

Supporting pupils with medical conditions policy

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Contents

1	Aims	3
2	Legislation and statutory responsibilities	4
3	Roles and responsibilities	5
4	Equal opportunities	7
5	Being notified that a child has a medical condition	7
6	Individual healthcare plans	7
7	Managing medicines	9
8	Day trips, residential visits, and sporting activities	11
9	Emergency procedures	12
10	Training	14
11	Record keeping	14
12	Catering	15
13	Staff/Adults with medical conditions	16
14	Liability and indemnity	16
15	Complaints	16
16	Monitoring arrangements	16
17	Links to other policies	16
18	Useful links	17
Appendices		
1	Being notified a child has a medical condition	18
2	Model Individual Health Plan (IHP)	19-22
3a -d	BSACI Allergy plans	23-26
4	Parental agreement to administer medicine	27
5	Training record	28
6	Risk Assessment for Anaphylaxis	29-34
7	Model letter to parents inviting them to contribute towards IHP	35
8	System for identifying pupils with allergies	36
9	Contacting emergency services form	37
10	Instructions on how to record administered medication on Evolve Accident Book	38-39
11	Instructions on how to add IHP on Evolve Accident Book	40-42
12	Instructions on how to add stored medication on Evolve Accident Book	43-44

1.0 Aims

1.1. This policy aims to ensure that:

- Children and young people with medical conditions who are entitled to a full education and have the same rights of admission to school as other children, are not denied admission or prevented from taking up a place in a BDMAT school because arrangements for their medical condition have not been made. However, in line with their safeguarding duties, the Trust will ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases. They therefore reserve the right to not accept a child in any of our schools at times where it would be detrimental to the health of that child or others to do so.
- Pupils, staff, and parents understand how our schools will support pupils with medical conditions. Examples of medical conditions covered in in this policy are:

- Allergies
- Asthma
- Diabetes
- Epilepsy

This list is not an exhaustive list and there may be children in school with other medical conditions requiring medication and individual healthcare plans (IHPs).

- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including educational visits and sporting activities, so that they can play a full and active role in school life, remain healthy and achieve their academic potential.
- Procedures are in place to keep children with potentially life-threatening conditions are kept safe and well.

1.2. The trust will implement this policy by monitoring that all BDMAT Headteachers are:

- Making sure sufficient staff are suitably trained.
- Making staff aware of pupil's conditions, where appropriate.

- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions.

- Providing supply teachers with appropriate information about the policy and relevant pupils.
- Developing and monitoring risk assessments for school visits, holidays and other school activities outside of the normal timetable.
- Developing and monitoring individual health care plans (IHPs) that focus on the needs of each individual child and how their medical condition impacts on their school life.

1.3 The monitoring will be completed on behalf of the trust by the Head of School Support who will report back to the Trust each term.

2.0 Legislation and statutory responsibilities.

- This policy meets the requirements under Section 100 of the Children and Families Act 2014 which places a duty on governing bodies to make arrangements for supporting pupils at their schools with medical conditions.
- It is also based on the Department for Education's statutory guidance on supporting pupils at school with medical conditions at school. December 2015.
- Where we have pupils who are considered disabled under the definition of the Equality Act of 2010, the trust will comply with their duties under that Act.
- For children with SEN, this guidance should be read in conjunction with the SEND-code-of-practice The Special educational needs and disability code of practice explains the duties, of schools to provide for those with special educational needs under part 3 of the Children and Families Act 2014. For pupils who have medical conditions that require EHC plans, compliance with the SEND code of practice will ensure compliance with this guidance with respect to those children.

3.0 Roles and Responsibilities.

The Board of Trustees:

- Has ultimate responsibility regarding the arrangements to support pupils with medical conditions in the schools within the trust.
- Will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.
- Make sure all school staff are appropriately insured and aware that they are insured to support the pupils in this way.



Headteachers will:

- Make sure all staff are aware about this policy and understand their role in its implementation.
- Ensure there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations.
- Ensure all staff have received anaphylaxis training and asthma training. This training is arranged by school leaders for all staff on a yearly basis and on an ad-hoc basis for any new members of staff. Training for epilepsy and diabetes should be arranged prior to children with these conditions being admitted to the school where possible.
- Ensure that all staff who need to know are aware of a child's condition.
- Take overall responsibility for the development of IHPs, following the process outlined in **appendix 1** on page 18 of this policy.
- Contact the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.
- Ensure systems are in place for obtaining information about a child's medical needs and that this information is kept up to date and logged on Arbor and Evolve.

Staff will:

- Be aware that supporting pupils with medical conditions during school hours is not the sole responsibility of one person.
- Be aware that any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.
- Be aware that those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training and will achieve the necessary level of competency before doing so.

- Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach.
- Know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help

- Provide schools with sufficient and up to date information about their child's medical needs upon entry to school or when diagnosis is made. They will also keep the school informed of any changes to their child's medical needs.
- Be involved in the development of their child's Individual Healthcare Plan (IHP) and may be involved in its drafting and sign the IHP. An invite to be involved can be found at **appendix 7**.
- Be involved in the drafting of a BSACI Allergy Plan if required and sign said plan.
- Carry out any action they have agreed to as part of the implementation of the IHP, e.g. provide medicines and equipment, and ensure they or another nominated adult are contactable at all times.
- Complete and sign parental agreement to administer medication forms (**appendix 4**)

Pupils will:

- Often be best placed to provide information about how their condition affects them, and as such should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs.
- Be expected to comply with their IHPs, including wearing wristbands.

School nurses:

- The relevant Local Authority's school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible.
- They may also support staff to implement a child's IHP.
- They may also provide advice and liaison on training.

Other healthcare professionals.

- BDMAT in line with DfE statutory guidance expect healthcare professionals, such as GPs and paediatricians, should liaise with the school's nurses and notify them of any pupils identified as having a medical condition.
- They may also provide advice on developing IHPs.

- Specialist local health teams may be able to provide support in schools for children with particular conditions (e.g. allergies, asthma, diabetes, epilepsy).

Key Information

Headteacher	Linda Francis
Staff responsible for training	Ensuring that training is up to date – Linda Francis and Nabila Iqbal. Training is provided externally
School Website	www.stgnewtown.bham.sch.uk/statutory-information/policies
Lead First Aider	This role is shared across multiple staff .
School Nurse contact	Mahima Begum

4.0 Equal Opportunities.

- All our schools are clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.
- The schools will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.
- Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

5.0 Being notified that a child has a medical condition.

- When any BDMAT school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHP. ***(Please see appendix 1 on page 13 for diagram of process).***
- The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

6.0 Individual healthcare plans.

- Templates for Individual Healthcare Plans can be found at ***appendix 2*** in this policy.

- BDMAT schools use **BSACI** templates for allergy action plans in **appendices 3 a-d** for children with allergies to support the Individual Healthcare Plans. Each action plan template is designed to include how to administer the medical treatment required. Electronic versions of these forms can be accessed at <https://www.bsaci.org/professional-resources/resources/paediatric-allergy-action-plans/>
- The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions but may delegate it to another member of staff.
- Plans will be reviewed at least annually, along with any risk assessments attached to the plan, or earlier if there is evidence that the pupil's needs have changed.
- Plans will be developed with the pupil's best interests in mind and will set out:
 - What needs to be done
 - When
 - By whom
- Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the headteacher will make the final decision, following FULL consultation with the CEO.
- Plans will be drawn up in partnership with the school, parents, and a relevant healthcare professional, such as the school nurse, specialist, or paediatrician, who can advise on the pupil's specific needs. The pupil will also be involved as appropriate to their age and level of understanding.
- Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), schools will work with the local authority and education provider to ensure that the individual healthcare plan identifies the support the pupil will need to reintegrate effectively
- IHPs will be linked to, or become part of, any education, health, and care (EHC) plan.
- If a pupil has SEN but does not have an EHC plan, the SEN will be mentioned in the IHP.
- The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The headteacher or individual with responsibility for developing IHPs, will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms, and treatments.
- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, 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.
- 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.
- The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring.
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable.
- Who in the school needs to be aware of the pupil's condition and the support required.
- Arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff or self-administered by the pupil during school hours.
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g., risk assessments.
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition. Informing the parent/pupil that the school uses Evolve to administer medications.
- What to do in an emergency, including who to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan
- A risk assessment for anaphylaxis is available (**see appendix 6**) to assist in the drawing up of the IHP.



Managing medicines

- Prescription and non-prescription medicines will only be administered at school:
 - When it would be detrimental to the pupil's health or school attendance not to do so and
 - Where we have parents' written consent (signed consent forms will be uploaded to Evolve)
 - Where medicines have not been prescribed in dose frequencies which enable them to be taken outside school hours
- ***Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.***
- Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken on Evolve. Parents will always be informed.
- The school will only accept prescribed medicines that are:
 - In-date
 - Labelled
 - Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage
- The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.
- All medicines will be stored safely and records of stored medication kept up to date on Evolve. It is the responsibility of the child's parents / carers to ensure that medication is up-to-date and clearly labelled, however the school's Lead First Aider will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
- Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma
 - inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.
 - For pupils who have anaphylaxis their medication storage box (a rigid box clearly labelled with the child's name and photograph) should contain:
 - adrenaline injectors i.e. EpiPen® or Jext® (two of the same type being prescribed)
 - an up-to-date allergy action plan
 - antihistamine as tablets or syrup (if included on plan)

- spoon if required
- asthma inhaler (if included on plan)

- Medicines will be returned to parents to arrange for safe disposal when no longer required.

a) Controlled drugs

- Communication Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments, such as morphine or methadone.
- All controlled drugs must be kept in a secure cupboard in the school office and only named staff have access. Controlled drugs will be accessible in an emergency.
- A record of any doses used, and the amount held will be kept on CPOMs or My Concern whilst the pupil is on roll.

b) Pupil managing their own needs

- Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. For example (around age 11 years +) pupils will be encouraged to take responsibility for and to always carry their own adrenaline injectors on them (in a suitable bag/ container).
- This will be discussed with parents, and it will be reflected in their IHPs.
- Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse but will follow the procedure agreed in the IHP and inform parents so that an alternative option can be considered, if necessary.

c) Unacceptable practice.

- School staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally **not acceptable to:**

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents
- Ignore medical evidence or opinion (although this may be challenged)

- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise pupils for their attendance record if their absences are related to their medical condition, e.g., hospital appointments
- Prevent pupils from drinking, eating, or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues.
- No parent should have to give up working because the school is failing to support their child's medical needs
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

8.0 Day trips, residential visits and sporting activities

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

Schools 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. This will require consultation with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely.

- Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, carry

their medication. Where appropriate due to the age of the child a nominated adult will carry the medication.

- Where children with medical conditions are participating in activities off school premises a member of staff trained to administer the emergency medication must also be in attendance.
- Pupils unable to produce their required medication will not be able to attend the excursion.

9.0 Emergency procedures

- Staff will follow the school’s normal emergency procedures (for example, calling 999). All pupils’ IHPs will clearly set out what constitutes an emergency and will explain what to do.
- If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives or accompany the pupil to hospital by ambulance. A contacting emergency services template can be found at **appendix 9**.

“Spare” adrenaline auto injectors in school.

BDMAT schools have purchased spare adrenaline auto-injector (AAI) devices for emergency use in children who are risk of anaphylaxis, but their own devices are not available or not working (e.g. because they are out of date).

These are stored in a rigid box, clearly labelled ‘Emergency Anaphylaxis Adrenaline Pen’, kept safely, not locked away and accessible and known to all staff.

Spare pens are kept in the following location/s:-

Location	No. of Pens

Written parental / carer permission for use of the spare AAls is included in the pupil’s Individual Health Care Plan.

If anaphylaxis is suspected in an undiagnosed individual call the emergency services and state, you suspect **ANAPHYLAXIS**. Follow advice from them as to whether administration of the spare AAI is appropriate.

“Spare” asthma inhalers in school.

BDMAT schools have purchased spare asthma inhalers for emergency use in children who have been diagnosed with asthma, but their own devices are not available or not working (e.g. because they are out of date, left at home or not readily available whilst child is having an asthma attack).

These are stored in a rigid box, clearly labelled ‘Emergency asthma inhaler’, kept safely, not locked away and accessible and known to all staff.

Spare inhalers are kept in the following location/s:-

Location	No. of Inhalers

Written parental / carer permission for use of the spare inhalers is included in the pupil’s Individual Health Care Plan.

If is suspected in an undiagnosed individual call the emergency services and state, you suspect **ASTHMA**. Follow advice from them as to whether administration of the spare inhaler is appropriate.

The school’s Lead First Aider is responsible for checking all “spare” medication is in date on a monthly basis and to replace as needed.

10.0 Training

- Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

- The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.
- The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the headteacher. Training will be kept up to date.
- Training will:
 - Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
 - Fulfil the requirements in the IHPs
 - Help staff to understand the specific medical conditions they are being asked to deal with, their implications and preventative measures
- BDMAT expect that healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication, using **appendix 5**
- All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs.
- Anaphylaxis training for staff will take place annually.
- Asthma training for staff will take place annually.
- This will be provided for new staff during their induction.

11.0 Record keeping

- The Headteacher will ensure that medical conditions of pupils and the information related to that condition is recorded on Arbor. This data will be made available to any third-party electronic food ordering system.
- The school's Lead First Aider will ensure that records are kept of all medicine administered to pupils by members of staff, for as long as these pupils are at the school. These records will be maintained on Evolve. The records will state what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at the school will also be noted so staff are aware of what to look for. This will be monitored by the Head of School Support every term and reported to the Trust.

- Parents will be informed if their pupil has been unwell at school.
- IHPs and action plans (if required) are kept in a readily accessible place with the child's medication, which all staff are aware of.
- Copies of all IHPs and action plans will be stored on Evolve. This will also be monitored by the Head of School Support every term and reported to the Trust.

12.0 Catering

- All food businesses (including school caterers) must follow the Food Information Regulations 2014 which states that allergen information relating to the 'Top 14' allergens must be available for all food products.
- The school menu is available for parents to view in weekly/fortnightly/monthly advance with all ingredients listed and allergens highlighted on the school website.
- The school's Lead First Aider will ensure the Catering Manager is informed about pupils with food allergies and provided with copies of any action plans.
- Appendix 2 details the system in place to support the identification of pupils with an allergen at mealtimes.
- Parents/carers are encouraged to meet with the Catering Manager to discuss their child's needs once they commence at the school and update them on any changes.
- The school adheres to the following Department of Health guidance recommendations:
 - Bottles, other drinks and lunch boxes provided by parents / carers for pupils with food allergies should be clearly labelled with the name of the child for whom they are intended.
 - If food is purchased from the school, parents / carers should check the appropriateness of foods by speaking directly to the catering manager.
 - The pupil should be taught to also check with catering staff, before purchasing food or selecting their lunch choice.
 - Where food is provided by the school, staff should be educated about how to read labels for food allergens and instructed about measures to prevent cross contamination during the handling, preparation and serving of food. Examples include: preparing food for children with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils. For further information, parents/carers are encouraged to liaise with the Catering Manager.
 - Food should not be given to primary school age food-allergic children without parental engagement and permission (e.g. birthday parties, food treats).
 - Foods containing nuts are discouraged from being brought into school.

- Use of food in crafts, cooking classes, science experiments and special events (e.g. fetes, assemblies, cultural events) needs to be considered and may need to be restricted/risk assessed depending on the allergies of particular children and their age.

13.0 Staff/Adults with medical conditions

- BDMAT employees and any adult workers with medical conditions will inform relevant colleagues about their conditions and where to locate their medication in an emergency.
- BDMAT employees and any adult workers will take responsibility for the management of their own medication.

14.0 Liability and indemnity

- The trustees have ensured that the appropriate level of insurance is in place and appropriately reflects the schools' level of risk. All BDMAT schools are members of the Department for Education's risk protection arrangement (RPA).

15.0 Complaints

- Parents with a complaint about their child's medical condition should discuss these directly with the headteacher in the first instance.

- If the headteacher cannot resolve the matter, they will direct parents to the BDMAT complaints procedure.

16.0 Monitoring arrangements

- This policy will be reviewed and approved by the Trust Board every three years or earlier if legislation changes.

17.0 Links to other policies

- This policy links to the following policies:
- Child Protection and Safeguarding policy
- Children with health needs who cannot attend school
- Accessibility Plan
- Safeguarding



BDMAT

Birmingham Diocesan
Multi-Academy Trust

- First Aid
- Health and Safety
- SEND
- Educational Visits Policy

18.0 Useful links

Statutory guidance Supporting pupils with medical conditions: links to other useful resources

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3/supporting-pupils-with-medical-conditions-links-to-other-useful-resources--2>

Anaphylaxis Campaign- <https://www.anaphylaxis.org.uk>

AllergyWise training for schools -

<https://www.anaphylaxis.org.uk/informationtraining/allergywise-training/for-schools/>

AllergyWise training for Healthcare Professionals

<https://www.anaphylaxis.org.uk/information-training/allergywise-training/forhealthcare-professionals/>

Allergy UK - <https://www.allergyuk.org>

Whole school allergy and awareness management (Allergy UK)

<https://www.allergyuk.org/schools/whole-school-allergy-awarenessandmanagement>

Spare Pens in Schools - <http://www.sparepensinschools.uk>

Official guidance relating to supporting pupils with medical needs in schools:

Food allergy quality standards (The National Institute for Health and Care Excellence, March 2016) <https://www.nice.org.uk/guidance/qs118>

Guidance on the use of adrenaline auto-injectors in schools (Department of Health, 2017)

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline auto injectors in schools.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf)

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

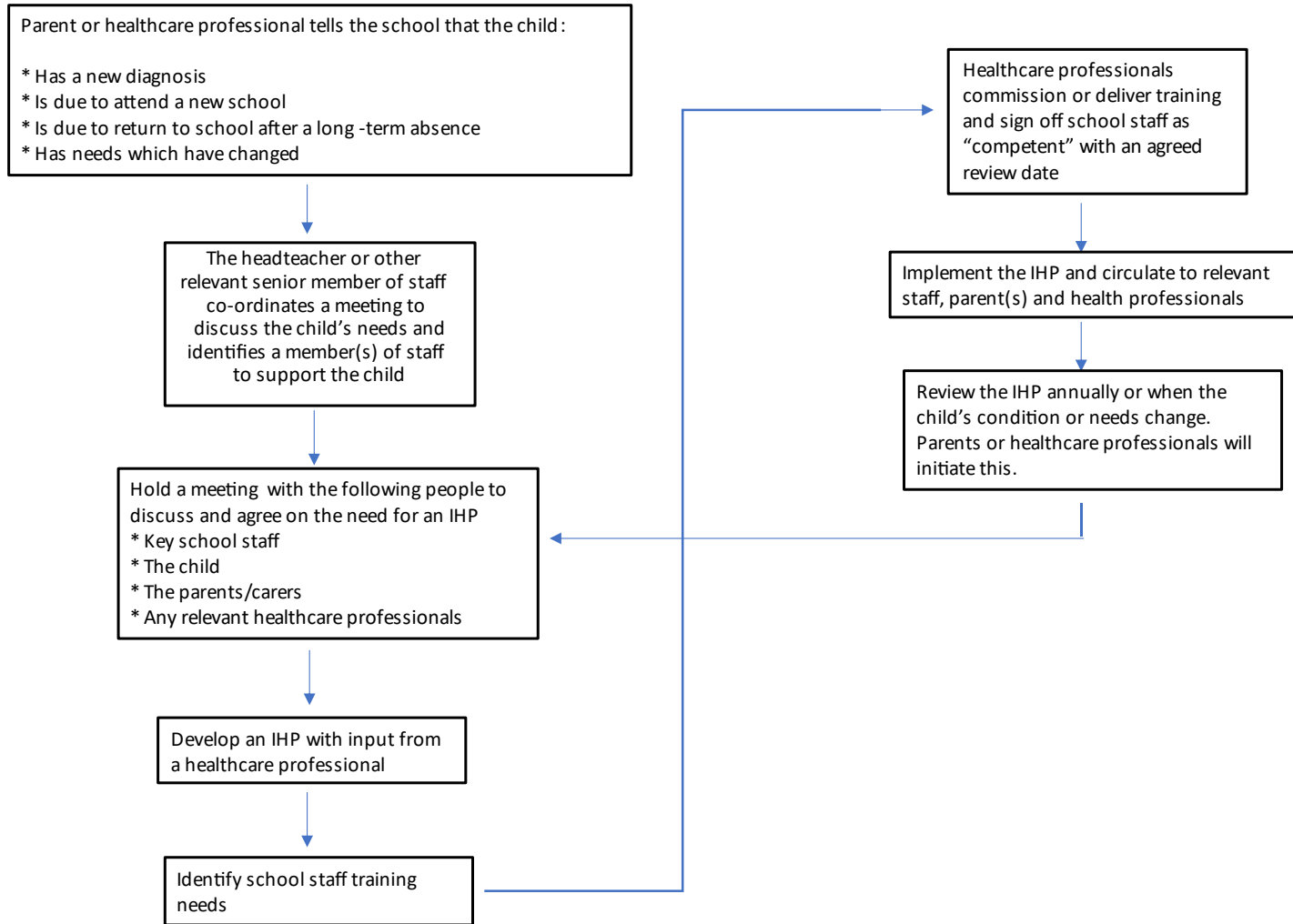
<https://www.nhs.uk/conditions/asthma/>

<https://www.gov.uk/government/publications/emergency-asthma-inhalers-for-use-in-schools>.

<https://neu.org.uk/media/6836/view>

<https://www.diabetes.org.uk/guide-to-diabetes/your-child-and-diabetes/schools/school-staff>

Appendix 1: Being notified a child has a medical condition



Appendix 2: model individual healthcare plan

Insert recent photograph of child

Name of school

--

Child's name

--

Group/class/form

--

Date of birth

--

Child's address

--

Medical diagnosis or condition

--

Date

--

Review date

--

Family Contact Information

Name

--

Phone no. (work)

--

(home)

--

(mobile)

--

Name

--

Relationship to child

--

Phone no. (work)

--

(home)

--

(mobile)

--

Clinic/Hospital Contact

Name

--

Phone no.

--

G.P.

Name

--

Phone no.

--

Who is responsible for providing support in school

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Staff training needed/undertaken – who, what, when

Arrangements for lunchtimes

Is a BSACI allergy action plan needed? If not go straight to plan developed with box and NA boxes in between.

Has a BSACI allergy action plan been completed?

Have parents been informed that the BSACI allergy action plan will be shared with the catering company along with the child's allergies so they can protect the child from potential triggers?

Child to wear wristband to identify them to catering company as part of 4 safeguarding measures.

Staff members identified who will ensure child is given a wristband prior to lunchtime

Staff members identified who will escort child to the front of the queue at the serving hatch

Plan developed with

Form copied to/shared with (include pupil if not involved in writing up plan)



Parental consent for this form and any related action plan to be shared with relevant staff so the effective management of their child's medical needs can be undertaken.

Name

Signature

Date

Child agrees to wear wristband

Name

Signature

Date

Date this plan will be reviewed on:

Appendix 3a – Allergy Action Plan for pupil without AAD but with prescribed antihistamine in school – electronic version of this form is available from

<https://www.bsaci.org/professional-resources/resources/paediatric-allergy-action-plans/>

bsaci **ALLERGY ACTION PLAN** **RCPCH** **Anaphylaxis Campaign** **AllergyUK**

This child has the following allergies:

Name: _____

DOB: _____

Photo

Mild/moderate reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

Action to take:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- **Give antihistamine:**

(If vomited, can repeat dose)

• Phone parent/emergency contact




Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY**

A AIRWAY	B BREATHING	C CONSCIOUSNESS
<ul style="list-style-type: none"> • Persistent cough • Hoarse voice • Difficulty swallowing • Swollen tongue 	<ul style="list-style-type: none"> • Difficult or noisy breathing • Wheeze or persistent cough 	<ul style="list-style-type: none"> • Persistent dizziness • Pale or floppy • Suddenly sleepy • Collapse/unconscious

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

- Lie child flat with legs raised** (if breathing is difficult, allow child to sit)


- Immediately dial 999** for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")
- In a school with "spare" back-up adrenaline autoinjectors, **ADMINISTER the SPARE AUTOINJECTOR** if available
- Commence CPR if there are no signs of life
- Stay with child** until ambulance arrives, **do NOT stand child up**
- Phone parent/emergency contact

***** IF IN DOUBT, GIVE ADRENALINE *****


You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis. For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit: sparepensinschools.uk

Emergency contact details:

1) Name: _____

 _____

2) Name: _____

 _____

Additional instructions:

If wheezy: DIAL 999 and GIVE ADRENALINE using a "back-up" adrenaline autoinjector if available, then use asthma reliever (blue puffer) via spacer

Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, including a 'spare' back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAIs in schools.

Signed: _____

Print name: _____

Date: _____


This BSACI Action Plan for Allergic Reactions is for children and young people with mild food allergies, who need to avoid certain allergens. For children at risk of anaphylaxis and who have been prescribed an adrenaline autoinjector device, there are BSACI Action Plans which include instructions for adrenaline autoinjectors. These can be downloaded at bsaci.org

For further information, consult NICE Clinical Guidance CG116 Food allergy in children and young people at guidance.nice.org.uk/CG116

This is a medical document that can only be completed by the child's healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' adrenaline autoinjector in the event of the above-named child having anaphylaxis (as permitted by the Human Medicines (Amendment) Regulations 2017). The healthcare professional named below confirms that there are no medical contraindications to the above-named child being administered an adrenaline autoinjector by school staff in an emergency. **This plan has been prepared by:**

Sign & print name: _____

Hospital/Clinic: _____

 _____ Date: _____

For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit: sparepensinschools.uk

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Appendix 3b – Allergy Action Plan for pupil with prescribed EpiPen – electronic version of this form is available from <https://www.bsaci.org/professional-resources/resources/paediatric-allergy-action-plans/>

bsaci **ALLERGY ACTION PLAN** **RCPCH** **Anaphylaxis Campaign** **AllergyUK**

This child has the following allergies:

Name: _____

DOB: _____

Photo

Mild/moderate reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

Action to take:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine:

(If vomited, can repeat dose)

• Phone parent/emergency contact

Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY**

A AIRWAY	B BREATHING	C CONSCIOUSNESS
<ul style="list-style-type: none"> • Persistent cough • Hoarse voice • Difficulty swallowing • Swollen tongue 	<ul style="list-style-type: none"> • Difficult or noisy breathing • Wheeze or persistent cough 	<ul style="list-style-type: none"> • Persistent dizziness • Pale or floppy • Suddenly sleepy • Collapse/unconscious

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

- 1 Lie child flat with legs raised** (if breathing is difficult, allow child to sit)

- 2 Use Adrenaline autoinjector without delay** (eg. EpiPen®) (Dose: . . . mg)
- 3 Dial 999** for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

***** IF IN DOUBT, GIVE ADRENALINE *****

AFTER GIVING ADRENALINE:

1. Stay with child until ambulance arrives, **do NOT stand child up**
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes**, **give a further adrenaline dose** using a second autoinjectable device, if available.

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

Emergency contact details:

1) Name: _____

2) Name: _____

Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, including a 'spare' back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAI in schools.

Signed: _____

How to give EpiPen®

- 1** PULL OFF BLUE SAFETY CAP and grasp EpiPen. Remember: "blue to sky, orange to the thigh"
- 2** Hold leg still and PLACE ORANGE END against mid-outer thigh "with or without clothing"
- 3** PUSH DOWN HARD until a click is heard or felt and hold in place for **3 seconds**. Remove EpiPen.

Additional instructions:

If wheezy, GIVE ADRENALINE FIRST, then asthma reliever (blue puffer) via spacer

Print name: _____

Date: _____

For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit: sparepensinschools.uk

This is a medical document that can only be completed by the child's healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017. During travel, adrenaline auto-injector devices must be carried in hand-luggage or on the person, and NOT in the luggage hold. This action plan and authorisation to travel with emergency medications has been prepared by:

Sign & print name: _____

Hospital/Clinic: _____

Date: _____



Appendix 3c – Allergy Action Plan for pupil with prescribed Emerade – electronic version of this form is available from <https://www.bsaci.org/professional-resources/resources/paediatric-allergy-action-plans/>

bsaci **ALLERGY ACTION PLAN** **RCPCH** **Anaphylaxis Campaign** **AllergyUK**

This child has the following allergies:

Name: _____

DOB: _____

Photo

Mild/moderate reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

Action to take:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine:

..... (If vomited, can repeat dose)

- Phone parent/emergency contact

Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY**

A AIRWAY	B BREATHING	C CONSCIOUSNESS
<ul style="list-style-type: none"> • Persistent cough • Hoarse voice • Difficulty swallowing • Swollen tongue 	<ul style="list-style-type: none"> • Difficult or noisy breathing • Wheeze or persistent cough 	<ul style="list-style-type: none"> • Persistent dizziness • Pale or floppy • Suddenly sleepy • Collapse/unconscious

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

- 1 Lie child flat with legs raised** (if breathing is difficult, allow child to sit)

- 2 Use Adrenaline autoinjector without delay** (eg. Emerade®) (Dose: .. mg)
- 3 Dial 999** for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

***** IF IN DOUBT, GIVE ADRENALINE *****

AFTER GIVING ADRENALINE:

1. Stay with child until ambulance arrives, **do NOT stand child up**
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes, give a further adrenaline dose** using a second autoinjectable device, if available.

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

Emergency contact details:

1) Name:

2) Name:

Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, including a 'spare' back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAIs in schools.

Signed:

Print name:

Date:

How to give Emerade®

- 1 REMOVE NEEDLE SHIELD**
- 2 PRESS AGAINST THE OUTER THIGH**
- 3 HOLD FOR 5 SECONDS**
Massage the injection site gently, then call 999, ask for an ambulance stating "Anaphylaxis"

Additional instructions:

If wheezy, GIVE ADRENALINE FIRST, then asthma reliever (blue puffer) via spacer

This is a medical document that can only be completed by the child's healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017. During travel, adrenaline auto-injector devices must be carried in hand-luggage or on the person, and NOT in the luggage hold. **This action plan and authorisation to travel with emergency medications has been prepared by:**

Sign & print name:

Hospital/Clinic:

Date:

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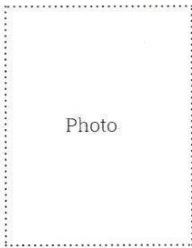
Appendix 3d – Allergy Action Plan for pupil with prescribed Jext – electronic version of this form is available from <https://www.bsaci.org/professional-resources/resources/paediatric-allergy-action-plans/>

bsaci ALLERGY ACTION PLAN

This child has the following allergies:

Name:

DOB:



Mild/moderate reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

Action to take:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine:

(If vomited, can repeat dose)

.....

- Phone parent/emergency contact

● Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY**

A AIRWAY	B BREATHING	C CONSCIOUSNESS
<ul style="list-style-type: none"> • Persistent cough • Hoarse voice • Difficulty swallowing • Swollen tongue 	<ul style="list-style-type: none"> • Difficult or noisy breathing • Wheeze or persistent cough 	<ul style="list-style-type: none"> • Persistent dizziness • Pale or floppy • Suddenly sleepy • Collapse/unconscious

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

- 1 Lie child flat with legs raised** (if breathing is difficult, allow child to sit)

- 2 Use Adrenaline autoinjector without delay** (eg. Jext®) (Dose: . . . mg)
- 3 Dial 999** for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

***** IF IN DOUBT, GIVE ADRENALINE *****

AFTER GIVING ADRENALINE:

1. Stay with child until ambulance arrives, **do NOT stand child up**
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes, give a further adrenaline dose** using a second autoinjectable device, if available.

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

Emergency contact details:

1) Name:

.....

2) Name:

.....

Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, including a 'spare' back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAIs in schools.

Signed:

Print name:

Date:

For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit: sparepensinschools.uk

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How to give Jext®

Additional instructions:

If wheezy, GIVE ADRENALINE FIRST, then asthma reliever (blue puffer) via spacer

This is a medical document that can only be completed by the child's healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017. During travel, adrenaline auto-injector devices must be carried in hand-luggage or on the person, and NOT in the luggage hold. This action plan and authorisation to travel with emergency medications has been prepared by:

Sign & print name:

Hospital/Clinic:

.....

Date:



Appendix 4: parental agreement for school to administer medicine

The school will not give your child medicine unless you complete and sign this form, and the school has a policy that the staff can administer medicine.

Date for review to be initiated by

--

Name of school

--

Name of child

--

Date of birth

--

Group/class/form

--

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 school/setting needs to know about?

--

Self-administration – y/n

--

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

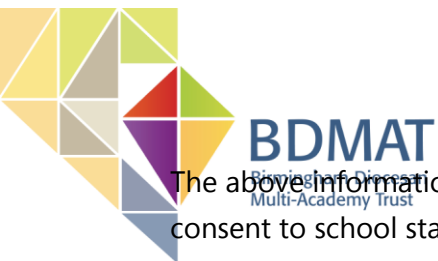
--

Address

--

I understand that I must deliver the medicine personally 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 school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____

Date _____



Appendix 5: staff training record – administration of medicines

Name of school				
Names of staff trained				
Type of training received				
Date of training completed				
Training provided by				
Profession and title				

I confirm that the above-named members of staff have received the training detailed above and are competent to carry out any necessary treatment.

I recommend that the training is updated in **(insert number)** months' time.

Trainer's signature _____

Date _____

Appendix 6: BDMAT - Anaphylaxis Risk Assessment

This form should be completed by the school in liaison with the parents / carers and the child, if appropriate.

It should be shared with everyone who has contact with the child/young person.

Pupil:	Date of Birth:
School: Phase: Primary/Secondary:	Key Worker/Teacher/Tutor:
Name and role of other professionals involved in this Risk Assessment (i.e. Specialist Nurse or School Nurse):	

Reassessment due:

I give permission for this to be shared with anyone who needs this information to keep the child/young person safe:

Signatures:

Head teacher:

Date

Parents / carers

Date

Young person

Date

What is this child allergic to?

Under which conditions is the allergy? Ingestion Direct contact Indirect contact

Does this child already have an Individual Healthcare Plan? YES NO



Summary of current medical evidence seen as part of the risk assessment (copies attached)

Describe the container the medication is kept in:

Outcome of Risk Assessment

Is an individual health care plan required? YES NO

Key Questions - Please consider the activities below and insert any considerations than need to be put in place to enable the child to take part.

Crayons/painting:

Creative activities, i.e. craft paste/glue, pasta

Science type activity: i.e. bird feeders, planting seeds, food

Musical instrument sharing (cross contamination issue):



Cooking (food prep area and ingredients):

Meal time:

kitchen prepared food (is allergy information available):

sandwiches:

Snacks (is allergy information available):

Drinks:

Celebrations: e.g. Birthday, Easter:

Hand washing (secondary school how accessible is this for the child):

Indoor play/PE (AAIs to be with the child):



Outdoor play/PE (AAIs to be with the child):

School field (AAIs to be with the child):

Forest school (AAIs to be with the child):

Offsite trips (are staff who accompany trip trained to use AAI):

Does the child know when they are having a reaction?

What signs are there that the child is having a reaction?

What action needs to be taken?

If the medication is stored in one secure place are there any occasions when this will not be close enough if required? Yes No

If Yes state when and how this can be adjusted:



If the child is old enough – can the medication be carried by them throughout the day? Yes No

If No state reason:

How many EpiPens are required in the setting?

How many staff need are required to be trained to meet this child's need?

What is the location of the backup AAI?

Is a generic AAI available in school?

Appendix 7: model letter inviting parents to contribute to individual healthcare plan development (please copy on to school letterhead)

Dear Parent

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support each pupil needs and how this will be provided.

Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case.

The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom.

Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one.

We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support need.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely

Appendix 8. System for Identifying Pupils with Allergens or who have medical dietary needs such as diabetes.

Food allergies can be fatal. It is vital that we have adequate control measures when food is served to our students to reduce the risk posed by allergens as far as possible.

Our caterers have robust processes in place to manage allergens safely. However, we must ensure that our catering teams can easily identify our students with special dietary needs and those with an allergen intolerance to ensure we keep our children safe.

The following system is adopted by all schools within BDMAT.

- All pupil allergen information is recorded in the school's management information system. This data is to be made available to any third-party electronic food ordering system.
- The catering team are provided with a copy of the BSACI form. Parents will have agreed to this on the IHP.

Primary Schools Only – 4 levels of safety checks

- Prior to collecting lunch, a member of BDMAT staff (named on the IHP) will issue the child with an allergen or food intolerance a purple wrist band. The pupil will wear this as they approach the food service point as agreed in the IHP.
- Pupils with allergens and medical dietary needs **MUST** be accompanied by a member of BDMAT staff to the **front of the queue** at the serving counter to ensure that the correct meals are given to those students and the risk of any cross contamination is reduced. **(This should be carried out sensitively so as not to embarrass older pupils)**
- Where electronic ordering systems are in place, the catering team will check against the pre-order register.
- The catering team will also check the BSACI form held within the school kitchen.

Appendix 9: contacting emergency services – to be updated by the individual schools

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

1. your telephone number *[insert school telephone number]*
2. your name
3. your location as follows *[insert school address]*
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code *[insert school postcode]*
5. provide the exact location of the patient within the school
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by any school phone that could be used in an emergency

Appendix 10

How to Record Administered Medication

Accident Book

Any user with access to Medication Tracker (see User Permissions in Settings) will be able to either Add, Track or Manage medication in EVOLVEaccidentbook.

Step 1

Click Medication

Step 2

Click Add Medication Use

Step 3

Choose Person Type from drop down menu

Step 4

If Student or Staff, begin typing to search. Select name from search results

Step 5

Choose the time medication was administered, either Now or by Choose Time

Step 6

Select Medication from the drop down menu

Step 7

Add any notes

Step 8

To add further medication, click add (green plus icon)

Step 9


Choose who Administered and/or Witnessed from the drop down menus of staff members.

Step 10

Click [Save Report].

EVOLVEaccidentbook

Dashboard | Manage | Report | Care Plans | **Medication** | Notebook | Settings | Help



Highland Academy
Aim High - Reach your potential

Joe Bloggs Log out

Record Use Monitor Usage Manage Stock

Medication Tracker

+

From - To Student name or UPN filters Find

Columns...

Patient	Medication Name	Date	Time	Dosage	Administered by
Dan Baker	Nurofen - general use	21/06/2021	12:25	7.5ml	Daniel Baker
Dan Baker	Running Stock - pain relief	21/06/2021	12:25		Daniel Baker
Dan Baker	Nurofen - general use	21/06/2021	12:30	5ml	Daniel Baker
Dan Baker	Nurofen - general use	21/06/2021	12:35	5ml	Daniel Baker
Dan Baker	Running Stock - pain relief	21/06/2021	12:35		Daniel Baker
Dan Baker	Running Stock - pain relief	21/06/2021	12:35	10ml	Daniel Baker
Dan Baker	Nurofen - general use	21/06/2021	12:40	5ml	Daniel Baker

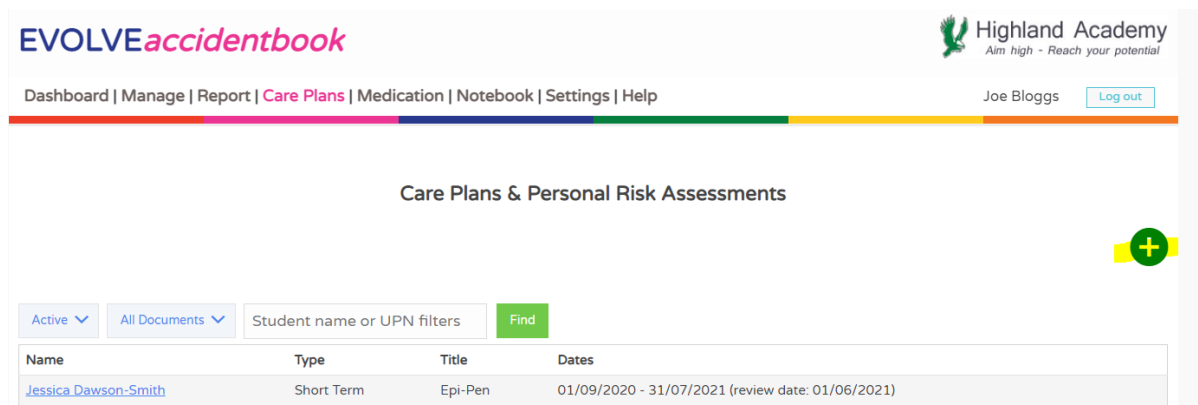
[Previous](#)

Appendix 11

To Add a Care Plan/ IHP:

Step 1


Click Care Plans



EVOLVEaccidentbook Highland Academy
Aim high - Reach your potential

Dashboard | Manage | Report | **Care Plans** | Medication | Notebook | Settings | Help Joe Bloggs [Log out](#)

Care Plans & Personal Risk Assessments



Active ▾ All Documents ▾ Student name or UPN filters [Find](#)

Name	Type	Title	Dates
Jessica Dawson-Smith	Short Term	Epi-Pen	01/09/2020 - 31/07/2021 (review date: 01/06/2021)

Step 2



Click 

Step 3

Choose Type (Short/Long/Risk Assessment)

Enter the details of the care plan

Care Plan Summary

Type	<input type="text" value="Short Term Care Plan"/>
StudentName	<input type="text" value="Kate Smith"/>  
Title/Description	<input type="text"/>
Start Date	<input type="text"/>
End Date	<input type="text"/>
Review Date	<input type="text"/>
Copy of Care Plan	<input type="button" value="Choose file"/> No file chosen

[Cancel](#)

Step 4

Begin typing to search for the Student you wish to add the plan to

Step 5

Choose Start, End, and Review Date

Step 6

Click to [Choose File/Browse] to upload a copy of the document

Step 7

Click [Continue] to save.

To View a Care Plan:

Step 9

Choose a Care Plan to view from the list in the table.

Step 10

The summary is shown at the top of the screen. The document can be viewed by clicking [View Care Plan].

Step 11

You can edit a Care Plan, add notes, or add an attachment from this screen.

Appendix 12

How to Add Stored Medication to EVOLVEaccidentbook

Accident Book

Any user with access to Medication Tracker (see User Permissions in Settings) will be able to either Add, Track or Manage medication in EVOLVEaccidentbook.

Step 1

Click [Medication]

Step 2

Click [Manage Stored Medication]. All stored medication is shown in the table below, including expiry dates.

Step 3

Choose between General Use medication or Student medication. Click add (green plus icon).

NB: General Usage medication will appear for everyone - Student medication will only appear when that student is chosen to Add Administered Medication to.

Step 4

Search the student name and choose from the search results

Step 5

Enter the name of Medication

Step 6

Enter the Quantity/Volume/Weight (number)

Step 7

Select Volume/Weight/Quantity type

Step 8


Enter Expiry Date

Step 9

Click [Continue].

EVOLVE

accidentbook



Highland Academy
Aim high - Reach your potential

Dashboard | Manage | Report | Care Plans | **Medication** | Notebook | Settings | Help
Joe Bloggs [Log out](#)

Record Use
Monitor Usage
Manage Stock

Stored Medication

Student Specific Medication
General Usage Medication

Active

Find

Medication Expiry Key

Expired
< 1 Week
< 2 Weeks
< 3 Weeks
< 4 Weeks

Name	Medication Name	Expiry Date	Stock Level
* General Usage	Running Stock - pain relief		
Dan Baker	Blood Levels		
Tonx Brown	Blood levels check - twice daily		
* General Usage	Test Med 1		<div style="width: 100%; height: 10px; background: linear-gradient(to right, green, red);"></div>
* General Usage	Test Med 2		<div style="width: 100%; height: 10px; background: linear-gradient(to right, green, red);"></div>
Neil Brown	Epi pen	01/06/2022	
Neil Brown	Antihistamine	04/06/2022	<div style="width: 100%; height: 10px; background: linear-gradient(to right, green, red);"></div>
* General Usage	Test 100	31/07/2021	<div style="width: 100%; height: 10px; background: linear-gradient(to right, green, red);"></div>