



# THE PATHWAY ACADEMY TRUST

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Wrotham Road, Meopham, Kent DA13 0RF

Registered Company N° 9782388

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# FIRST AID, MEDICINES AND MEDICAL CONDITIONS POLICY

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## Statement of Intent

The Directors, Local Governing Bodies and Head Teachers of The Pathway Academy Trust believe that ensuring the health and welfare of staff, pupils and visitors is essential to the success of the schools.

We are committed to:

- Providing adequate provision for first aid for pupils, staff and visitors.
- Ensuring that pupils with medical needs are fully supported at school.

Procedures for administering medicines and providing first aid are in place and are reviewed regularly.

We will ensure all staff (including supply staff) are aware of this policy and that sufficient trained staff are available to implement the policy and deliver against all Individual Health Care Plans, including in contingency and emergency situations.

We will also make sure that the school is appropriately insured and that staff are aware that they are insured to support pupils in this way.

In the event of illness, the pupil will be accompanied to the school office/medical room. In order to manage their medical condition effectively, the schools will not prevent pupils from eating, drinking or taking breaks whenever they need to.

## Definitions of Medical Conditions

Pupils' medical needs may be broadly summarised as being of two types:

- **Short-term**, affecting their participation at school because they are on a course of medication.
- **Long-term**, potentially limiting access to education and requiring on-going support, medicines or care while at school to help them to manage their condition and keep them well, including monitoring and intervention in emergency circumstances. It is important that parents feel confident that the school will provide effective support for their child's medical condition and that pupils feel safe.

Some children with medical conditions may be considered disabled. Where this is the case governing bodies **must** comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEND) and may have an Education, Health and Care Plan (EHCP). Where this is the case, this policy should be read in conjunction with the SEND Code of Practice and the school's SEND policy and the Individual Health Care Plan will become part of the EHCP.

## **Statutory Duties of the Local Governing Bodies**

The local governing body of each school remains legally responsible and accountable for fulfilling their statutory duty for supporting pupils at school with medical conditions. Each local governing body fulfils this by:

- Ensuring that arrangements are in place to support pupils with medical conditions. In doing so we will ensure that such children can access and enjoy the same opportunities at school as any other child.
- Taking into account that many medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others and therefore the focus is on the needs of each individual child and how their medical condition impacts on their school life.
- Ensuring that the arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions, should show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care. We will ensure that staff are properly trained to provide the support that pupils need.
- Ensuring that no child with a medical condition is denied admission, or prevented from taking up a place in school because arrangements for their medical condition have not been made. However, in line with safeguarding duties, we will ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases, and reserve the right to refuse admittance to a child at times where it would be detrimental to the health of that child or others to do so.
- Ensuring that the arrangements put in place are sufficient to meet our statutory duties and ensure that policies, plans, procedures and systems are properly and effectively implemented.
- Developing a policy for supporting pupils with medical conditions that is reviewed regularly and accessible to parents and school staff (this policy).
- Ensuring that the policy sets out the procedures to be followed whenever the school is notified that a pupil has a medical condition.
- Ensuring that the policy covers the role of Individual Health Care Plans, and who is responsible for their development, in supporting pupils at school with medical conditions.
- Ensuring that the school policy clearly identifies the roles and responsibilities of all those involved in arrangements for supporting pupils at school with medical conditions and how they will be supported, how their training needs will be assessed and how and by whom training will be commissioned and provided.

- Ensuring that the school policy covers arrangements for children who are competent to manage their own health needs and medicines.
- Ensuring that the policy is clear about the procedures to be followed for managing medicines including the completion of written records.
- Ensuring that the policy sets out what should happen in an emergency situation.
- Ensuring that the arrangements are clear and unambiguous about the need to support actively pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.
- Considering whether to
  - Develop transport healthcare plans in conjunction with the LA for pupils with life-threatening conditions who use home-to-school transport
  - Purchase and train staff in the use of defibrillators
  - In line with legislation, consider holding asthma inhalers and adrenaline pens for emergency use
- Ensuring that the policy is explicit about what practice is not acceptable.
- Ensuring that the appropriate level of insurance is in place and appropriate to the level of risk.
- Ensuring that the policy sets out how complaints may be made and will be handled concerning the support to pupils with medical conditions.

### **Roles and Responsibilities**

The **Local Governing Bodies** have delegated the following functions of the implementation of this policy to the staff below, however, the Local Governing Bodies remain legally responsible and accountable for fulfilling their statutory duties.

The overall responsibility for the implementation of this policy is given to the **Head Teacher**. S/he will also be responsible for ensuring that sufficient staff are suitably trained and will ensure cover arrangements in cases of staff absences or staff turnover to ensure that someone is always available and on-site with an appropriate level of training.

The **School Office** will be responsible for briefing supply teachers, monitoring risk assessments for school visits and other school activities outside of the normal timetable and for the monitoring of Individual Health Care Plans.

The **Designated Officer** (usually the school office and/or SEN Coordinator) will be responsible in conjunction with parents/carers, for drawing up, implementing and keeping under review the Individual Health Care Plan for each pupil and making sure relevant staff are aware of these plans

**All members of staff** are expected to show a commitment and awareness of children's medical conditions and the expectations of this policy. All new members of staff will be inducted into the arrangements and guidelines in this policy upon taking up their post. In addition we can refer to the **Community Nursing Team** for support with drawing up Individual Health Care Plans, provide or commission specialist medical training, liaison with lead clinicians and advice or support in relation to pupils with medical conditions.

Other **healthcare professionals**, including GPs and paediatricians, should notify the Community Nursing Team when a child has been identified as having a medical condition that will require support at school. Specialist local health teams may be able to provide support, and training to staff, for children with particular conditions (e.g. asthma, diabetes or epilepsy).

**Pupils** with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their Individual Health Care Plan. Other pupils will often be sensitive to the needs of those with medical conditions, and can, for example, alert staff to the deteriorating condition or emergency need of pupils with medical conditions.

**Parents/carers** should provide the school with sufficient and up-to-date information about their child's medical needs. They may, in some cases, be the first to notify the school that their child has a medical condition. Parents are key partners and should be involved in the development and review of their child's Individual Health Care Plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure that they are in date, and ensure they or another nominated adult are contactable at all times.

**Local authorities** are commissioners of school nurses for maintained schools and academies in Kent. Under Section 10 of the Children's Act 2004, they have a duty to promote co-operation between relevant partners such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and NHS England, with a view to improving the well-being of children with regard to their physical and mental health, and their education, training and recreation. Kent County Council will work with us to support pupils with medical conditions to attend full time. Where pupils would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements.

Statutory guidance for local authorities sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from school for 15 days or more because of health needs (whether consecutive or cumulative across the year)

The school office will have the lead role in ensuring that pupils with medical conditions are identified and properly supported in school, including supporting staff on implementing a pupil's Individual Health Care Plan. The designated officer will work with the Head Teacher to determine the training needs of school staff.

**Providers of health services** should co-operate with schools that are supporting children with medical conditions. They can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.

**Clinical commissioning groups (CCGs)** commission other healthcare professionals such as specialist nurses. They have a reciprocal duty to co-operate under Section 10 of the Children Act 2004 (as described above for local authorities). The local Health and Well-being Board provides a forum for the local authority and CCGs to consider with other partners, including locally elected representatives, how to strengthen links between education, health and care settings.

The **Ofsted** inspection framework places a clear emphasis on meeting the needs of disabled children and pupils with SEND, and considering the quality of teaching and the progress made by these pupils. Inspectors are already briefed to consider the needs of pupils with chronic or long-term medical conditions alongside these groups and to report on how well their needs are being met. Schools are expected to have a policy dealing with medical needs and to be able to demonstrate that it is being implemented effectively.

### **Staff Training and Support**

Judicium Education's Health & Safety consultant will perform a first aid needs assessment for each school at the start of the academic year to ensure that there are sufficient staff with the appropriate first aid qualifications.

In EYFS settings (children aged 0-5 years), schools must have at least one person who has a current paediatric first aid (PFA) certificate on the premises and available at all times when children are present. There must also be at least one PFA trained person available on any school trip. All newly qualified entrants to the early years workforce who have completed a level 2 and/or level 3 qualification on or after 30 June 2016 must also have **either** a full PFA or emergency PFA certificate within 3 months of starting work in order to be included in the required staff:child ratios.

Training is monitored and renewed every year to ensure the required number of qualified staff are available at any time in the school day. All training is recorded in the personnel records for each member of staff.

Medicine will usually be administered by the school office staff; however, any member of school staff may administer medicine providing the school holds a medication consent form completed by the parent.

All staff who are required to provide support to pupils for medical conditions will be trained. The training need will be identified during the development or review of the Individual Health Care Plan. The school may choose to arrange training in house and will ensure that it remains up-to-date.

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 set out in the Individual Health Care Plans. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

Staff must not give prescription medicines or undertake healthcare procedures without appropriate training (updated to reflect any Individual Health Care Plans). In some cases, written instructions from the parent or on the medication container dispensed by the pharmacist may be considered sufficient, but ultimately this is for the school to decide, having taken into consideration the training requirements as specified in pupils' Individual Health Care Plans. A first aid certificate does not constitute appropriate training in supporting children with medical conditions. Healthcare professionals, including the school nurse, can provide confirmation of proficiency of staff in a medical procedure, or in providing medication.

All staff will receive induction training and regular whole school awareness training so that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing the policy. The Head Teacher will seek advice from relevant healthcare professions about training needs, including preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

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

## **The Child's Role in Managing their own Medical Needs**

If, after discussion with the parent/carer, it is agreed that the child is competent to manage his/her own medication and procedures, s/he will be encouraged to do so. This will be reflected in the Individual Health Care Plan.

Wherever possible children will be allowed to carry their own medicines and relevant devices or should be able to access their medication for self-medication quickly and easily. The school does also recognise that children who take their medicines themselves and/or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant staff will help to administer medicines and manage procedures for them.

If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the Individual Health Care Plan. Parents will be informed so that alternative options can be considered.

## **Procedures**

### **First Aid**

In the case of a pupil accident, the procedures are as follows:

- The member of staff on duty calls for a first aider, or, if the child can walk, takes him/her to a first aid post and calls for a first aider.
- If the child has had a bump on the head, their parents will be notified as per their school's individual procedures.
- Full details of the accident are recorded in the school's accident book.
- A TPAT Accident/Incident form must be completed for any occurrence where there is a significant injury or violent behaviour.
- If the child has to be taken direct to hospital or the injury is 'work' related or due to a fault with the premises, then the accident must be reported to the Trust Business Manager. Further guidance is available in the TPAT First Aid, Medicines and Medical Conditions Manual.
- If the incident is reportable under RIDDOR (*Reporting of Injuries, Diseases & Dangerous Occurrences Regulations 2013*), then the Trust Business Manager will advise the school and provide assistance if required.

First aid boxes are located in all of the school's main offices and suitable places throughout the schools.

## **Emergency Asthma Inhaler**

In accordance with guidelines issued in the Human Medicines (Amendment) (NO.2) Regulations 2014, schools may hold an emergency salbutamol inhaler. This can be used by children who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication, if the pupils prescribed inhaler is not available (for example if it is broken, lost or empty). Written parental consent for use of the emergency inhaler must be obtained and recorded on the pupil's Health Care Plan.

A child may be prescribed an inhaler for their asthma which contains an alternative reliever medication to salbutamol (such as terbutaline). The school's emergency salbutamol inhaler should still be used by these children if their own inhaler is not accessible

## **Day Trips, Residential Visits and Sporting Activities**

Schools will actively support pupils with medical conditions to participate in day trips, residential visits and sporting activities by being flexible and making reasonable adjustments unless there is evidence from a clinician such as a GP that this is not possible.

Schools will always conduct a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions can be included safely. This will involve consultation with parents\carers and relevant healthcare professions and will be informed by Health and Safety Executive (HSE) guidance on school trips.

In the case of a residential visit, the residential first aider will administer First Aid. Reports will be completed in accordance with procedures at the residential centre. In the case of day visits a trained First Aider will carry a travel kit in case of need.

## **Managing Medicines on School Premises and Record Keeping**

At each school, the following procedures are to be followed:

- Medicines should only be administered at school when it would be **detrimental to a child's health or school attendance not to do so**.
- The school will administer non-prescription medicines, **with written permission** from the parent/carer, if parents/carers are **unable to attend** during the school day to administer the medicine themselves. A medication form providing details of the medicine and the required dose must be completed for each medicine and authorised by the Head Teacher or Deputy Head Teacher.
  - **Aspirin** will not be administered unless prescribed by a doctor.
  - **Pain relief (excluding Aspirin)** will only be administered if provided by the parent/carer together with the relevant medication form. Parents must

provide **sachets** of pain reliever which must be collected at the end of that week unless pain relief is part of a pupils' health care plan (Please note the change to sachets here as bottles of medicine are becoming unmanageable in the school office).

- **Cough medicine** will not be administered.
- **Anti-histamine** will only be administered in conjunction with a child's health care plan.
- The school will only accept **prescribed medicines**, with written permission from parent/carer that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is **insulin** which must be in-date, but will generally be available to schools inside an insulin pen or a pump.
- Non-prescription ear and eye drops should be administered **at home** or a parent/carer can come into school to administer.
- Medicines are often prescribed in dose frequencies which enable them to be taken outside of school hours; antibiotics or prescribed ear or eye drops can be administered by school staff at 12 noon if the prescribed dose is **4** times per day. The expectation is that a 3 times per day dosage will be administered at home.
- All medicines will be stored safely in the school office or fridge where necessary.
- Wherever possible, the pupil will administer their own medicine, under the supervision of a member of staff. In cases where this is not possible, the staff member will administer the medicine. E.g. creams for eczema can be stored in the office for children to self-administer.
- Devices such as **asthma inhalers** and **adrenaline pens (Epi-pens)** will be available in the child's class and not locked away. Asthma inhalers will be marked with the child's name and should be carried by the child themselves wherever possible. Staff will receive regular training for administering asthma inhalers and adrenaline pens.
- Emergency asthma inhalers will be kept in the school office for use by pupils who have been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. Written parental consent for use of the emergency inhaler must be obtained and recorded on the pupil's Health Care Plan. A register of pupils diagnosed with asthma will be kept with the emergency inhaler, indicating whether the parent has given consent for its use.

- **Blood glucose testing meters** will be kept with trained personnel, on advice and approval from the diabetic nurse.
- During school trips the first aid trained member of staff will carry all medical devices and medicines required.
- Staff administering medicines should do so in accordance with the prescriber's instructions. The school will 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. Written records are kept of all medicines administered to children. These records offer protection to staff and children and provide evidence that agreed procedures have been followed.
- If a child refuses to take their medication, staff will accept their decision and inform the parents accordingly.
- When no longer required, medicines should be returned to the parent/carer to arrange safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.
- It is the parent/carer's responsibility to keep medicines up to date

### **Storage/Disposal of Medicines**

Wherever possible, children will be allowed to carry their own medicines/ relevant devices or will be able to access their medicines in the School Office for self-medication, quickly and easily. Pupils' medicine will not be locked away out of the pupil's access; this is especially important on school trips. It is the responsibility of the school to return medicines that are no longer required to the parent for safe disposal.

Emergency Asthma inhalers, if held, will be kept in the school office as part of an emergency asthma kit containing the following:

- a salbutamol metered dose inhaler;
- at least two plastic spacers compatible with the inhaler;
- instructions on using the inhaler and spacer;
- instructions on cleaning and storing the inhaler;
- manufacturer's information;
- a note of the arrangements for replacing the inhaler and spacers
- a list of children permitted to use the emergency inhaler as detailed in their individual healthcare plans;
- a record of administration (i.e. when the inhaler has been used).

## **Emergency Procedures**

The Head Teacher will ensure that arrangements are in place for dealing with emergencies for all school activities wherever they take place, including school trips within and outside the UK, as part of the general risk management process.

Where a child has an Individual Health Care Plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.

## **Accidents/Illnesses requiring Hospital Treatment**

If a child has an incident, which requires urgent or non-urgent hospital treatment, the school will be responsible for calling an ambulance in order for the child to receive treatment. When an ambulance has been arranged, a staff member will stay with the pupil until the parent arrives, or accompany a child taken to hospital by ambulance if required.

Parents will then be informed and arrangements made regarding where they should meet their child. It is vital therefore, that parents provide the school with up-to-date contact names and telephone numbers.

## **Accident Reports**

Copies of TPAT Accident/Incident forms must be forwarded to the Trust Business Manager within 24 hours of the occurrence. It is the school's responsibility to ensure that the correct procedures have been followed after an accident. Guidance can be found in the TPAT First Aid, Medicines and Medical conditions manual.

In cases of a significant injury where a RIDDOR report is required (*Appendix 2*), the Trust Business Manager must be notified immediately. The Trust Business Manager will inform the Trust's insurance company, Health & Safety advisors and assist with the investigation.

## **Pupils with Special Medical Needs – Individual Health Care Plans**

Some pupils have medical conditions that, if not properly managed, could limit their access to education. These children may be:

- Epileptic
- Asthmatic
- Have severe allergies, which may result in anaphylactic shock
- Diabetic

Such pupils are regarded as having medical needs. Most children with medical needs are able to attend school regularly and, with support from the school, can take part in most school activities; unless evidence from a clinician/GP states that this is not possible.

Individual Health Care Plans will help to ensure that the school effectively supports pupils with medical conditions. They will 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. They are likely to be helpful in the majority of other cases too, especially where medical conditions are long-term and complex. However, not all children will require one. The school, healthcare professional and parent/carer should agree, based on evidence, when an Individual Health Care Plan would be inappropriate or disproportionate. If consensus cannot be reached, the Head Teacher is best placed to take a final view. A flow chart for identifying and agreeing the support a child needs and developing an Individual Health Care Plan is provided in Appendix 1.

Individual Health Care Plans will be easily accessible to all who need to refer to them, whilst preserving confidentiality. Plans will capture the key information and actions that are required to support the child effectively. The level of detail within the plan will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support. Where a child has SEND but does not have a statement or Educational Health Care plan, their special educational needs should be mentioned in their Individual Health Care Plan.

Individual Health Care Plans (and their review) should be drawn up in partnership between the school, parents/carers and a relevant healthcare professional e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils should also be involved whenever appropriate. The aim should be to capture the steps which the school should take to help manage their condition and overcome any potential barriers to getting the most from their education. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school.

The school will ensure that Individual Health Care Plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They will be developed and reviewed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social wellbeing, and minimises disruption. Where a child is returning to school following a period of hospital education or alternative provision, the school will work with the local authority and education provider to ensure that the Individual Health Care Plan identifies the support the child will need to reintegrate effectively.

Form 1 in the appendices provides the TPAT template for an Individual Health Care Plan. Although this format may be varied slightly to suit the specific needs of each pupil, consideration should be given to include the following information:

- 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 (some children will be able to take responsibility for their own health needs) including in emergencies. If a child is self-managing their medication, this should 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 child'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 child's condition and the support required.
- Arrangements for written permission from parents/carer and the Head Teacher, 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 child can participate, e.g. a risk assessment.
- Where confidentiality issues are raised by the parent/child, the designated individual to be entrusted with information about the child's condition.
- What to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an Emergency Health Care Plan prepared by their lead clinician that could be used to inform development of their Individual Health Care Plan.

### **Procedure when the School is First Notified of a Pupil's Medical Condition**

This covers notification prior to admission, procedures to cover transitional arrangements between schools or alternative providers, and the process to be followed upon reintegration after a period of absence or when pupils' needs change. For children being admitted to the school for the first time with good notification given, the arrangements will be in place for the start of the relevant school term. In other cases, such as a new diagnosis or a child moving to the school mid-term, the school will make every effort to ensure that arrangements are put in place within two weeks.

In making the arrangements, the school will take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. The school also acknowledges that some may be more obvious than others and will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life. The school aims to ensure that parents/carers and pupils can have confidence in their ability to provide effective support for medical conditions in school, so the arrangements will show an understanding of how medical conditions impact on the child's ability to learn, as well as increase their confidence and promote self-care.

The school will ensure that staff are properly trained and supervised to support pupils' medical conditions and will be clear and unambiguous about the need to support actively pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them in doing so. The school will make arrangements 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. The school will make sure that no child with a medical condition is denied admission or prevented from attending the school because arrangements for supporting their medical condition have not been made. However, in line with their safeguarding duties, they will ensure that all pupils' health is not put at unnecessary risk from, for example infectious disease. The school will therefore not accept a child in school at times where it would be detrimental to the health of that child or others.

The school does not have to wait for a formal diagnosis before providing support to pupils. 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 available evidence. This would normally involve some form of medical evidence and consultation with parents/carers. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place. These discussions will be led by the Head Teacher or SEN Coordinator / Inclusion Manager and following these discussion an Individual Health Care Plan will be written in conjunction with the parent/carers.

### **Other Issues for Consideration**

Where a pupil uses home-to-school transport arranged by the local authority and they also have a medical condition which is life-threatening, we will share the pupil's Individual Health Care Plan with the local authority.

### **Unacceptable Practice**

Although school staff should use their discretion and judge each case on its merit with reference to the child's individual Health Care Plan, it is not generally acceptable practice to:

- Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary.
- Assume that every child with the same condition requires the same treatment.
- Ignore the views of the child or their parents/carers; or ignore medical evidence or opinion (although this may be challenged).
- Send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their Individual Health Care Plans.

- If the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable.
- Penalise children 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 breaks whenever they need to in order to manage their medical condition effectively.
- Require parents/carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child.
- Prevent children from participating, or creating unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

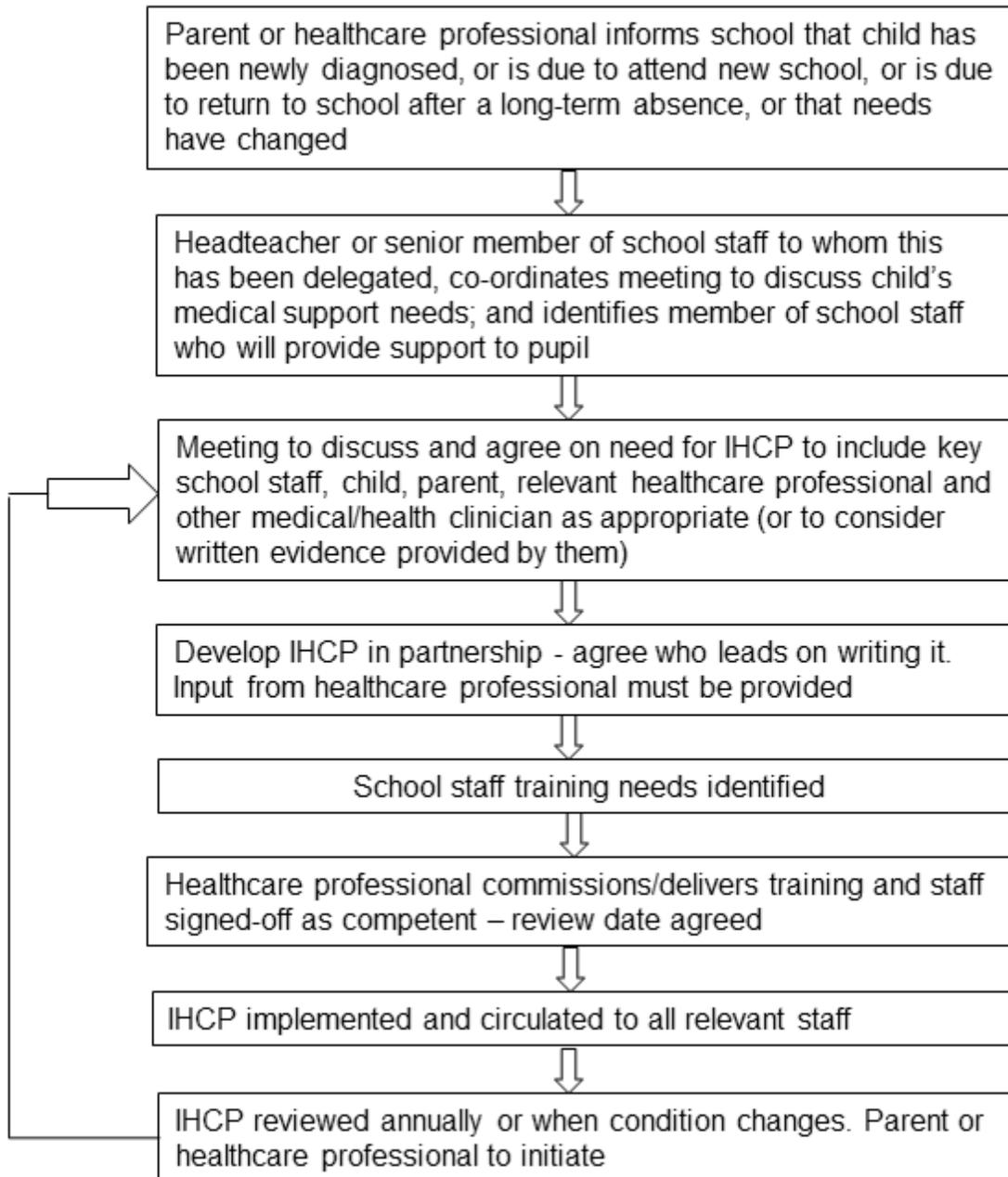
### **Complaints**

Should parents or carers be unhappy with any aspect of their child's care at school they must discuss their concerns with the school. This will be with the child's class teacher in the first instance, with whom any issues should be addressed. If this does not resolve the problem or allay the concern, the problem should be brought to the school office, who will, where necessary, bring concerns to the attention of the Head Teacher. In the unlikely event of this not resolving the issue, the parent or carer must make a formal complaint using The Pathway Academy Trust's Complaints Procedure.

## Appendices

<b>Appendix 1</b>	Model process for developing Individual Health Care Plans
<b>Appendix 2</b>	Types of RIDDOR reportable incidents in schools
<b>Appendix 3</b>	Emergency Instructions for an Allergic Reaction - EpiPen® or ANAPEN®
<b>Form 1</b>	TPAT Individual Health Care Plan
<b>Form 2</b>	TPAT Parental Agreement for Administering Medication
<b>Form 3</b>	TPAT Parental Agreement for Administering Asthma Inhalers

## Appendix 1: Model Process for Developing Individual Health Care Plans



## Appendix 2: Types of RIDDOR reportable incidents in schools

### Incident reporting in schools (accidents, diseases and dangerous occurrences)

#### Guidance for employers

#### HSE information sheet

##### Introduction

This information sheet gives guidance on how the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) apply to schools. Most incidents that happen in schools or on school trips do not need to be reported. Only in limited circumstances will an incident need notifying to the Health and Safety Executive (HSE) under RIDDOR. The information sheet gives practical guidance to schools about what they need to report and how to do it.

What needs to be reported?

RIDDOR requires employers and others in control of premises to report certain accidents, diseases and dangerous occurrences **arising out of or in connection with work**.

The information sheet includes examples of the incidents that sometimes result from schools' activities and are reportable under RIDDOR. The sheet contains three sections, which cover:

- injuries and ill health involving employees (Section 1);
- injuries involving pupils and other people not at work (Section 2);
- dangerous occurrences (Section 3).

##### Who should report?

The duty to notify and report rests with the 'responsible person'. For incidents involving pupils and school staff, this is normally the

main employer at the school. The education pages on HSE's website at [www.hse.gov.uk/services/education](http://www.hse.gov.uk/services/education) provide information about who the employer is in different types of schools.

Some school employers may have centrally co-ordinated reporting procedures. In others, reporting may be delegated to the school management team. The health and safety policy should set out the responsibilities and arrangements for reporting in each school.

Incidents involving contractors working on school premises are normally reportable by their employers. Contractors could be, eg builders, maintenance staff, cleaners or catering staff.

If a self-employed contractor is working in school premises and they suffer a specified injury or an over-seven-day injury, the person in control of the premises will be the responsible person. (See HSE's RIDDOR web pages at [www.hse.gov.uk/riddor](http://www.hse.gov.uk/riddor) for more detail on the reporting arrangements for self-employed people.)

##### What records must I keep?

You must keep records of:

- any reportable death, specified injury, disease or dangerous occurrence that requires reporting under RIDDOR;
- all occupational injuries where a worker is away from work or incapacitated for more than three consecutive days. From 6 April 2012 you don't have to report over-three-day injuries, but you must keep a record of them. Employers can record these injuries in their accident book.

You must keep records for at least three years after the incident.

## **Section 1: Injuries and ill health to people at work**

Under RIDDOR, the responsible person must report the following work-related accidents, including those caused by physical violence, if an employee is injured, wherever they are working:

- accidents which result in death or a specified injury must be reported without delay (see 'Reportable specified injuries');
- accidents which prevent the injured person from continuing their normal work for more than seven days (not counting the day of the accident, but including weekends and other rest days) must be reported within 15 days of the accident.

The responsible person must also report any case of a work-related disease, specified under RIDDOR, that affects an employee and that a doctor confirms in writing (see 'Reportable diseases'). You can find detailed guidance about RIDDOR reporting and online reporting procedures at [www.hse.gov.uk/riddor/report.htm](http://www.hse.gov.uk/riddor/report.htm).

If you are in control of premises, you are also required to report any work-related deaths and certain injuries to self-employed people that take place while they are working at the premises.

### **Reportable specified injuries**

These include:

- fractures, other than to fingers, thumbs and toes;
- amputations;
- any injury likely to lead to permanent loss of sight or reduction in sight;
- any crush injury to the head or torso causing damage to the brain or internal organs;
- serious burns (including scalding), which:
- cover more than 10% of the body; or

- cause significant damage to the eyes, respiratory system or other vital organs;
- any scalping requiring hospital treatment;
- any loss of consciousness caused by head injury or asphyxia;
- any other injury arising from working in an enclosed space which:
- leads to hypothermia or heat-induced illness; or
- requires resuscitation or admittance to hospital for more than 24 hours.

### **Physical violence**

Some acts of non-consensual physical violence to a person at work, which result in death, a specified injury or a person being incapacitated for over seven days, are reportable. In the case of an over-seven-day injury, the incapacity must arise from a physical injury, not a psychological reaction to the act of violence.

Examples of reportable injuries from violence include an incident where a teacher sustains a specified injury because a pupil, colleague or member of the public assaults them while on school premises. This is reportable, because it arises out of or in connection with work.

### **Reportable occupational diseases**

Employers must report occupational diseases when they receive a written diagnosis from a doctor that their employee has a reportable disease linked to occupational exposure. (See [www.hse.gov.uk/riddor](http://www.hse.gov.uk/riddor) for details of the reporting arrangements for self-employed people.)

These include:

- carpal tunnel syndrome;
- severe cramp of the hand or forearm;
- occupational dermatitis, eg from work involving strong acids or alkalis, including domestic bleach;
- hand-arm vibration syndrome;

- occupational asthma, eg from wood dust and soldering using rosin flux;
- tendonitis or tenosynovitis of the hand or forearm;
- any occupational cancer;
- any disease attributed to an occupational exposure to a biological agent.

### **Stress**

Work-related stress and stress-related illnesses (including post-traumatic stress disorder) are not reportable under RIDDOR. To be reportable, an injury must have resulted from an 'accident' arising out of or in connection with work.

In relation to RIDDOR, an accident is a discrete, identifiable, unintended incident which causes physical injury. Stress-related conditions usually result from a prolonged period of pressure, often from many factors, not just one distinct event.

### **Section 2: Incidents to pupils and other people who are not at work**

Injuries to pupils and visitors who are involved in an accident at school or on an activity organised by the school are only reportable under RIDDOR if the accident results in:

- the death of the person, and arose out of or in connection with a work activity; or
- an injury that arose out of or in connection with a work activity and the person is taken directly from the scene of the accident to hospital for treatment (examinations and diagnostic tests do not constitute treatment).

The lists of specified injuries and diseases described in Section 1 only apply to employees. If a pupil injured in an incident remains at school, is taken home or is simply absent from school for a number of days, the incident is **not reportable**.

### **How do I decide whether an accident to a pupil 'arises out of or is in connection with work'?**

The responsible person at the school should consider whether the incident was caused by:

- a failure in the way a work activity was organised (eg inadequate supervision of a field trip);
- the way equipment or substances were used (eg lifts, machinery, experiments etc); and/or
- the condition of the premises (eg poorly maintained or slippery floors).

So, if a pupil is taken to hospital after breaking an arm during an ICT class, following a fall over a trailing cable, the incident would be reportable. If a pupil is taken to hospital because of a medical condition (eg an asthma attack or epileptic seizure) this would not be reportable, as it did not result from the work activity.

This means that many of the common incidents that cause injuries to pupils at school tend not to be reportable under RIDDOR, as they do not arise directly from the way the school undertakes a work activity. Remember, in all these cases, you only need to consider reporting **where an accident results in a pupil's death or they are taken directly from the scene of the accident to hospital for treatment. There is no need to report incidents where people are taken to hospital purely as a precaution, when no injury is apparent.**

## What about accidents to pupils during sports activities?

Not all sports injuries to pupils are reportable under RIDDOR, as organised sports activities can lead to sports injuries that are not connected with how schools manage the risks from the activity.

The essential test is whether the accident was caused by the condition, design or maintenance of the premises or equipment, or because of inadequate arrangements for supervision of an activity. If an accident that results in an injury arises because of the normal rough and tumble of a game, the accident and resulting injury would not be reportable. Examples of reportable incidents include where:

- the condition of the premises or sports equipment was a factor in the incident, eg where a pupil slips and fractures an arm because a member of staff had polished the sports hall floor and left it too slippery for sports; or
- there was inadequate supervision to prevent an incident, or failings in the organisation and management of an event.

## What about accidents to pupils in a playground?

Most playground accidents due to collisions, slips, trips and falls are not normally reportable. Incidents are only reportable where the injury results in a pupil either being killed or taken directly to a hospital for treatment. Either is only reportable if they were caused by an accident that happened from or in connection with a work activity.

This includes incidents arising because:

- the condition of the premises or equipment was poor, eg badly maintained play equipment; or
- the school had not provided adequate supervision, eg where particular risks were identified, but no action was taken to provide suitable supervision.

## Physical violence

Violence between pupils is a school discipline matter and not reportable under RIDDOR, as it does not arise out of or in connection with a work activity.

## Other scenarios

### *Injuries to pupils while travelling on a school bus*

If another vehicle strikes the school bus while pupils are getting on or off and pupils are injured and taken to hospital, this is normally reportable under RIDDOR.

However, you do not have to report deaths and injuries resulting from a road traffic accident involving a school vehicle travelling on the public highway under RIDDOR. These are classed as road traffic incidents and are investigated by the police.

*Incidents involving pupils on overseas trips* RIDDOR only applies to activities which take place in Great Britain. So, any incident overseas is not reportable to HSE.

*Incidents to pupils on work experience placements* If pupils are on a training scheme or work placement, they are deemed to be employees for the period of the placement. In these circumstances, the employer, as the responsible person, should report a death, injury or disease to a pupil, which arises out of or in connection with work. This means the wider range of reporting categories for employees is applicable.

## Section 3: Dangerous occurrences

These are specified near-miss events, which are only reportable if listed under RIDDOR.

Reportable dangerous occurrences in schools typically include:

- the collapse or failure of load-bearing parts of lifts and lifting equipment;
- the accidental release of a biological agent likely to cause severe human illness;
- the accidental release or escape of any substance that may cause a serious injury or damage to health;
- an electrical short circuit or overload causing a fire or explosion.

## Supplementary information

### Consultation

Under the Safety Representatives and Safety Committees Regulations 1977 and the Health and Safety (Consultation with Employees) Regulations 1996, employers must make relevant health and safety documents available to safety representatives.

This includes records kept under RIDDOR, except where they reveal personal health information about individuals. Further information is available in Consulting employees on health and safety: A brief guide to the law Leaflet INDG232(rev2) HSE Books 2013  
[www.hse.gov.uk/pubns/indg232.htm](http://www.hse.gov.uk/pubns/indg232.htm).

### Reporting requirements of other regulators

There may be other reporting requirements placed on schools by other regulators in the education sector. The requirements of these other regulators are separate to, and distinct from, the legal duty to report incidents under RIDDOR.

### Further information

For information about health and safety, or to report inconsistencies or inaccuracies in this guidance, visit [www.hse.gov.uk/](http://www.hse.gov.uk/). You can view HSE guidance online and order priced publications from the website. HSE priced

publications are also available from bookshops.

This guidance is issued by the Health and Safety Executive. Following the guidance is not compulsory, unless specifically stated, and you are free to take other action. But if you do follow the guidance you will normally be doing enough to comply with the law.

Health and safety inspectors seek to secure compliance with the law and may refer to this guidance.

This information sheet is available at:  
[www.hse.gov.uk/pubns/edis1.htm](http://www.hse.gov.uk/pubns/edis1.htm).

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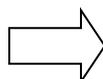
First published 10/13.

## Appendix 3: Emergency Instructions for an Allergic Reaction - EpiPen® or ANAPEN®

**IT IS IMPORTANT TO REALISE THAT THE STAGES DESCRIBED BELOW MAY MERGE INTO EACH OTHER RAPIDLY AS A REACTION DEVELOPS.**

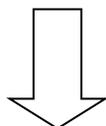
### **MILD REACTION**

- Generalised itching
- Mild swelling of lips or face
- Feeling unwell/Nausea
- Vomiting



### **SEVERE REACTION**

- Difficulty breathing/choking/coughing
- Severe swelling of lips/eyes/face
- Pale/floppy
- Collapsed/unconscious



### **ACTIONS**

1. Get the child's EpiPen® or ANAPEN® out and send someone to telephone 999. Tell the operator that the child is having an **ANAPHYLACTIC REACTION**.
2. Sit or lay child on floor.

### **ACTIONS**

- Give the child (Antihistamine) immediately
- Monitor child until you are happy he/she has returned to normal.
- If symptoms worsen see **SEVERE REACTION**

	<b>EpiPen®</b>	<b>ANAPEN®</b>
3.	Take EpiPen® and remove grey safety cap.	Get ANAPEN® and remove black needle cap.
4.	Hold EpiPen® approximately 10cm away from outer thigh.	Remove black safety cap from firing button.
5.	Swing and jab black tip of EpiPen® firmly into outer thigh. <b>MAKE SURE A CLICK IS HEARD AND HOLD IN PLACE FOR 10 SECONDS.</b>	Hold ANAPEN® against outer thigh and press red firing button. Hold ANAPEN® in position for 10 seconds.

6. Remain with the child until ambulance arrives.
7. Place the used EpiPen® or ANAPEN® into the pen's container (not a sharps box) without touching the needle so that it can safely go to hospital with the child.
8. Contact parent/carer as in the child's Individual Health Care Plan.

Form 1: TPAT Individual Health Care Plan

**Individual Healthcare Plan**

School	
Child's Name	
Date of birth	
Gender	
Year Group	
Reg Group	

<b>Home Address</b>

PHOTO
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Medical condition or diagnosis	Summary	Notes

Parental Contact	Phone no. (work)	Phone no. (home)	Phone no. (mobile)

Clinic/Hospital	Phone no.

<b>Member(s) of staff responsible for providing support in school</b>

<b>Specific support for the pupil's educational, social and emotional needs:</b>			
<b>SEN Status</b>	-	<b>Next Review</b>	
<b>SEN Need Type</b>		<b>Notes</b>	
-			

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

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

<b>Daily care requirements</b>

<b>Arrangements for school visits/trips etc.</b>

<b>Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision</b>
I give consent to appropriately trained staff administering the medication to my child, in accordance with school policy, as outlined in this care plan as part of the ongoing care of child and their medical condition.

<b>Other information</b>

<b>Describe what constitutes an emergency</b>

<b>What actions should be taken in an emergency</b>

<b>What follow up care should be provided following an emergency</b>

<b>Who is responsible in an emergency (state if different for off-site activities)</b>

<b>Plan developed with:</b>

<b>Staff training needed/undertaken – who, what, when</b>

<b>Form copied to:</b>

Parental Signature \_\_\_\_\_ Date \_\_\_\_\_ Full Name \_\_\_\_\_

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_ Full Name \_\_\_\_\_

SENCO Signature \_\_\_\_\_ Date \_\_\_\_\_ Full Name \_\_\_\_\_

<b>Date</b>	01/02/2018
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<b>ICHP Review date</b>	
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## Form 2: TPAT Parental Agreement for Administering Medication

### Parental Agreement for Administering Medication

Before requesting medication to be given in school, parents should know that:

- There is no legal or contractual duty on school staff to administer medicine or supervise a pupil taking it.
- School staff do not have medical qualifications and that, in most cases, the medicine will be self-administered by the child under adult supervisor.
- Parents can make arrangements to come into school to give their child medicine.
- Agreement must be sought from the Head Teacher that the medication will be given in school if children are unable to take medication outside school hours or parents are unable to come into school to provide the medication.

If you wish to request that your child be given medication please complete and sign the form below:

- one form to be completed for each medicine
- Medicine to be original container with label as dispensed by pharmacy

<b>School</b>				PHOTO
<b>Name of child</b>				
<b>Date of birth</b>		<b>Gender</b>		
<b>Year Group</b>		<b>Reg Group</b>		

Medical condition or diagnosis	Summary	Notes

<b>Reason why the medication cannot be given by parent/carer:</b>

Name/Type/Strength of medication (as described on the container)	Dosage and Method	Date Commenced	Time(s) to be given during school day	Expiry Date (or date expected to finish medication)	Self Administration
					Yes / No

Special precautions/other instructions	Any side effects that school should be aware of?

<b>Procedures to take in an emergency</b>

<b>Parental contacts:</b>	
<b>Name</b>	
<b>Daytime telephone no.</b>	
<b>Relationship to child</b>	

I understand that I must **personally** deliver the medicine safely to the school office.

The above information is, to the best of my knowledge, accurate at the time of writing and if there is any doubt about the instructions the school may decide to withhold the medicine until the uncertainty is confirmed.

I give consent to appropriately trained school staff administering medicine to my child in accordance with 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 has stopped.

I accept that school staff are undertaking a voluntary duty in their own definition of a 'reasonably prudent parent'.

Parental Signature(s) \_\_\_\_\_ Date \_\_\_\_\_ Full Name \_\_\_\_\_

Authorising Staff Signature(s) \_\_\_\_\_ Date \_\_\_\_\_ Full Name \_\_\_\_\_

Date		Date of Review	
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Date			
Time given			
Dose given			
Name of staff member			
Staff signature			
Observations/comments			
Date			
Time given			
Dose given			
Name of staff member			
Staff signature			
Observations/comments			
Date			
Time given			
Dose given			
Name of staff member			
Staff signature			
Observations/comments			
Date			
Time given			
Dose given			
Name of staff member			
Staff signature			
Observations/comments			
Date			
Time given			
Dose given			
Name of staff member			
Staff signature			
Observations/comments			

# Form 3: TPAT Parental Agreement for Administering Asthma Inhalers

## Individual Healthcare Plan Parental Agreement for Administering Asthma Inhalers

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

School				PHOTO
Name of child				
Date of birth		Gender		
Year Group		Reg Group		
Medical condition or diagnosis	Summary	Notes		
<b>Asthma Medication to be given in school (Dose, method, timings etc.)</b>				
<b>Any further information:</b>				
<b>What constitutes an emergency</b>				
<b>What procedures to take in an emergency</b>				
<b>Parental contacts:</b>				
Name				
Daytime telephone no.				
Relationship to child				

Emergency Asthma Inhaler – Additional Consent
<p>In accordance with guidelines issued in the Human Medicines (Amendment) (No.2) Regulations 2014, the school holds an Emergency Asthma Inhaler for use by pupils who have been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.</p> <p>In the event of my child displaying symptoms of asthma, and <u>if their inhaler is not available or is unusable</u>:</p> <p><input type="checkbox"/> I consent to my child receiving salbutamol from an emergency inhaler held by the school for such emergencies</p> <p><input type="checkbox"/> I do not consent to my child receiving salbutamol from an emergency inhaler held by the school for such emergencies</p> <p>School staff, who have received appropriate training, will be covered by indemnity as set out in the RPA insurance guidelines</p>

Parental Signature(s) \_\_\_\_\_ Date \_\_\_\_\_ Full Name \_\_\_\_\_

Staff Signature(s) \_\_\_\_\_ Date \_\_\_\_\_ Full Name \_\_\_\_\_

SENCO Signature(s) \_\_\_\_\_ Date \_\_\_\_\_ Full Name \_\_\_\_\_

Date \_\_\_\_\_

Date of ICHP Review \_\_\_\_\_

## Useful Contacts

### **Allergy UK**

Allergy Help Line: (01322) 619864  
Website: [www.allergyfoundation.com](http://www.allergyfoundation.com)

### **The Anaphylaxis Campaign**

Helpline: (01252) 542029  
Website: [www.anaphylaxis.org.uk](http://www.anaphylaxis.org.uk) and [www.allergyinschools.co.uk](http://www.allergyinschools.co.uk)

### **Association for Spina Bifida and Hydrocephalus**

Tel: (01733) 555988 (9am to 5pm)  
Website: [www.asbah.org](http://www.asbah.org)

### **Asthma UK** (formerly the National Asthma Campaign)

Adviceline: 08457 01 02 03 (Mon-Fri 9am to 5pm)  
Website: [www.asthma.org.uk](http://www.asthma.org.uk)

### **Council for Disabled Children**

Tel: (020) 7843 1900  
Website: [www.ncb.org.uk/cdc](http://www.ncb.org.uk/cdc)

### **Contact a Family**

Helpline: 0808 808 3555  
Website: [www.cafamily.org.uk](http://www.cafamily.org.uk)

### **Cystic Fibrosis Trust**

Tel: (020) 8464 7211 (Out of hours: (020) 8464 0623)  
Website: [www.cftrust.org.uk](http://www.cftrust.org.uk)

### **Diabetes UK**

Careline: 0845 1202960 (Weekdays 9am to 5pm)  
Website: [www.diabetes.org.uk](http://www.diabetes.org.uk)

### **Department for Education and Skills**

Tel: 0870 000 2288  
Website: [www.dfes.gov.uk](http://www.dfes.gov.uk)

### **Department of Health**

Tel: (020) 7210 4850  
Website: [www.dh.gov.uk](http://www.dh.gov.uk)

### **Disability Rights Commission (DRC)**

DRC helpline: 08457 622633  
Textphone: 08457 622 644  
Fax: 08457 778878  
Website: [www.drc-gb.org](http://www.drc-gb.org)

### **Epilepsy Action**

Freephone Helpline: 0808 800 5050 (Monday – Thursday 9am to 4.30pm, Friday 9am to 4pm)  
Website: [www.epilepsy.org.uk](http://www.epilepsy.org.uk)

### **Health and Safety Executive (HSE)**

HSE Infoline: 08701 545500 (Mon-Fri 8am-6pm)  
Website: [www.hse.gov.uk](http://www.hse.gov.uk)

**Health Education Trust**

Tel: (01789) 773915

Website: [www.healthedtrust.com](http://www.healthedtrust.com)

**Hyperactive Children's Support Group**

Tel: (01243) 551313

Website: [www.hacsg.org.uk](http://www.hacsg.org.uk)

**MENCAP**

Telephone: (020) 7454 0454

Website: [www.mencap.org.uk](http://www.mencap.org.uk)

**National Eczema Society**

Helpline: 0870 241 3604 (Mon-Fri 8am to 8pm)

Website: [www.eczema.org](http://www.eczema.org)

**National Society for Epilepsy**

Helpline: (01494) 601400 (Mon-Fri 10am to 4pm)

Website: [www.epilepsynse.org.uk](http://www.epilepsynse.org.uk)

**Psoriasis Association**

Tel: 0845 676 0076 (Mon-Thurs 9.15am to 4.45pm Fri 9.15am to 16.15pm)

Website: [www.psoriasis-association.org.uk/](http://www.psoriasis-association.org.uk/)