

HEALTH CARE POLICY

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Lead for review:	Assistant Headteacher (AHPP) & School Nurse

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Preface

It is understood that students may need medical care during their time studying at Guildhouse School. This policy ensures that there are clear guidelines and boundaries in the following areas:

- Medical Care offered by the school
- Confidentiality to include Information Sharing Protocol (guidelines HM Government)
- Documentation
- Working with parents
- Procedures for students reporting sickness
- Administration of/ record keeping of medicines/disposal of medicines
- Health Care Plans

Aim

To work in partnership with parents/guardians/students and fellow professionals to ensure that students who require medical treatment can undertake treatment in a safe and secure environment, which allows the student to continue to make progress with their education.

This policy contains the following appendices:

1. Health plan template
2. Homely Guidance and contra-indications
3. Information sharing flowchart
4. Good Hygiene Advice
5. Helpful organisation contacts
6. Premier House Medical Emergency Flow Chart

Confidentiality

Data protection regulations require that for students, if under 18, their parents or authorized representative, provide consent for the school to process health information.

In accordance with the school nurse's professional obligations, medical information of our students, regardless of their age, will remain confidential. However, in providing medical care for a student, it is recognised that on occasions the nurse may need to liaise with senior school staff, other staff and parents/guardians/agents, and that certain medical information, may need to be shared as detailed below.

With all medical and nursing matters, the nurse will respect a student's confidence except:

- on the very rare occasions when, having failed to obtain consent to disclose from that student, or his or her authorised representative, the nurse considers that it is in the student's best interests or necessary for the protection of the wider school community, to breach confidence and pass information to a relevant person or body. (See **Appendix 3 – Information Sharing Flowchart.**)
- in an emergency situation where the student is physically or legally incapable of giving consent (see **Appendix 6 – Premier House Medical Emergency Flow Chart**)

Information Sharing

In the event that the Nurse/member of staff/Assistant Headteacher finds cause to share information a student has disclosed they must consider: the purpose for sharing, does the information content reveal the student's identity and is there legitimate reason to share information without consent. During the information sharing process you should consider informing the individual that information is being shared so long as this does not create or increase the risk of harm to the individual. It is important that the decisions, information shared and reasons are recorded in line with Guildhouse local procedure. If unsure about when or how to share information, always seek advice. (See **Appendix 3 Information sharing Flow Chart.**)

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721581/Information_sharing_advice_practitioners_safeguarding_services.pdf

Documentation

Each contact and communication with a student/or member of staff regarding a student will be documented in Shackleton and any other relevant medical documentation will be scanned, kept on a secure personal file on 'One Drive', with the paper copy being returned to the student or disposed of in the confidential waste. Access to these records is available to the nurse and named members of staff only.

When students join the school, they complete a school self-care medical questionnaire including significant past and current medical problems, any on-going treatment, allergies and the dates and details of all immunisations, if known. The questionnaire also focuses on the students' mental health and current eating habits.

Working with Parents

Guildhouse London and parents/guardians/agents should work together to ensure that all relevant information, about a medical condition which may affect a student, is passed on to all concerned. Information will only be requested from parents when it is necessary to ensure the health and safety of the individual student and/or his/her peers at school. The confidentiality of a student's medical records will be respected.

Parents/agents/guardians should provide the school with adequate information about the student's medical condition, treatment, or any special care needed at school. They should, in partnership with the Nurse/Welfare Team, reach an agreement on the school's role in helping to address the student's medical needs. The cultural and religious views of families will always be respected. Parents/agents/guardians will be asked for the following information about medication:

- name of medicine
- dose
- method of administration
- time and frequency of administration
- other treatment which may involve school staff or affect the student's performance during the school day
- side effects which may have a bearing on the student's behaviour or performance at school

Parents should advise the school of any changes in the medication administered to their son/daughter at the earliest opportunity.

The School Medical Service

The school uses the NHS for its medical needs along with the school nurse. Students studying with the school are directed to register with a GP when they arrive. Students will be directed to GP, dental and optometric appointments or services, and arrangements will be made to accompany them where necessary.

The school supports students with medical conditions, including specific chronic conditions such as asthma, diabetes, epilepsy and allergies and disabilities. Those who come into contact with the student will be appraised of the nature of the condition, and any actions with regard to medical care, when appropriate. The student's parents/guardians/agents and health professionals will be asked to provide support and information. All staff members, who have contact with the student, will be informed of the possibility of an emergency arising and the action to take if one occurs. If in doubt about any of the procedures, the member of staff should check with the Nurse/Welfare Team who may in turn contact the parents or a health care professional before deciding on a course of action. (See **appendix 3 - Information sharing flowchart.**) There is additional wellbeing counselling support offered by the school. This is directed and arranged by the School Nurse in liaison with the Wellbeing Counsellor. Any student with a chronic condition or disability will have their case individually assessed and appropriate support will be put in place provided that the school has the resources to do so. If a judgement is made that the school does not have the capacity to adequately support a student, provisions for them to move into an appropriate setting will be made.

Procedures for Students to Report in Sick

In order to provide full medical care, including dental and optical attention, every student who is sick must follow the school's attendance procedure as detailed in the Student and Boarding (Premier House) Handbook and as explained during the school induction process.

During a face-to-face appointment, the student will be assessed and either:

- return to class – if considered well enough.
- stay in their residence in their rooms or be housed in the Medical Bay in boarding – teaching and house staff will be informed.
- Make a GP appointment – arranged by the nurse or House lead.
- Make a private doctor appointment – this will be booked by the nurse. As costs may be incurred, written consent must be received from the parent / guardian or agent before booking.

The school reserves the right to insist that students attend an NHS Doctor to enable proof of sickness' if their condition is such that they may be absent for longer than three days. Any other alternatives provided by a student may not be accepted when not reinforced with a valid NHS Doctors certificate. Therefore, ALL students should ensure they are registered with an NHS Doctor.

Medicines in the Medical Rooms

Medicines in the medical rooms are kept in either a secure, locked cupboard or a refrigerator. The nurse keeps a list of non-prescription medication that is stocked in the Medical Rooms and the nurse or authorised boarding staff record details of administration - date, name and dosage. Students who take prescription medication will have an assessment to determine if they are 'Gillick Competent'. If competent, the student will be able to store their medication in their room in their personal safe. If a student is not competent or would prefer us to keep the medication it will be labelled and stored in a separate locked cupboard in the medical room(s). The student will be required to sign a document each time medication is dispensed to them, the medication will be labelled with personal details, with any additional documentation stored securely.

Administration of Medicine

It is important that students who need to take medication at school are involved as closely as possible in the arrangements made for them. When making arrangements for medical care at school the following is taken into consideration:

- Independent management of needs
- Supervised administration of medication
- Staff administration of medication

Staff will assist students with their medical needs after consultation with the Nurse and/or AHPP/AHB. They will agree the administration of medication and undertake a risk assessment as to whether a student is competent to self-medicate after adequate consultation with parents/guardian/agent and student. No staff

member should enter into individual agreements with parent/guardian or student. For most, this will be for a short period on antibiotics or applying a lotion. In some cases, there may be a long-term need for students to take medication. Students will be allowed to take medication during school hours as well as in the evenings and at night in order to minimize the disruption which could be caused by illness and allows their education to proceed at a steady rate alongside their peers.

Information about an individual student's medical condition and related needs will only be disseminated to those staff required in order to ensure the student's wellbeing. In the case of under 18's students' information can only be passed on with the consent of parents. (See **appendix 3: Information Sharing Flowchart**).

Details will be completed on Shackleton for each student receiving medication. A risk assessment and health plan will be implemented for students who receive 'controlled' medications. This plan will include the following information:

- Name of medication/s
- Details of dosage and times for administration
- Side Effects of medication/s
- Staff involved in administration or supervision of medication

The health plan of medication administration will be reviewed with the student and nurse, at set intervals, to ensure the student's medical needs are being met. Any changes to the plan will be updated on Shackleton and the appropriate staff informed by the School Nurse/Welfare Team.

Advice on the storage of medicines will be sought from a qualified pharmacist when required. A secure location will be available in the accommodation as well as refrigeration when required. Medicines may be potentially harmful to anyone for whom they are not prescribed. The school acknowledges that it has a duty to ensure that risks to the health of others are properly controlled.

Students will carry their own inhalers / EpiPens with them. However, a spare inhaler / EpiPens should be kept in case of emergency in both the Nurses room and in the accommodation office. Spare inhalers/ EpiPens will be clearly labelled with the student's name and must not be used for any other student.

When a medicine requires refrigeration, it can be kept in the refrigerator in the Medical room at the student's residence. To avoid confusion medicines should be clearly labelled with the student's name, date of birth and name of the medicine. Members of staff who use the refrigerator must be made aware of the importance of keeping the medicine safe and secure.

In an emergency students should have prompt access to their medicine, this should be done in consultation with the House Parent, if out of school hours, or the Nurse/AHPP. The emergency will be recorded on the Shackleton and emailed to the School Nurse and AHPP. The nurse will action as appropriate.

All staff should be familiar with the normal procedures for avoiding infection and will follow the basic hygiene procedures detailed in the Infection Control Guidelines issued in January 1997. (See **Appendix 4.**)

The Nurse and the AHPP will ensure that all staff know how to call the Emergency Services. Names of staff qualified to administer First Aid will be posted in staff rooms across the school.

Emergency Medical Procedures

If there is a medical emergency or emergency accident the member of staff should contact reception and phone 999 immediately, giving as much detail as possible. A student who is 17 years of age and under and is taken to hospital by ambulance will be accompanied by a member of staff who will act in loco parentis. In an emergency it may be necessary for a member of staff to take a student to the medical centre/ hospital in a taxi. The member of staff should be accompanied by another adult if possible. If a student is taken to hospital during school hours:

- Inform the School Nurse/AHPP
- The school will then undertake to inform the parents/guardian/agent and keep the parents/guardian/agent updated.

If a student is taken to hospital during boarding hours (Monday – Friday 1730-0830 / all day Saturday and Sunday) then call the emergency telephone number. The on-call senior member of staff will inform the parents/guardian/agent as soon as is practicable.

When a student is taken to hospital by a member of staff, they should also take with them all medication the student is currently taking. If a student refuses to take medication, the school will record this on Shackleton and inform the student's parents. If the medication is essential to the student's continued wellbeing, the school will call the emergency services if required and inform the parents. **Staff must not compel a student to take medication.**

Medication should be taken to school only when it is needed. Often medication can be prescribed in dose frequencies, which enable it to be taken outside school hours.

Non-prescribed Medicines

Students may ask for pain killers (analgesics) and homely medication at school from the School Nurse and House Parents, including Ibuprofen and Paracetamol. All homely medications must be recorded on Shackleton and in the medications book which will be kept with the homely remedies. House Parents clarify with students and check on their notes if they can take all homely remedies.

Before giving non-prescribed medication to any student, members of staff must ask if the student has taken a previous dose or any other medications, whether the student is allergic to any drug, or whether the medication may react with another medication being taken. For students who are under 16, the school will send a School-Parent Agreement Form to the parents which should be signed and returned or apply the Gillick law and assess if the student is competent to decide to take the medication (see pre-arrival pack for medical consent form).

Written parental permission is obtained in advance for the administration of first aid and appropriate non-prescription medication to boarders and to seek medical, dental or optical treatment when required. This requirement is without prejudice to the right of a 'Gillick-competent' boarder to give or withhold consent to medical treatment or to seek medical advice or treatment in confidence.

Prescribed Medicines

Any member of staff giving medicines to a student should observe the following procedure in cooperation with a colleague

- confirm the student's name agrees with that on the medication
- check the written instructions provided by the parents or doctor
- confirm the prescribed dose
- check the expiry date
- check notes on Shackleton

Staff record on Shackleton each time they give medication to a student and alert the note to the school Nurse.

Disposal of Medicines

Any medicines requiring disposal need to be disposed of at the local pharmacy. All medicine disposals need to be recorded in the disposal of medication logbook kept by the school Nurse. The log needs to state the following:

- Date
- Name of medicine
- Amount of medicine being disposed of
- Name of chemist where medicine has been disposed
- Signature of Disposer

Sharps boxes should always be used for the disposal of needles. Sharps boxes can be obtained through the health services.

Health Care Plan

The main purpose of an individual health care plan for a student with medical needs is to identify the level of support that is needed. Not all students who have medical needs will require an individual plan. An individual health care plan clarifies for staff, parents and the student the help that can be provided. It is important for staff to be guided by the health care professional involved. The Nurse/ SLT should agree with parents or student how often they should jointly review the health care plan. Staff should judge each student's needs individually as young people vary in their ability to cope with poor health or a medical condition. Developing a health care plan should not be onerous, although each plan will contain different levels of detail according to the need of the individual student.

In addition to input from the school health service, the student GP or other health care professionals (depending on the level of support the student needs), those who may need to contribute to a health care plan include:

- The SLT
- The Parent/Carer/Guardian/Agent/Student (if appropriate)
- House Parents
- Staff who are trained to administer medicines
- Staff who are trained in emergency procedures

Related Policies

None.

Appendices

Appendix 1: Health Plan Template

Student Name:	
D.O.B.:	
Gender:	
Residence:	
Names Health Coordinator:	
Family Contact on Shackleton:	
Medical Diagnosis/Condition (include medicine prescribed):	

Medical Professional Contact:	
Name:	
Telephone Number:	
Address:	

Assessment	
Medical Needs	Symptoms

Daily Health Plan to be implemented:	
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Health Plan Implemented by whom:	
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Potential Complications and Emergency Situation:	
Agreed Actions to take:	
Actions Implemented by whom:	

Review Due:	
Review By:	
Date Reviewed:	
Outcome of Review:	
Date of Plan:	
Review Date:	
Date Reviewed:	
Reviewed by:	

Appendix 2: Protocol for Homely remedies for Guildhouse

Guidance

This is a list of medication that can be administered to students that have not been prescribed by a doctor. The aim of these guidelines is to provide safe treatments for commonly presented conditions. This policy does not supersede the need to contact a doctor, by any member of staff, if they are unsure or there is any doubt about the condition being treated.

Administration of these remedies should be given in accordance with the patient information leaflets provided in each pack, taking into account that there are no contraindications or previous allergies to the medication.

Any medication administered must be clearly recorded on the medical section in Shackleton and the school Nurse informed of the time and dose that the medication was given.

Homely Remedies

CONDITION	TREATMENTS
Cold and 'flu like symptoms'	Paracetamol or decongestant
Muscular Pain Relief, anti-inflammatory	Paracetamol, Ibuprofen
Allergy relief, hay fever	Allergy and Hay fever relief
Diarrhoea	Loperamide hydrochloride
Indigestion relief	Gaviscon or Rennie
Rehydration	Rehydration treatment
Sore throat	Cough mixture
Sore gum relief	Boots sore gums
Sun burn and skin irritation	Calamine lotion
Minor cuts and grazes	Plasters

Paracetamol

Indications

When it can be used	Pain relief for mild to moderate pain, pyrexia (fever)
Do Not Give	In conjunction with other medicines containing paracetamol

Treatment to be given

Name of Medicine	Paracetamol 500mg
Dose	1 to 2 tablets
Route	Oral
Frequency	Four to Six hours between doses
Max dose in 24 hrs	4g (8 tablets)
Follow up	Inform GP if symptoms persist
Warning/Adverse reactions	Side effects rare – rash, blood disorders, liver damage in overdose

Ibuprofen

Indications

When it can be used	Pain relief for mild to moderate pain, migraine, musculoskeletal pain.
Do not give	Asthma, pregnancy, known hypersensitivity to aspirin, ibuprofen or other NSAID. Current or previous history of dyspepsia or peptic ulceration, patients taking oral anticoagulants, warfarin, heparin, aspirin or other NSAIDs, patients taking lithium, methotrexate, tacrolimus, ciclosporin, and patients with known severe cardiac disease, heart failure, oedema, hypertension or renal impairment

Treatment to be given

Name of Medicine	Ibuprofen 200 mg tablets
Dose	200mg – 400mg
Route	Oral
Frequency	Every 8 hours
Max Dose in 24 hrs	6 x 200mg tablets
Follow up	If condition worsens or symptoms persist then Seek further medical advice
Warnings/Adverse Reactions	Discontinue if indigestion or other gastro – intestinal symptoms develop e.g. haematemesis (blood in vomit)
Advice to student	Take Medicine with or after food or milk. Ibuprofen may be taken with paracetamol if necessary. Advise Students

	not to take other Non-Steroidal anti – inflammatory (NSAIDS) containing products at the same time.
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Decongestant

Indications

When it can be used	For relief of colds and flu symptoms
Do not give	If allergic to paracetamol, ascorbic acid, or any of the ingredients contained within this product. Have kidney or liver problems, overactive thyroid, diabetes, high bp or heart disease Taking drugs for heart problems or tricyclic antidepressants or have been prescribed drugs for depression in the last two weeks

Treatment to be given

Name of medicine	Decongestant
Dose	1 sachet every 4-6 hrs
Route	Oral
Frequency	One sachet every 4-6 hrs
Max Dose in 24hrs	No more than 6 sachets
Follow up	See GP if condition worsens or does not improve
Warnings/Adverse Reactions	Rare – allergic reactions, such as skin rash

Hayfever and allergy relief

Indications

When it can be used	Symptomatic relief of allergy such as hayfever, urticaria
Do Not Give	Kidney problems, pregnant or breastfeeding

Treatment to be given

Name of Medicine	Hay fever and allergy relief tablets
Dose	One tablet daily
Route	Oral
Frequency	Once daily
Max dose in 24hrs	1
Follow up	If no relief, refer to GP
Warnings/Adverse Reactions	Rare – headache, dizziness, dry mouth, drowsiness, stomach or intestinal discomfort

Cough Linctus

Indications

When it can be used	For relief of chesty coughs
Do not give	Fructose intolerance or allergic to ingredients

Treatment to be given

Name of medicine	Cough Linctus
Dose	10ml (2x5ml spoonful)
Frequency	2-3 hourly
Max dose in 24hrs	
Follow up	Refer to GP if symptoms persist with a temperature
Warnings/Adverse Reactions	Rare – stomach upset

Loperamide hydrochloride

Indications

When it can be used	To relieve symptoms of diarrhoea
Do not use	Cases of severe diarrhoea after taking antibiotics, inflammatory bowel conditions such as ulcerative colitis, constipation, acute dysentery. Advice needed if patient has AIDS and stomach becomes swollen. If diarrhoea lasts more than two weeks (or is related to IBS) if diarrhoea is severe

Treatment to be given

Name of Medicine	Loperamide Hydrochloride
Dose	Two tablets initially, followed by 1 capsule after each loose bowel movement
Route	Oral
Frequency	Take after each loose bowel movement
Max dose in 24hrs	16mg daily
Follow up	If symptoms persist after 3 days, seek medical help
Warnings/Adverse Reactions	Abdominal cramps, nausea, vomiting, tiredness, drowsiness, dizziness, dry mouth and skin reactions
Advice to student	Drink plenty of fluids to maintain hydration. To prevent spread of infection wash hands after going to the toilet, before you touch food. Rehydration therapy may be needed in cases of severe diarrhoea where large amounts of fluids are lost.

Toothache tincture

Indications

When it can be given	To relieve sore gums
DO NOT GIVE	If suffering from stomach ulcer. Allergic to any ingredients contained within the product. DO NOT GIVE to children or adolescents under the age of 16. There is a junior Bonjela available for this age group or boots own sore gum Seek advice if pregnant or breastfeeding. Linked to Reyes syndrome if given to children.

Treatment to be given

Name of Medicine	Tooth Tincture
Dose	One centimeter applied to sore area
Route	Oral
Frequency	Every 3hrs
Max Dose in 24 hrs	
Warnings/Adverse reactions	Possible allergic reaction, symptoms may like those of asthma.
Advice	If symptoms persist after 7 days, seek advice

Indigestion Remedies

Indications

When it can be used	To relieve Indigestion
DO NOT GIVE	Within two hours of taking other medicine by mouth as it may be less effective. Seek advice if suffering from phenylketonuria as this product is sweetened with aspartine.

Treatment to be given

Name of Medicine	Indigestion Remedy
Dose	2-4 tablets after meals and at bedtime
Route	Oral
Frequency	After meals
Max dose in 24 hrs	
Warnings/Adverse reactions	Too many tablets can cause bloating. Rare- allergic reaction
Advice to students	Look at lifestyle of student if appropriate. Do they smoke, drink too much coffee, alcohol or eat too many fatty food, chocolate.

Rehydration

Indications

When it can be used	To replace salts after diarrhea or excessive vomiting
DO NOT USE	Ask Doctor or pharmacist if suffering from intestinal obstruction, inflammatory bowel disease, diabetes, kidney or liver failure or on a low potassium or sodium diet

Treatment to be given

Name of medicine	Rehydration treatment
Dose	1 – 2 sachets with 200ml of water after each loose motion
Route	Oral
Max Dose in 24 hrs	6
Warnings/Adverse reactions	Rare- Allergic reaction
Follow Up	If symptoms persist, medical advice must be sought
Advice to Student	If vomiting is present the solution should be given in small frequent doses in sips

Calamine Lotion

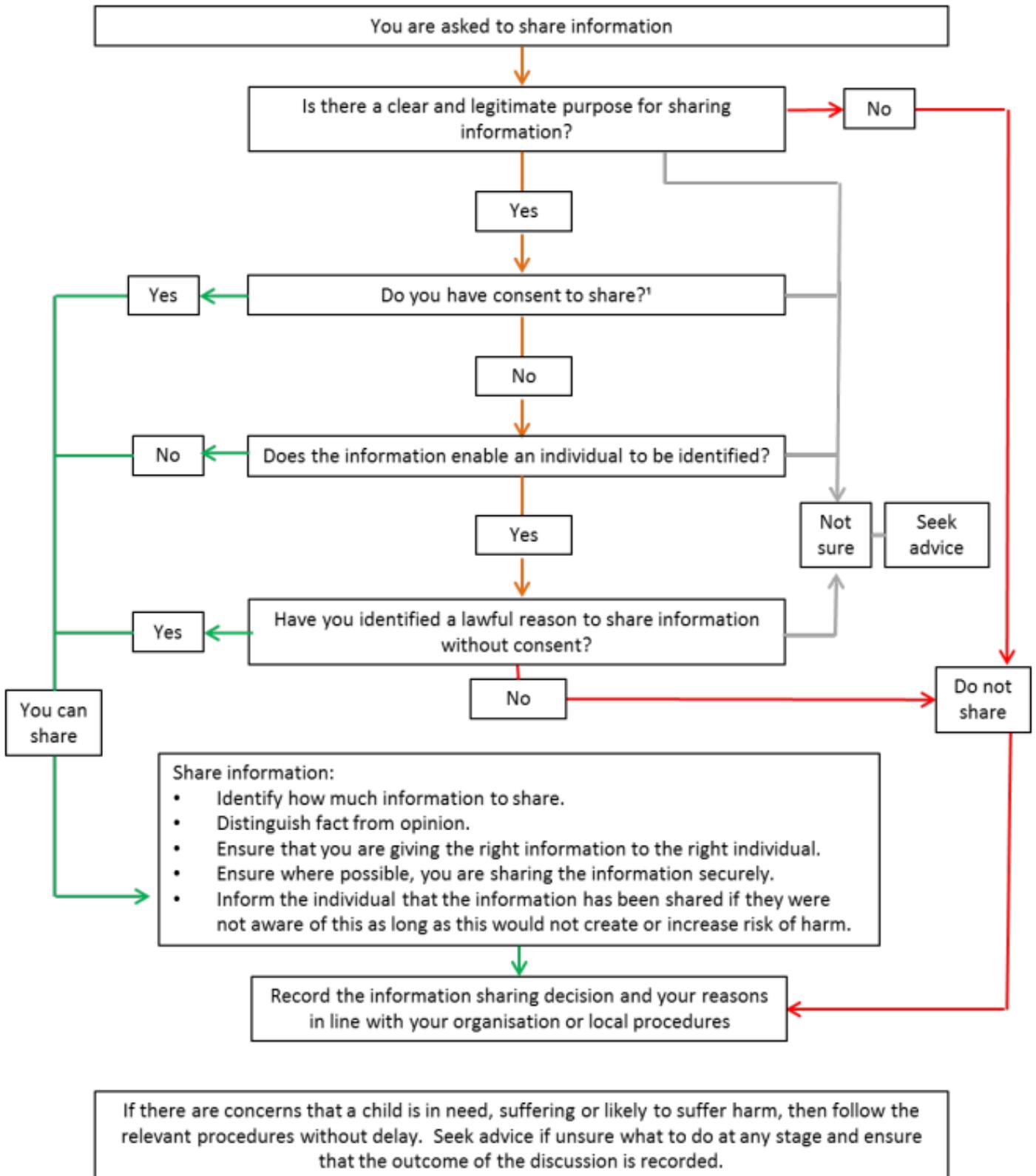
Indications

When it can be used	To relieve sun, burn and skin irritation
DO NOT USE	If allergic to lotion

Treatment to be given

Name of Medicine	Calamine Lotion
Dose	Apply as necessary to affected area.
Frequency	As required
Follow up	See GP if symptoms persist

Appendix 3: FLOWCHART OF KEY QUESTIONS FOR INFORMATION SHARING



Appendix 4: GOOD HYGIENE PRACTICE

For more advice contact your local Health Protection Unit or school health service.

Handwashing

It is one of the most important ways of controlling the spread of infections, especially those that cause diarrhoea and vomiting and respiratory disease. The recommended method is the use of liquid soap, water and paper towels. Always wash hands after using the toilet, before eating or handling food, and after handling animals. Cover all cuts and abrasions with waterproof dressings.

Coughing and sneezing easily spread infections

Children and adults should be encouraged to cover their mouth and nose with a tissue. Wash your hands after using or disposing of tissues. Spitting should be discouraged.

Cleaning of the environment

Including toys and equipment should be frequent, thorough, and follow national guidance e.g. use colour coded equipment, COSHH, correct decontamination of cleaning equipment. Monitor cleaning contracts and ensure cleaners are appropriately trained with access to Personal Protective Equipment PPE (see below).

Cleaning of blood and body fluid spillages

All spillages of blood, faeces, saliva, vomit, nasal, and eye discharges should be cleaned up immediately (always wear PPE). When spillages occur, clean using a product which combines both a detergent and a disinfectant. Use as per manufacturer's instructions and ensure it is effective against bacteria and viruses, and suitable for use on the affected surface. NEVER USE mops for cleaning up blood and body fluid spillages use disposable paper towels and discard clinical waste as described below. A spillage kit should be available for blood spills.

Personal Protective Clothing (PPE)

Disposable non powdered vinyl or latex free CE marked gloves and disposable plastic aprons, must be worn where there is a risk of splashing or contamination with blood/ body fluids. Goggles should also be available for use if there is a risk of splashing to the face. Correct PPE should be used when handling cleaning chemicals.

Laundry

It should be dealt with in a separate dedicated facility. Soiled linen should be washed separately at the hottest wash fabric will tolerate. Wear PPE when handling soiled linen. Soiled children's clothing should be bagged to go home, never rinse by hand.

Clinical waste

Always segregate domestic and clinical waste in accordance with local policy. Used sanitary products, gloves, aprons and soiled dressings should be stored in correct clinical waste bags in foot operated bins. All clinical waste must be removed by a registered waste contractor. All clinical waste bags should be less than 2/3rds full and stored in a dedicated, secure area whilst awaiting collection.

Sharps injuries and bites

If skin is broken make wound bleed/wash thoroughly using soap and water. Contact GP or go to Accident and Emergency immediately.

Appendix 5: Helpful organisation contacts

Allergy UK

Allergy Help Line: (01322) 619864

Website: www.allergyfoundation.com

The Anaphylaxis Campaign

Helpline: (01252) 542029

Website: www.anaphylaxis.org.uk and www.allergyinschools.co.uk

Association for Spina Bifida and Hydrocephalus

Tel: (01733) 555988 (9am to 5pm)

Website: www.asbah.org

Asthma UK (formerly the National Asthma Campaign)

Adviseline: 08457 01 02 03 (Mon-Fri 9am to 5pm)

Website: www.asthma.org.uk

Council for Disabled Children

Tel: (020) 7843 1900

Website: www.ncb.org.uk/cdc/

Contact a Family

Helpline: 0808 808 3555

Website: www.cafamily.org.uk

Diabetes UK

Careline: 0845 1202960 (Weekdays 9am to 5pm)

Website: www.diabetes.org.uk

Department for Education

Website: <https://www.gov.uk/government/organisations/department-for-education/services-information>

Department of Health

Tel: (020) 7210 4850

Website: www.dh.gov.uk

Equality and Human Rights Commission | Creating a fairer Britain

<http://www.equalityhumanrights.com/>

Equality Advisory and Support Service (EASS)

Phone: 0808 800 0082

Textphone: 0808 800 0084

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

Epilepsy Action

Freephone Helpline: 0808 800 5050 (Monday – Thursday 9am to 4.30pm, Friday 9am to 4pm)

Website: www.epilepsy.org.uk

Health and Safety Executive (HSE)

HSE Infoline: 08701 545500 (Mon-Fri 8am-6pm)

Website: www.hse.gov.uk

Health Education Trust

Tel: (01789) 773915

Website: www.healthedtrust.com

MENCAP

Telephone: (020) 7454 0454

Website: www.mencap.org.uk

National Eczema Society

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

Website: www.eczema.org

National Society for Epilepsy

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

Website: www.epilepsynse.org.uk

Psoriasis Association

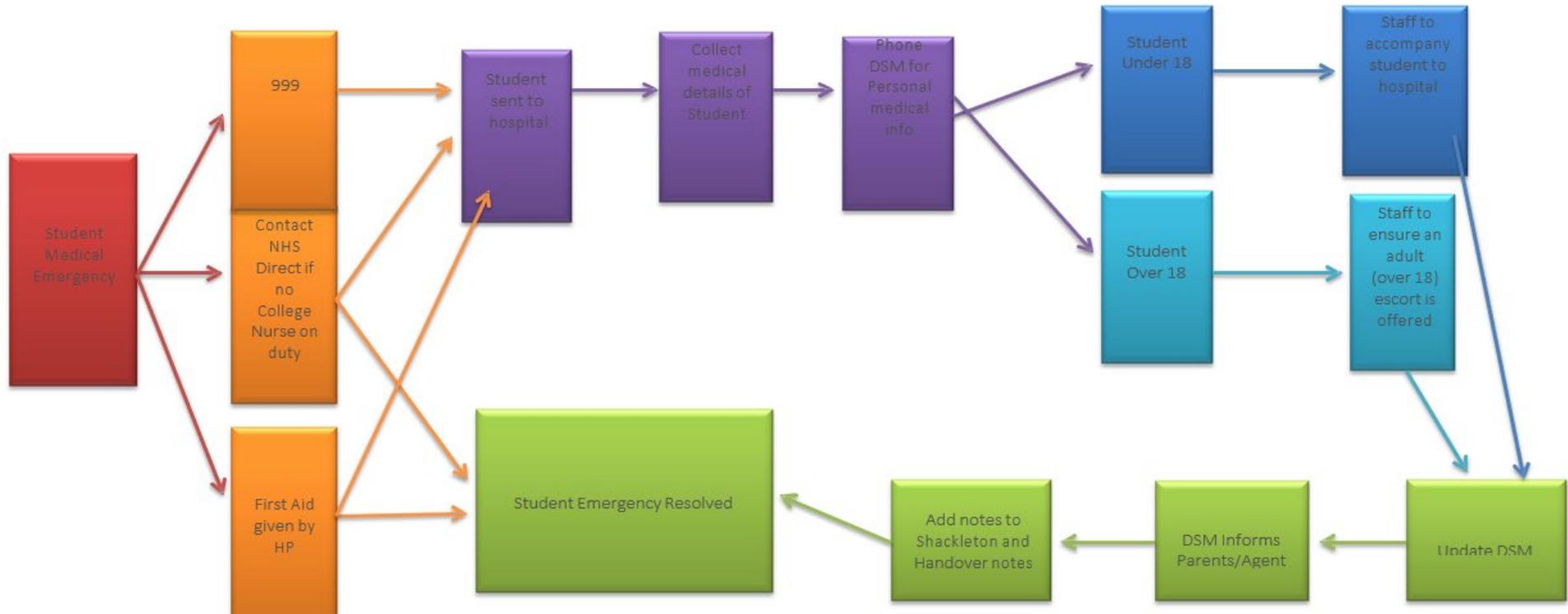
Tel: 0845 676 0076 (Mon-Thurs 9.15am to 4.45pm Fri 9.15am to 16.15pm)

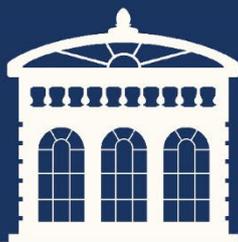
Website: www.psoriasis-association.org.uk/

Sure Start

Tel: 0870 000 2288 / Website: www.surestart.gov.uk

Appendix 6: PREMIER HOUSE MEDICAL EMERGENCY FLOW CHART





GUILDHOUSE SCHOOL
LONDON



Creating tomorrow's change makers.