# The Gillford Centre

# SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY AND PROCEDURES



| **Approved by**[1] | |
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| **Name:** | |
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| **Date:** | |
| **Review date**[2]**:** | |

[1] The Governing Body are free to delegate approval of this document to a Committee of the Governing Body, an individual Governor or the Head teacher

[2] Governing Bodies, Proprietors and Management Committees free to determine – DfE recommend annually

# REVIEW SHEET

**The information in the table below details earlier versions of this document with a brief description of each review and how to distinguish amendments made since the previous version date (if any).**

| Version Number | Version Description | Date of Revision |
|---|---|---|
| 1 | Original | August 2014 |
| 2 | Amended to take into account new legislation which will allow schools to hold emergency Salbutamol inhalers for pupils diagnosed with asthma | September 2014 |
| 3 | Very minor tweaks to include topical medicines where oral is mentioned and clarify the acceptance procedure for non-prescription medicines. | June 2015 |
| 4 | New introductory section 'How to use this document' with formatting tips, reference to SEND Jan 2015 (updated from Jul 2014). Section 4.6 important clarification on when non-prescription medicines might be administered. Appendix A - clarification when/how decisions not to instigate IHCPs are made and that it is not just parents and healthcare professionals that can trigger an IHCP review. | November 2015 |
| 5 | Updated reference DfE document '*Supporting Pupils at School with Medical Conditions, Dec 15'* resulting in only 1 change in **Section 3.1** a new bullet point about LAs, CCGs and service providers (3rd one down). **Revised Appendix B**: IHCP with space for other people involved in the development to sign if they want to or there is a need. **New Appendix C2**: a landscape version of parental consent to administer with space for a medical practitioner to sign if there is a need. | March 2016 |
| 6 | Links to DfE document '*Supporting Pupils at School with Medical Conditions, Dec 15'* updated. | September 2016 |
| 7 | Updated to include specific information in relation to Food Allergies and to remove some references to the school nursing service. | May 2017 |
| 8 | Revised to include the use of adrenaline auto-injectors (AAIs).<br>For ease of use and visual comfort, updated text is highlighted in green.<br>Significant text in Section 4.10 has been updated and Section 4.11 is new.<br>Appendices updated: B, C1, & C2. New Appendix E3. | November 2018 |
| 9 | Revised to take into account the forthcoming changes to Cumbria Safeguarding Children Partnership (CSCP) which replaces Cumbria Local Safeguarding Children Board (LSCB) from 29 September 2019. Updated links to *'Guidance on the use of emergency Salbutamol inhalers in schools'* March 2015. | September 2019 |
| 10 | Updated to take account of LA statutory guidance 'Ensuring a good education for children who cannot attend school because of health needs'. The addition of the updates will assist in meeting the requirements for schools to have a statutory Policy (incorporated within this Policy) for Children with health needs who cannot attend school. | November 2019 |
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## Contents

# 1 Definitions

For the purposes of this document a child, young person, pupil or student is referred to as a 'child' or a 'pupil' and they are normally under 18 years of age.

Wherever the term 'parent' is used this includes any person with parental authority over the child concerned e.g. carers, legal guardians etc.

Wherever the term 'Head teacher' is used this also refers to any Manager with the equivalent responsibility for children.

Wherever the term 'school' is used this also refers to academies and Pupil Referral Units (PRU) and references to Governing Bodies include Proprietors in academies and the Management Committees of PRUs and will usually include wrap around care provided by a setting such as After School Clubs and Breakfast Clubs.

# 2 Statement of Intent

This Policy is based on the statutory Department for Education (DfE) guidance document *'Supporting pupils at school with medical conditions: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England' (April 2014; Revised December 2015)* to coincide with the application of section 100 of the Children and Families Act 2014 which came into force on 1 September 2014. Section 100 places a statutory duty on governing bodies to make arrangements to support pupils at school with medical conditions. It will be reviewed regularly and made readily accessible to parents, staff and, where appropriate, other adults working or volunteering in school.

The governors of the Gillford centre (hereinafter referred to as 'the school') believe that all children with medical conditions, in terms of both physical and mental health, should be properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential including access to school trips and physical education (PE).

We understand that the parents of children with medical conditions are often concerned that their child's health will deteriorate when they attend school because they may not receive the on-going support, medicines, monitoring, care or emergency interventions that they need while at school to help them manage their condition and keep them well. This school is committed to ensuring parents feel confident that effective support for their child's medical condition will be provided and that their child will feel safe at school by putting in place suitable arrangements and procedures to manage their needs. We also understand that children's health needs may change over time, in ways that cannot always be predicted, sometimes resulting in extended absences and our arrangements take this into account. We undertake to receive and fully consider advice from involved healthcare professionals and listen to and value the views of parents and pupils. Given that many medical conditions that require support at school affect a child's quality of life and may even be life-threatening, our focus will be on the needs of each individual child and how their medical condition impacts on their school life, be it on a long or short-term basis.

In addition to the educational impacts, we realise that there are social and emotional implications associated with medical conditions. Children may be self-conscious about their condition and some may be bullied or develop emotional disorders such as anxiety or depression around their medical condition. In particular, long-term absences due to health problems affect children's educational attainment, impact on their ability to integrate with their peers and affect their general wellbeing and emotional health.

Local Authorities have a duty to arrange suitable full-time education (or part-time when appropriate for the child's needs) for children who are unable to attend a mainstream or special school because of their health. This duty applies to all children and young people who would normally attend mainstream schools, including Academies, Free Schools, independent schools and special schools, or where a child is not on the roll of a school. It applies equally whether a child

cannot attend school at all or can only attend intermittently. Further guidance on the Local Authority duty can be found in DfE statutory guidance 'Ensuring a good education for children who cannot attend school because of health needs' (January 2013).

We fully understand that reintegration back into school needs to be properly supported so that children with medical conditions fully engage with learning and do not fall behind when they are unable to attend. Short-term and frequent absences, including those for appointments connected with a pupil's medical condition, (which can often be lengthy) also need to be effectively managed and the support we have in place is aimed at limiting the impact on a child's educational attainment and emotional and general wellbeing.

This school also appreciates that some children with medical conditions may be disabled and their needs must be met under the Equality Act 2010. Some children may also have special educational needs or disabilities (SEND) and may have an Education, Health and Care (EHC) plan (previously known as a Statement of Special Educational Needs) which brings together health and social care needs, as well as their special educational provision. For children with special educational needs or disabilities (SEND), this Policy should be read in conjunction with our SEND Policy and the DfE statutory guidance document '*Special Educational Needs and Disability: Code of Practice 0-25 Years*', January 2015.

# 3 Organisation

The SENDCo is the person responsible for ensuring Individual Healthcare plans (IHCP) are produced and reviewed regularly.

The SENDCo is responsible for ensuring students joining the school have a current Healthcare plan (IHCP) where appropriate and that details are included on the SEND register.

Daily administration of medicines is undertaken and registered in the main office.

The register of students with medical conditions including allergies and asthma is maintained by admin and a report is kept in the medical folder on the teacher drive. Medical details are on SIMS so all staff are aware of where to find information.

Medication held for named students are held in the Main School Office.

Students who use an inhaler will keep it with them at all times.

## 3.1 Local Authority

This school understands that our Local authority **must** arrange suitable full-time education (or as much education as the child's health condition allows) for children of compulsory school age who, because of illness, would otherwise not receive suitable education.

Local authorities should:

- provide such education as soon as it is clear that the child will be away from school for 15 days or more, whether consecutive or cumulative. They should liaise with appropriate medical professionals to ensure minimal delay in arranging appropriate provision for the child;
- ensure that the education children receive is of good quality, as defined in statutory guidance, allows them to take appropriate qualifications, prevents them from slipping behind their peers in school and allows them to reintegrate successfully back into school as soon as possible;
- address the needs of individual children in arranging provision. 'Hard and fast' rules are inappropriate: they may limit the offer of education to children with a given condition and prevent their access to the right level of educational support which they are well enough to receive. Strict rules that limit the offer of education a child receives may also breach statutory requirements.

## 3.2 The Governing Body

The Governing body is legally responsible and accountable for fulfilling the statutory duty to make arrangements to support pupils with medical conditions in school, including the development and implementation of this Policy.

Supporting a child with a medical condition and ensuring their needs are met effectively, however, is not the sole responsibility of one person - it is the responsibility of the Governing body as a whole to ensure that:

- no child with a medical condition is denied admission or prevented from taking up a place at this school because arrangements to manage their medical condition have not been made while at the same time, in line with safeguarding duties, ensure that **no** pupil's health is put at unnecessary risk, for example, from infectious diseases;
- there is effective cooperative working with others including healthcare professionals, social care professionals (as appropriate), local authorities, parents and pupils as outlined in this Policy;
- there is clear understanding at this setting's strategic level and, where relevant, across all partnership workers that:
    - Local Authorities (LA) and Clinical Commissioning Groups (CCG) must make joint commissioning arrangements for education, health and care provision for children and young people with SEN or disabilities (S26: Children and Families Act 2014);
    - LAs are responsible for commissioning public health services for statutory school-aged children including school nursing, but this does not include clinical support for children in schools who have long-term conditions and disabilities, which remains a CCG commissioning responsibility. When children need care which falls outside the remit of school nurses, e.g. postural support or gastrostomy and tracheostomy care, CCG commissioned arrangements must be adequate to provide the ongoing support essential to the safety of these vulnerable children whilst in school; and
    - providers of health services should co-operate with school including appropriate communication, liaison with healthcare professionals such as specialists and children's community nurses, as well as participating in locally developed outreach and training.
    - Ofsted will consider how well a setting meets the needs of the pupils with medical conditions, making key judgements informed by the progress and achievement of these children alongside those of pupils with special educational needs and disabilities, and also by pupils' spiritual, moral, social and cultural development.
- sufficient staff have received suitable training and are competent before they take on duties to support children with medical conditions;
- staff who provide such support can access information and other teaching support materials as needed.
- funding arrangements support proper implementation of this Policy e.g. for staff training, resources etc.

## 3.3 The Head Teacher

The Acting Headteacher of this school, Rachel Clark has a responsibility to ensure that this Policy is developed and implemented effectively with partners.

To achieve this, the Head teacher will have overall responsibility for the development of IHCPs and will make certain that school arrangements include ensuring that:

- there is a named person (usually the SENDCo) who can be contacted by, and will liaise with the LA and parents in relation to children with health needs – (The SENDCo is Mrs Susan Black);
- all staff are aware of this Policy and understand their role in its implementation;
- all staff and other adults who need to know are aware of a child's condition including supply staff, peripatetic teachers, coaches etc.;
- every effort is made to ensure that the provision offered to the child is as effective as possible and that the child can be reintegrated back into school successfully;
- where a child needs one, an IHCP is developed with the proper consultation of all people involved, implemented and appropriately monitored and reviewed;
- sufficient trained numbers of staff are available to implement the Policy and deliver against all IHCPs, including in contingency and emergency situations;
- staff are appropriately insured and are aware that they are insured to support pupils in this way;
- appropriate health professionals i.e. the school nursing service are made aware of any child who has a medical condition that may require support at school that has not already been brought to their attention;
- children at risk of reaching the threshold for missing education due to health needs are identified and effective collaborative working with partners such as the Local Authority (LA), alternative education providers e.g. hospital tuition, parents etc., aims to ensure a good education for them;
- risk assessments take account of the need to support pupils with medical conditions as appropriate e.g. educational visits, activities outside the normal timetable etc.

## 3.4 School Staff

Any member of staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although teaching staff cannot be required to do so. While administering medicines is not part of teachers' professional duties, they should still consider the needs of pupils with medical conditions that they teach. Arrangements made in line with this Policy should ensure that we attain our commitment to staff receiving sufficient and suitable training and achieving the necessary level of competency before they take on duties 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 pupil with a medical condition needs help. There are currently 10 members of staff trained as first aiders and this list is in every classroom.

The SENDCo has specific responsibility for the development of IHCPs which are explained in Section 4.3.

The Headteacher responsible for the identification of staff training needs and the coordination of such training. Say whether they have here and refer to Section 4.5.

## 3.5 School Nurses and Other Healthcare Professionals

This school has access to a school nursing service which is responsible for notifying the school when a child has been identified as having a medical condition which will require support. Wherever possible, they should do this before the child starts at school and our arrangements for liaison support this process.

While the school nurse will not have an extensive role in ensuring that this school is taking appropriate steps to support pupils with medical conditions, they are available to support staff on implementing a child's IHCP and provide advice and liaison, for example on training. The school

nurse can also liaise with lead clinicians or a child's General Practitioner (GP) locally on appropriate support for the child and associated staff training needs.

### 3.6 Pupils

It is recognised that the pupil with the medical condition will often be best placed to provide information about how their condition affects them. This school will seek to involve them fully in discussions about their medical support needs at a level appropriate to their age and maturity and, where necessary, with a view to the development of their long-term capability to manage their own condition well. They should contribute as much as possible to the development of, and comply with, their IHCP.

It is also recognised that the sensitive involvement of other pupils in the school may be required not only to support the pupil with the medical condition, but to break down societal myths and barriers and to develop inclusivity.

### 3.7 Parents

Parents are key partners in the success of this Policy. They may, in some cases, be the first to notify school that their child has a medical condition and where one is required, will be invited to be involved in the drafting, development and review of their child's IHCP.

Parents should provide school with sufficient and up-to-date information about their child's medical needs. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

## 4 Arrangements/procedures

### 4.1 Procedure for the Notification that a Pupil has a Medical Condition

While it is understood that school does not have to wait for a formal diagnosis before providing support to a pupil because in some cases their medical condition may be unclear or there may be a difference of opinion, judgements will still need to be made about the support to provide and they will require basis in the available evidence. This should involve some form of medical evidence and consultation with parents. Where evidence is conflicting, it is for school to present some degree of challenge in the interests of the child concerned, to get the right support put in place.

- Where a member of staff is notified that a pupil has a medical condition Student Services should be advised immediately.
- They will record the details on the students record and:
- Refer to the SENDCo for a decision as to whether the pupil concerned requires an IHCP.
- Advise parents of any decision not to instigate an IHCP and any other steps the school may take instead to provide the right support including any period of or triggers for a review. See Section 4.3
- Pupils who are involved in alternative educational provision or attend another educational setting part time – are included in the schools medial policy.
- Pupils who are starting at the school will have IHCP in place where required as soon as possible in that first school term or, where a child receives a new diagnosis or moves to your school mid-term every effort will be made to ensure that arrangements are put in place within two weeks.

### 4.2 School Attendance and Re-integration

Every LA must have regard to the DfE statutory guidance, '*Ensuring a good education for children who cannot attend school because of health needs*', January 2013 and this school undertakes to liaise with the LA to ensure that everyone is working in the best interests of children who may be affected. Where a pupil would not receive a suitable education at this school because of their

health needs, the LA has a duty to make other arrangements, when it becomes clear that a child will be away from school for 15 days or more (whether consecutive or cumulative across the school year).

- The Assistant Headteacher will make appropriate referrals to the Access and Inclusion team, where we are concerned a child may be at risk of missing education we would refer to the Inclusion officer.
- We will work to maintain contact via newsletters and home visits. A key worker will be identified to help support the student and family and work will be shared via the remote login access hosted on the website.
- We have a team of pastoral staff who will work to support in relation to the reintegration of the chold and ensure personalised support is in place.
- We will work with the LA to set up an individually tailored reintegration plan for each child that needs one, actively seeking extra support to help fill any gaps arising from the child's absence and acknowledging your need under equalities legislation to make any *reasonable* adjustments to provide suitable access for the child.

## 4.3 Individual Healthcare Plans (IHCP)

An IHCP is a working document that will help ensure that this school can effectively support a pupil with a medical condition. It will provide clarity about what needs to be done, when and by whom and aims to capture the steps which school should take to help the child manage their condition and overcome any potential barriers to get the most from their education. It will focus on the child's best interests and help ensure that this school can assesses and manage identified risks to their education, health and social well-being and minimises disruption.

An IHCP 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 school, relevant healthcare professional and parent will need to agree, based on evidence, when an IHCP would be inappropriate or disproportionate. If consensus cannot be reached, the Head teacher is considered best placed to and will take the final view. Our flow chart for identifying and agreeing the support a child needs and developing an IHCP is at Appendix A.

The level of detail within an IHCP will depend on the complexity of the child's condition and the degree of support they need and 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 an Education, Health and Care Plan (EHCP), their special educational needs will be mentioned in their IHCP. Where a child has SEN identified in an EHC Plan, the IHCP will be linked to or become part of that EHC Plan.

In general, an IHCP will cover:

- the medical condition, its triggers, signs, symptoms and treatments;
- the pupil's resulting needs, including medicine (dose, side-effects and storage) and other treatments, time, facilities e.g. need for privacy, 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 etc. and being added to the register of asthma sufferers who can receive salbutamol where applicable;
- 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 etc.;

- the level of support needed, (some children will be able to take responsibility for their own health needs and this is encouraged), including in emergencies. If a child is self-managing their medicine, 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 their proficiency to provide support for the child's medical condition from a relevant healthcare professional (where necessary); 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 and the Head teacher for medicines to be administered by a member of staff, or self-administered by the pupil during school hours, including emergency salbutamol in the case of a child suffering an asthma attack without their own inhaler being in working condition.
- any separate arrangements or procedures required for school trips or other 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/child, the designated individuals to be entrusted with information about the child's condition; and
- what to do in an emergency, including who to contact, and contingency arrangements. If a child has an emergency health care plan prepared by their lead Clinician, it will be used to inform development of their IHCP.

IHCPs, (and their review), may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with this school.

An IHCP will be reviewed at least annually and earlier if there is any evidence that a child's needs have changed. This review should also trigger a re-check of any registers held e.g. asthma sufferers with permission to receive emergency salbutamol and may require a re-check of school insurance arrangements especially where a new medical procedure is required.

## 4.4 Pupils Managing their own Medical Conditions

After discussion with parents, children who are competent will be encouraged to take responsibility for managing their own medicines and procedures and this will be reflected in their IHCP.

To facilitate this, wherever possible, children will be allowed to carry their own medicines and relevant devices or will be able to access them for self-medication quickly and easily. Children who can take their medicines or manage procedures themselves may require an appropriate level of supervision and this will be reflected in the IHCP too. 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 will not force them to do so, but will follow the procedure agreed in the IHCP as well as inform parents. This is an occurrence that may trigger a review of the IHCP.

## 4.5 Training

The Head teacher has overall responsibility for ensuring that there are sufficient trained numbers of staff available in school and off-site accompanying educational visits or sporting activities to implement the Policy and deliver against all IHCPs, including in contingency and emergency situations. This includes ensuring that there is adequate cover for both planned and unplanned staff absences and there are adequate briefings in place for occasional, peripatetic or supply staff.

Any member of school staff providing support to a pupil with medical needs will receive sufficient training to ensure that they are competent and have confidence in their ability to fulfil the requirements set out in IHCPs. They will need an understanding of the specific medical condition(s) they are being asked to deal with; any implications and preventative measures and staff training needs will be identified during the development or review of IHCPs. It is recognised that some staff may already have some knowledge of the specific support needed by a child with a medical condition and so extensive training may not always be required, but staff who provide support will be included in meetings where training is discussed. The family of a child will often be key in providing relevant information about how their child's needs can be met, and parents will be asked for their views - they should provide specific advice but will not be the sole trainer.

A relevant healthcare professional will normally lead on identifying and agreeing with school the type and level of training required, and how training can be obtained usually through the development of IHCPs. Healthcare professionals can also provide confirmation of the proficiency of staff in a medical procedure, or in providing medicine and school will keep records of training and proficiency checks.

Staff must not give prescription medicines or undertake health care procedures without appropriate training, which school undertakes to update to reflect any IHCPs. A first-aid certificate does not constitute appropriate training in supporting children with medical conditions, but some training could be very simple and delivered by an appropriate person in school – for example basic training covering school procedures for administering a non-emergency prescribed oral medicine.

At the Gillford Centre staff will:

1. All staff are aware of the school's Policy for supporting pupils with medical conditions and their role in implementing that Policy.
2. there are first aiders who have trained to deliver first aid within the centre and during off site activities. A first aider should be present on school visits or trips.
3. Staff are trained regularly in first aid.
4. When a specific medcial need is identified eg asthma or diabetes then staff will be made aware of this and what to look out for and given some basic information about the conditions staff may have to recognise and deal with. We will seek medical advice on what to cover in such training:

- an awareness of safeguarding issues around Fabricated or Induced Illness (FII) – summarise your procedures for dealing with suspected FII and base them on guidance provided by the Cumbria Safeguarding Children Partnership (CSCP);
- hygiene requirements e.g. washing hands before handling medicines, using a clean measuring device for oral medicine liquids, ensuring containers are clean before they are stored again etc.;
- pre-administration checks e.g. having the correct record sheet and checking the medicine has not already been administered, child's identity, child's medicine (including that the dosage, frequency etc. on any IHCP matches the prescription label), expiry date of medicine, that storage instructions have been adhered to (i.e. if it should be refrigerated that it was in the fridge) etc.;
- procedures for administration e.g. whether the child self-administers, the minimum assistance or supervision required (or as described in the IHCP), what should be done with used administration devices (spoons, oral syringes, self-administered sharps etc.), what to do if a child refuses a medicine etc.;
- recording procedures.

We will take appropriate advice from a relevant healthcare professional when the development of an IHCP determines a need and update your Policy as required.

## 4.6 Managing Medicines

This school is committed to the proper management of medicines and there are clear procedures that must be followed.

- Medicines are only to 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 is to be given prescription or non-prescription medicines without their parent's written consent - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort will be made to encourage the child concerned to involve their parents while respecting the child's right to confidentiality.
- A child under 16 is never to be given medicine containing aspirin unless prescribed by a doctor. Medicine, e.g. for pain relief, is never to be administered without first checking maximum dosages and when the previous dose was taken. Every effort will be made to contact parents prior to administration, where necessary, to check this and to inform them that pain relief has been given.
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.
- Only prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and which include instructions for administration, dosage and storage are to be accepted. The exception to this is insulin which must still be in date but will generally be made available to school inside an insulin pen or a pump, rather than in its original container. This may also be the case for certain emergency administration medicines such as a reliever inhaler for the treatment of an asthma attack or adrenalin for the treatment of anaphylaxis. This is to be made clear within a child's IHCP as appropriate.
- With written parental consent non-prescription medicines can be administered to children e.g. anti-histamines, paracetamol etc. i.e. in exceptional circumstance e.g. pain relief in an emergency where there will be a significant delay before medical attention can be sought or during a residential trip or where a child requires regular pain relief which doctors refuse to prescribe or where a child does not benefit from a medicine which others can limit to taking outside normal school hours such as the once a day anti-histamine. The head teacher should make decisions on a case by case basis and may need to liaise with the child's GP or practice nurse to ensure school will be acting appropriately.
- It is best practice for the parent to bring medicines into school and personally deliver them to a named member of staff and Appendix C – Parental Consent to Administer Medicine to be completed or a parental declaration in the form of a letter. In exceptional circumstances, this may not reasonable (such as in cases where pupils are transported significant distances to school) and any different course of action should be agreed and form part of the IHCP.
- All medicines are to be stored safely, in their original containers and in accordance with their storage instructions. Medicines can be kept in a refrigerator containing food but should be in an airtight container and clearly labelled. Access to a refrigerator holding medicines should be restricted. If large quantities of medicine are kept refrigerated school will consider purchasing a lockable fridge. Children should always know where their medicines are kept and be able to access them immediately they might need them. Where relevant, they should also know who holds the key to any locked storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens are to always be readily available to children

and not locked away. Off-site this will be especially considered as part of the risk assessment process for educational visits.

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

### 4.6.1 Controlled Drugs

The supply, possession and administration of some medicines e.g. methylphenidate (Ritalin) are strictly controlled by the Misuse of Drugs Act 1971 and its associated regulations and are referred to as 'controlled drugs'. Therefore, it is imperative that controlled drugs are strictly managed between school and parents.

Ideally, controlled drugs should be brought into school daily by parents and the medicine details and quantity handed over be carefully recorded on the child's own Record of Medicine Administered to an Individual Child sheet (Appendix D). This sheet must be signed by the parent and the receiving member of staff. If a daily delivery is not a reasonable expectation of the parent, supplies should be limited to no more than one week unless there are exceptional circumstances. In some circumstances, the drugs may be delivered to school by a third party e.g. transport escort. In this case, the medicine should be received in a security sealed container/bag.

We recognise that a child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so but passing it to another child for use is an offence. Monitoring arrangements may be necessary and will be agreed on in the IHCP, otherwise school will keep controlled drugs prescribed for a pupil securely stored in a non-portable container to which only named staff will have access. They will still be easily accessible in an emergency and clear records kept of doses administered and the amount of the controlled drug held in school.

School staff may administer a controlled drug to the child for whom it has been prescribed in accordance with the prescriber's instructions and a record will be kept in the same way as for the administration of other medicines. It is considered best practice for the administration of controlled drugs to be witnessed by a second adult. The name of the member of staff administering the drug will be recorded and they will initial under 'Staff initials (1)'. The second member of staff witnessing the administration of controlled drugs will initial under 'Staff initials (2)'. These initial signatures should be legible enough to identify individuals.

## 4.7 Record Keeping

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 the pupil experiences are also to be noted.

Where a pupil has a course of or on-going medicine(s) they will have an individual record sheet which a parent should sign when they deliver the medicine (Appendix D: Record of Medicine Administered to an Individual Child).

Where a pupil requires administration or self-administration of a controlled drug they will have an individual record sheet which allows for the signature of a second witness to the administration. Details of receipts and returns of the controlled drug will be accurately recorded on the administration record (see Appendix D).

Where a pupil is given a medicine as a one-off e.g. pain relief, it will be recorded on a general record sheet along with such medicines administered to other children (Appendix E1: Record of Medicine Administered to All Children).

To ensure that only eligible and appropriately identified pupils are given the emergency salbutamol inhaler, school will keep a register of such pupils in each emergency asthma kit. Parents will send in a spare inhaler for their child and will ensure that it is replenished when out of date.

## 4.8 Emergency Procedures

The child's IHCP should be the primary reference point for action to take in an emergency. It will clearly state what constitutes an emergency for that child and include immediate and follow-up action.

To ensure the IHCP is effective, adequate briefing of all relevant staff regarding emergency signs, symptoms and procedures is required and will be included in the induction of new staff, re-visited regularly and updated as an IHCP changes. Similarly, appropriate briefings for other pupils are required as far as what to do in general terms i.e. inform a teacher immediately if they think help is needed.

In general, immediately an emergency occurs, the emergency services will be summoned in accordance with normal school emergency procedures and Appendix G. If there is an emergency we will dial 9 for an outside line and phone for an ambulance and contact parents/carers.

If a child needs to be taken to hospital, a member of school staff will remain with them until a parent arrives. This may mean that they will need to go to hospital in the ambulance.

## 4.9 Emergency Salbutamol Inhalers

Asthma is the most common chronic condition in the UK, affecting one in eleven children. There are on average, two children with asthma in every classroom[1] and over 25,000 emergency hospital admissions every year for asthma amongst children.[2] An Asthma UK survey found that 86% of children with asthma have at some time been without an inhaler at school having forgotten, lost or broken it, or the inhaler having run out.

From 1 October 2014, the Human Medicines (Amendment) (No.2) Regulations 2014 allows (but does not require) schools to keep a salbutamol inhaler for use in an asthma emergency.

Pupils with asthma should always carry their inhaler. Parents/carers are responsible for ensuring that we have a spare inhaler should their child lose or forget their own. It is the parent/carers responsibility to ensure that they replenish this when it is out of date.

**A child may be prescribed an inhaler for their asthma which contains an alternative reliever medicine to salbutamol (such as terbutaline). The salbutamol inhaler should still be used by these children if their own inhaler is not accessible – it will still help to relieve their asthma and could save their life.**

### 4.9.1 Supplies of Salbutamol

This school will store pupils inhalers in a box with the child's name on and keep it in the main office. All staff will be aware of where these are kept should they need them.

### 4.9.2 The Emergency Asthma Kit

Each emergency asthma kit will contain the following:

- a salbutamol metered dose inhaler;

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[1] Asthma UK, 'Asthma Facts and FAQs', http://www.asthma.org.uk/asthma-facts-and-statistics.
[2] The NHS Atlas of Variation in Healthcare for Children and Young People gives the numbers of emergency admissions of children and young people for asthma in each former PCT / local authority area http://www.sepho.org.uk/extras/maps/NHSatlasChildHealth/atlas.html

- at least two single-use plastic spacers compatible with the inhaler;
- instructions on using the inhaler and spacer/ plastic chamber;
- instructions on cleaning and storing the inhaler;
- manufacturer's information;
- a checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded;
- 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 IHCP (asthma register);
- a record of administration (i.e. when the inhaler has been used – See Appendix E2).

### 4.9.3 Storage and Care of Inhalers

The SENDCO, or in the case of alternate provision the head of the establishment will check at the end of each term that inhalers held by them for a child are in date until the end of the following term. If it is going to expire then they will inform parents/carers so that they can arrange to replenish it as soon as possible.

Inhalers kept in the main office in a box with the pupils mane on. This will be made known to all staff, and to which all staff have access at all times, but in which the inhaler is out of the reach and sight of children. They will not be locked away

Storage will always be in line with manufacturer's guidelines, usually below 30°C and protected from direct sunlight and extremes of temperature.

An inhaler should be primed when first used e.g. spray two puffs. As it can become blocked again when not used over a period of time, regular priming by spraying two puffs will be carried out monthly as part of the working order checks.

To avoid possible risk of cross-infection, the plastic spacer should not be reused and can be given to the child who used it to take home for future personal use. The inhaler itself however can usually be reused, provided it is cleaned after use. The inhaler canister should be removed, and the plastic inhaler housing and cap should be washed in warm running water, and left to dry in air in a clean, safe place. The canister should be returned to the housing when it is dry, the cap replaced, and the inhaler returned to the designated storage place. If there is any risk of contamination with blood i.e. if the inhaler has been used without a spacer, it should not be re-used but disposed of.

### 4.9.4 Disposal

Manufacturers' guidelines usually recommend that spent inhalers are returned to the pharmacy to be recycled. We will give the expired inhaler to parents when they bring the new one so that they can follow their normal guidelines from their surgery.

### 4.9.5 Staff Use and Training

The Department of Health publication '*Guidance on the use of emergency salbutamol inhalers in schools*', March 2015 says specifically regarding staffing and training (paraphrased for brevity):

There are 10 first aiders and they have been appropriately trained for helping to administer an emergency inhaler, e.g. they have volunteered to help a child use the emergency inhaler, been trained to do this, and are identified in school's Policy. The names of first aiders are in all classrooms and prominent places around the school such as hallways and the dinning hall.

A**ll first aiders are**:

- trained to recognise the symptoms of an asthma attack, and ideally, how to distinguish them from other conditions with similar symptoms;

- aware of the school policy;
- aware of how to check if a child is on the register;
- aware of how to access the inhaler;
- aware of who the designated members of staff are and how to access their help.

**Designated staff** should be trained in:

- recognising asthma attacks (and distinguishing them from other conditions with similar symptoms)
- responding appropriately to a request for help from another member of staff;
- recognising when emergency action is necessary;
- administering salbutamol inhalers through a spacer;
- making appropriate records of asthma attacks; and
- ensuring parents are informed using Appendix I – Template Note Informing Parents of Emergency Salbutamol Inhaler Use.

The Asthma UK films on using metered-dose inhalers and spacers are particularly valuable as training materials - www.asthma.org.uk/knowledge-bank-treatment-and-medicines-using-your-inhalers. All staff have been directed to the training material. Children with inhalers will also be able to demonstrate to their teacher how they use it and the school or community asthma nurse may also be able to advise on appropriate use.

## 4.10 Allergens

### 4.10.1 School Meal and Wrap Around Care Providers

When setting up or reviewing a child's IHCP, part of the process includes appropriate information sharing, such as dietary restrictions, with the kitchen team and others. Part of the educational visits planning process written into our risk assessment is to ensure dietary needs are addressed in advance and needs shared appropriately with third party providers like residential centres.

All food handlers receive suitable training on their first day of employment and before food handling duties commence in relation to managing food allergens to include:

- cross referencing IHCPs with ingredients regularly, especially when changing products or recipes;
- handling requests for allergen information;
- how cross contamination can occur and how to prevent it;
- the signs and symptoms of an allergic reaction and what to do, and who to report to should this occur.

### 4.10.2 Other Food Handlers

Other potential food handlers (food technology, classroom baking, cookery club, nursery and other staff serving snacks and treats etc.), will be made aware of information about the Major Food Allergens, and understand that they must take this into account when planning any food-related activity for children with known allergies.

Staff or volunteers working with food in play or the curriculum will receive sufficient instruction on and follow the good practice outlined in Section 4.10.1 above in managing exposure to allergens.

### 4.10.3 Emergency Situations

All staff receive (as outlined in Section 4.5 above) basic awareness training in the common medical and health needs that we manage at school. This includes anaphylaxis, the causes, signs, symptoms, and treatment.

There are three brands of adrenaline auto-injector (AAI) device licensed for distribution in the UK. Specific training in administering the Jext, the Emerade, and/or the Epi-Pen has been provided for relevant staff and will always be requested of our first aid providers on first aid courses that our staff attend. We are also able to view appropriate training videos provided by the manufacturer via their websites at any time and trained staff are encouraged to view them regularly.

Procedures are in place to ensure that every child requiring AAIs, and who is deemed competent to by us, carries them on their person at all times with other arrangements in place where impractical e.g. carried by staff in a travel first aid kit on shore whilst canoeing. Arrangements are also in place to ensure that a spare AAI is available in suitable locations depending on the likelihood and severity of an incident of anaphylaxis.

Staff will refer to 'Guidance on the use of Adrenaline Auto-Injectors in Schools', September 2017, or KAHSC Safety Series M02 - Managing Anaphylaxis and Allergies for further guidance and useful record keeping templates as necessary.

## 4.11 Emergency Adrenaline

Anaphylaxis is a severe and often sudden allergic reaction. It can occur when a susceptible person is exposed to an allergen e.g. food or an insect sting. Reactions usually begin within minutes of exposure and progress rapidly, but can occur up to 2-3 hours later. It is potentially life threatening and always requires an immediate emergency response.

From 1 October 2017 the Human Medicines (Amendment) Regulations 2017 allows (but does not require) all schools to buy adrenaline auto-injector (AAI) devices without a prescription, for emergency use in children who are at risk of anaphylaxis but their own device is not available or not working e.g. because it is broken, or out-of-date.

We feel that keeping an AAI for emergency use will benefit children at this school and have decided to purchase and manage devices on a risk assessment basis i.e. one or more depending on likelihood of device failure and need.

Our procedures will ensure that the spare AAI will only be used on pupils known to be at risk of anaphylaxis, and for whom both medical authorisation and written parental consent for use of the spare AAI has been provided.

### 4.11.1 Steps to Reduce Anaphylaxis Risks

We seek the cooperation of the whole school community in implementing the following to reduce the risk of exposure to allergens.

- Bottles, other drinks and lunch boxes provided by parents for children with food allergies should be clearly labelled with the name of the child for whom they are intended.
- If food is purchased from the school canteen, parents should check the appropriateness of foods by speaking directly to the catering manager. The child should also be taught to check allergen information with catering staff, before purchasing.
- Where we provide the food, our staff will be educated on how to read labels for food allergens and instructed about measures to prevent cross-contamination during the handling, preparation and serving of food. Examples include: preparing food for children with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils.

- Food will not be given to food-allergic children without parental engagement and permission e.g. birthday parties, food treats.
- Trading and sharing of food, food utensils or food containers will be actively discouraged and monitored.
- Training will include that unlabelled food poses a potentially greater risk of allergen exposure than packaged food with precautionary allergen labelling suggesting a risk of contamination with allergen.
- Careful planning for the use of food in crafts, cooking classes, science experiments and special events (e.g. fetes, assemblies, cultural events) with adequate substitutions, restrictions or protective measures put in place (e.g. wheat-free flour for play dough or cooking), non-food containers for egg cartons.
- Careful planning for out-of-school activities such as sporting events, excursions (e.g. restaurants and food processing plants), outings or camps, thinking early about the catering requirements and emergency planning (including access to emergency medication and medical care).

### 4.11.2 Supplies of Auto-Injectors

Anyone who uses an auto injector will have a spare autoinjector kept in a box with their nam eon it in case it is needed in an emergency.

### 4.11.3 The Register and Emergency Adrenaline Kit

The spare AAI in the Emergency Adrenaline Kit may only be used in a pupil where both medical authorisation and written parental consent have been provided.

This includes children at risk of anaphylaxis who have been provided with a medical plan confirming this, but who have not been prescribed AAI. In such cases, specific consent for use of the spare AAI from both a healthcare professional and parent or legal guardian must be obtained. Such a plan is available from the British Society for Allergy and Clinical Immunology (BSACI www.sparepensinschools.uk/plans or www.bsaci.org/about/pag-allergy-action-plans-for-children).

The spare AAI can be used instead of a pupil's own prescribed AAI(s), if these cannot be administered correctly, without delay. This information will be recorded in the pupil's IHCP and where they have no healthcare needs other than the risk of anaphylaxis, we will consider only using the BSACI Allergy Action Plan suitable for their prescribed device.

We will compile a register of all children who have a diagnosed allergy and have been prescribed an AAI (or where a doctor has provided a written plan recommending AAI(s) to be used in the event of anaphylaxis) which includes:

- Known allergens and risk factors for this individual's anaphylactic reaction;
- Whether the individual has been prescribed AAI(s), and if so, what type and dose;
- What type and dose of AAI the individual can receive if they have **not** been prescribed one of their own, but they **do** have a written medical plan confirming that an allergen exposure incident could require AAIs to be administered which includes specific consent for use of the spare AAI from both a healthcare professional and parent or legal guardian;
- Whether written parental consent has been given (usually agreed as part of the IHCP) for use of the spare AAI which may be different to the personal AAI prescribed;
- A photograph of each pupil to allow a simple visual check to be made;

The spare AAIs will be stored as part of an emergency anaphylaxis kit which will include:

- One or more AAI(s);

- Instructions on how to use and store the device(s);
- Manufacturer's information;
- A checklist of injectors, identified by their batch number and expiry date with monthly checks recorded (including the locations of other devices if more are needed);
- A note of the arrangements for replacing the injectors;
- A list of pupils to whom the AAI can be administered;
- An administration record (see Appendix E3).

This kit will be stored with the emergency asthma kit and in other places as necessary because many food-allergic children also have asthma, and asthma is a common symptom during food-induced anaphylaxis.

### 4.11.4 Storage and Care of Auto-Injectors

The SENDCo will check the auto- injector is in date and will be in date for the following term. If it is due to expire in this time then the SENDCo will contact home to arrange for an indate injector to be obtained from GP.

It is the responsibility of the SENDCo to maintain the emergency adrenalin kit ensuring that, on a monthly basis, the AAIs (and sharps box if necessary) are present and appear to be in working order and that replacement AAIs are obtained when expiry dates approach.

AAIs are kept in the main office which is a safe and suitably central location, known to all staff, accessible at all times, but which is out of the reach and sight of children. They will not be locked away and will be kept separate from any child's own prescribed AAI (if stored nearby) and be clearly labelled to avoid any confusion with a child's own AAI.

Storage will always be in line with manufacturer's guidelines, usually at room temperature in a cool dark place preferably at 18-26°C, and we take into account what the prolonged ambient temperature might be in storage locations during holiday periods without any heating on.

### 4.11.5 Disposal

Medication that is out of date will be disposed of following government guidance. Manufacturers' guidelines usually recommend that out of date medicines are returned to the pharmacy to be recycled.

### 4.11.6 Staff Use and Training

Staff will be trained on managing anaphylaxis in accordance with Section 4.5 above. When staff recognise the signs of anaphylaxis:

- the child should be made as comfortable as possible and their own AAI located, and the spare sent for at the same time;
- the spare AAI will be administered only if the child's own devices are not functioning, in-date, sufficient, or available;
- the child will be checked against the register for confirmed identity, consents, and dose before administration;
- although all staff have received allergen awareness training which included training videos on AAI administration and there are very clear administration instructions in each kit, where possible, the AAI will be administered by a first aider whose first aid course included AAI practice;

- administration will be recorded in the kit record and on the individual child's personal administration record (where one is being kept);
- in line with the Department of Health guidance, arrangements will be made as soon as possible to transfer to hospital any pupil that we have administered adrenaline to for further monitoring of their condition;
- parents will be informed about AAI administration through normal emergency contact arrangements as soon as possible, and usually by telephone.

## 4.12 Day Trips, Residential Visits and Sporting Activities

Through development of the IHCP staff will be made aware of how a child's medical condition might impact on their participation in educational visits or sporting activities. Every effort will be made to ensure there is enough flexibility in arrangements so that all children can participate according to their abilities and with any reasonable adjustments. This may include reasonable adjustment of the activities offered to all children i.e. changing a less accessible venue for one that is more so but can still achieve the same educational aims and objectives. A pupil will only be excluded from an activity if the Head teacher considers, based on the evidence, that no reasonable adjustment can make it safe for them or evidence from a clinician such as a GP states that an activity is not possible for that child.

A risk assessment for an educational visit may need to especially consider planning arrangements and controls required to support a pupil with a medical condition. The IHCP will be used alongside usual school risk assessments to ensure arrangements are adequate. This may also require consultation with parents and pupils and advice from a relevant healthcare professional.

## 4.13 Other Arrangements

### 4.13.1 Home to School Transport

While it is the responsibility of the LA to ensure pupil safety on statutory home to school transport the LA may find it helpful to be aware of the contents of a pupil's IHCP that school has prepared.

The LA *must* know if a pupil travels on home to school transport and has a life-threatening condition and carries emergency medicine so that they can develop an appropriate transport healthcare plan. School undertakes to appropriately share IHCP information with the LA for this purpose and will make this clear to parents in the development meeting.

Where transport is organised by the school on a private arrangement with parents, the responsibility for ensuring that the transport operator is aware of a pupil with a life-threatening medical condition rests with the school in consultation with the parents. In some cases, it may be appropriate to share elements of the pupil's IHCP with the transport operator.

### 4.13.2 Defibrillators

Sudden cardiac arrest is when the heart stops beating and it can happen to people at any age and without warning. When it does happen, quick action (in the form of early Cardio-Pulmonary Resuscitation - CPR - and defibrillation) can help save lives. A defibrillator is a machine used to give an electric shock to restart a patient's normal heart rhythm when they are in cardiac arrest. Modern defibrillators are easy to use, inexpensive and safe and this school has one as part of our first aid equipment.

School staff are appropriately trained in its use and the local NHS and ambulance service have been notified of its location which is the admin office, on the wall next to the CCTV.

## 4.14 Unacceptable Practice

While it is essential that all staff act in accordance with their training, in any given situation they should be confident in using their discretion and judging each case on its merits with reference to a child's IHCP. It is not however, generally acceptable practice at this school to:

- prevent children from easily accessing their inhalers and medicine and administering their medicines 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; or ignore medical evidence or opinion, (although staff will be supported to appropriately challenge this where they have genuine concerns);
- 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 healthcare 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 or other breaks whenever they need to in order to manage their medical condition effectively;
- require parents, or otherwise make them feel obliged, to attend school to administer medicine or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or
- prevent children from participating or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

## 4.15 Insurance

The school's Public Liability Insurance Policy provides liability cover for staff providing support to students with medical conditions subject to risk assessments being carried out. This covers the more common procedures such as the administration of medication and Epipens but individual cover may need to be arranged for any specific health care procedures identified in MNP. The level and ambit of cover required will be ascertained directly from the relevant insurers. Any requirements of the insurance such as the need for staff to be trained will be made clear and complied with. In the event of a claim alleging negligence by a member of staff, civil actions are likely to be brought against the employer.

Complaints

Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the headteacher. If for whatever reason this does not resolve the issue, they may make a formal complaint through the normal school complaints procedure this can be found on the website under the Policies and Procedures tab.

**Appendix A**

# Process for Developing an Individual Healthcare Plan (IHCP)

A parent or healthcare professional informs school that a child with a medical condition:

- has been newly diagnosed; or,
- has had a change in their health needs; or,
- is due to attend this school as a new pupil; or,
- is due to return to this school after a long term absence.

The Head teacher or senior member of school staff to whom this task has been delegated, coordinates a meeting to discuss the child's medical support needs and identifies member(s) of school staff who will provide support to the pupil. With appropriate input from parents and in some cases a healthcare professional as well it may be agreed at this point that an IHCP is unnecessary because there will be no significant information to record on it and this along with any measures in place generally to support the child will be communicated to parents.

A meeting takes place to discuss and agree on the need for an IHCP to include key school staff, the child, parents, relevant healthcare professionals and other medical/health clinicians as appropriate (or to consider written evidence provided by them).

After agreeing who leads on writing it, an IHCP is developed in partnership. Input from a healthcare professional must be provided at this stage.

School staff training needs are identified.

Healthcare professional(s) commission/deliver training and school staff are signed off by the trainer as competent – a review date is agreed.

The IHCP is implemented and circulated to relevant staff.

The IHCP is reviewed annually or when a condition changes – to be initiated by a parent or a healthcare professional or by school due to an incident or identified change in needs or school procedures.

Based on DfE publication 'Templates - Supporting pupils with medical conditions' May 2014

# Individual Healthcare Plan (IHCP)

| | | | | |
|---|---|---|---|---|
| **School/Setting:** | | | | **PHOTO** |
| **Name of Child:** | | | | |
| **Date of Birth:** | | | | |
| **Address of Child:** | | | | |
| **Gender:** | MALE / FEMALE | **Class/Form:** | | |
| **Date:** | | **Review Date:** | | |
| **Who is responsible for providing support in school?** | | | | |

| **Medical Diagnosis or Condition** |
|---|
| |

| **EMERGENCY CONTACT INFORMATION** | | | |
|---|---|---|---|
| **Family Contact 1** | | **Family Contact 2** | |
| **Name:** | | **Name:** | |
| **Relationship to Child:** | | **Relationship to Child:** | |
| **Work Tel. No:** | | **Work Tel. No:** | |
| **Home Tel. No:** | | **Home Tel. No:** | |
| **Mobile Tel. No:** | | **Mobile Tel. No:** | |
| **Clinic or Hospital Contact** | | **GP Contact** | |
| **Name:** | | **Name:** | |
| **Contact No:** | | **Contact No:** | |

| **Describe the child's medical needs** (e.g. details of any symptoms, triggers, signs, treatments, facilities, equipment/devices, environmental issues etc.) |
|---|

**Please note:** Some or all of this information may be shared on a *confidential* and *strictly need to know basis*, with adults other than school staff who may be working with children and young people in a paid or voluntary capacity. **Such adults are bound by the school's code of conduct on confidentiality.**

| |
|---|
| |
| **Medicine details** (e.g. name of medicine, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision, whether carried by the child and how carried etc.) |
| |
| **Agreed procedure if the medicine or procedures are refused by the child** |
| |
| **Daily care requirements** (e.g. before sports activities, at lunchtime etc.) |
| |
| **Specific support in place for any educational, social and emotional needs** (include re-integration and any partnership working following absences e.g. Local Authority hospital/home tuition services etc. and sensitive management of re-integration after serious or embarrassing incidents at school. |
| |
| **Arrangements for educational visits or other activities outside the normal timetable** |

| |
|---|
| |

| **Other Information** |
|---|
| |

| **Describe what constitutes an emergency and the action to take if this occurs** | | | |
|---|---|---|---|
| | | | |
| Permission is given to administer **salbutamol** in an **asthma emergency:** | YES | NO | N/A |
| Permission is given to administer **adrenalin** in an **anaphylaxis emergency:** | YES | NO | N/A |

| **Describe any follow-up care required** |
|---|
| |

| **Who is responsible in an emergency?** (Please state if different for different activities e.g. off-site etc.): |
|---|
| |

| **Staff training needs identified or already undertaken** (e.g. names of staff trained, what training they have received and when, along with any plans to train others and when) |
|---|
| |

**Plan developed with:** (e.g. child, parents, healthcare professional, therapist etc.)

| **Print Name** | **Signature** | **Relationship to child:** | **Date** |
|---|---|---|---|
| | | | |

| | | | |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

**Form copied to** (Please state who holds copies of this information and where)**:**

# Parental Consent to Administer Medicine

This school/setting will not give your child medicine unless it is in accordance with our Supporting Pupils with Medical Conditions Policy and Procedures **and** you complete and sign this form.

| | | | |
|---|---|---|---|
| **School/Setting:** | | | |
| **Name of Child:** | | **Gender:** | MALE / FEMALE |
| **Date of Birth:** | | **Class/Form:** | |
| **Date for review to be initiated by:** | | | |
| **Medical diagnosis, condition or illness** | | | |

| **MEDICINE(S)** | | | |
|---|---|---|---|
| **Name/type of medicine(s)** (as described on the container) | | | |
| **Expiry date(s):** | | | |
| **Dosage and method of administration:** | | | |
| **Timing(s):** | | | |
| **Special precautions or other instructions:** e.g. with food etc. | | | |
| **Side effects that the school/ setting must know about:** | | | |
| **Can the child self-administer?** | YES / NO | **If YES is supervision required?** | YES / NO |
| **Does any medicine need to be carried by the child on their person, what and where will they keep it?** | | YES / NO | |
| **Steps to take in an emergency:** | | | |

**PLEASE NOTE: medicines must be in the original containers as dispensed by the pharmacy.**

| **CONTACT INFORMATION** | | | |
|---|---|---|---|
| **Name:** | | | |
| **Relationship to Child:** | | | |
| **Address:** | | **Work Tel. No:** | |
| | | **Home Tel. No:** | |
| | | **Mobile Tel. No:** | |
| I understand that I must deliver the medicine personally to: (name the agreed member(s) of staff) | | | |

| | |
|---|---|
| I understand that my child must have a working, in-date and sufficiently full inhaler, clearly labelled with their name, which they will bring with them every day.<br>I consent to my child receiving, in an asthma emergency, salbutamol which has not been prescribed to them. | YES NO N/A<br><br>YES NO N/A |
| I understand that my child must have the number of working and in-date AAIs that their medical practitioner has recommended, clearly labelled with their name, which they will bring with them every day.<br>I consent to my child receiving, in an anaphylaxis emergency, adrenaline not prescribed to them. | YES NO N/A<br><br>YES NO N/A |

| | | | |
|---|---|---|---|
| The above information is, to the best of my knowledge, accurate at the time of writing and I consent to school/setting staff administering medicine in accordance with the Policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medicine or if the medicine is stopped. | | | |
| **Signed:** | | **Date:** | |

# Summoning Emergency Services

**To summon an ambulance, dial 9 to get an outside line followed by 999, ask for an ambulance and be ready with the following information.**

| | |
|---|---|
| **Your telephone number including any extension number.** | |
| **Your name.** | |
| **Your location.** | The Gillford Centre<br>Upperby Road, Carlisle,<br>Cumbria CA2 4JE<br>Tel: 01228 226957 |
| **Your location postcode.** | For satellite navigation systems this may be different from the postal code – check before completing this section. If your site is large there may be different postcodes for different entrances. The one given to emergency services must be for the entrance that is best to access the patient quickly. |
| **The exact location of the patient within the school.** | |
| **The name of the patient and a brief description of their symptoms.** | |
| **The best entrance for the ambulance crew to use and state they will be met and taken to the patient.** | |

**Display a suitably amended copy of this form close to any phone that might reasonably be used to summon emergency services**

## Notification to Parents of Emergency Salbutamol Inhaler Use

Child's Name: .....

Child's Class: ..... Date: .....

Dear Parent,

This letter is to formally notify you that your child has had problems with their breathing today.

This happened when: .....

.....

[*Delete the statements below that do not apply to the action taken*]

A member of staff helped them to use their asthma inhaler.

They did not have their own asthma inhaler with them, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given _ _ _ _ puffs.

Their own asthma inhaler was not working, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given _ _ _ _ puffs.

Although they soon felt better, we would strongly advise that you have your child seen by your own doctor as soon as possible.

Yours sincerely

## Notification to Parents of Emergency Salbutamol Inhaler Use

Child's Name: .....

Child's Class: ..... Date: .....

Dear Parent,

This letter is to formally notify you that your child has had problems with their breathing today.

This happened when: .....

.....

[*Delete the statements below that do not apply to the action taken*]

A member of staff helped them to use their asthma inhaler.

They did not have their own asthma inhaler with them, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given _ _ _ _ puffs.

Their own asthma inhaler was not working, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given _ _ _ _ puffs.

Although they soon felt better, we would strongly advise that you have your child seen by your own doctor as soon as possible.

Yours sincerely