

Moorside High School

# *Supporting Pupils with Medical Conditions Policy*



Date Reviewed: .....February 2019.....  
Date of Next Review: .....February 2020.....  
Reviewed by: .....Health & Safety Committee .....

February 2019

# Moorside High School

## Supporting pupils with medical conditions policy

February 2019

This policy is written in line with the requirements of:-

- Children and Families Act 2014 - section 100
- 0-25 SEND Code of Practice, DfE 2014
- Mental Health and behaviour in schools: departmental advice for school staff, DfE June 2014
- Equalities Act 2010
- Schools Admissions Code, DfE 1 Feb 2010
- Medication and Supporting Medical Needs Guidance for Children and Young People May 2017 (Version 5.0)**
- Protocol and Good Guidance – Children who are missing from education due to Health/Medical Needs (June 2016)**
- Medication Management Arrangements**
- Guidance of the use of emergency inhalers (2015)**
- Supporting pupils at school with medical conditions: statutory guidance for governing bodies of maintained schools and proprietors of academies in England, DfE Sept 2014**

This policy should be read in conjunction with the following school policies

- SEND Policy / SEND Information Report, Safeguarding Policy, Off-site visits policy, Complaints Policy, Admissions Policy, Access Arrangements Policy. The guidance documents in bold above should also be read to support the Medical Policy for Moorside High school.

This policy was developed with parents/carers of pupils with medical conditions, representatives from the governing body, healthcare professionals and teachers and will be reviewed annually.

### Definitions of medical Conditions

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

**Short-term** affecting their participation at school because they are on a course of medication.

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

Some children with medical conditions may be considered disabled. Where this is the case governing bodies **must** comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEN) and may have a statement or Education,

Health and Care Plan (EHCP). Where this is the case this policy should be read in conjunction with the 0-25 SEND Code of Practice and the school's SEND policy / SEND Information Report and the individual healthcare plan will become part of the EHCP.

### **The statutory duty of the governing body**

The governing body remains legally responsible and accountable for fulfilling their statutory duty for supporting pupils at school with medical conditions. The governing body of Moorside High school fulfil this by:-

- Ensuring that arrangements are in place to support pupils with medical conditions. In doing so we will ensure that such children can access and enjoy the same opportunities at school as any other child;
- Taking into account that many medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others and therefore the focus is on the needs of each individual child and how their medical condition impacts on their school life;
- Ensuring that the arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions, should show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care. We will ensure that staff are properly trained to provide the support that pupils need. This includes annual update training, delivered by a health care practitioner. Most recent update of Asthma, Diabetes, Epilepsy and use of the EpiPen (Severe allergic reaction) was January 2018;
- Ensuring that no child with a medical condition is denied admission, or prevented from taking up a place in school because arrangements for their medical condition have not been made. However, in line with safeguarding duties, we will ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases, and reserve the right to refuse admittance to a child at times where it would be detrimental to the health of that child or others to do so;
- Ensuring that the arrangements put in place are sufficient to meet our statutory duties and ensure that policies, plans, procedures and systems are properly and effectively implemented;
- Developing a policy for supporting pupils with medical conditions that is reviewed regularly and accessible to parents and school staff (this policy);
- Ensuring that the policy includes details on how the policy will be implemented effectively, including a named person who has overall responsibility for policy implementation (see section below on policy implementation);
- Ensuring that the policy sets out the procedures to be followed whenever the school is notified that a pupil has a medical condition (see section below on procedure to be followed when notifications is received that a pupil has a medical condition);

- Ensuring that the policy covers the role of individual healthcare plans, and who is responsible for their development, in supporting pupils at school with medical conditions (see section below on individual healthcare plans);
- Ensuring that the school policy clearly identifies the roles and responsibilities of all those involved in arrangements for supporting pupils at school with medical conditions and how they will be supported, how their training needs will be assessed and how and by whom training will be commissioned and provided (see section below on staff training and support);
- Ensuring that the school policy covers arrangements for children who are competent to manage their own health needs and medicines (see section below on the child's role in managing their own medical needs);
- Ensuring that the policy is clear about the procedures to be followed for managing medicines including the completion of written records (see section below on managing medicines on school premises);
- Ensuring that the policy sets out what should happen in an emergency situation (see section below on emergency procedures);
- Ensuring that the arrangements are clear and unambiguous about the need to support actively pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so (see section on day trips, residential trips and sporting activities);
- Considering whether to
  - develop transport healthcare plans in conjunction with the Local Authority (LA) for pupils with life-threatening conditions who use home-to- school transport
  - Purchase and train staff in the use of defibrillators
  - Once regulations are changed consider holding asthma inhalers for emergency use;
- Ensuring that the policy is explicit about what practice is not acceptable (see section on unacceptable practice);
- Ensuring that the appropriate level of insurance is in place and appropriate to the level of risk (see section on Liability and Indemnity);
- Ensuring that the policy sets out how complaints may be made and will be handled concerning the support to pupils with medical conditions (see section on complaints).

## **Policy implementation**

The statutory duty for making arrangements for supporting pupils at school with medical conditions rests with the governing Body. The governing body have conferred the following functions of the implementation of this policy to the staff below, however, the governing body remains legally responsible and accountable for fulfilling our statutory duty.

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

Mrs Georgina Grant, Deputy Head teacher, Mr David Finch, Assistant Head teacher and Mrs Lisa Burke Assistant Head teacher will be responsible for briefing supply teachers, ensuring teachers prepare suitable risk assessments for school visits and other school activities outside of the normal timetable and for the monitoring of individual healthcare plans.

Mrs Lisa Burke Assistant Head teacher/SENCO will be responsible in conjunction with parents/carers, for drawing up, implementing and keeping under review the individual healthcare plan for each pupil and making sure relevant staff are aware of these plans.

All members of staff are expected to show a commitment and awareness of children's medical conditions and the expectations of this policy and supporting documents. All new members of staff will be inducted into the arrangements and guidelines in this policy upon taking up their post.

### **Procedure to be followed when notification is received that a pupil has a medical condition**

It is the parents' responsibility to inform the school of their Childs' medical condition and medication.

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

Mrs Higgins will alert staff to a new medical need, add the child to the medical register and SIMs log.

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

We will ensure that staff are properly trained and supervised to support pupils' medical conditions and will be clear and unambiguous about the need to support actively pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them in doing so. We will make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such

as a GP states that this is not possible. We will make sure that no child with a medical condition is denied admission or prevented from attending the school because arrangements for supporting their medical condition have not been made. However, in line with our safeguarding duties, we will ensure that all pupils' health is not put at unnecessary risk from, for example infectious disease. We will therefore not accept a child in school at times where it would be detrimental to the health of that child or others.

Moorside High school does not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on available evidence. This would normally involve some form of medical evidence and consultation with parents/carers. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place. These discussions will be led by a member of the Senior Leadership team, and following these discussion an individual healthcare plan will written in conjunction with the parent/carers by Mrs Lisa Burke, and be put in place.

### **Individual healthcare plans (IHCP)**

Individual healthcare plans will help to ensure that Moorside High school effectively supports pupils with medical conditions. They will provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. They are likely to be helpful in the majority of other cases too, especially where medical conditions are long-term and complex. However, not all children will require one. The school, healthcare professional and parent/carer should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached the Head teacher, Mr Simon Clarke, is best placed to take a final view. A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan is provided at annex A.

Individual healthcare plans will be easily accessible to all who need to refer to them, while preserving confidentiality. Plans will capture the key information and actions that are required to support the child effectively. The level of detail within the plan will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support. Where a child has SEND but does not have a statement of EHC plan, their special educational needs should be mentioned in their individual healthcare plan. Individual health care plans are stored in a locked cupboard in reception and available for staff to read. All staff have access to the medical register; this gives an outline of each child's medical needs. All medication is stored in a locked cupboard in reception. Each child has a medical draw with a signed parental consent form and administration form for the pupil to sign after self-administration of prescribed drugs. Non prescribed drugs are not permitted without a parental letter and parents are contacted prior to administration to ensure correct dose and time. Medication given to a child should be checked by a second member of staff in reception.

Individual healthcare plans (and their review) should be drawn up in partnership between the school, parents/carers and a relevant healthcare professional e.g. school, specialist or children's community nurse, who can best advice on the particular needs of the child. Pupils should also be involved whenever appropriate. The aim should be to capture the steps which designated staff should take to help manage their condition and overcome

any potential barriers to getting the most from their education. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school.

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

**Template A** provides a basic template for the individual healthcare plan, and although this format may be varied to suit the specific needs of each pupil, they should all include the following information

- The medical condition, its triggers, signs, symptoms and treatments;
- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues e.g. crowded corridors, travel time between lessons;
- Specific support for the pupil's educational, social and emotional needs - for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
- The level of support needed (some children will be able to take responsibility for their own health needs) including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;
- Who in the school needs to be aware of the child's condition and the support required;
- Arrangements for written permission from parents/carer, for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate e.g., risk assessment;

- Where confidentiality issues are raised by the parent/child, the designated individual to be entrusted with information about the child's condition; and
- What to do in an emergency, including whom to contact, and contingency arrangements. some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan

## **Roles and responsibilities**

Please refer to the section on policy implementation for the functions that have been delegated to different, named members of staff at Moorside High school.

In addition we can refer to the **Community Nursing Team** for support with drawing up Individual Healthcare Plans, provide or commission specialist medical training, liaison with lead clinicians and advice or support in relation to pupils with medical conditions.

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

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

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

**Local authorities** are commissioners of school nurses for maintained schools and academies. Under Section 10 of the Children Act 2004, they have a duty to promote co-operation between relevant partners such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and NHS England, with a view to improving the well-being of children with regard to their physical and mental health, and their education, training and recreation. The local authority has a duty to make other arrangements. Statutory guidance for local authorities sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from school for 15 days or more because of health needs (whether consecutive or cumulative across the year) . See the attached document Children who are missing Education due to Health/Medical Needs 2016

**Providers of health services** should co-operate with schools that are supporting children with medical conditions. They can provide valuable support, information, advice

and guidance to schools, and their staff, to support children with medical conditions at school.

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

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

### **Staff training and support**

The staff that have received general training on diabetes, the use of EpiPens, epilepsy and asthma. A note of staff names can be found in the training folder held in school by Mrs Burke.

A list of staff with first aid qualification (full certificate) can be provided on request.

Named people for administering medicines:

Mrs Higgins  
Mrs Kinder  
Mrs Johnson  
Mrs Beardmore  
Mrs Worrell

The following staff have received Specific/specialist training:  
Manual handling training provide to Teaching Assistants, names can be provided on request.

All staff who are required to provide support to pupils for medical conditions will be trained by healthcare professional qualified to do so. The training need will be identified by the healthcare professional during the development or review of the individual healthcare plan. We may choose to arrange training themselves and will ensure that it remains up-to-date.

Training should be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements set out in the individual healthcare plans. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

Staff must not give prescription medicines or undertake healthcare procedures without appropriate training (updated to reflect any individual healthcare plans). A first aid

certificate does not constitute appropriate training in supporting children with medical conditions. Healthcare professionals, including the school nurse, can provide confirmation of proficiency of staff in a medical procedure, or in providing medication.

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

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

### **The child's role in managing their own medical needs**

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

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

The only medications to be carried on a child are inhalers, Epipens and/or diabetes related medication. All other prescribed medication must be stored in reception with the appropriate parental signed form.

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

### **Managing medicines on school premises and record keeping**

At Moorside High school the following procedures are to be followed:

- Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so;
- No child under 16 should be given prescription or non-prescription medicines without their parents written **consent (see template B)** - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality;

- Pupils with Asthma must also have the emergency inhaler form signed by a parent if they wish for this to be used in an emergency (**Template B**);
- With parental written consent we will administer non-prescription medicines except aspirin or medicine containing aspirin except prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosage and when previous dose was taken. Parents must be contacted prior to administration;
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours;
- Moorside High school will only accept prescribed medicines, with written permission from parent/carer that are in-date, labelled, provided in the original container as dispense a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must be in-date, but will generally be available to schools inside an insulin pen or a pump, rather than its original container;
- All medicines will be stored safely in the reception or finance office fridge. Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility, this is Mrs Higgins, however in the event of absence Mrs Kinder or Mrs Johnson.
- Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available, for this reason pupils carry own epipen and have a spare in the reception. This is only to be used for the person it has been prescribed for. Asthma inhalers are carried by pupils and spare inhalers are kept in reception in a child's draw. Diabetic children carry own medication and have a spare in reception.
- During school trips the first aid trained member of staff/or staff with responsibility will carry all medical devices and medicines required;
- A child who had 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. Otherwise we will keep all controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff will have access. Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held in the school;
- Staff administering medicines should do so in accordance with the prescriber's instructions. We will keep a record (**see template C and D**) of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted. Written records are kept of all medicines administered to children. These records offer protection to staff and children and provide evidence that agreed procedures have been followed;

- When no longer required, medicines should be returned to the parent/carer to arrange safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.
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## **Emergency procedures**

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

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

If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. Schools need to ensure they understand the local emergency services cover arrangements and that the correct information is provided for navigation systems.

## **Day trips, residential visits, and sporting activities**

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

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

## **Other issues for consideration**

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

The Governing Body is still considering whether to invest in the defibrillators and staff training.

The Governing Body has decided to hold asthma inhalers on site for emergency use. See the Guidance of Use of Emergency Inhalers 2015.

## **Unacceptable practice**

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

- Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- Assume that every child with the same condition requires the same treatment;
- Ignore the views of the child or their parents\carers; or ignore medical evidence or opinion (although this may be challenged);
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- If the child becomes ill, send them to the school office or medical room unaccompanied or with someone suitable;
- Penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments;
- Prevent pupils from drinking, eating or taking toilet breaks whenever they need to in order to manage their medical condition effectively;
- Require parents\carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, 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 creating unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

### **Liability and indemnity**

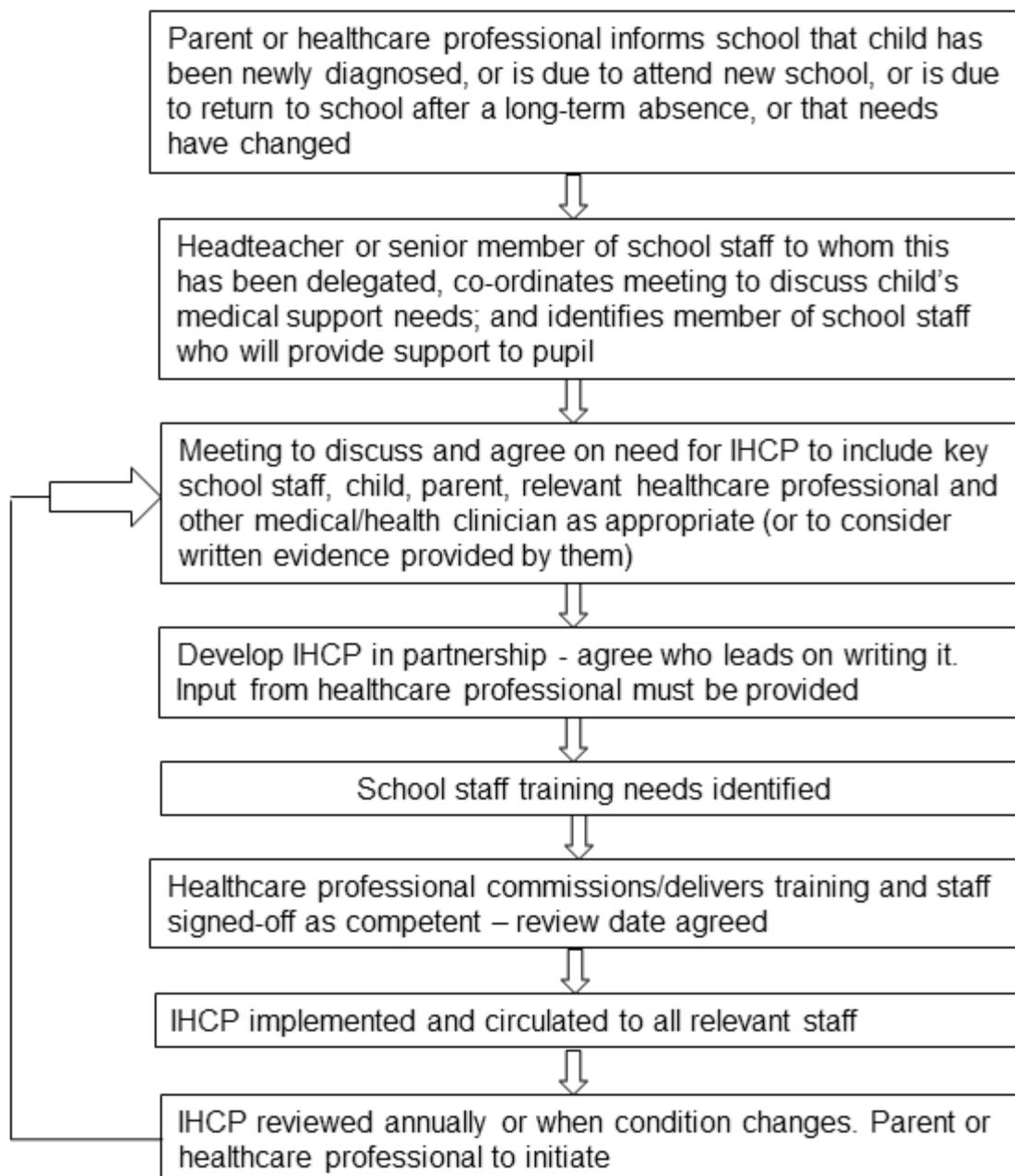
The school has an up to date Certificate of Employee Liability Insurance and School Journey Insurance

### **Complaints**

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

**This policy must be read in conjunction with the guidance provided in bold in the introduction to this policy.**

## Annex A: Model process for developing individual healthcare plans



# Template A: individual healthcare plan

## Care Plan for a Pupil with Health Needs

Name

Date of Birth

School

Year

G.P. Name

Consultant

Tel Number

.....

## Emergency Contact Information

<u>1. First Contact</u>	<u>2. Second Contact</u>
<b>Name:</b>	<b>Name:</b>
<b>Relationship:</b>	<b>Relationship:</b>
<b>Telephone Numbers:</b>	<b>Telephone Numbers:</b>
<b>Work:</b>	<b>Work:</b>
<b>Home:</b>	<b>Home:</b>
<b>Mobile:</b>	<b>Mobile:</b>

Name:

Review Date:

## Medical Background:

### Physical Management

### Training required

### Medication Prescribed /non prescribed that your child is currently taking-

Taken at home.....

Time.....

Dosage.....

In school medication.....

Time to take.....

Dosage.....

*Have you completed a medication in school form? Yes / no*

*If your child has asthma have you completed the asthma form and emergency inhaler form? y/n*

### Emergency Plan/Protocol

### Symptoms:

### School visits

### Fire Drill

### Duty of Care (Carer/student)

**It is the parents duty to inform school and the school nurse of any changes to condition and medication. The schools/nurses duty is to ensure that staff are equipped to support pupil in the event of an attack and update the care plan.**

**We/I agree with the care plan detailed above.**



# Template B: parental agreement for setting to administer medicine

NAME OF SCHOOL \_\_\_\_\_

## REQUEST FOR A SCHOOL TO ADMINISTER MEDICATION

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

### Details of Pupil

Surname \_\_\_\_\_ Forename(s) \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_\_\_

M  F

Class \_\_\_\_\_

Condition or illness \_\_\_\_\_  
\_\_\_\_\_

### Medication

***Parents must ensure that in date properly labelled medication is supplied.***

Name/Type of Medication (as described on the container)

\_\_\_\_\_

Date dispensed \_\_\_\_\_

Expiry Date \_\_\_\_\_

### Full Directions for use:

Dosage and method

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **NB Dosage can only be changed on a Doctor's instructions**

Timing \_\_\_\_\_

Special precautions \_\_\_\_\_

Are there any side effects that the school needs to know about?

\_\_\_\_\_  
\_\_\_\_\_

Self-Administration

Yes/No (delete as appropriate)

**Procedures to take in an Emergency**

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**Contact Details**

Name \_\_\_\_\_

Phone No: (home/mobile) \_\_\_\_\_  
(work) \_\_\_\_\_

Relationship to Pupil

Address

I understand that I must deliver the medicine personally to \_\_\_\_\_  
(agreed member of staff) and accept that this is a service, which the school is not obliged  
to undertake. I understand that I must notify the school of any changes in writing.

**Signature(s)** \_\_\_\_\_ **Date** \_\_\_\_\_

**Agreement of Headteacher**

I agree that \_\_\_\_\_ (name of child) will receive  
\_\_\_\_\_ (quantity and name of medicine) every day at  
\_\_\_\_\_ (time(s) medicine to be administered e.g. lunchtime or  
afternoon break).is child will be given/supervised whilst he/she takes their medication by  
\_\_\_\_\_ (name of staff member)

This arrangement will continue until \_\_\_\_\_(either end  
date of course of medicine or until instructed by parents)

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**(The Headteacher/authorised member of staff)**

**The original should be retained on the school file and a copy sent to the parents to  
confirm the school's agreement to administer medication to the named pupil.**





# Template E: staff training record – administration of medicines and/or medical procedures

Name of school/setting

Name

Type of training received

Date of training completed

Training provided by

Profession and title


I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature \_\_\_\_\_

Date \_\_\_\_\_

**I confirm that I have received the training detailed above.**

Staff signature \_\_\_\_\_

Date \_\_\_\_\_

Suggested review date \_\_\_\_\_

**Asthma Forms and Emergency inhaler permission form:**

**Asthma Care Plan & Medication: Consent**

If your child has been diagnosed with asthma and has been prescribed reliever therapy (blue inhaler) please complete the first part of this form which gives your consent for school staff to give this if required.

I hereby give my consent for school staff to give my child reliever therapy for the treatment of an asthma attack/prior to PE if required. I understand that I will be informed when treatment has been given other than for routine treatment by my request.

I also authorise the use of an emergency inhaler.

Name of Child:

.....

Date of Birth:

.....

School: Moorside High School

Name of Inhaler: .....

Number of puffs: .....

Signed Parent/Guardian: .....

Date: .....

If your child has an asthma attack the schools emergency procedure will be followed.

A copy of your child's school asthma care plan will be sent to you.

Please ensure that your child has a **SPARE reliever inhaler** and **spacer** kept in school and that your child's inhaler is within its **expiry date**.

NB: High School Pupils

Please ensure your child carries their own reliever inhaler in school. A spare reliever inhaler and spacer should also be kept in school for emergencies.

If your child experiences breathing problems, especially at night or after exercise, or when laughing or crying, or he/she suffers from repeated chest infections, please contact your School Nurse.

## Flow chart to support Medical conditions in school- For staff

- Parents inform the school of a medical condition for their child. This may have a supporting letter from a medical practitioner.
- Mrs Burke is informed and asks for the child to be placed onto the medical register and SIMs system. An updated medical list is emailed to all staff.
- If the medical issue need does not required an IHCP (Individual Health Care Plan) then this is for general information.
- If the child requires an IHCP the Parents, school representative and the school nurse will produce an IHCP. This is stored in the main office as a paper copy and electronically on a restricted folder. Staff are expected to familiarise themselves with children's medical needs.
- All staff are aware of the needs of the child and must consider reasonable adjustments that may need to be made in class to support the child's access to learning.
- All staff have annual update training on how to support children with Asthma, Epilepsy, severe allergic reactions requiring an EpiPen and Diabetes.
- Teaching Assistants have additional training to support manual handling as required.
- All staff holding a first aid certificate attend updates.
- Any staff on a school trip must know the pupils with an IHCP and know the procedures to support that child during the trip and in the event of an emergency.
- Risk assessments must be completed for trips/visits/activities in school for pupils with a medical condition as required.
- If a child is going on a school trip and they take medication the staff member must liaise with Mrs Burke to arrange suitable training and advice. All medication on trips must be held by the teacher responsible for that child and all other staff aware of the needs and where medication is. All venues must be informed of any medical needs as required. Any medication taken on a trip will follow the same procedure as listed in the next point.
- If a child is taking medicine in school/trip it must be held in reception/staff member and the medical form signed by parents. The form must give details of the name of the medicine, the time the medicine should be taken and the dosage to be taken. Staff in the office/or on the trip will hand the child the medicine after checking it is the same named child and staff and pupil sign to state the medicine was taken, the time and the amount. It is advisable to have two members of staff check the medicine and dose given. It is the child's responsibility to come to the office/teacher on the trip to take any prescribed medicine.
- Prescribed drugs must be in the original box with the label clearly stating the name, dose and time to be taken along with a signed parental consent form.
- Non prescribed drugs are advised to be taken at home, but if they are taken in school it is advised that it is not for longer than 3 days. A parental consent letter is required with the time to take the medicine and the dosage.
- Children with asthma, EpiPens or diabetic treatments are permitted to carry their related medicines and preventative drugs on their person.
- Children with Asthma must carry their own inhaler, have a labelled spare inhaler in the school medicine cupboard in the office and have a signed permission form to use the emergency inhaler should this be permitted by a parent/carer. Another Child's inhaler must not be used on another child.
- Pupils who may have severe allergic reactions who require adrenaline must carry their EpiPen and have a spare in the office.
- Pupils with diabetes must carry insulin and snacks and have spare monitors, insulin etc. In the office.

- School must not provide Ibuprofen or Aspirin without it being prescribed for the named child.
- If a child asks for a paracetamol, parental consent must be given. Where possible avoid this treatment.
- The office has pictures on the wall of pupils with life threatening conditions, severe allergic reactions, epilepsy and diabetes.
- If any member of staff has any concerns about a child's medication, health needs or further information they are advised to contact Mrs Burke initially.