



Managing complex medical needs and administration of medicines policy and procedures

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Introduction

School Context

The staff at Robertsbridge Community College are committed to providing pupils with a high quality education whatever their health need, disability or individual circumstances. We believe that all pupils should have access to as much education as their particular medical condition allows, so that they maintain the momentum of their learning whether they are attending school or going through periods of treatment and recuperation. We promote inclusion and will make all reasonable adjustments to ensure that children and young people with a disability, health need or SEN are not discriminated against or treated less favourably than other pupils.

Principles

This policy and any ensuing procedures and practice are based on the following principles.

- All children and young people are entitled to a high quality education;
- Disruption to the education of children with health needs should be minimised;
- If children can be in school they should be in school. Children's diverse personal, social and educational needs are most often best met in school. Our school will make reasonable adjustments where necessary to enable all children to attend school;
- Effective partnership working and collaboration between schools, families, education services, health services and all agencies involved with a child or young person are essential to achieving the best outcomes for the child;
- Children with health needs often have additional social and emotional needs. Attending to these additional needs is an integral element in the care and support that the child requires; and that
- Children and young people with health needs are treated as individuals, and are offered the level and type of support that is most appropriate for their circumstances; staff should strive to be responsive to the needs of individuals.

As a school we will not:

- 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 a child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;

- penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments;
- require parents, 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; nor
- 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 their child.

Definition of health needs

For the purpose of this policy, pupils with health needs may be:

- pupils with **chronic or short term health conditions or a disability** involving specific access requirements, treatments, support or forms of supervision during the course of the school day or
- **sick children**, including those who are physically ill or injured or are recovering from medical interventions, or
- children with **mental or emotional health problems**.

This policy does not cover self-limiting infectious diseases of childhood, e.g. measles.

Some children with medical conditions may have a disability. A person has a disability if he or she has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities. 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 (EHC) plan which brings together health and social care needs, as well as their special educational provision.

Roles and Responsibilities

All staff have a responsibility to ensure that all pupils at this school have equal access to the opportunities that will enable them to flourish and achieve to the best of their ability. In addition, designated staff have additional responsibilities as well as additional support and training needs.

Designated school medical needs officer

The member of staff responsible for ensuring that pupils with health needs have proper access to education is Sally Packer she will be the person with whom parents/carers will discuss particular arrangements to be made in connection with the medical needs of a pupil. It will be her responsibility to pass on information to the relevant members of staff within the school This person will liaise with other agencies and professionals, as well as

parents/carers, to ensure good communication and effective sharing of information. This will enhance pupils' inclusion in the life of the school and enable optimum opportunities for educational progress and achievement.

Parents/carers and pupils

Parents hold key information and knowledge and have a crucial role to play. Both parents and pupils will be involved in the process of making decisions. Parents are expected to keep the school informed about any changes in their children's condition or in the treatment their children are receiving, including changes in medication. Parents will be kept informed about arrangements in school and about contacts made with outside agencies.

School staff

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. Staff must familiarise themselves with the medical needs of the pupils they work with. Training will be provided in connection with specific medical needs so that staff know how to meet individual needs, what precautions to take and how to react in an emergency.

The Headteacher

The headteacher is responsible for ensuring that all staff are aware of this policy and understand their role in its implementation. The headteacher will ensure that all staff who need to know are aware of a child's condition. He will also ensure that sufficient numbers of trained staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. The headteacher has overall responsibility for the development of individual healthcare plans. He will also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. He will contact the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.

The Governing body

The governing body is responsible for making arrangements to support pupils with medical conditions in school, including ensuring that this policy is developed and implemented. They will ensure that all pupils with medical conditions at this school are supported to enable the fullest participation possible in all aspects of school life. The governing body will ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. They will also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

School health teams

School health teams are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school. They may support staff on implementing a child's individual healthcare plan and provide advice and liaison.

Other healthcare professionals

GPs and Paediatricians should notify the school nurse when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing healthcare plans.

East Sussex County Council

East Sussex Borough Council (ESCC) is responsible for commissioning school nurses for maintained schools and academies. Under Section 10 of the Children Act 2004, they have a duty to promote cooperation 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 so far as relating to their physical and mental health, and their education, training and recreation. BBC provides support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively.

Staff training and support

In carrying out their role to support pupils with medical conditions, school staff will receive appropriate training and support. Training needs will be identified during the development or review of individual healthcare plans. The relevant healthcare professional will lead on identifying and agreeing with the school, the type and level of training required, and how this can be obtained. The school will ensure that training is sufficient to ensure that staff are competent and confident in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans.

Staff will not give prescription medicines or undertake health care procedures without appropriate training. A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.

This policy will be publicised to all staff to raise awareness at a whole school level of the importance of supporting pupils with medical conditions, and to make all staff aware of their role in implementing this policy. Information on how this school supports children with health needs is included in our induction procedure for all new staff.

Procedures

Notification

Information about medical needs or SEN is requested on admission to the school. Parents and carers are asked to keep the school informed of any changes to their child's condition or treatment. Whenever possible, meetings with the parents/carers and other professionals are held before the pupil attends school to ensure a smooth transition into the class. When pupils enter the school, parents/carers are offered the opportunity of attending a personal interview with the school nurse. At this meeting parents can seek advice on the health of their child.

Information supplied by parents/carers is transferred to the Medical Needs Register which lists the children class by class.

Any medical concerns the school has about a pupil will be raised with the parents/carers. Most parents/carers will wish to deal with medical matters themselves through their GP. In some instances the school, after consultation with the parent/carer, may consider a referral to other agencies as required.

Individual Healthcare Plans

Not all children with medical needs will require an individual healthcare plan. The school, healthcare professional and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the headteacher will take a final view. A model letter inviting parents to contribute to individual healthcare plan development is provided at appendix A.

Individual healthcare plans will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. Plans are also likely to be needed in cases where medical conditions are long-term and complex. Plans provide clarity about what needs to be done, when and by whom. A flow chart for identifying and agreeing the support a child needs, and developing an individual healthcare plan is provided at appendix B.

Individual healthcare plans should capture the key information and actions that are required to support the child effectively. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support. A template for individual healthcare plans is provided at appendix D.

Individual healthcare plans, 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. Plans will be drawn up in partnership between the school, parents, and a relevant healthcare professional, e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils will also be involved whenever appropriate.

Partners should agree who will take the lead in writing the plan, but responsibility for ensuring that it is finalised and implemented rests with the school. Plans are reviewed at least annually, or earlier if evidence is presented that the child's needs have changed. Plans are developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social well-being and minimises disruption.

Where a child has SEN but does not have a statement or EHC plan, their special educational needs will be mentioned in their individual healthcare plan. Where the child has a special educational need identified in a statement or EHC plan, the individual healthcare plan will be linked to or become part of that statement or EHC plan.

Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), the school will work with the appropriate hospital school to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

Home tuition

When pupils are too ill to attend fulltime, the school will establish, where possible, the amount of time a pupil may be absent and identify ways in which the school can support the pupil in the short term (e.g. providing work to be done at home in the first instance).

Where children have long-term health needs, the pattern of illness and absence from school can be unpredictable, so the most appropriate form of support for these children should be discussed and agreed between the school, the family, and the relevant medical professionals.

Pregnancy

Young women of compulsory school age who are pregnant are entitled to remain at school whenever and for as long as possible. The school will make reasonable adjustments to enable young pregnant women to remain in school. When there is medical evidence that continuing to attend school would be contrary to the young woman's or the unborn child's wellbeing, the school will make a referral for provision of home tuition. Following the birth of the baby, young mothers may benefit from home tuition for a temporary period before they return to school.

Medicines in school

Self-management by pupils

Wherever possible, children are allowed to carry their own medicines and relevant devices or are able to access their medicines for self-medication quickly and easily. Children who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant staff will help to administer medicines and manage procedures for them.

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

Managing medicines on school premises

Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours. Medicines will 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 will 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 or young person to involve their parents while respecting their right to confidentiality. A template for obtaining parental agreement for the school to administer medicine is provided at appendix E.

The school only accepts prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but will generally be available inside an insulin pen or a pump, rather than in its original container.

All medicines are stored safely. Children are informed of where their medicines are at all times and are able to access them immediately. Where relevant, they know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens are always readily available to children and are locked away, but easily accessible by admin staff

A child under 16 will never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, will never be administered without first checking maximum dosages and when the previous dose was taken. Parents will be informed.

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. Otherwise, the school will keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container to which only named staff have access. Controlled drugs will be easily accessible in an emergency. A record is kept of any doses used and the amount of the controlled drug held in school. A template for recording medicine administered to an individual child is provided at appendix F. A template for recording medicine administered to all children is provided at appendix G.

School staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines will do so in accordance with the prescriber's instructions. The school keeps a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted. A template for recording staff training on the administration of medicines is provided at appendix H.

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

Emergency Situations

Where a child has an individual healthcare plan, this will 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 will be informed 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 will stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. Guidance on contacting the emergency services is provided at appendix I.

Day trips, Residential and Sporting Activities

Pupils with medical conditions are actively supported to participate in school trips and visits, or in sporting activities. In planning such activities, teachers will undertake the appropriate risk assessment and will take into account how a child's medical condition might impact on their participation. Arrangements for the inclusion of pupils in such activities with any required adjustments will be made by the school unless evidence from a clinician such as a GP states that this is not in the child's best interests.

Liability and Indemnity

The school's insurance arrangements are sufficient and appropriate to cover staff providing support to pupils with medical conditions. Staff providing such support are entitled to view the school's insurance policies.

Complaints

If parents or pupils are dissatisfied with the support provided they should discuss their concerns directly with the school in the first instance. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

Appendix A Model Letter Inviting Parents to Contribute to Individual Healthcare Plan

Dear Parent

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

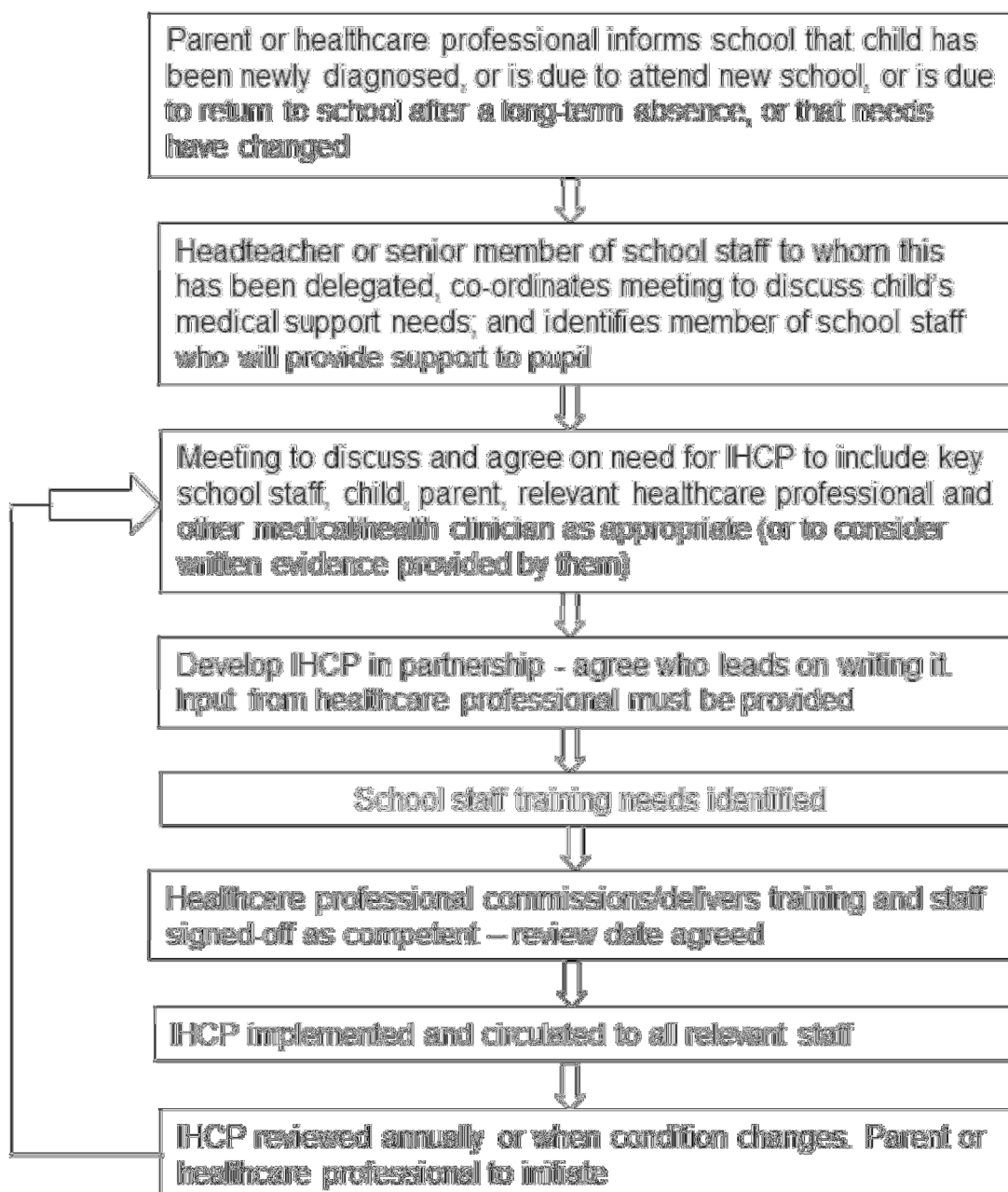
A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support the each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

If required* a meeting to start the process of developing your child's individual health care plan has been scheduled for **xx/xx/xx**. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely

Appendix B A Flow Chart for Developing an Individual Healthcare Plan



Appendix C Admission form for a student with medical needs

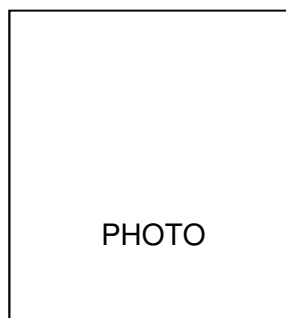


STUDENT DETAILS:

Students name.....

Date of birth:.....

House/Mentor Group.....



Address	
Postcode	
Telephone	
Parents/Carers' Names	
Relationship to Child/Young Person	

Emergency Contacts (if parents/carers cannot be contacted)	
First Contact Name	
Telephone	
Relationship to Child/Young Person	

Second Contact Name	
Telephone	
Relationship to Child/Young Person	
If correspondence is required to be sent to a second address (e.g. in the case of parents being separated) complete details below	
Name	
Relationship to Child/Young Person	
Address	
MEDICAL DETAILS	
Doctor's Name	
Address	
Telephone	
Paediatrician's Name	
Hospital	
Please answer the following clearly about your child	
Allergies	
Special Diet	
Does your child have an on-going health condition/disability? YES or NO	

If yes, please give clear details

Your child's medication (Please give clear information about the name of the medication, strength, and dose **even if it is not required in the school or setting**)

Emergency treatment

I consent to my child receiving emergency treatment in hospital should it be considered necessary, and to a member of the staff signing the consent form if I am unable to be contacted.

Signed

Date

Relationship to
Child/Young Person

Appendix D Health Care Plan/Managing Medical Needs in College

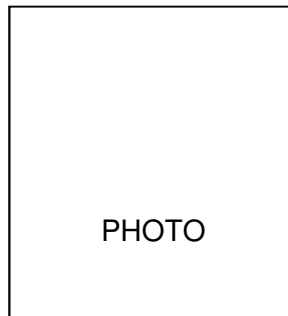


STUDENT DETAILS:

Students name.....

Date of birth:.....

House/Mentor Group.....



Child/Young Person's Name	
Date of Birth	
Class	

Family contact information		
Name		
Telephone (work)	(home)	(mobile)
Name		
Telephone (work)	(home)	(mobile)
Clinic/Hospital Contact		
Name	Position	
Telephone		
GP		

Name	Surgery
Telephone	
Other Professionals (e.g. physiotherapist, dietician)	
Name	Position
Telephone	
Name	Position
Telephone	
Name	Position
Telephone	

Medical Needs
Clearly describe Child/Young Person's medical condition/needs
Describe Child/Young Person's daily care needs (including where applicable, equipment used, continence care, medication, allergies, behavioural needs, etc.)
Describe what constitutes a medical emergency for the Child/Young Person (signs, symptoms)
Action to be taken in an emergency
Who has responsibility in an emergency?

Training and levels of competency required	
Nominated staff trained to undertake clinical procedure, if applicable (Refer to the central register for additional staff trained in the procedure)	
This plan has been completed by	Role
Signature	Date

Parent/Carer Consent	
I have been consulted about the above plan, and I consent to staff named in this plan/on the central register carrying out described clinical procedures for my child, and the information in this plan being shared with all relevant staff involved with my child.	
Signature	Date
Relationship to Child/Young Person	

Appendix E Risk Assessment Form Completion – Guidance Notes

A standard risk assessment template has been developed to support the risk assessment of children/young people with complex health needs. The following information will provide guidance on the completion of the form.

Description of Hazards

This box will enable you to record the significant hazards associated with the individual being risk assessed. All the hazards should be listed e.g. health needs, moving and handling activities, medical conditions, behavioural difficulties, etc. Comprehensive information should be provided within this section on the child/young person including their age, etc.

Consequence of Hazard

The consequence of the hazard would be the realistic potential outcome. It is important that you identify the realistic potential outcome for all the significant hazards contained within the hazard description box. Only one outcome should be selected and highlighted.

- **Minor Injury** – bump, bruise, no first aid treatment needed
- **Injury/Ill Health** – first aid treatment required, up to 3 days absence
- **Over three day absence** – work related absence of more than 3 days but less than 3 weeks
- **Major Injury** – broken bones, long term absence (more than 3 weeks)
- **Death or Disability**

Persons at Risk

List all groups of people who may be affected including staff, children/young people, etc.

Current Control Measures

List the procedures, systems, etc, that are in place to minimise all of the hazards listed in the Hazard Description box. All relevant hazards must be reviewed in order to ensure that control measures have been put in place to minimise the level of risk. Consider whether the control measures are adequate? For example, supervision levels, etc.

Risk Priority Rating

The risk priority rating determines the level of risk associated with the child/young person due to their health needs. In order to determine the risk priority rating, the likelihood is multiplied by the severity. The likelihood is based on the background information you have collected e.g. medical information/views from healthcare professionals, any near misses, people who may be affected (e.g. their level of vulnerability) and the control measures

already in place to minimise the level of risk. You are then asking yourself a question – how likely is it that harm will occur? The level of severity has usually been decided in the consequence of hazard. Once you have decided on your scoring for likelihood and severity, these numbers are multiplied and the risk priority rating is allocated a high, medium or low.

Risk Level = LH × LS			
Likelihood(LH)		Likely Severity (LS)	
1	Very Unlikely	1	Minor Injury (first aid) – (No absence from work)
2	Unlikely	2	Injury/Ill Health – (Up to 3 days absence)
3	Likely	3	Over 3 day work related absence (RIDDOR)
4	Very Likely	4	Major Injury (RIDDOR) or Notifiable Disease
5	Almost Certain	5	Fatality or Disability

A risk rating of:

- 1 – 8 indicates a **LOW** risk, i.e. an acceptable risk provided the control measures are monitored and remain in place so that the risk does not increase to a higher level.
- 9 – 14 indicates a **MEDIUM** risk, i.e. a risk which must be addressed by measures to reduce the risk rating to LOW, where it is reasonably practicable to do so.
- 15 – 25 indicates a **HIGH** risk, i.e. a risk which is unacceptable, requiring immediate action to either stop the activity or reduce the risk to at least MEDIUM. Thereafter, where it is reasonably practicable to do so, further measures should be taken to achieve a LOW risk.

Recommended Control Measures

After evaluating the level of risk – is the level of risk acceptable?

If not, additional control measures to reduce the level of risk to an acceptable level must be listed and prioritised.

Revised Risk Priority Rating

Complete the evaluation again taking into account all the previous information you used to calculate the risk priority rating before as well as the recommended control measures that you have listed and complete the calculation. This will help inform managers and others who are making decisions based on the risk assessment document of how the level of risk can be reduced by implementing the recommended control measures.

Management action taken and implementation date(s)

Decisions regarding the implementation of the recommended further control measures should be recorded and the form updated as these are dealt with. Where prioritisation is

needed, e.g. because of budgetary constraints, arrangements must be in place for the document to be reviewed at regular intervals until a conclusion on each recommendation is reached.

Review Arrangements

All risk assessments should be regularly reviewed (at least annually) and the date(s) for review should be noted on the form in the appropriate box. When the review is completed, the relevant date should be ticked, initialled and dated to indicate that the review has actually taken place.

Appendix F Risk Assessment Form



RISK ASSESSMENT FORM

Workplace		Department	
Risk Assessor			
Room/Area			
Activity/Task		Date	
Benefit of activity			
Description of Hazards			
Consequence of Hazard			
Minor injury Injury Over three-day absence Major injury Disability or Death			
Persons at Risk			
Current Control Measures			
Please mark appropriate number (1 = very low, 5 = very high) and Risk Priority Rating			
Likelihood : 1 2 3 4 5		Severity : 1 2 3 4 5	
Risk (Likelihood x Severity)			
Risk Priority Rating		High (16 – 25) Medium (9 – 15) Low (1 – 8)	
Recommended Control Measures			
Revised Risk Priority Rating (L) x (S) =		High (16 – 25) Medium (9 – 15) Low (1 – 8)	
Management action taken and implementation date(s)			

Name of Manager:	Signature of Manager:	Date:
1st review undertaken on:	Signature of Manager:	Date:
2nd review undertaken on:	Signature of Manager:	Date:
3rd review undertaken on:	Signature of Manager:	Date:

Appendix G Staff Training Record The Management of Clinical Procedures

Name:		
Name of Child:		Date of Birth:
Training Received (Insert date each section is completed)		
Basic Level Skills:		Date
1) Identify skill:		
a. one theory session		
b. one observation		
c. 3 practicals:	talked through by tutor	
	commentate to tutor	
	independent, observed by tutor	
2) Additional Skill/Emergency procedure		
a. one observation		
b. 3 practicals:	talked through by tutor	
	commentate to tutor	

	independent, observed by tutor	
3) List of equipment and consumables shown as part of skill:		
I confirm that _____ has received the training detailed above and is competent to carry out the procedure at the time of assessment.		
Signed _____		Date _____
Position _____		
I confirm that I have received the training detailed above.		
Signed _____		Date _____
Refresher Training to be undertaken by (insert date)		

Appendix H Parental Agreement for School to Administer Medicine

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

Date for review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____

Date _____

Appendix I Record of Medicine Administered to an Individual Child

Name of school/setting	
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature _____

Signature of parent _____

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Record of medicine administered to an individual child (Continued)

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

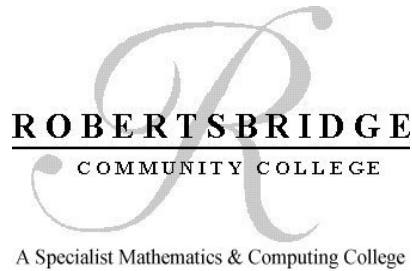
Appendix J Contacting Emergency Services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

1. your telephone number
2. your name
3. your location as follows [insert school/setting address]
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone

Appendix K RCC M1 Request for College to store medication securely.



Form for parent to complete if they wish the college to store medication securely.

The college will not store your child's medicine unless you complete and sign the form.

STUDENT DETAILS:

Surname.....

Forename(s).....

Address.....M/F:.....

.....Date of birth:.....

.....House/Mentor Group.....

Condition or illness.....

MEDICATION:

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

For how long will your child take this medication?.....

Date dispensed.....

How often is it taken?.....

Side effects.....

Procedures to take in an emergency.....

CONTACT DETAILS:

Name.....Daytime telephone no:.....

Relationship to student.....

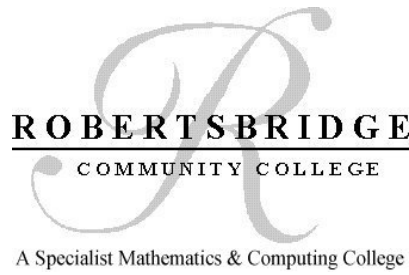
Address:.....

.....

I understand that the medicine must be delivered to the college office and accept that this is a service which the college is not obliged to undertake:

Date.....Signature.....Relationship to student.....

Appendix L RCC M1 Request for student to carry medication.



Form for parent to complete if they wish their child to carry their own medication.

STUDENT DETAILS:

Surname.....

Forename(s).....

Address.....M/F:.....

.....Date of birth:.....

.....House/Mentor Group.....

Condition or illness.....

MEDICATION:

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

For how long will your child take this medication?.....

Date dispensed.....

How often is it taken?.....

Side effects.....

Procedures to take in an emergency.....

CONTACT DETAILS:

Name.....Daytime telephone no:.....

Relationship to student:.....

Address:.....

.....

Date.....Signature.....Relationship to student.....

Appendix M Medical condition letter

Dear Parent

Medical Information

If your child suffers from any medication condition requiring ongoing medication, it would be extremely helpful if you could complete and return the slip below giving further details.

Thank you for your co-operation in this matter.

Yours sincerely



Mrs S Packer

Lead First Aider

✂ -----

To: Mrs Packer

Medical Information

Name of Child:

Year/Mentor Group:

Medical Condition:

Regular medication used:

Do they carry medication with them?

It may be possible for the College to keep an emergency supply of medication in the office in case of emergency. If you would like us to do so, please indicate below:

Yes

No