



*Spenn Valley High School has adopted the Directorate for Children and Young People (Kirklees) Medical Needs Policy.*

## **Medical Needs Policy**

Medical condition includes both condition and needs.

The Children and Families Act 2014 places a duty on maintained schools and academies to make arrangements to support pupils with medical conditions. Individual healthcare plans will normally specify the type and level of support required to meet the medical needs of such pupils. Where children and young people also have SEN, their provision should be planned and delivered in a co-ordinated way with the healthcare plan or Education and Health Care (EHC) plan.

An individual health care plan (IHP) is used when there is a medical condition for example diabetes, allergies or any health condition that does not need special educational provision to be made (the health condition does not need to be short term).

The purpose of the EHC plan is used where there is a need for SEN provision in order for the special needs of the child to be met to secure the best possible outcomes across education, health and social care. For children with SEN this guidance should be read in conjunction with the SEND Code of Practice 2015

### **Early recognition of any condition and subsequent communication with appropriate parties including parents, school nurses and staff is essential**

A medical condition or need may be:

- short term (such as finishing a course of medication)
- acute (such as an allergic reaction)
- recurrent (such as recurrent asthma or epilepsy)
- long term and persistent (such as conditions experienced by children with complex medical needs).
- Mental health needs
- Learning difficulties

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## **1. The Role of the Governing Bodies, Management Teams, Proprietors and Management Committees**

Almost all children at some time will have a medical condition or need that affects their attendance or ability to take part in play, attend childcare, school or take part in extra- curricular activities.

Any condition must be managed so that each child's access to a learning, social and caring environment is safeguarded and that no child is discriminated against on the basis of disability caused by a medical condition. Medicines must be managed and administered safely.

We aim to provide all children with medical conditions the same opportunities as others. We will endeavour to ensure they can receive a full education and ensure we have plans in place to reintegrate them back into the school after periods of absence.

We are committed to providing, as far as reasonably practicable, a physical environment that is accessible to children with medical conditions and that relevant children are included in the consultation process (as far as is possible).

We are aware that medical conditions can affect a pupil's learning and provide extra help when pupils need it and that certain conditions are serious and can be potentially life-threatening.

We will ensure the needs of each child with medical conditions are adequately considered to ensure their involvement in structured and unstructured social activities, including during breaks and before and after the main activities. We acknowledge that almost all children at some time will have a medical condition which may affect their attendance or participation in play, school, extracurricular activities, youth activities or in attending childcare.

Where these are provided by others, parents need to ensure that information on their child's medical conditions have been provided and that health care plans are in place. Parents will be required to co-operate with policies and procedures.

Where the child attends more than one school, such as a youth centre, every effort must be made to ensure any details of medical conditions are passed on. This must be with the parent's permission and Data Protection issues must always be adhered to.

We will endeavour to ensure that parents of children and young persons with medical conditions feel secure in the care their children receive and that the staff understand the common conditions that affect children and the importance of protecting the dignity of pupils.

All relevant staff have undergone appropriate training. (see Ch 7 Staff Training and Support)

We will ensure that staff are aware of the potential social problems children with such conditions may experience. Staff must use this knowledge to try to prevent and deal with problems in accordance with the school's anti-bullying and behavior policies.

Staff will aim to include all children with medical conditions, to raise awareness of medical conditions and to help create a positive environment. This can be done by a variety of means such as PSHE, play activities etc.

All staff are informed and regularly reminded about the medical conditions policy:

- through copies handed out at induction training
- at scheduled medical conditions training
- through the key principles of the policy being displayed in several prominent staff areas
- through school communication about results of the monitoring and evaluation of the policy
- all supply and temporary staff (and volunteers where appropriate) are informed of the policy and their responsibilities.
- the Governing Body ensures health and safety policies and risk assessments are inclusive of the needs

of children with medical conditions.

## 2. Developing the Policy

This policy will be reviewed regularly and will ensure that we:

- Make sure the medical conditions policy is effectively monitored and evaluated and regularly updated
- Monitor and review the policy at least once a year, with input from children (as appropriate), parents, staff and external stakeholders
- Review the policy on an annual basis, taking into account any recommendations and/or changes in legislation and local or national guidance
- Report to the Governors about the implementation, successes and areas for improvement of this school's medical conditions policy

Parents are informed and regularly reminded about the medical conditions policy:

- by signposting access to the policy at the start of the school year.
- when a child is enrolled at a school
- via the school's website, where it is available all year round;

## 3. Policy Implementation

There will be a named person who has overall responsibility (Head/Manager or registered person). They will delegate responsibility in their absence

We will appoint a named person(s) who is responsible for:

- Ensuring sufficient staff are suitably trained in dealing with medical conditions and administration of medicines (Section 7)
- A commitment that all relevant staff will be made aware of the child's condition (Section 6)
- Cover arrangements in case of staff absence or staff turnover to ensure someone is always available.
- Briefing for supply staff and volunteers in ensuring they are aware of the policy and those children affected.
- Risk assessments for establishment visits, holidays and other social activities outside of the school's normal routine.
- Monitoring of individual healthcare plans.

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

Appoint a named person(s) who is responsible for supporting the child with medical needs.

This role includes making sure that any transitional arrangements between schools are in place, or on notification that child's condition has changed and ensure any further staff training is provided.

- Ensure the right support is in place when the child starts. This may require consultation with parents, often several weeks beforehand, and any medical evidence available if the condition is unclear.
- If a child moves schools arrangements are in place **before** the child starts the new school
- Ensuring that IHPs or EHCPs have been completed /updated
- Identify who will administer medicines.
- Clarify whether any appropriate training is available and how health professionals will support this
- Ensure the correct paperwork has been completed by all relevant parties (see Appendix 1).
- State arrangements for safe storage of medicines, including controlled substances and emergency access arrangements
- State arrangements for children's health care plan
- State where records and plans are kept
- See section 9 for more information on dealing with medication safely
- Review the policy and arrangements regularly with the parent/carer.

## **5. Individual Healthcare Plans (IHPs)**

Not all children with medical needs will require an individual plan. A short, written agreement with parents may be all that is necessary using form 3 in Appendix 1.

Consultation with the health care professional and parent should determine whether a healthcare plan is appropriate.

If a consensus cannot be reached the decision will be taken by the head teacher/manager.

A healthcare plan should be in place where there is a high risk that emergency intervention will be needed and/or where medical conditions are long-term and complex.

The plan should include arrangements for all activities where arrangements need to be put in place to ensure the well-being of the child e.g. transport arranged by the school or the Council, off site visits, provision of meals, extra-curricular activities etc.

The level of detail within a plan will depend on the complexity of the child's condition and the degree of support needed. Different children with the same condition may require very different support.

### **a) Use of Individual Healthcare Plans**

Individual Healthcare Plans are used for planning the child's medical needs to;

- inform the appropriate staff about the individual needs of a child with a medical condition in their care
- remind children with medical conditions to take their medication when they need to and, if appropriate, remind them to keep their emergency medication with them at all times
- identify common or important individual triggers for children with medical conditions that bring on symptoms and can cause emergencies. The school uses this information to help reduce the impact of common triggers
- ensure that all medication stored at this school is within the expiry date
- ensure local emergency services have a timely and accurate summary of a child's current medical management and healthcare in the event of an emergency
- remind parents of children with medical conditions to ensure that any medication kept at the school for their child is within its expiry dates. This includes spare medication.
- ensure IHPs are reviewed on a regular basis considering changes in the medical condition or changes in medication.

Further documentation can be attached to the Healthcare Plan if required.

If a child has a short-term medical condition that requires medication during school hours, a medication form must be completed by the parents.

The parents should confirm all the medical information, in writing, and, in cases of complex or serious conditions this should be verified by the GP, consultant, specialist nurse or dietician, also in writing. Form 2b in Appendix 1 has been developed to assist with this. This should be given to the parents.

### **b) Ongoing communication and regular review of IHPs**

Parents at Spen Valley High School are regularly reminded to update their child's Individual Healthcare Plan if their child has a medical emergency or if there have been changes to their symptoms (getting better or worse), or their medication and treatments have changed.

Staff at Spen Valley High School use opportunities such as staff–parent interviews and home–school diaries to check that information held by the school on a child's condition is accurate and up to date.

Parents/carers need to inform school of any changes to a pupil's medical condition or if they attend hospital.

Every pupil with an Individual Healthcare Plan will need to have their plan discussed and reviewed if there are any changes in the child's medical needs/condition.

### **c) Storage and access to Individual Healthcare Plans**

Parents are provided with a copy of the child's current agreed Individual Healthcare Plan.

Individual Healthcare Plans are kept in a secure central location at the school.

All members of staff who work with groups of children have access to the Healthcare Plans.

When a member of staff is new to a group of children, for example due to staff absence, the school makes sure that they are made aware of (and have access to) the Healthcare Plans of children in their care.

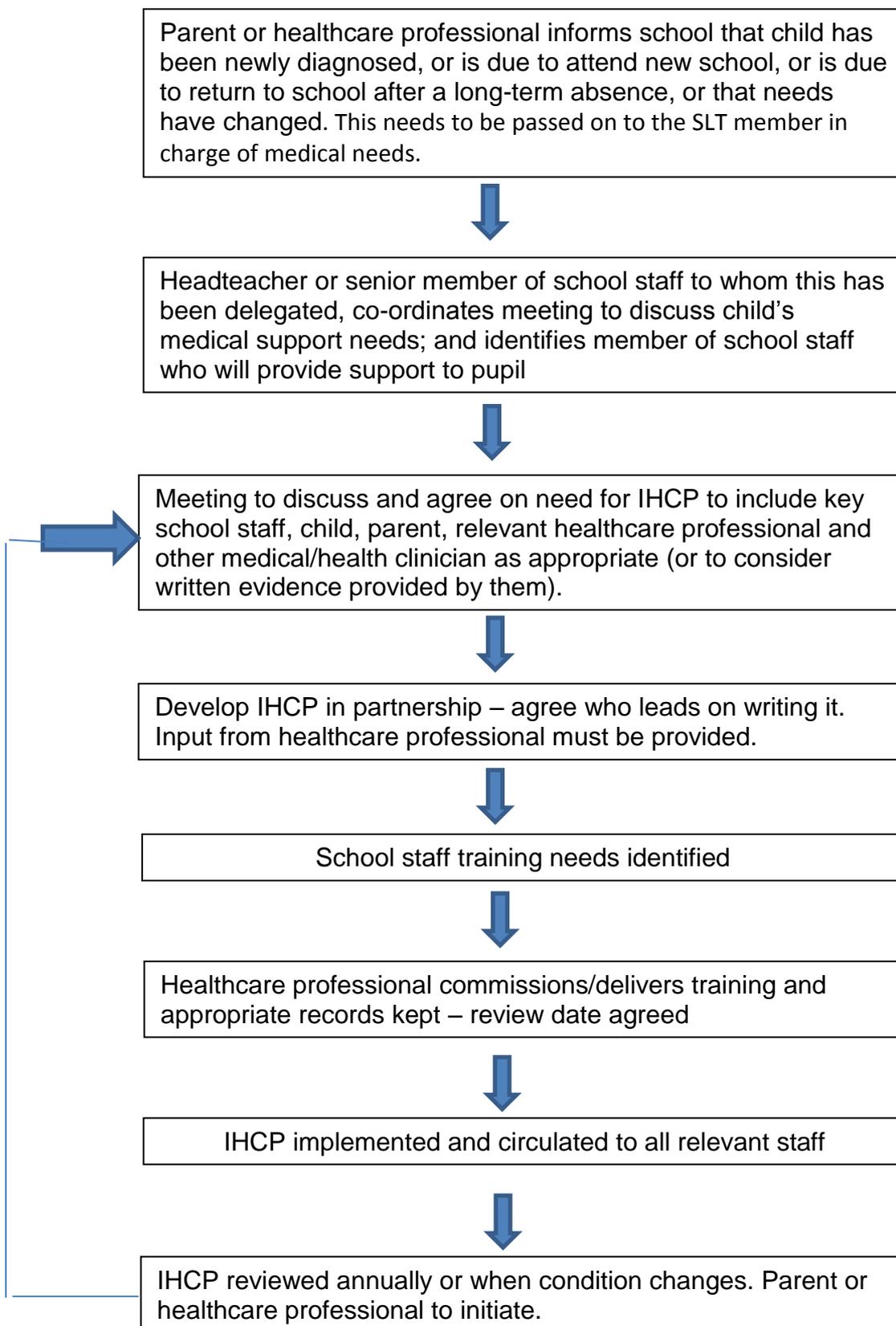
The school ensures that the child's confidentiality is protected at all times.

The school seeks permission from parents to allow the Individual Healthcare Plan to be sent ahead to emergency care staff, should an emergency happen. This permission is included on the Individual Healthcare Plan.

The school seeks permission from the child and parents before sharing any medical information with any other party, such as when a young person takes part in a work experience placement.

#### d) Model process for developing Individual Healthcare Plans

(DfE Supporting pupils with medical needs 2016)



An Individual Healthcare Plan is completed for all children with a long-term medical condition. This is completed and/or reviewed:

- at the start of the school year
- at enrolment
- when a diagnosis is first communicated to the school.
- when the situation changes as informed by the parents/carers

Some consultant paediatricians, GPs and specialist nurses may routinely provide a specialist individual healthcare plan. Depending on the nature and severity of the child's medical needs this may negate the need for an additional health care plan to be produced by the school.

For the most severe conditions it is important to establish the team around the child in consultation with the parents, appropriate healthcare professionals and other specialists. In some situations, it may be necessary to involve specialist nursing support or the community nursing team. In some circumstances it may also be appropriate to involve the child/young person themselves.

#### **e) Common Chronic conditions**

Some children suffer from chronic medical conditions, which may require urgent action to prevent a possible life-threatening situation from developing. The following chronic or potentially life threatening medical conditions are commonly found amongst children:

- Anaphylaxis (severe allergic reaction)
- Epilepsy
- Asthma
- Diabetes.

In these cases, it will usually be necessary to draw up an **individual health care plan**.

In all cases, childcare providers must obtain professional training for staff before they make a commitment to support children with these conditions. Where children have conditions which may require rapid intervention, all appropriate staff should be able to recognise the onset of the condition and take appropriate action.

#### **f) Less common conditions and more complex needs**

It is beyond the scope of this document to cover every medical condition that may be encountered. However, Spen Valley follow the principles of this guidance and develop relevant health care plans where necessary.

#### **g) Medic alert - bracelets/necklaces**

These are worn to alert others of a specific medical condition in case of an emergency. As these items can be a source of potential injury in games or practical activities, please consider whether, in certain circumstances, it would be appropriate to remove them temporarily and have them kept safe by the person in charge of the activity. In such cases, staff need to be alert to the significance of these bracelets/necklaces and be clear to whom they belong when removing and taking charge of them.

#### **h) Home to Child care provider transport arranged by the Local Authority**

Most children with medical needs do not require supervision on local authority transport, but the DCYP should provide appropriately trained escorts where appropriate. Drivers and escorts should know what to do in case of a medical emergency. Roles and responsibilities should be very clear. Parents/carers will need to discuss this directly with the Local Authority or transport provider.

### **i) Work experience or off-site education**

The head teacher should make sure that any placement is suitable for a student with a particular medical condition. Encourage students to share relevant medical information with employers. Complete a risk assessment for all student pupil placements. The school has the primary duty of care to assess the suitability of all off-site provision. Equally there is a responsibility on the provider to undertake a risk assessment to identify significant risks and necessary control measures when children/young people are on site.

### **j) Confidentiality**

All staff should always treat medical information confidentially. The responsible person should agree in advance who else should have access to records and other information about the student. It is essential that relevant staff are informed on a strictly need to know basis. However, there may be circumstances where a significant number of staff would need to be informed of a child's condition e.g. anaphylaxis.

Young people and parents will be informed that certain medical information may have to be shared with third parties when involved in off-site activities such as outdoor centres, swimming pools, travelling abroad and/or where a condition may impact on the activity.

## **6. Roles and Responsibilities**

Each member of the school and health community knows their roles and responsibilities in maintaining an effective medical needs policy.

Spenn Valley High School works in partnership with all interested and relevant parties to ensure the policy is planned, implemented and maintained successfully.

The following roles and responsibilities are used for the medical needs policy. These roles are understood and communicated regularly.

### **a) Head Teacher/Manager of childcare school has a responsibility to:**

- Ensure the school is inclusive and welcoming and that the medical conditions policy is in line with local and national guidance and policy frameworks
- Liaise between interested parties including children as appropriate, named staff, SENCo, pastoral support, teaching assistants, school nurses, parents, governors, catering providers and local emergency care services
- Ensure the policy is put into action, with good communication of the policy to all
- Ensure every aspect of the policy is maintained
- Ensure that information held by the school is accurate and up to date and that there are good information sharing systems in place using Healthcare Plans
- Ensure confidentiality
- Ensure staff are appropriately insured.
- Assess the training and development needs of staff and arrange for them to be met
- Ensure all temporary and new staff including trainees and work placements and those on work experience know the medical conditions policy.
- Inform and share information with school nurses if any new information comes to light.

### **b) All staff have a responsibility to:**

- Be aware of the potential triggers, signs and symptoms of common medical conditions and know what to do in an emergency
- Understand the school medical needs policy
- Ensure they are trained to achieve the necessary competence.
- Know what to do and respond accordingly when a pupil with medical conditions needs help.
- Know which children in their care have a medical condition and be familiar with the content of the child's Healthcare Plan
- Allow all children where appropriate to have immediate access to their emergency medication
- Maintain effective communication with parents including informing them if their child has been unwell.
- Ensure children who carry their medication with them have it with them at all times including off site visits or where they may be relocated to another part of the school
- Be aware of children with medical conditions who may be experiencing bullying or need extra social

support

- Understand the common medical conditions and the impact it can have on children (children should not be forced to take part in any activity if they feel unwell)
- Ensure all children with medical conditions are not excluded unnecessarily from activities they wish to take part in
- Ensure children have the appropriate medication or food with them during any exercise and are allowed to take it when needed.

**c) School staff have a responsibility to:**

- Manage the day to day protocols around the condition of the child.
- Ensure pupils who have been unwell catch up on missed school work
- Be aware that medical conditions can affect a pupil's learning and provide extra help when pupils need it
- Liaise with parents, the pupil's healthcare professionals, SENCo and pastoral officers if a child is falling behind with their work as a result of their medical condition
- Use opportunities such as PSHE and other areas of the curriculum to raise pupil awareness about medical conditions.

**d) First aiders have a responsibility to:**

- Give immediate help to casualties with common injuries or illnesses and those arising from specific hazards within the school
- When necessary ensure that an ambulance or other professional medical help is called and as prescribed in the healthcare plan.

**e) SENCOs have a responsibility to:**

- Help update the school's medical needs policy
- Know which pupils have a medical condition and which have special educational needs because of their condition
- Ensure pupils who have been unwell catch up on missed work
- Ensure teachers make the necessary arrangements if a pupil needs special consideration or access arrangements in exams or course work.

**f) The school nurse or healthcare professional (Paediatrician, specialist nurses, GPs) has a responsibility to:**

- Help update the school medical conditions policy
- Inform the school when a child has been identified as having a medical condition, if known, which requires support.
- Help provide advice and training for staff in managing the most common medical conditions at this school
- Liaise with lead clinicians locally on appropriate support and to provide information about where the school can access other specialist training.
- Obtain consent from the parent to share information with the school.
- Working alongside the parent, LA and school to ensure the child remains in the school.

**g) Individual doctors and specialist healthcare professionals have a responsibility to:**

- For those children with complex medical needs to assist in the child's Healthcare Plans provided by parents
- Notify the school nurse when a child has been identified as having a medical condition.
- Ensure children and young people have regular reviews of their condition and their medication
- Provide the school with information and advice regarding individual children and young people with medical conditions (with the consent of the pupil and their parents/carers)
- Understand and provide input in to the school's medical conditions policy.

**h) The children at the school as far as is reasonably practicable have a responsibility to:**

- Treat other children with and without a medical condition equally
- Tell their parents or teacher or nearest staff member when they are not feeling well
- Let a member of staff know if another child is feeling unwell
- Let any child take their medication when they need it, and ensure a member of staff is called
- Know how to gain access to their medication in an emergency

- Know how to take their own emergency medication and to take it when they need it
- Ensure a member of staff is called in an emergency situation.

***i) The parents of a child have a responsibility to:***

- Tell the school if their child has a medical condition and ensure the school has sufficient and up to date information including the Healthcare Plan, where appropriate, for their child
- Inform the school about the medication their child requires whilst in their care
- Inform the school of any medication their child requires while taking part in visits, outings or field trips and other off-site activity
- Inform the school of any changes to their child's condition or changes to their child's medication, what they take, when, and how much
- Ensure their child's medication and medical devices are labelled with their child's full name and within expiry dates
- Provide the school with appropriate spare medication labeled with their child's name
- Keep their child at home if they are not well enough to attend school
- Ensure their child catches up on any work they have missed
- Ensure their child has a written care/self-management plan from their doctor or specialist healthcare professional to help their child manage their condition.
- Where a child has home to school transport, it is the parent's responsibility (not the school) to inform transport of any medical needs that their child suffers from before they sign the contract.
- Remind their child to carry their medication with them at all times

***Parents are respectfully reminded that they will need to ensure all necessary information is made available to other parties outside the school who may care for their child e.g. after school clubs, breakfast clubs and youth services etc.***

***j) The catering provider (where applicable) has responsibilities to:***

- Establish communications and training for all school food service staff and related personnel at schools where they operate
- Develop and review policies and procedures regarding the provision of special diets and severe food allergies
- To assist managers of childcare schools/ head teachers to determine whether a school meal can be provided to children with food allergies and/or food intolerances.

***k) The Head of Kitchen (where applicable) has a responsibility to:***

- receive information from the school regarding children with food allergies and food intolerances.
- ensure arrangements are in place so all kitchen staff including temporary staff know which children have a life threatening allergy (the school will provide information including a photograph which should be displayed in a discreet area in the kitchen)
- Maintain contact information with vendors and purveyors to access food content information

***l) Catering staff (where applicable) in individual schools have***

- responsibility to be able to recognise those children with a life-threatening allergy.
- Have knowledge of menus, a la carte items, vending machines, recipes, food products and ingredients, food handling practices, cleaning and sanitation practices in relation to life-threatening allergies.

***m) Lunch time supervisors (where applicable) have a responsibility to:***

- In the event of a suspected allergic reaction, the nearest trained volunteer in administering the Adrenalin auto-injector will be called. In addition they will inform the main office who will immediately call 999.

***n) Home to School (School Transport)***

If a child needs supervision or access to medication during home to school and transport is organised by the local authority, properly trained escorts are provided. All drivers and escorts have the same training as staff, know what to do in a medical emergency and are aware of any children in their care who have specific needs. If they are expected to supervise or administer emergency medication they are properly trained and have access to the relevant Healthcare Plans.

Home to school transport have responsibility to:

- To carry out a risk assessment for each child to determine whether transport can be provided to transport the child safely
- Provide appropriate information to drivers and escorts on children who are placed in their care whilst being transported between school and home and vice-versa.
- Train escorts in exceptional procures including the administration of medication in extreme circumstances.
- School bus drivers and escorts will be trained by appropriate personnel in risk reduction procedures, recognition of allergic reactions and implementation of bus emergency plan procedures.
- Ensure each vehicle used for home to school transport has some form of communication by which to summon help in an emergency
- Staff who accompany young people on home to school or school to home transport must ensure that all medicines are available
- Where parents have not provided relevant medication the child can be refused permission to travel on the organised transport.

## 7. Staff Training and Support

**Staff must not give prescription medicines or undertake health care procedures without appropriate training\* (updated to reflect any individual healthcare plans).**

*\*Appropriate training is described by the DfE as: There may be some cases where written instructions from the parent or on the medication container dispensed by the pharmacist may be considered sufficient, but ultimately this is for the school to decide, having taken into consideration the training requirements as specified in pupils' individual health care plans.*

Appropriate training will vary depending on the medication concerned and how it is to be administered. The school will assess training needs based on the medical conditions identified. The senior leader responsible for medical needs will ensure any training needs are identified with the IHP. Advice will be sought from relevant healthcare professionals who will normally lead on identifying and agreeing with the school, the type and level of training required and how this can be obtained.

Staff should be aware that guidance from their unions may differ from this advice.

Managers should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.

Where specific training is needed this is given to all staff members who agree to administer medication and should be supported by health professionals where needed eg using an epipen or responding to a child who is having an epileptic fit.

Spen Valley High School seeks and receives advice and training from health professionals where children have long term or complex needs.

If a trained member of staff who is usually responsible for administering medication is not available we will make alternative arrangements to provide the service. This is always addressed in the risk assessment and management arrangements. This includes off-site activities.

## 8. The Child's Role in Managing their own Medical Needs

Children with medical conditions are encouraged to take control of their condition subject to their age and understanding and where responsible enough to do so. They should feel confident in the support they receive from us to help them do this. This should be noted in the health care plan.

All children carry their emergency medication with them at all times, except if they are controlled drugs as defined in the Misuse of Drugs Act 1971. This is also the arrangement on any off-site or residential visits.

If a child refuses to take their own medicine staff should not force them to do so. Parents should be informed as soon as is practicable.

## **9. Managing Medicines on the Premises**

Risk assessment and management procedures must be clearly understood by all.

Medicines should only be administered when it would be detrimental to a child's health or attendance not to do so.

All use of medication defined as a controlled drug, even if the child can administer the medication themselves, is done under the supervision of a named member of staff at this school.

The school understands the importance of medication being taken as prescribed.

All staff are aware that there is no legal or contractual duty for any member of staff to administer medication, it is a voluntary role.

For medication where no specific training is necessary, any member of staff may administer prescribed and non-prescribed medication to children under the age of 16, but only with the written consent of the child's parent/carer and information being available on dosage, timings etc.

Parents understand that if their child's medication changes or is discontinued, or the dose or administration method changes, that **they** should notify the school immediately and complete the relevant paperwork as soon as possible.

All staff attending off-site visits are aware of any child with medical conditions on the visit.

They receive information about the type of condition, what to do in an emergency and any other additional support necessary, including any additional medication or equipment needed.

If a child misuses medication, their own or another child's, their parents are informed and medical advice is sought as soon as possible. These children are subject to the schools usual disciplinary procedures.

All parents providing medication have to be seen by a first aider to ensure the correct forms are completed.

### **a) Safe storage – emergency medication**

Emergency medication is readily available to children and/or staff required to administer it at all times during the day or at off-site activities. If the emergency medication is a controlled drug and needs to be locked up, the keys are readily available and not held personally by members of staff.

Most children carry their emergency medication on them at all times. Children keep their own emergency medication securely.

Children are reminded to carry their emergency medication with them.

Children should be able to self-manage and carry emergency medication and know exactly where to access their emergency medication. This is kept in the main office.

### **b) Safe storage – non-emergency medication**

All non-emergency medication is kept securely, in a lockable cupboard in a cool dry place. Children with medical conditions know where their medication is stored and how to access it.

Staff ensure that medication is only accessible to those for whom it is prescribed.

### **c) Safe storage – general**

There is an identified member of staff who ensures the correct storage of medication.

It is the parent's responsibility to ensure new and in date medication comes into us on the first day of the new academic year or when a child starts at a new school.

All controlled drugs are kept in a locked cupboard/fridge and only named staff have access, even if a child normally administers the medication themselves.

Medication is stored in accordance with instructions, paying particular note to temperature.

Some medication may need to be refrigerated. All refrigerated medication is stored in an airtight container and is clearly labeled. Refrigerators used for the storage of medication are in a secure area, inaccessible to unsupervised pupils or lockable as appropriate.

It is considered good practice to check the temperature at which medicines are stored via a thermometer kept for that purpose.

All medication is sent home with the child when the child leaves the school for good and is dependent upon the IHP.

Three times a year the identified member of staff checks the expiry dates for all medication stored and is always documented.

The identified member of staff, along with the parents of children with medical conditions, ensures that all emergency and non-emergency medication brought in to us is clearly labeled with the child's name, the name and dose of the medication and the frequency of dose. This includes all medication that children carry themselves.

All medication is supplied and stored, wherever possible, in its original containers. All medication is labeled with the child's name, the name of the medication, expiry date and the prescriber's instructions for administration, including dose and frequency.

The only exception to this will be insulin pens which have daily variable doses.

#### **d) Safe disposal**

Parents are asked to collect out-of-date medication.

If parents do not pick up out-of-date medication, it will be taken to a local pharmacy for safe disposal.

Sharps boxes are used for the disposal of needles. Parents obtain sharps boxes from the child's GP or consultant on prescription. All sharps boxes are stored in a locked cupboard unless alternative safe and secure arrangements are put in place on a case-by-case basis.

If a sharps box is needed on an off-site or residential visit, a named member of staff is responsible for its safe storage and return to a local pharmacy or to the school or the child's parent.

Collection and disposal of sharps boxes can be arranged with the local authority's Environmental Services or alternatively the school should take them to the local pharmacy.

## **10. Record Keeping**

If controlled drugs are to be administered, the school manager should make provision for controlled drug registers, in accordance with advice from health professionals, which must include records of any drugs administered.

When the child is first enrolled at the school the parents are asked if their child has any health conditions or health issues. The enrolment form is filled out when the service is first provided and is checked with the parents/carers at the start of each year or when is most appropriate for the child and the school.

#### **a) Healthcare Plan register**

Individual Healthcare Plans are kept in a centralised register of children with medical needs. An identified member of staff has responsibility for the register.

The responsible member of staff liaises with the parents on any details on a child's Individual Healthcare Plan and/or if permission for administration of medication is unclear or incomplete.

#### **b) Consent to administer medicines**

If a child requires regular prescribed or non-prescribed medication, parents are asked to provide consent on their child's Individual Healthcare Plan giving the child or staff permission to administer medication on a regular/daily basis, if required.

A medication request form must be completed and is required from parents for children taking short courses of medication that cannot be given to the child outside attendance at the school.

All parents of children with a medical condition who may require medication in an emergency are asked to provide consent on the Healthcare Plan for staff to administer medication.

If a child requires regular/daily help in administering their medication then the school outlines the arrangements to administer this medication on the child's Individual Healthcare Plan. The school and parents/carers keep a copy of the Health care plan.

Parents/carers of children with medical conditions are all asked at the start of the school year if they and their child's healthcare professional believe the child subject to their age and understanding is able to manage, carry and administer their own emergency medication. This should be recorded on the IHP.

#### **c) Residential visits**

Parents/carers are sent a residential visit form to be completed and returned to the school. This should be completed as soon as possible after the initial plans for the trip have been confirmed. This form requests up-to-date information about the child's current condition and their overall health and provides essential and up-to-date information to relevant staff and school supervisors to help the child manage their condition while they are away. This includes information about medication not normally administered by the school.

Parents should be reminded that this information is accurate and up to date and that they need to inform the staff of any changes to the medical information regarding their child.

All residential visit forms are taken by the relevant staff member on visits and for all off- site activities where medication is required. These are accompanied by a copy of the child's Healthcare Plan.

All parents of children with a medical condition attending an off- site visit or overnight visit are asked for consent, giving staff permission to administer medication at during their time away if required.

The residential visit form also details what medication and what dose the child is currently taking at different times of the day. It helps to provide up-to-date information to relevant staff and supervisors to help the child manage their condition while they are away.

#### **d) Other record keeping**

When an individual child is given or is supervised taking medication details of the supervising staff member, child, dose, date and time are recorded. If a child refuses to have medication administered, this is also recorded and parents are informed as soon as possible.

All staff who volunteer or who are contracted to administer medication are provided with training by a healthcare professional. The school keeps a register of staff that have had the relevant training.

This school keeps an up-to-date list of members of staff who have agreed to administer medication and have received the relevant training.

## 11. Emergency Procedures

As part of general risk management processes, Spen Valley High School has arrangements in place for dealing with emergencies for all activities wherever they take place, including on off-site visits and outside the UK.

All staff have been informed that they are required, under common law duty of care, to act like any reasonably prudent parent in an emergency situation. This may include taking action such as administering medication.

All staff know what action to take in the event of a medical emergency. This includes:

- how to contact emergency services and what information to give
- who to contact within the school.

This school ensures all staff are aware of the most common serious medical conditions and understand their duty of care to young people in the event of an emergency and feel confident in knowing what to do in an emergency.

If a child needs to be taken to hospital, a member of staff will always accompany them and will stay with them until a parent/carer arrives. Every effort will be made to send a member of staff with whom the child is familiar with.

Staff understand their duty of care to pupils in the event of an emergency. In an emergency situation staff are required under common law duty of care to act like any reasonably prudent parent. This may include administering medication.

All staff who work with groups of children and young people receive training and know what to do in an emergency for the children and young people in their care with medical conditions.

This school uses Individual Healthcare Plans to inform the appropriate staff (including temporary staff and support staff) of children and young people in their care who may need emergency help.

Spen Valley High School has procedures in place so that should an emergency occur a copy of the child's IHP is sent to the emergency care centre with the child. On occasions when this is not possible, the plan is sent (or the information on it is communicated) to the emergency staff as soon as possible.

All staff know what action to take in the event of a medical emergency. This includes:

- how to contact emergency services and what information to give
- who to contact within the school.

If a child needs to be taken to hospital, a member of staff will always accompany them and will stay with them until a parent arrives. Every effort will be made to send a member of staff whom the child is familiar with

Generally, staff should not take pupils to hospital in their own car, but there may be times when this is appropriate. Permission must be sought from the most senior manager present and the hospital and parents notified that this is happening.

### a) Salbutamol Inhalers in Schools

In October 2014 the Human Medicines Regulation were amended to allow schools to hold stocks of asthma inhalers containing salbutamol for use in an emergency.

- Managers will decide on how many inhalers there should be on the premises.
- Only those children who have been prescribed salbutamol will be allowed to use the emergency inhalers.
- All staff should be made aware of where they are stored.
- Spare inhalers can be taken on school trips as deemed necessary by the Head Teacher/senior manager. A named member of staff is given the responsibility to look after the spare inhalers.
- Spare inhalers are kept in the main office.

### b) Taking excess medication

In the event that a pupil discloses that they have taken too much medication, prescribed or otherwise, set procedures will be followed:

- An ambulance will be called immediately
- Parents/carers will be informed immediately
- Staff will ensure the pupil does not have access to any other medication
- The pupil will be taken to and monitored by a first aider until the ambulance arrives. The pupil will not be left unattended.

## **12. Day Trips, Residential Visits and Sporting Activities**

We will take every reasonable measure to ensure that off-site visits and sporting events are available and accessible to all, irrespective of medical needs, but that this should not encroach unduly on the overall objectives of the activity or the rest of the group. Under the Equality Act (2010) if, after reasonable adjustments have been planned, the risk assessment indicates there is a risk to the health and safety of the individual or the group then this fact overrides the Equality Act.

It is good practice for childcare providers to encourage children with medical needs to take part in activities taking place off-site and residential trips wherever safety permits. The school may need to take additional safety measures for such visits. We advise staff to refer to Kirklees guidance for off site visits for further guidance. In any cases of doubt please contact the Off-Site Visits Advisor.

### **a) Sporting activities**

We understand the importance of all children taking part in sports, games and activities and as such all staff and sports coaches make appropriate adjustments to sports.

Most children with medical conditions can take part in the PE curriculum, sports activities, extra-curricular sport and a range of sporting activities. As far as possible options are flexible for all children to take part in ways appropriate to their own abilities and restrictions on a child's ability to take part in PE or sporting activities are identified and incorporated into their individual health care plan. Schools can find further guidance in the AfPE publication *Safe Practice in Physical Education and School Sport*.

### **b) Journeys abroad and exchange visits**

It is advisable to have one copy of the parental consent form in the language of the country visited. Where a child requires and has a particular medical action plan, this should also be available in the host language. This is particularly important if children stay with host families during an exchange visit.

### **c) Residential visits**

Individual risk assessments are carried out prior to any out-of-school visit and medical conditions are considered during this process. Factors Spen Valley High School considers include:

- how all children will be able to access the activities proposed
- how routine and emergency medication will be stored and administered
- where help can be obtained in an emergency.

It is understood that there may be additional medication, equipment or other factors to consider when planning residential visits. Consideration will be taken of additional medication and facilities that are normally available at the school.

### **d) Work Experience**

Risk assessments are carried out before pupils start any work experience or off-site educational placement. It is this school's responsibility to ensure that the placement is suitable, including travel to and from the venue for the pupil. Permission is sought from the pupil and their parents before any medical information is shared with an employer or other education provider.

## **13. Unacceptable Practice**

Staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, but 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; or ignore medical evidence or opinions send children with medical conditions home frequently or prevent them from staying for normal 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 eg hospital appointments;
- prevent children 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 medication or provide medical support to their child, including toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- prevent children from participating, or create unnecessary barriers to children participating in full.

#### **14. Liability and Indemnity**

The school must ensure appropriate insurance and indemnity is in place for all staff involved in the care of young people with medical conditions and those volunteers who administer medication to pupils with medical conditions.

Spennings Valley High School is insured via Kirklees Council.

#### **Complaints**

Complaints will always be taken seriously and will be dealt with as quickly as possible. Any formal complaints will follow the normal standard procedures for the school.

## 16) Further Advice and Resources

<p><b>The Anaphylaxis Campaign</b>          PO Box 275, Farnborough          Hampshire GU14 6SX  <b>Phone 01252 546100</b>  <b>Fax 01252 377140</b>  <b>info@anaphylaxis.org.uk</b>  <b>www.anaphylaxis.org.uk</b></p>	<p><b>Department for Education</b>          Sanctuary Buildings          Great Smith Street          London SW1P 3BT  <b>Phone 0870 000 2288</b>  <b>Textphone/Minicom 01928 794274</b>  <b>Fax 01928 794248</b>  <b>info@dfes.gov.uk</b>  <b>www.dfe.gov.uk</b></p>
<p><b>Asthma UK</b>          Summit House          70 Wilson Street          London EC2A 2DB  <b>Phone 020 7786 4900</b>  <b>Fax 020 7256 6075</b>  <b>info@asthma.org.uk</b>  <b>www.asthma.org.uk</b></p>	<p><b>Council for Disabled Children</b>          National Children's Bureau          8 Wakley Street          London EC1V 7QE  <b>Phone 020 7843 1900</b>  <b>Fax 020 7843 6313</b>  <b>cdc@ncb.org.uk</b>  <b>www.ncb.org.uk/cdc</b></p>
<p><b>Diabetes UK</b>          Macleod House          10 Parkway          London NW1 7AA  <b>Phone 020 7424 1000</b>  <b>Fax 020 7424 1001</b>  <b>info@diabetes.org.uk</b>  <b>www.diabetes.org.uk</b></p>	<p><b>National Children's Bureau</b>          National Children's Bureau          8 Wakley Street          London EC1V 7QE  <b>Phone 020 7843 6000</b>  <b>Fax 020 7278 9512</b>  <b>www.ncb.org.uk</b></p>
<p><b>Epilepsy Action</b>          New Anstey House          Gate Way Drive          Yeadon Leeds LS19 7XY  <b>Phone 0113 210 8800</b>  <b>Fax 0113 391 0300</b>  <b>epilepsy@epilepsy.org.uk</b>  <b>www.epilepsy.org.uk</b></p>	<p><b>Long-Term          Conditions Alliance</b>          202 Hatton Square          16 Baldwins Gardens          London EC1N 7RJ  <b>Phone 020 7813 3637</b>  <b>Fax 020 7813 3640</b>  <b>info@ltca.org.uk</b>  <b>www.ltca.org.uk</b></p>

### Schools Medical Conditions website

Contains a lot of useful, information which can be used and accessed by all childcare providers and other healthcare professionals

<http://www.medicalconditionsatschool.org.uk/>

## **17) How this Policy Came About**

The authors have used the current DfE Supporting Pupils at School with Medical Conditions (2014) as the template for this policy. They have consulted with a wide-range of key stakeholders within both Children's Services and health schools and the policy has been approved by the stakeholders and been scrutinized by the appropriate Governance.

Medicines management North Kirklees and Greater Huddersfield CCG  
General Practitioner. Greater Huddersfield  
School nursing service. Locala  
Paediatrician. Mid Yorkshire TRust  
Paediatrician Calderdale and Huddersfield Foundation TRust

Unions:

Main teaching Unions – ATL; NASUWT; NUT; NAHT

Unison;

Unite

All those consulted understand the need for any school to welcome and support young people with medical conditions who currently attend or receive our services now or in the future. No child will be excluded or refused admission because of their medical condition subject to an appropriate risk assessment being completed and/or the potential for infectious diseases to impact on the health of fellow young people and the staff.

## Appendix 1

### Model forms

- Form 1:** Contacting Emergency Services (Parts 1 to 6)
- Form 2a:** Emergency Action Plan
- Form 2b:** Request for additional information from medical practitioner
- Form 3:** Parental agreement for childcare provider to administer medicine
- Form 4:** Head teacher/registered person/senior manager agreement to administer medicine
- Form 5:** Record of medicine administered to an individual child
- Form 6:** Record of medicines administered to all children
- Form 7:** Request for child to carry his/her own medication
- Form 8:** Staff training record – administration of medicines
- Form 9:** Authorisation for administration of rectal diazapam

Individual childcare providers can adapt the forms provided according to their own policies and procedures.

## Form 1

### Contacting Emergency Services

<b>Request for an ambulance</b>	
Dial 999, ask for ambulance and be ready with the following information	
1.	Your telephone number
2.	Give your location (insert location/address)
3.	State what the postcode is
4.	Give exact location on site if possible
5.	Give your name
6.	Give name of child and a brief description of child's symptoms If the child has a life threatening condition e.g. is having an anaphylactic attack tell the operator the child has ANAPHYLAXIS. This will prioritise the response from the emergency services
7.	Inform Ambulance Control of the best entrance and state that the crew will be met and taken to the casualty

**Please speak slowly and clearly and be ready to repeat information, if asked.**

**Put a completed copy of this form by the telephone.**

## Form 1; Part 2 Medical Condition Information

Note where a child has a chronic/acute condition or potentially life threatening medical condition such as epilepsy, severe asthma, diabetes or anaphylaxis – give the parents Form xx to request more information from the child’s GP, hospital consultant or dietician. Note it is the parents responsibility to provide you with this information.

Describe medical needs and give details of child’s symptoms

Describe triggers or things that make this child’s condition worse

Describe daily care requirements and/or any specialist arrangements required *(e.g. before physical activity/at lunchtime/activities to be avoided)*

Describe what constitutes an emergency for the child, and the action to take if this occurs  
**If an emergency for your child could be life threatening complete Form 2A as well**

Follow up care

Who is responsible in an emergency *(state if different for off-site activities)*

### Form 1 Part 3 Medication Information

Regular medication taken when with childcare provider

Medication 1	Medication 2
Name and type of medication as described on container	Name and type of medication as described on container
Dose and method of using (amount and how taken e.g. tablets, inhaler, injection)	Dose and method of using (amount and how taken e.g. tablets, inhaler, injection)
When to be taken ( time(s) of day	When to be taken ( time(s) of day
Side effects that could affect this child	Side effects that could affect this child
Any information regarding when the medication should not be given	Any information regarding when the medication should not be given
Self administration can the child administer their own medication <input type="checkbox"/> yes <input type="checkbox"/> No <input type="checkbox"/> yes with supervision (identify staff who can do this) ..... ..... ..... .....	Self administration can the child administer their own medication <input type="checkbox"/> yes <input type="checkbox"/> No <input type="checkbox"/> yes with supervision (identify staff who can do this) ..... ..... ..... .....
Are staff required to be trained to administer this medication? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are staff required to be trained to administer this medication? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Important note: please make sure you also complete a parental agreement form**

**Form 1 Part 4 Emergency Action medication/action**

List the action to be taken in an emergency

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Emergency Medication 1	Emergency Medication 2
Name and type of medication as described on container	Name and type of medication as described on container
Dose and method of using (amount and how taken e.g. tablets, inhaler, injection)	Dose and method of using (amount and how taken e.g. tablets, inhaler, injection)
Side effects that could affect this child	Side effects that could affect this child
Any information regarding when the medication should not be given	Any information regarding when the medication should not be given
Self administration can the child administer their own medication <input type="checkbox"/> yes <input type="checkbox"/> No <input type="checkbox"/> yes with supervision (identify staff who can do this) ..... ..... ..... .....	Self administration can the child administer their own medication <input type="checkbox"/> yes <input type="checkbox"/> No <input type="checkbox"/> yes with supervision (identify staff who can do this) ..... ..... ..... .....
Are staff required to be trained to administer this medication? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are staff required to be trained to administer this medication? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Form 1 Part 5 Additional Information**

**Any specialist arrangements required for offsite visits**

( please note parents will be sent a separate form prior to each residential visit or off-sit activity)

**Any other information relating to the child's welfare which in the care of the chilcare provider**

**Form 1 Part 6 Agreement**

**Parental/child agreement**

I agree that the medical information contained in this plan may be shared with all staff involved in my child's care including social, play and learning activities. I understand I must notify the childcare provider of any changes in writing.

Signed \_\_\_\_\_ date \_\_\_\_\_  
(child if aged 16 or over)  
print name

Signed \_\_\_\_\_ date \_\_\_\_\_  
(parent if below age 16)  
Print name

**Healthcare professional agreement**

Ideally this should be completed where a child has a chronic/acute condition or potentially life threatening medical condition such as epilepsy, severe asthma, diabetes or anaphylaxis

I agree that the information is accurate and up to date

signed \_\_\_\_\_ date \_\_\_\_\_  
print name \_\_\_\_\_ job title \_\_\_\_\_

**Permission for emergency medication**

I agree that I/my child can be administered my/their medication by a member of staff in an emergency

I agree that my child **cannot** keep their medication with them and the childcare provider will make the necessary storage arrangements

I agree that I/my child can keep my/their medication with me/them for use in an emergency

Name of medication carried by child

Signed \_\_\_\_\_ date \_\_\_\_\_  
(parent or child if 16 or over)

**Headteacher/registered person/ senior manager agreement**

It is agreed ( name of child)

will receive the above listed medication at the above listed time (see part 6)

will receive the above listed medication/action in an emergency ( see part 6 and form 2b

This arrangement will continue until .....  
otherwise instructed by the parents or the child leaves the care of the provider.

## Form 2a

This form is to be used to alert all staff to a child who has an acute/chronic and/or life threatening medical condition

Name of Child	Place photo of child here (with permission of parents)
Date of birth	
Childs address	
First parental contact details	
Home tel no	
Work tel no	
Mobile tel no	

Every member of staff needs to know that (name of child) has \_\_\_\_\_  
(briefly identify condition e.g. severe asthma, diabetes, epilepsy, anaphylaxis)

This may cause (name of child) to have ( describe reaction and the symptoms)

The triggers of this reaction are

In an extreme situation this may be life threatening and the following action must be taken immediately

List

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

### Office use

date of issue

provide copies to  staff  catering provider and head of kitchen  transport provider  
 first aider  parents  provide others

## Form 2b

### REQUEST FOR INFORMATION FROM CHILD'S GP, HOSPITAL CONSULTANT OR DIETICIAN.

Parents are requested to take/send this form to either their child's GP, hospital consultant or dietician. The information is required to enable childcare providers to put appropriate arrangements in place to ensure the health safety and welfare of children with **chronic/acute or potentially life threatening medical conditions**

<p><b>This form is to be used to provide information to the childcare provider for children with chronic/acute or potentially life threatening medical conditions e.g. epilepsy, diabetes, asthma or anaphylaxis etc where staff may have to take action including administering medication. <u>This information is to be provided to the parents who have responsibility for sharing it with all childcare providers who care for their child.</u></b></p> <p>Childcare providers includes registered settings such as nurseries and play groups, after school clubs, breakfast clubs, childminders, young persons services such as youth clubs and play schemes, children's homes and schools and colleges.</p>	
Childs name	Date of birth
Home address	
Medical condition	
List any triggers/causes e.g. allergens (be specific)	
What to do if the child is experiencing or has the following symptoms?	
List mild to moderate symptoms	List severe symptoms
<p><b>This a Mild reaction</b> ( list action, order of action and any medication including dosage to be taken)</p> <p>1) 2) 3) 4) 5) 6)</p>	<p><b>This is a Severe reaction</b> ( list action, order of action and any medication including dosage to be taken)</p> <p>1) 2) 3) 4) 5) 6)</p>
Can the child self administer their own emergency medication? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes with supervision	
Any training requirements for childcare provider staff (please specify what is required and who should provide it) (also consider training /support for the parents and child)	
Name of person providing this information	Name
Print	sign
status	date
Review date <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 12months	
For use of child care provider	Transport provider <input type="checkbox"/> date sent
Copy to	First aider(s) <input type="checkbox"/> date sent
Catering provider <input type="checkbox"/> date sent	Others list

### Form 3

## Parental agreement for childcare provider to administer medicine

The childcare provider will not give your child medication unless you complete and sign this form and the provider has a policy that the staff can administer medicine.

Name of childcare provider			
Name of child			
Date of birth			
Group/class/form/location			
<b>Medical condition or illness</b>			
<b>Medicine</b>			
Name/type of medicine ( <i>as on the container</i> )			
Date dispensed			
Expiry date			
Agreed review date to be initiated by (name of member of staff)			
Dosage and method			
Timing			
Special precautions			
Are there any side effects that the provider needs to know about?			
Self administration			
Procedures to take in an emergency			
<b>Name of contact and details</b>			
Daytime telephone no.			
Relationship to child			
Address			
I understand that I must deliver the medicine personally to (name of 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 childcare provider staff administering medicine in accordance with the providers policy. I will inform the provider immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent's signature \_\_\_\_\_

Print name \_\_\_\_\_

Date \_\_\_\_\_

If more than one medicine is to be given, please complete a separate form for each one.

**Form 4**

**Agreement of Headteacher/Registered person/senior manager to administer medicine**

Name of childcare provider	
----------------------------	--

It is agreed that ..... (name of child)  
will receive..... (quantity and name of medicine) every day at  
.....  
(time medicine to be administered eg lunchtime)

..... (name of member of staff) will give the medication or supervise  
..... (name of child) whilst he/she takes their medication.

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

Date -----

Signed -----

(Headteacher/Registered person /Senior Manager named member of staff)

# Form 5

## Record of medicine administered to an individual child

Name of childcare provider				
Name of child				
Date medicine provided by parent				
Group/class/form/location				
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									



## Form 7

### Request for child to carry his/her own medicine

Parents/guardian **must** complete this form.

**If staff have any concerns discuss this request with healthcare professionals**

Name of childcare provider	
Child's name	
Group/class/form/location	
Address	
Name of medicine	
Procedures to be taken in an emergency	
<b>Contact Information</b>	
Name	
Daytime phone no.	
Relationship to child	

I would like my son/daughter to keep his/her medicine on him/her for use as necessary.

Signed \_\_\_\_\_

Date \_\_\_\_\_

**Please note that, if more than one medicine is given, a separate form should be completed for each one.**

# Form 8

## Staff training record – administration of medicines

Name of childcare provider				
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 .....  
(please state how often)..

Trainer’s signature -----

Date -----

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

Staff signature -----

Date -----

Suggested review date -----

## Form 9

### Authorisation for the administration of rectal diazepam

Name of childcare provider				
Child's name				
Date of birth				
Home address				
G.P.				
Hospital consultant				

..... (name) should be given ..... mg Rectal Diazepam:

- 1) if he/she has a prolonged epileptic seizure lasting over ..... minutes  
or
- 2) If he/she has serial seizures lasting over ..... minutes  
or
- 3) if the seizure has not resolved after ..... minutes

You should call for an ambulance. ....(please state)

Doctor's signature \_\_\_\_\_

Parent's signature \_\_\_\_\_

Date \_\_\_\_\_

#### Please note:

As the indications of when to administer the diazepam vary, an individual authorisation is required for each child. This should be completed by the child's GP, consultant and/or Epilepsy/Specialist Nurse and reviewed regularly. This will make sure that the medicine is administered appropriately.

The authorisation should clearly state:

- when the diazepam should be given eg after 5 minutes
- how much medicine should be given and
- when an ambulance should be called.

**Please keep a record of the administration of this medicine using form 5 or similar.**

