than normal.

- Symptoms may include:
  - Feeling tired and weak.
  - Feeling thirsty.
  - Passing urine more often.
  - Nausea and vomiting.
  - Drowsy.
  - Breath smelling of acetone.
  - Blurred vision.
  - Unconsciousness.

The following actions should be taken to assist the student:

- The student should be administered with fast acting glucose (Lucozade' drink or glucose tablets). This will raise the blood sugar level quickly.
- After 5 - 10 minutes the student should be given further snack as advised by the Parents. Do not leave the student unaccompanied at any time.
- The student should be allowed access to regular snacks and check blood sugar level again and as necessary.
- The student's Parents should be informed about the incident as soon as possible.

Action to be taken if the student becomes unconscious:

- The student must be placed in the recovery position. Glucose must not be administered by mouth as this may cause choking.
- Telephone 999
- Inform Parents and school as soon as possible.
- Accompany the student to hospital and await arrival of Parent.

Never be frightened of calling for help in an emergency.

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Anaphylaxis

Signs and symptoms of Anaphylaxis (severe allergic reaction)

Anaphylaxis is a life-threatening allergic reaction that happens very quickly. It can be caused by food, medicine, or insect stings.

Call 999 if you think you or someone else is having an anaphylactic reaction.

Check if it is Anaphylaxis:

Symptoms of anaphylaxis happen very quickly.
They usually start within minutes of coming into contact with something you are allergic to, such as a food, medicine, or insect sting.

Symptoms include:

- swelling of throat and tongue
- difficulty breathing or breathing very fast
- difficulty swallowing, tightness in your throat or a hoarse voice
- wheezing, coughing or noisy breathing
- feeling tired or confused
- feeling faint, dizzy or fainting
- skin that feels cold to the touch
- blue, grey or pale skin, lips or tongue – if you have brown or black skin, this may be easier to see on the palms of your hands or soles of your feet
- You may also have a rash that is swollen, raised or itchy.

Must Call 999 if:

- Lips, mouth, throat or tongue suddenly become swollen.
- They are breathing very fast or struggling to breathe (you may become very wheezy or feel like They're choking or gasping for air).
- Their throat feels tight, or you are struggling to swallow.
- Their skin, tongue or lips turn blue, grey, or pale (if you have black or brown skin, this may be easier to see on the palms of their hands or soles of your feet)
- They suddenly become very confused, drowsy or dizzy.
- If someone faints and cannot be woken up.
- A child is limp, floppy or not responding like they normally do (their head may fall to the side, backwards or forwards, or they may find it difficult to lift their head or focus on your face).
- You or the person who is unwell may also have a rash that is swollen, raised or itchy.

These can be signs of a serious allergic reaction and may need immediate treatment in hospital.

Action to be taken if the student becomes unconscious:

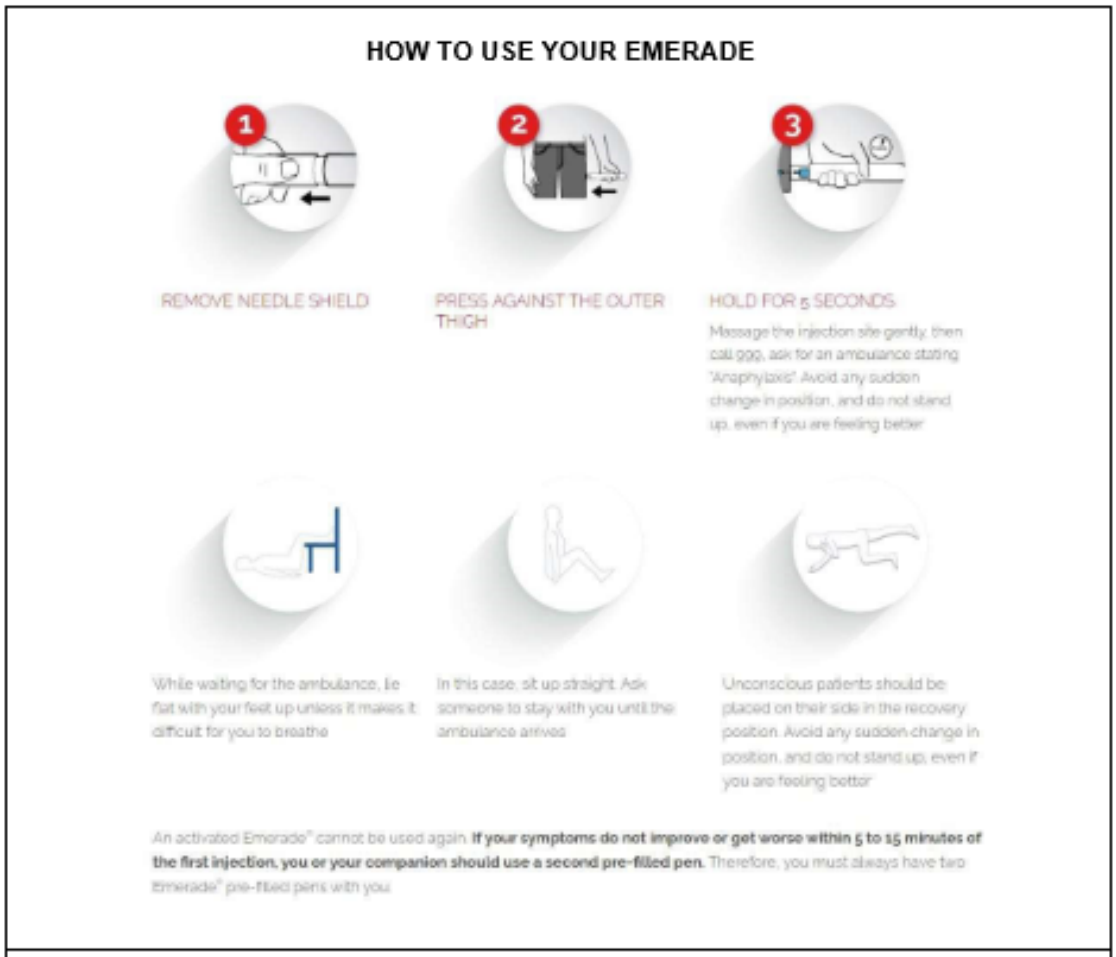
- The student must be placed in the recovery position.
- Telephone 999
- Inform Parents and school as soon as possible.
- Accompany the student to hospital and await arrival of Parent.

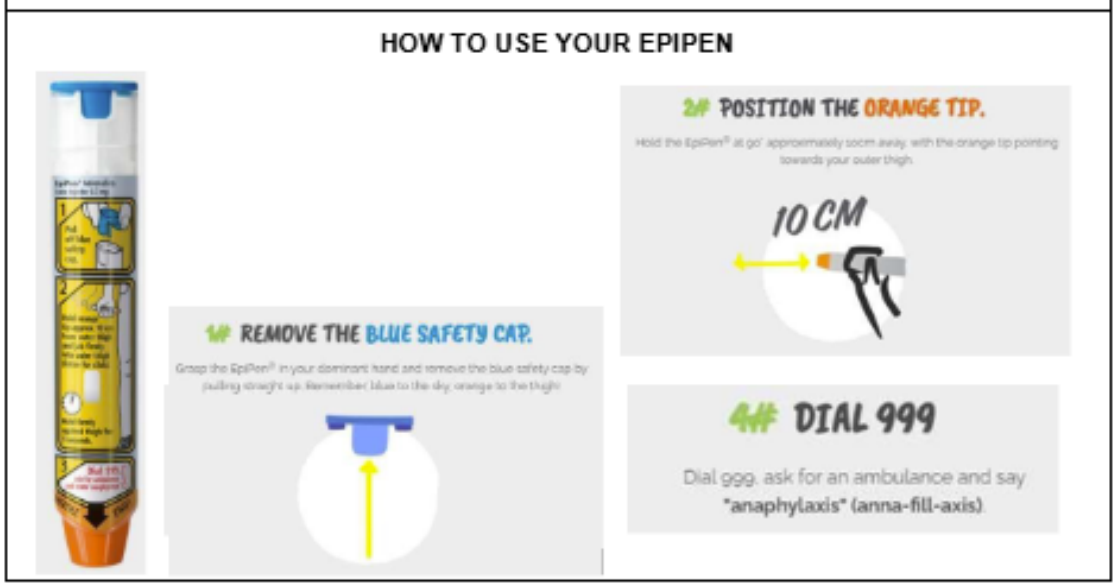
Never be frightened of calling for help in an emergency.

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How to use an adrenaline auto-injector:

There are different types of adrenaline auto-injectors, and each one is given differently.





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HOW TO USE YOUR JEXT (ADULTS)



Step 1

Grasp the Jext® in your dominant hand (the one you use to write with) with your thumb closest to the yellow cap.



Step 2

Pull off the yellow cap with your other hand.



Step 3

Place the black injector tip against your outer thigh, holding the injector at a right angle (approx. 90°) to the thigh.



Step 4

Push the black tip firmly into your outer thigh until you hear a 'click' confirming the injection has started, then keep it pushed in. Hold the injector firmly in place against the thigh for 10 seconds (a slow count to 10) then remove. The black tip will extend automatically and hide the needle.



Step 5

Massage the injection area for 10 seconds. Seek immediate medical help.

Extra steps to take



Seek medical attention

Call 999 in the UK, or 112 for Ireland, ask for an ambulance and say "anaphylaxis". If you are alone when you have a reaction, you will have to leave the call open/on. Don't worry, the person who answers the phone will know exactly what to do.



Be prepared

Use a second Jext® after 5-15 minutes if the symptoms do not improve. Always carry an extra Jext® with you.

HOW TO USE YOUR JEXT (CHILDREN)



Step 1

Hold the Jext® in the hand that you use to write with, with your thumb closest to the yellow cap.



Step 2

Pull off the yellow cap with your other hand.



Step 3

Place the black injector tip against your outer thigh, holding the injector at a right angle (approx. 90°) to the thigh.



Step 4

Push the black tip as hard as you can into your outer thigh until you hear a 'click' confirming the injection has started, then keep it pushed in. Hold the injector firmly in place against the thigh for 10 seconds (a slow count to 10) then remove. The black tip will extend automatically and hide the needle.



Step 5

Massage the injection area for 10 seconds. Seek immediate medical help.

Extra steps to take



Seek medical attention

Once the Jext® has been administered call 999 in the UK or 112 in Ireland, and ask for an ambulance and say "anaphylaxis". If you are alone when you have a reaction, you will have to leave the call open/on. Don't worry, the person who answers the phone will know exactly what to do.



Be prepared

Use a second Jext® after 5-15 minutes if you still feel poorly. This is why you should always carry two Jext® pens.



Stay where you are

You should remain still and laid down until the ambulance arrives. Don't try to get up, even if you start to feel better.

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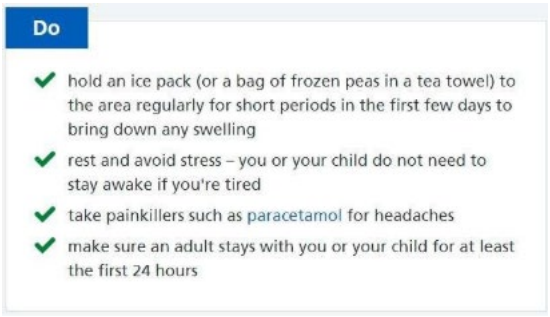
Head injury and concussion

Most head injuries are not serious, but you should get medical help if you or a child have any symptoms after a head injury.

You might have concussion (temporary brain injury) that can last a few weeks.

How to care for a minor head injury:

If you or a child have been sent home from hospital with a minor head injury, or you/child do not need to go to hospital, you can usually look after yourself or a child.
You/child might have symptoms of concussion, such as a slight headache or feeling sick or dazed, for up to 2 weeks.





If you are not sure what to do, call 111.

Call 999 if:
Someone has hit their head and has:

- Been knocked out and has not woken up.
- Difficulty staying awake or keeping their eyes open.
- A fit (seizure).
- Fallen from a height more than 1 metre or 5 stairs.
- Problems with their vision or hearing.
- A black eye without direct injury to the eye.
- Clear fluid coming from their ears or nose.
- Bleeding from their ears or bruising behind their ears.
- Numbness or weakness in part of their body.
- Problems with walking, balance, understanding, speaking or writing.
- Hit their head at speed, such as in a car crash, being hit by a car or bike or a diving accident.
- A head wound with something inside it or a dent to the head.

Also call 999 if you cannot get someone to A&E safely.

Action to be taken if the student becomes unconscious:

- The student must be placed in the recovery position.
- Telephone 999
- Inform Parents and school as soon as possible.
- Accompany the student to hospital and await arrival of Parent.

Never be frightened of calling for help in an emergency.

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APPENDIX 13: RECORD OF MEDICATION ADMINISTERED ON CAMPUS

Tewkesbury Campus

Date	Student's Name	Time	Name of Medication	Dose Given	Any Reactions	Signature of Staff	Print Name

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APPENDIX 14: MEDICAL REGISTER

Register for Supporting Students with Medical Conditions

Person responsible:

1	
2	High risk student – needs Individual Healthcare Plan and Emergency Healthcare Plan kept on the Bus

Tier	Surname	First Name	DOB	Year Group	Named Person	Training and Date	IHCP (Y/N)	Emergency Plan needed for bus and training required for drivers	Medication needed in school and medication form completed Y/N and where kept	Specific medical need	Review date - annual or as required	Checked By CP	External Health Care Professional Involved e.g. paediatrician
										Medical Needs			
1									e.g. insulin in fridge x in the lockable cabinet				
2													

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Training needs:

Student	Medical Training Needed	How Often	Who Needs Training

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