



Supporting Students with Medical Conditions

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SIGNATURES:

Principal	J. S. Bridges
Chair of Governors	H. Mottram

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INTRODUCTION

Purpose

The purpose of this policy is to ensure that Castle View Enterprise Academy:

- Operates within the legal guidelines laid down to cover all aspects of student care and medical treatment.
- Ensure that staff who make decisions about students' medication do so on the basis of protocols and clearly defined procedures/policies.
- Ensure that all activities around any student's medical needs reflect best practice.
- Ensure that all up to date guidelines from the Children's NSF, the Department of Health, The Home Office and the DCSF are made accessible to staff working in the Academy.

The policy includes guidance from the Children's NSF, plus non-statutory and statutory guidance and advice from the DCSF. It replaces all previous guidance issued by the Academy.

The Academy is responsible for the health and safety of those in their care and in discharging this responsibility must have due regard to the law.

This document sets out the main legal framework as it affects such settings. Section 100 of the Children and Families Act 2014 places a duty on the governing body to make arrangements for supporting students at their school with medical conditions and came into force 1st September 2014 and was reviewed in August 2017.

Policy Implementation

The governing body should ensure that the arrangements they set up include details on how the school's policy will be implemented effectively, including a named person who has overall responsibility for policy implementation. Details should include:

- Who is responsible for ensuring that sufficient staff are suitably trained.
- A commitment that all relevant staff will be made aware of the child's condition.
- Cover arrangements in case of staff absence or staff turnover to ensure someone is always available.
- Briefing for supply teachers.
- Risk assessments for school visits, holidays, and other school activities outside of the normal timetable.
- Monitoring of Medical Care Plans.

RESPONSIBILITIES

Roles and responsibilities of the Governing Body

The governing body must ensure that arrangements are in place to support students with medical conditions. In doing so they should ensure that such children can access and enjoy the same opportunities at school as any other child. Schools, local authorities, health professionals and other support services should work together to ensure that children with medical conditions receive a full education. This means that no child with a medical condition should be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made.

In some cases, this will require flexibility, for example, programmes of study that rely on part time attendance at school in combination with alternative provision arranged by the local authority. Consideration may also be given to how children will be reintegrated back into school after periods of absence.

In making their arrangements, the governing body should take into account that many of the medical conditions that require support at school will affect quality of life and may be life threatening. Some will be more obvious than others. The governing body should therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life.

The governing body should ensure that their arrangements give parents and students confidence in the school's ability to provide effective support for medical conditions in school. The arrangements 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. They should ensure that staff are properly trained to provide the support that students need.

However, in line with their safeguarding duties, the governing body should ensure that students' health is not put at unnecessary risk from, for example, infectious diseases. They therefore do not have to accept a child in school at times where it would be detrimental to the health of that child or others to do so.

Roles and Responsibilities of the Principal

The Principal is responsible for all aspects of health and safety and for implementing the policy approved by the governing body in relation to supporting students with medical conditions. This includes ensuring:

- Staff that administer or manage medication have the appropriate training to do so.
- That they are comfortable and confident in this role.
- That there is a system for supervision and review of all aspects relating to policy and practice.
- That the Identified Person who administers and/or manages medication is fully supported in that role by the overall policy and practice guidelines.

The Principal must also ensure that the procedures in place:

- Are appropriate.
- That controlled medication is stored in an approved cabinet that has been securely bolted to the floor or a wall.
- That emergency relief medication such as Auto Injectors and Inhalers are stored in an accessible cabinet.
- That appropriate records are kept.
- That medication record books conform to the guidelines agreed between the Departments of Children, Academy's and Families, Health and the Home Office.
- The Principal should also ensure that unused medication is returned to the student's parents/carers, or destroyed following appropriate procedures, at the end of each Academy term. Records should show this.

The Principal must also ensure that:

- All parents/carers are aware of the Academy's policy and procedures for dealing with all medical and health care needs.

Where children have complex or long term medical needs the Principal will be responsible for ensuring:

- That the parents/carers know exactly what the Academy can and cannot provide.
- That regular contact with parents/carers is maintained in order to ensure that the student's welfare needs are met.
- Students can play a full and active role in school life, remain healthy and achieve their academic potential.
- That there is a system in place for regular dialogue between the Identified Person(s) and the senior management team to ensure that any difficulties, concerns or problems are properly identified and addressed.

Roles and Responsibilities of Teachers and Staff

- All staff should feel that they are able to act in an emergency situation where it is better to do something than to do nothing. In such situations staff should use their best endeavours to help a child whilst ensuring that appropriate emergency assistance is sought.
- Staff should feel able to seek additional advice and information from the Principal, the student's parents or carer, the Health and Safety officer, The Educational Psychology Team, Child and Adolescent Mental Health Service or any other appropriate person if they are unsure of the facts or implications relating to a student's medical needs. Staff should never agree to administer medication if they are unsure of the implications of doing so or if they are uncomfortable with any aspect of the role.

Insurance for Staff

- It is the employer's responsibility to ensure that correct procedures are followed and that staff have accessed appropriate training. The employer should take steps to

ensure that the training provided is of high quality and enables staff to undertake the required tasks with confidence and expertise.

- Any member of school staff may be asked to provide support to students with medical conditions, including the administering of medicines, although they cannot be required to do so.

Although administering medicines is not part of teachers' professional duties, they should take into account the needs of students with medical conditions that they teach.

- School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a student with a medical condition needs help.

Role of Healthcare Professionals

Sunderland medical teams have indicated their willingness to work with the Academy to support students with medical needs. The Academy should maintain regular contact with their Academy Nurse and with those treating a student, in order to ensure that the best advice is implemented in the Academy.

Sunderland medical teams will co-operate with school; including appropriate communication, liaison with school nurses and other healthcare professionals such as specialist and children's community nurses, as well as participating in locally developed outreach and training.

Rights of Students

- Students 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 their medical care plan. Some students can often be sensitive to the needs of those with medical conditions.
- Express their preference as to how much information other people are given about their medical needs.
- Be treated with respect and dignity.
- Expect privacy when their medical needs are being dealt with in Academy.
- Expect staff to note any concerns they might have, and pass those on to the right person.
- Expect staff to deal with their medication regimes professionally and accurately.

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 medical care plan. Parents/carers should be informed so that alternative options can be considered.

Roles and Responsibilities of Parents/Carers

Parents/Carers must;

- Ensure that they have supplied the Academy with sufficient information about the child's needs and difficulties to enable the Academy to make decisions about how they may help and to enable them to make effective provision.
- Keep the Academy informed of any changes to treatment regimens or protocols.
- Sign a consent form enabling the Academy to administer any medication.
- Ensure that the medication is supplied to the Academy in a prescription pack*.
- Advise the Academy of any known side effects of the medication.
- Advise the Academy of any emergency procedures that have been agreed with the child's doctors/consultant.
- Ensure that the Academy is aware of any cultural or religious beliefs that could affect the way the child is treated in the event of an emergency, or in relation to the day to day management of the child's medical needs.
- Ensure that the Academy has a list of key contacts, e.g. the child's GP, consultant/ medical professional, parent/ carers' phone number in the event of any concerns or queries.

**** Prescription packs is where the doctor issues a split prescription that allows for the amount of medication to be taken in the Academy to be dispensed separately, thus avoiding the necessity of parents/carers putting medication in alternative containers – which will not be accepted by CVEA.***

Parents/Carers should also ensure that their child is fit enough to attend Academy but still should encourage full attendance at all times unless their child has a communicable disease, or is genuinely not fit enough to attend.

PROCEEDURES

Notification of a Student's Medical Condition

The governing body should ensure that the school's policy sets out the procedures to be followed whenever a school is notified that a student has a medical condition. Procedures should also be in place to cover any transitional arrangements between schools, the process to be followed upon reintegration or when students' needs change and arrangements for any staff training or support. For children starting at a new school, arrangements should be in place in time for the start of the relevant school term. In other cases, such as a new diagnosis or children moving to a new school mid-term, every effort should be made to ensure that arrangements are put in place within two weeks.

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

Supporting pupils at school with medical conditions, 2015.

Medical Care Plans

Medical Care plans can help to ensure that schools effectively support students with medical conditions. They provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex. However, not all children will require one.

The Academy, healthcare professionals and parent/carer should agree, based on evidence, when a Medical Care plan would be inappropriate or disproportionate. If consensus cannot be reached, the Principal is best placed to take a final view. A flow chart for identifying and agreeing the support a child needs and developing a medical care plan is provided at [Annex A](#).

The level of detail within plans 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 a different level of support. Where a child has SEN but does not have a statement or Education Health Care plan (EHCP), their special educational needs should be mentioned in their medical care plan.

Students should also be involved whenever appropriate. The aim should be to capture the steps which a school should take to help the child manage their condition and overcome any potential barriers to getting the most from their education. It should be agreed who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school. The governing body should ensure that plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They should be developed 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 the child has a special educational need identified in a statement or an EHCP, the medical care plan should be linked to or become part of that statement or EHCP.

Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), the Academy will work with the local authority and education provider to ensure that the medical care plan identifies the support the child will need to reintegrate effectively.

When deciding what information should be recorded on medical care plans, the following should be considered;

- The medical condition, history, triggers, signs, symptoms and treatment.
- The student'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, toilet passes and environmental issues e.g. crowded corridors, travel time between lessons.
- Specific support for the student's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete

exams and the 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, and 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/carers and the Principal for medication to be administered by a member of staff, or self-administered by the student 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. risk assessments.
- Where confidentiality issues are raised by the parent/carer/child, the designated individuals to be entrusted with information about the child's condition; and what to do in an emergency, including whom 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 medical care plan.
- Ensure that the Identified Person(s) are enabled to access appropriate training, support and supervision.

The governing body should also ensure that the policy adopted is:

- Compatible with health and safety guidelines.
- Contains systems to enable them to check that accurate, appropriate records are maintained.
- Medication is in safe storage and that systems are in place to return unused medication to the student's parents/carers or that it is destroyed on site using approved methods.
- Ensure the Academy consult health and social care professionals to give effective support to students and parents.

The Medical Care plan sets out:

- The details of the student's identity.
- Their particular medical condition.
- The key facts about the impact of that medical condition on the student.
- The medication regime (where appropriate).
- Additional information
- Key contacts (including parents/carers, doctors, social workers etc.).
- Emergency procedures.

- Any other information essential to safeguard the welfare of the student.

In establishing a care plan the Identified Person should liaise with:

- Parents/Carers
- Student
- School nurse
- Any other person who can make a valid contribution e.g. the student's GP, consultant, physiotherapist etc.

Identified Persons who complete the training course on 'Managing Medication in Educational Settings' will have opportunities to learn about the different kinds of questions to ask when drafting a care plan, and how to do this. For Identified Persons who have not taken the training course we recommend that they work very closely with Academy Health professionals in establishing care plans for their Academy's. This may be particularly important when dealing with low incidence conditions where specific medical input will be essential.

Staff should be aware that it is never appropriate to take a care plan that has been devised for one student and assume that the same arrangements will be appropriate for another. All care plans need to be individually tailored to meet the needs of the student in question.

When a student who accesses medication or who has other medical needs goes off site, e.g. on an Academy trip, a copy of the care plan should be held by a supervising member of staff on the trip. This will help to ensure that accurate information is available for medics and others in the event of an emergency.

Healthcare professionals are starting to create / adapt care plans for students with medical conditions to be used both at home and school, with agreement of parents/carers this information will be shared with the necessary staff to ensure that child is supported in school. This will be the sole medical care plan used for that student in school.

Emergency Care Plans

Some children could be put on an emergency care plan. This care plan must be made available to all staff (including supply) with up to date pictures attached. These plans are written by specialist teams and are shared with the school at parent/carers request.

Intimate Care – Toileting Plans

A student may need assistance toileting during the school day. A toileting plan will be created for that student to go alongside their medical care plan or coordinated care plan. (See Appendix)

Identified staff will assist with the intimate care of students. Staff will ensure that;

- Each child is treated with dignity and respect
- Each child will be given the opportunity to change in private and carry out this process themselves.
- Appropriate support and care is given to the child.

- Appropriate provision and equipment is available (shower, wipes, gloves and spare uniform)
- Records are kept and Parents/Carers kept updated - I.e. If more uniform is needed / is occurring more often than what is deemed normal.

Asthma

Students with Asthma will have a specific Asthma plan– The School Asthma Card– created by Asthma UK (see appendices). Each student is advised to keep one inhaler on their person and a spare in Student Services.

The plan includes;

- Student information
- Emergency contact
- Doctor Information
- Treatment
- Signs, symptoms and triggers
- Further information – Asthma UK

From October 2014 the Human Medicines (amendment, No. 2) Regulations 2014 has allowed schools to buy Salbutamol inhalers without a prescription for use in emergency situations. A number of spare Salbutamol inhalers will be kept at Student Services. The inhaler will be used by students who have been diagnosed with Asthma, this inhaler can be used if the student's prescribed inhaler is not available.

The administering, storage and disposal of the inhalers are managed by trained staff (DFe/VHe). The inhalers are readily available within Student Services.

During trips/visits an inhaler will be available for those students with Asthma.

Adrenaline Auto Injectors (Epi Pens)

From 1st October 2017 the Human Medicines (Amendment) Regulations 2017 will allow schools to obtain, without a prescription, adrenaline auto injector (AAI) devices, if they wish for the use in emergencies.

This will be for any pupil who has been prescribed an AAI and the Academy has consent from the pupil's parent/carer. The Academy's AAI can be used if the AAI are not immediately available (for example because they are broken, out of date, have misfired or been wrongly administered).

Department of Health - *Guidance on the use of adrenaline auto-injectors in schools*
September, 2017

All first aid staff have been trained in the administering of AAIs. The spare AAI will be kept in Student Services in an accessible cabinet, kept away from pupil's prescribed AAIs.

There is currently a worldwide shortage of AAIs, the Department of Health and Social care has issued a supply disruption alert, EpiPen and EpiPen Junior will be subject to limited availability for the remainder of 2018. Consequently, EpiPens will now be used 4 months after their expired date.

Managing Medication

The governing body should ensure that the school's policy is clear about the procedures to be followed for managing medicines. Although schools may already have such procedures in place, they should reflect the following details:

- Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- No child under 16 should be given prescription medicines without their parent's/carers written consent – except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents/carers. In such cases, every effort should be made to encourage the child or young person to involve their parents/carers while respecting their right to confidentiality.
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours
- Schools should only accept prescribed medicines 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 still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container.
- All medicines should be stored safely. Children should know where their medicines are at all times and be able to access them immediately. When relevant, they should know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away. This is particularly important to consider when outside of school premises, e.g. on school trips.
- The Academy will keep controlled drugs that have been prescribed for a student securely stored in a non- portable container and only named staff should will have access (VHe, PKe, DLa and ASp). Controlled drugs should be easily accessible in an emergency. A record must be kept of any doses used and the amount of the controlled drug held in school.
- When no longer required, medicines should be returned to the parent/carer to arrange for safe disposal. Sharp boxes should always be used for the disposal of needles and other sharps.

Academy Transport

Where a student uses Academy transport, staff should check that they know what to do in the event of a student with medical needs requiring emergency intervention.

Drivers and escorts should not be expected to administer medication. If a student has not had their medicine parents/carers should be informed.

If a student has a serious medical condition it may be necessary for a care plan to be carried on the vehicle. The Academy should ensure that this is updated regularly.

Students at risk of anaphylactic shock should not be exposed to trigger substances when being transported to and from Academy. This might necessitate the Academy working with the transport providers to ensure that no one eats on the vehicles.

Emergency Procedures

The Academy should have arrangements in place for dealing with emergencies. There is guidance in the appendix should be used when calling an ambulance.

All staff working with a student with medical needs should know what action to take in the event of an emergency. Each child's care plan will state what constitutes an emergency and the appropriate action to take.

A member of staff should always accompany a child to hospital and remain there until the parent/carer arrives. A copy of the child's care plan should also be sent.

Staff should never take a child to hospital in their own car; the ambulance service should be used. However there are times when this is the only course of action. If this is the case the vehicle should be covered by the Academy's motor insurance policy but this should be checked by each Academy themselves. The DCSF information 'Insurance: A guide for Academy's' (DfES 2003) should be consulted.

Unacceptable Practice and Complaints

The governing body should ensure that the school's policy is explicit about what practice is not acceptable. Although school staff should use their discretion and judge each case on its merits with reference to the child's medical care plan, it is not generally acceptable practice to:

- Prevent children from easily accessing their inhalers or 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 parent/carer; 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 medical care plans.
- If the child becomes ill, sending them to Student Services 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, taking toilet or rest breaks whenever they need to in order to manage their medical condition effectively.
- Require parents/carers to attend school to administer medication or provide medical support to their child (i.e. toileting issues). No parent/carer should have to give up working because the Academy is unable to support their child's medical needs.
- Prevent children from participating or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parent/carers to accompany the child.

Complaints

School Complaints Policy is available, if there are any concerns over support contact J Bridges (Principal).

Appendices

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Staff Training Record

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Draft Medical Care Plan

Draft Asthma Plan

Draft Toileting Plan

Draft Risk Assessment

Annex A: Model process for developing medical care plans.

Useful Contacts

STAFF TRAINING RECORD

Staff Training Record:

Date	Training	Provider	Date Update Due	Notes

CONTACTING EMERGENCY SERVICES

Request for an ambulance

Dial 999, ask for an ambulance and provide the following information:

- Your phone number
- Your location i.e. your Academy or setting address and postcode (be prepared to give the exact location using local landmarks and record this here)
- Identify the best entrance and ensure that the crew are met at the entrance
- Give your name
- Give child's name and a brief description of symptoms

MEDICAL CARE PLAN

NAME:

DATE OF BIRTH:

CONDITION:

Photo to follow

CLASS:

DATE:

NAME OF SCHOOL:

Castle View Enterprise Academy

REVIEW DATE:

CONTACT INFORMATION

FAMILY CONTACT

Name:

Home No:

Mobile No:

Relationship:

CLINIC/HOSPITAL CONTACT:

Name:

at

Phone No:

Background information

Describe individual signs and symptoms of:

Requirements:

Other considerations:

I hereby give my consent for the above information to be shared with the necessary members of staff to ensure my child is supported in school

Signature of Parent/Carer:

Signature of Teaching Staff:

SCHOOL: Castle View Enterprise Academy

School Asthma Card

To be filled in by the parent/carer

Child's name

Date of birth

Address

Parent/carer's name

Telephone - home

Telephone - mobile

Email

Doctor/nurse's name

Doctor/nurse's telephone

This card is for your child's school. **Review the card at least once a year and remember to update or exchange it for a new one if your child's treatment changes during the year.** Medicines should be clearly labelled with your child's name and kept in agreement with the school's policy.

Reliever treatment when needed

For shortness of breath, sudden tightness in the chest, wheeze or cough, give or allow my child to take the medicines below. After treatment and as soon as they feel better they can return to normal activity.

Medicine	Parent/carer's signature
<input type="text"/>	<input type="text"/>

Expiry dates of medicines checked

Medicine	Date checked	Parent/carer's signature
<input type="text"/>	<input type="text"/>	<input type="text"/>

What signs can indicate that your child is having an asthma attack?

Parent/carer's signature

Date

Does your child tell you when he/she needs medicine?

Yes No

Does your child need help taking his/her asthma medicines?

Yes No

What are your child's triggers (things that make their asthma worse)?

Does your child need to take medicines before exercise or play?

Yes No

If yes, please describe below

Medicine	How much and when taken
<input type="text"/>	<input type="text"/>

Does your child need to take any other asthma medicines while in the school's care?

Yes No

If yes please describe below

Medicine	How much and when taken
<input type="text"/>	<input type="text"/>

Dates card checked by doctor or nurse

Date	Name	Job title	Signature
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

What to do if a child is having an asthma attack

- 1 Help them sit up straight and keep calm.
- 2 Help them take one puff of their reliever inhaler (usually blue) every 30-60 seconds, up to a maximum of 10 puffs.
- 3 Call 999 for an ambulance if:
 - their symptoms get worse while they're using their inhaler – this could be a cough, breathlessness, wheeze, tight chest or sometimes a child will say they have a 'tummy ache'
 - they don't feel better after 10 puffs
 - you're worried at any time.
- 4 You can repeat step 2 if the ambulance is taking longer than 15 minutes.



Any asthma questions?

Call our friendly helpline nurses

0300 222 5800

(9am – 5pm; Mon – Fri)

www.asthma.org.uk



© 2016 Asthma UK, Registered charity number in England and Wales: 802364 and in Scotland SC039322.

Toileting Plan

Individual Toileting Plan		
Name:	D.O.B	Parent/Carer Tel. No:
School:	Year Group:	
Identified Need: ***Toileting procedure record to be filled in for each visit.		
Resources		
Action to be taken		
Additional information		
Signature of parent/carer:		
Signature of school staff:		
Review date:		

Risk Assessment

Ref: _____ **Area: Whole Academy and Site**

Activity: _____ **People at Risk:** _____

Review Date: _____

Staff Name: _____

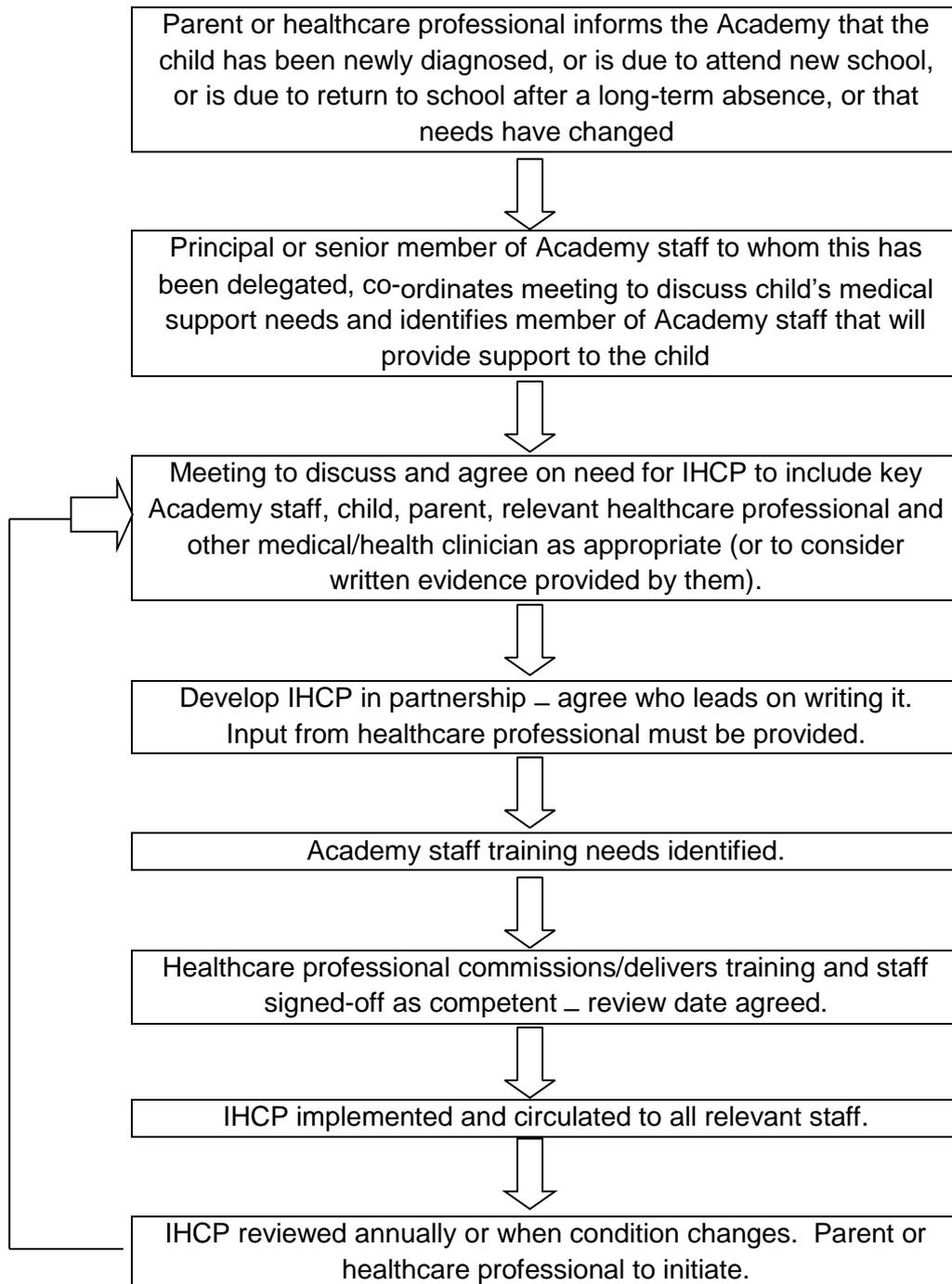
Hazard Identified	Risks	Rating	Existing Control Measures	Additional Action Required	Priority

HAZARD SURVEY - PRIORITY CLASSIFICATION

1. Major hazard requiring substantial expenditure or re-organisation or working procedures and documentation.
2. Minor hazard where re-appraisal of existing control measures may be necessary as a result of the risk assessment.
3. Major or minor hazard where existing control measures are adequate. NOTE: In these cases a risk assessment is still required to record the fact that the hazard has been recognised.

ANNEX A:

MODEL PROCESS FOR DEVELOPING MEDICAL CARE PLANS



USEFUL CONTACTS

Allergy U.K.	Helpline 01322 619898 www.allergyuk.org
The Anaphylaxis Campaign	Helpline 01252 542029 www.anaphylaxis.org.uk www.allergyinAcademy's.co.uk
Association for Spina Bifida and Hydrocephalus	Helpline 0845 450 7755 www.asbah.org
Asthma U.K.	Advice line 08457 010203 www.asthma.org.uk
Council for Disabled Children	Helpline 020 7843 1900 www.ncb.org.uk/cdc
Contact a Family	Helpline 0808 808 3555 www.cafamily.org.uk
Cystic Fibrosis Trust	020 8464 7211 www.cftrust.org.uk
Diabetes U.K.	0845 1202960 www.diabetes.org.uk
Epilepsy Action	0808 800 5050 www.epilepsy.org.uk
National Association for Epilepsy	01494 601300 www.epilepsynse.org.uk
Local Organisations	
Sunderland Carers' Centre	0191 567 3232 Email: info@sunderlandcarers.co.uk
Contact a family	0191 213 6300 Email: northeast.office@cafamily.org.uk