



## Supporting Pupils with Medical Needs

<b>Name of School:</b>	<b>St John the Baptist CE Primary School Waltham Chase</b>
<b>Name of Head teacher:</b>	<b>Mrs Kay Bowen</b>
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## Introduction

Section 100 of The Children and Families Act 2014 places a duty on the governing body of this school to make arrangements for supporting children at their premise with medical conditions. The Department of Education have produced statutory guidance 'Supporting Pupils with Medical Conditions' and we will have regard to this guidance when meeting this requirement.

We will endeavour to ensure that children with medical conditions are properly supported so that they have full access to education, including school trips and physical education. The aim is to ensure that all children with medical conditions, in terms of both their physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

It is our policy to ensure that all medical information will be treated confidentially by the Head teacher and staff. All administration of medicines is arranged and managed in accordance with the Supporting Pupils with Medical Needs document. All staff have a duty of care to follow and co-operate with the requirements of this policy.

Where children have a disability, the requirement of the Equality Act 2010 will apply.

Where children have an identified special need, the SEND Code of Practice will also apply.

We recognise that medical conditions may impact social and emotional development as well as having educational implications.

## Key Roles & Responsibilities

The Governing Body has a responsibility to:

- Ensure that the school's policy clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support pupils at school with medical conditions.
- Make arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented.
- Ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.
- Ensure the health and safety of staff and anyone else on the premises or taking part in school activities (including children). This extends to staff and others leading activities taking part off-site.
- Ensure that the school's health and safety policy and risk assessments include the needs of children with medical conditions and are reviewed annually.
- Ensure the school has a robust system for dealing with medical emergencies when children are on site or on out-of-school activities.

The Head teacher has a responsibility to:

- Ensure that their school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation.
- Ensure that all staff who need to know are aware of the child's condition.
- Ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose.
- Have overall responsibility for the development of individual healthcare plans.
- Make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way.
- 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.

Teachers and Support Staff have a responsibility to:

- Provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach. School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

The School Link Nurse has a responsibility to:

- Notify 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.

Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition.

## Local Arrangements

### Identifying children with health conditions

We will aim to identify children with medical needs on entry to the school by working in partnership with parents/carers/ carers and following the process outlined in the document 'Process for identifying children with a health condition' produced by the Southern Health School Nursing Team in conjunction with the Children's Services Health and Safety Team. We will use the 'Health Questionnaire for Schools' to obtain the information required for each child's medical needs to ensure that we have appropriate arrangements in place prior to the child commencing at the school to support them accordingly.

Where a formal diagnosis is awaited or is unclear, we will plan to implement arrangements to support the child, based on the current evidence available for their condition. We will ensure that every effort is made to involve some formal medical evidence and consultation with the parents/carers.

Children with medical conditions which require staff awareness and possible action in the event of an emergency will be identified to all staff, including cover teachers, via a photograph list in the class medical file kept in the classroom medical pack.

### Individual health care plans

We recognise that Individual Healthcare Plans are recommended in particular where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and are likely to be helpful in the majority of other cases, especially where medical conditions are long term and complex. However, not all children will require one. The school, healthcare professional and parent will agree based on evidence when a healthcare plan would be inappropriate or disproportionate.

Where children require an individual healthcare plan it will be the responsibility of the *SENDCo and office* to work with parents/carers and relevant healthcare professionals to write the plan.

A healthcare plan (and its review) may be initiated in consultation with the parent/carer, by a member of school staff or by a healthcare professional involved in providing care to the child. The *SENCo* will work in partnership with the parents/carers/carer, 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 to draw up and/or review the plan. Where a child has a special educational need identified in an Educational Health Care (EHC) plan, the individual healthcare plan will be linked to or become part of that statement or EHC plan.

We may also refer to the flowchart contained within the document 'Process for identifying children with a health condition' for identifying and agreeing the support a child needs and then developing the individual healthcare plan.

We will use the individual healthcare plan template produced by Hampshire County Council to record the plan – see appendices.

If a child is returning following a period of hospital education or alternative provision (including home tuition), that we will work with Hampshire County Council and education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

When deciding what information should be recorded on individual healthcare plans, the governing body should consider the following:

- the medical condition, its triggers, signs, symptoms and treatments;
- the pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues e.g. crowded corridors, travel time between lessons;
- specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
- the level of support needed (some children will be able to take responsibility for their own health needs) including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring
- who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable; who in the school needs to be aware of the child's condition and the support required;
- arrangements for written permission from parents/carers for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, e.g. risk assessments;
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and
- what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

<b>Staff training</b>
<p>All new staff will be inducted on the policy when they join the school through their Health and Safety induction carried out by Finance Officer. Records of induction are maintained in personnel files.</p> <p>All staff will be provided awareness training on the school's policy for supporting children with medical conditions which will include what their role is in implementing the policy. This training will be carried out annually with updates should any changes be implemented.</p> <p>Where required we will work with the relevant healthcare professionals to identify and agree the type and level of training required and identify where the training can be obtained from. This will include ensuring that the training is sufficient to ensure staff are competent and confidence in their ability to support children with medical conditions. The training will include preventative and emergency measures so that staff can recognise and act quickly when a problem occurs and therefore allow them to fulfil the requirements set out in the individual healthcare plan.</p> <p>Any training undertaken will form part of the overall training plan for the school and refresher awareness training will be scheduled at appropriate intervals agreed with the relevant healthcare professional delivering the training.</p> <p>A record of training is maintained by our Finance Officer for all staff.</p>
<b>The child's role</b>
<p>Where possible and in discussion with parents/carers, children that are competent will be encouraged to take responsibility for managing their own medicines and procedures. This maybe a gradual increase in independence as the child develops in age and ability and will only be considered at the high end of the school. This will be recorded in their individual healthcare plan. The healthcare plan will reference what will happen should a child who self-administers refuse to take their medication (this will normally be informing the parent/carer at the earliest opportunity).</p> <p>Where possible we will endeavour to ensure that children can carry their own medicines and relevant devices or have easy access to allow for quick self-medication. We will agree with relevant healthcare professionals/parent the appropriate level of supervision required and document this in their healthcare plan.</p>
<b>Managing medicines on School Premises</b>
<p>The administration of medicines is the overall responsibility of the parents/carers/carers. Where clinically possible we will encourage parents/carers to ask for medicines to be prescribed in dose frequencies which enable them to be taken outside of school hours. However, the head teacher is responsible for ensuring children are supported with their medical needs whilst on site, therefore this may include managing medicines where it would be detrimental to a child's health or school attendance not to do so.</p>

We will not give prescription or non-prescription medicines to a child under 16 without their parent's/carers written consent (a 'parental agreement for setting to administer medicines' form will be used to record this), except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents/carers. In such cases, we will make every effort to encourage the child or young person to involve their parents/carers while respecting their right to confidentiality.

The administration of medicines is recorded on Arbour with the date, time, dosage and name of person giving the medication.

All medication should be handed in to the office staff to be recorded, checked and stored safely.

The name of the child, dose, expiry and shelf life dates will be checked before medicines are administered.

On occasions where a child refuses to take their medication the parents/carers will be informed at the earliest available opportunity.

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

Asthma inhalers are stored in the class orange bag and are labelled with the child's name. Children are encouraged to self administer their inhaler with adult supervision.

Controlled drugs will be securely stored in a non-portable container which only named staff will have access to. We will ensure that the drugs are easily accessible in an emergency situation. A record will be kept of any doses used and the amount of the controlled drug held in school. There may be instances where it is deemed appropriate for a child to administer their own controlled medication. This would normally be at the advice of a medical practitioner. Where an individual child is competent to do so and following a risk assessment, we may allow them to have prescribed controlled drugs on them with monitoring arrangements in place.

We will only administer non-prescribed medicines on request from the parent if they are in clearly identifiable packaging and only on a short term basis (Where the school have concerns they will seek further guidance from their link School Nurse).

We will never administer aspirin or medicine containing Ibuprofen to any child under 16 years old unless prescribed by a doctor.

All other pain relief medicine will not be administered without first checking maximum dosages and when previously taken. We will always inform parents/carers.

Any homeopathic remedies to be administered will require a letter of consent from the child's doctor and will be administered at the discretion of the Head teacher.



Emergency medicines will be stored in a safe location to ensure they are easily accessible in the case of an emergency – in the classroom medical kit (ORANGE BAG) stored visible in the classroom, and spares if provided in the office emergency box.

Types of emergency medicines include:

- Injections of adrenaline for acute allergic reactions
- Inhalers for asthmatics
- Injections of Glucagon for diabetic hypoglycaemia

Other emergency medication i.e. Rectal diazepam or Buccal Midazolam for major seizures will be stored in accordance with the normal prescribed medicines procedures (see storage section).

Checks on the safe storage, availability and record keeping will be undertaken monthly by our admin assistants who hold responsibility for medicines; and the Headteacher and SENCo will carry out monthly spot checks of the practice in school to ensure it matches this policy.

### **Storage**

Medication will be stored safely in a locked cabinet, in the office where the hinges cannot be easily tampered with and which cannot be easily removed from the premises. The key is kept with other office keys in the office so that any member of staff can access the cabinet in an emergency.

Where medicines need to be refrigerated, they will be stored in the staffroom.

Children will be made aware of where their medicines are at all times and be able to access them immediately where appropriate. Where relevant they should know who holds the key to the storage facility.

Medicines such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to children and not locked away. We will also ensure that they are readily available when outside of the school premises or on school trips. These will also be taken with the class if partaking in outside learning on the school grounds.

Storage of medication whilst off site will be secure and maintained at steady temperature

### **Disposal**

It is the responsibility of the parents/carers to dispose of their child's medicines. It is our policy to return any medicines that are no longer required including those where the date has expired to the parents/carers. Parents/carers will be informed of this when the initial agreements are made to administer medicines. Medication returned to parent/ carers will be documented on the tracking medication form.

Sharps boxes will be in place for the disposal of needles. Collection and disposal of these will be arranged locally through our refuse contractor.

<b>Medical Accommodation</b>
The staffroom or administration office will be used for all medical administration/treatment purposes. The location/room will be made available when required.
<b>Record keeping</b>
A record of what has been administered including how much, when and by whom, will be recorded on a 'record of prescribed medicines' form. The form will be kept on the child's personal file and also on our Arbor. Any possible side effects of the medication will also be noted and reported to the parent/carers. Records are also kept on Arbor.
<b>Emergency Procedures</b>
<p>Where a child has an individual healthcare plan, this will clearly define what constitutes an emergency and provide a process to follow. All relevant staff will be made aware of the emergency symptoms and procedures. Cover teachers will be aware of children with medical conditions which may need urgent treatment in the event of an emergency via a list on the front of the class medical folder. We will ensure other children in the school know what to do in the event of an emergency i.e. informing a teacher immediately if they are concerned about the health of another child.</p> <p>Where a child is required to be taken to hospital, a member of staff will stay with the child until their parents/carers arrives, this includes accompanying them to hospital by ambulance if necessary (taking any relevant medical information, care plans etc. that the school holds).</p>
<b>Day trips/off site activities</b>
<p>We will ensure that teachers are aware of how a child's medical condition will impact on their participation in any off site activity or day trip, but we will ensure that there is enough flexibility for all children to participate according to their own abilities within reasonable adjustments.</p> <p>We will consider what reasonable adjustments we might make to enable children with medical needs to participate fully and safely on visits. We will carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. We will consult with parents/carers and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely.</p> <p>There will be appropriately trained staff present to administer day to day and emergency medication and copies of individual health care plans will be taken off site to ensure appropriate procedures are followed.</p>
<b>Other issues</b>
Appendix G Guidance on the use of emergency inhalers in school.
<b>Unacceptable practice</b>

Staff are expected to use their discretion and judge each child's individual healthcare plan on its merits, it is not generally acceptable practice to:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents/carers; or ignore medical evidence or opinion (although this may be challenged);
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments;
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- require parents/carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips e.g. by requiring parents/carers to accompany the child. Participation may need to be modified for particular children to allow them to take part with their peers within the capacity of the staffing available.

#### **Liability and Indemnity**

Staff at the school are indemnified under the County Council self-insurance arrangements.

#### **Complaints**

Should parents/carers or children be dissatisfied with the support provided they can discuss their concerns directly with the Head teacher. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

# Standard Risk Assessment:

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## Appendix A

Activity	Administration of Medicines	Date of Assessment	
Location		Date of Review	
Name of Risk Assessor		Risk assessment subject to.	Management of Health and Safety at Work Regulations

This risk assessment template can be used for specialist areas where a model template does not exist. .

**Instructions for Use:** This blank risk assessment should be used for any area where there is not already a template risk assessment in place. You will need to ensure that you have identified the common hazards and recognised those people who could be at risk and whether they have any individual requirements. Consider all of the standard controls i.e. those things you need to do to reduce the risk and then confirm all of the standard controls are in place. Check if there is anything further that you may need to do. If all of these components are completed the level of risk for these hazards will have been reduced to the lowest acceptable level. An action plan should be completed if further mitigation is required following the assessment.

**Original risk assessments must be kept for a period of 7 years. On completion a hard copy should be printed off and placed in your local/site health and safety folder.**

**This document should be filed under Hantsfile under Health and Safety Risk Assessment**

# Standard Risk Assessment:

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## **Administration of Medicines Risk Assessment Guidance**

The Supporting Pupils with Medical Needs document produced by the DfE and published in September 2014 for implementing into schools, includes the provision of administration of medicines to pupils.

The school Governors must ensure that a local policy on supporting pupils with medical needs is produced and implemented in the school.

This risk assessment should be completed as part of the process to assist in identifying the specific hazards and control measure that need to be put in place to ensure medication is administered, managed and stored safely and effectively in schools by competent staff.

The hazards and controls measures have been entered into the form however, schools must ensure that they complete the second box titled “Who Might be Harmed and How” by identifying who at the school may be harmed by the hazard, e.g. children with medical needs and in same box you should be considering how they might be harmed, i.e. what the risk is from the identified hazard and enter this information into the same box.

You must then review the control measures that have already been entered in to the third box and enter into the box titled “Do you need to do anything else to manage the risk” any further measures that need to be implemented locally to ensure that the control measures are met and therefore the risk reduced to a manageable level. If anything else is identified locally to manage the risk the following boxes “Action by Whom”, “Action by When” and “Done” must also be completed. The information should then be transferred onto the action plan at the end of the risk assessment form and used as a live document until all actions have been completed.

An example has been entered in it’s entirety to demonstrate how to completed the form correctly. If this process is followed for all the identified hazards correctly the level of risk should be reduced to lowest possible point.

Once the risk assessment is complete and to ensure that is effective it should be shared with all relevant staff and reviewed periodically.

## Standard Risk Assessment:

What are the hazards?	Who might be harmed and how?	What are you already doing?	Do you need to do anything else to manage this risk?	Action by whom?	Action by when?	Done
<b><u>Policy/Procedures</u></b>						
Lack of policy/procedures	Children by incorrect procedure being followed.	Local administration of medicines policy documented for premises				
Lack of clarity and staff awareness of policy and procedures	Children by incorrect procedure being followed.	Administration of medicines policy provided to staff at induction and periodically thereafter				
Failure to follow policy/procedures	Children by incorrect procedure being followed.	Investigation procedure in place in the event of failure e.g. refresher training, disciplinary procedures or review of policy				

## Standard Risk Assessment:

<p><b><u>Training</u></b></p> <p>Lack of awareness training to safely administer medicines e.g. asthmas, epi-pen etc.</p> <p>Lack of awareness training in control and storage of medication</p> <p>Lack of specific awareness training to meet individual needs of children on the premises</p>	<p>Children by incorrect administration of medication.</p> <p>Children by incorrect storage / administration of medication.</p> <p>Children by lack of training of staff to meet their medical needs.</p>	<p>Periodic awareness training provided for medical conditions such as asthma or epi-pen etc. by a competent person e.g. school nurse or other medical professional</p> <p>Induction awareness training on local storage procedures and periodic refresher information provided (annually) to relevant staff e.g. policy/procedures</p> <p>Questionnaire (provided by School Nursing Team) to be completed by parents/carers/guardian for pupils on admission to school to ensure medical needs are identified</p> <p>Periodic training provided for specific medical conditions by competent person e.g. school nurse or other medical professional</p>				
<p><b><u>Administration</u></b></p>						

## Standard Risk Assessment:

What are the hazards?	Who might be harmed and how?	What are you already doing?	Do you need to do anything else to manage this risk?	Action by whom?	Action by when?	Done
Incorrect dosage given	Children by incorrect dosage of medication.	Medication to be provided in the original container/labelled with the name of the appropriate pupil and dose required				
Incorrect pupil given medication	Children by lack of labelling of medication.	Local procedure for checking name and dosage on medication prior to administration				
Out of date medication administered	Children by out of date medication being administered.	Local procedure to review expiry date prior to administering medication				
<b><u>Controlled Drugs</u></b>						
Any specific procedures	Children by not following specific procedures.	Only trained staff to administer medication				



## Standard Risk Assessment:

<b><u>Storage</u></b>						
No locked cabinet or room in use/available prescribed medicines and controlled drugs not locked away e.g. stored in pigeonholes	Children by non-availability of medication / accessibility to all.	Locked cabinet (not easily removable) or lockable room for use of storing all medication				
No secure refrigerator available/in use	Children by non-availability of medication.	Ideally a dedicated refrigerator should be used which is in a secure location. If a normal refrigerator is used medicine must be stored in a separate sealed container and clearly labelled				
Medicines not in original containers or clearly labelled	Children by confusion of containers / labelling.	Medicines to be provided in the original container labelled with the name of the appropriate pupil				
Emergency medicines locked away	Children by non-availability of medication in emergency.	All emergency medicines (asthma inhalers, epi-pens etc.) readily available and not locked away.				
<b>Consent</b>						

## Standard Risk Assessment:

What are the hazards?	Who might be harmed and how?	What are you already doing?	Do you need to do anything else to manage this risk?	Action by whom?	Action by when?	Done
Lack of parents/carers' consent	Children by inability of staff to administer medication.	Parental consent forms to be completed using standard template, provided by department and fully completed by a parent or guardian of child only, providing all relevant information requested				
Inappropriate person providing consent	Children by inability of staff to administer medication.					
Limited information on consent form (leading to lack of clarity)	Children by inability of staff to administer medication.					
Formal consent forms not used	Children by inability of staff to administer medication.					

## Standard Risk Assessment:

What are the hazards?	Who might be harmed and how?	What are you already doing?	Do you need to do anything else to manage this risk?	Action by whom?	Action by when?	Done
<b><u>Health Care Plans</u></b>						
School unaware that child has health issues requiring monitoring in school	Children by staff non-awareness of health issues.	Process in place for identifying a child who has health issues that require monitoring in school i.e. identifying Children with Health Conditions questionnaire				
No health care plans in place	Children by staff unable to meet their health needs.	A health care plan must be devised when required in conjunction with appropriate medical practitioner, parents/carers, guardian and Head teacher using standard forms provided by department				
Lack of involvement of family and health care professionals	Children by non-awareness / unclear information of health needs.	Health care plans to be provided to all relevant staff				
Lack of awareness of health care plan by relevant staff	Children by inability of staff to provide relevant health care.					

## Standard Risk Assessment:

<p><b><u>Record Keeping and Communication</u></b></p> <p>No record of medicines being administered</p> <p>No tracking system for medication received in and out of premise</p>	<p>Children by staff being unsure of medication dose administered and when.</p> <p>Children by medication being unavailable or out of date.</p>	<p>Recording forms to be used when medication is administered, which includes information such as parent consent forms, record of prescribed medicines given to a child, staff training awareness record forms</p> <p>Tracking system to be implemented to log when medication is received in and out of premises. This is to be used for every medication administered</p> <p>Tracking system should include the expiry date for medication to enable periodical checks to be carried out, unless another system has been implemented</p> <p>Procedure in place to check with parents/carers when expiry dates are exceeded</p>				
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## Standard Risk Assessment:

What are the hazards?	Who might be harmed and how?	What are you already doing?	Do you need to do anything else to manage this risk?	Action by whom?	Action by when?	Done
		Reminder system in place for informing parents/carers of their responsibility of ensuring medication is not expired e.g. newsletter				
<u><b>Disposal of Medication</b></u>  Medication not disposed of responsibly	Children by access to medication or touching needles.	Parents/carers responsibility to safely dispose of medication school has returned to parent				

# Standard Risk Assessment:

## APPENDIX B

### Action Plan for Risk Assessment

Action Plan to be completed based on the findings of risk assessment. The following actions are to be undertaken to reduce the risk level as far as reasonably practical and to ensure that all of the standard controls and local arrangements are in place.

No.	Hazard not fully controlled	Performance Status	Action required	Person Responsible	Target Date	Date of Completion
		Imminent				
		High				
		Medium				
		Low				
		Very low				
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

Signature of Responsible Manager.....

Date.....

## APPENDIX C

## MEDICATION TRACKING FORM

[illegible]

## **APPENDIX D**

# **Templates**

## **Supporting pupils with medical conditions**

**May 2014**



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## Introduction

In response to requests from stakeholders during discussions about the development of the statutory guidance for supporting pupils with medical conditions, we have prepared the following templates. They are provided as an aid to schools and their use is entirely voluntary. Schools are free to adapt them as they wish to meet local needs, to design their own templates or to use templates from another source.

## Template a: individual healthcare plan

Name of school/setting

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

### Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

### Clinic/Hospital Contact

Name

Phone no.

### G.P.

Name

Phone no.

Who is responsible for providing support in school

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc.

Other information

Describe what constitutes an emergency, and the action to take if this occurs

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

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

## Template b: parental agreement for setting 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  
(as described on the container)

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 \_\_\_\_\_

## Template c: 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


**C: 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




## Template d: record of medicine administered to all children

Name of school/setting

Date	Child's name	Time	Name of medicine	Dose given	Any reactions	Signature of staff	Print name

## Template e: staff training record – administration of medicines

Name of school/setting

Name

Type of training received

Date of training completed

Training provided by

Profession and title


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

Trainer's signature

\_\_\_\_\_

Date

\_\_\_\_\_

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

Staff signature

\_\_\_\_\_

Date

\_\_\_\_\_

Suggested review date

\_\_\_\_\_

## Template f: 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

## Template g: model letter inviting parents/carers to contribute to individual healthcare plan development

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/carers, 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.

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



Department  
for Education

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## APPENDIX E

### Please complete the questionnaire below and return it to school

It is important that all children with medical conditions are supported to make sure that they are able to access their education. Some children with medical conditions may need care or medication to manage their health condition and to keep them well during the school day. Could you please complete the questionnaire below and return it to school as soon as possible so that we are able to assess your child's health needs and make arrangements to support them if necessary. In order to ensure that any medical needs are appropriately met in school we may need to discuss your child's health with the School Nursing service or another health professional who is involved in your child's care.

Name of child ..... Date of Birth .....

Home Address.....

Does your child have a medical condition/ health concern?

YES ☐ NO ☐

If YES please give details

Does your child have a medical condition/health concern that needs to be managed during the school day?

YES ☐ NO ☐

If YES please give details

Does your child take medication during the school day?

YES ☐ NO ☐

If YES please give details

Does your child have a health care plan that should be followed in a medical emergency?

YES ☐ NO ☐

If YES please give details

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the school to discuss this information with the School Nursing service or other health professionals who are involved in my child's care.

Signature(s) \_\_\_\_\_ Print Name \_\_\_\_\_

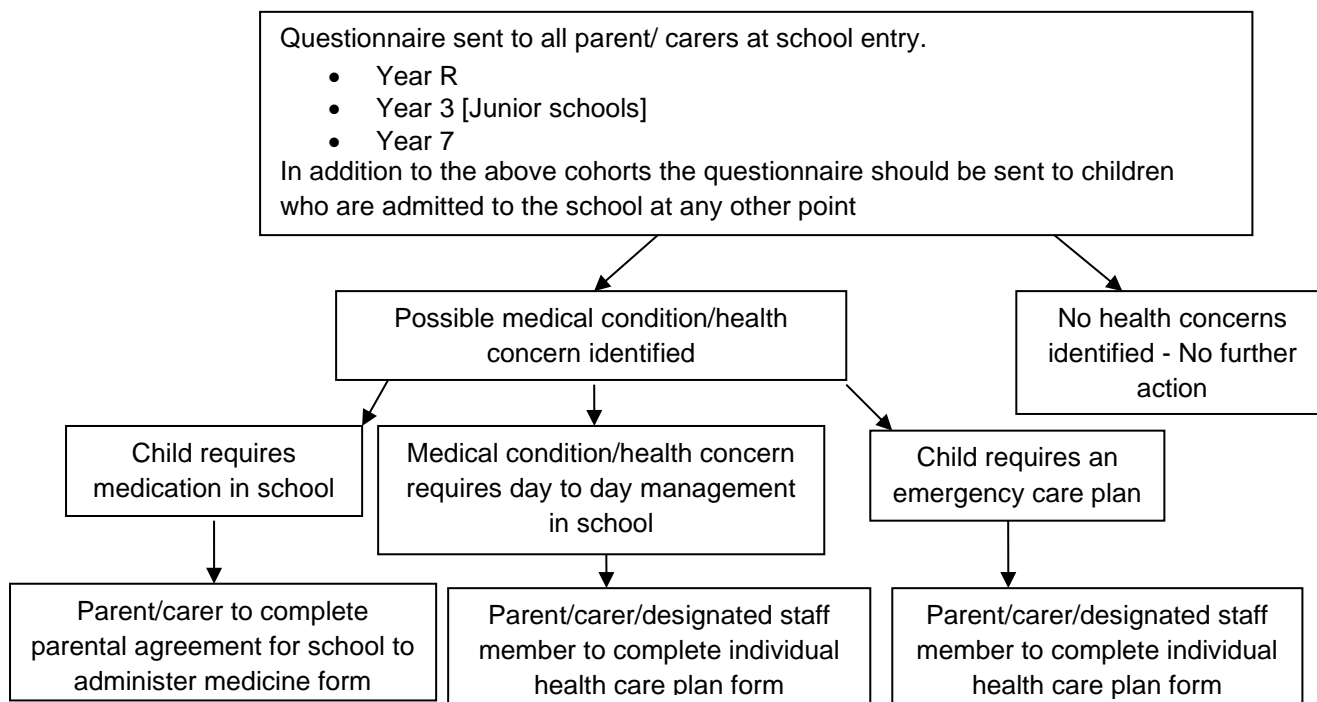
**[Parent/ Carer with parental responsibility]**

Date \_\_\_\_\_ Contact number \_\_\_\_\_

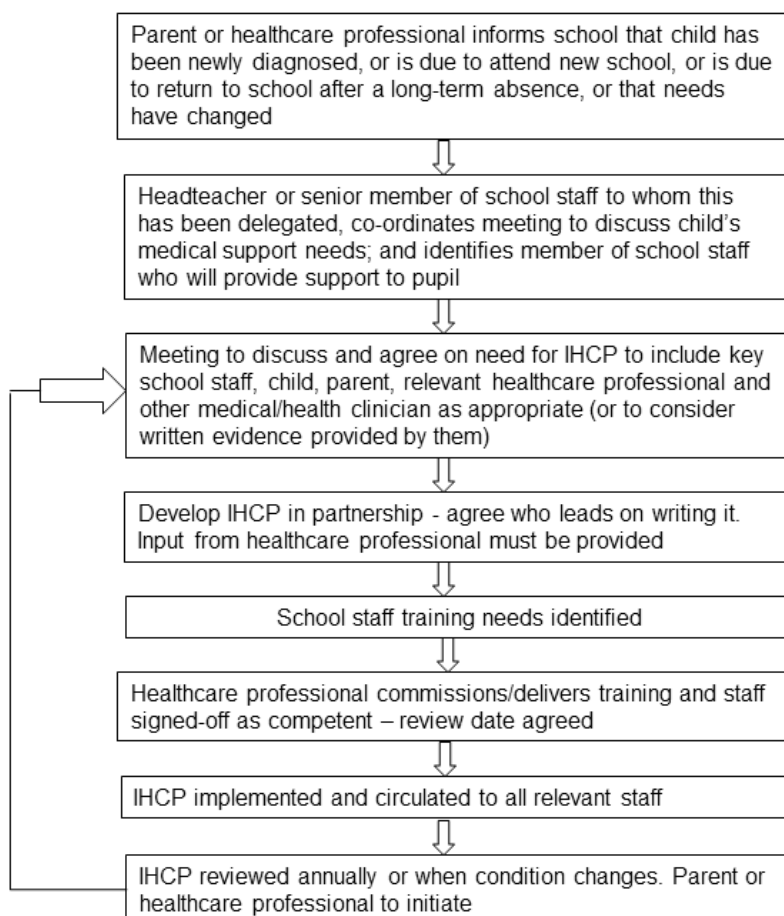
## APPENDIX F

### Suggested process for identifying children or young people with a medical condition that may require support in school

Not all children with a health condition will require a health care plan in school however the form will help schools to ascertain which children require support. In addition to this schools may be informed at any other point by a parent or health professional if a child is newly diagnosed with a health condition.



Please see sample flowchart below from the Supporting pupils with medical conditions guidance



### Guidance on the use of emergency salbutamol inhalers in schools

This policy is based on the Department of Health's guidance March 2015. It refers to Supporting pupils at school with medical conditions. Statutory guidance for governing bodies of maintained schools and proprietors of academies in England (Department for Education, 2014).

It recommends that:

- There is a register of children in the school that have been diagnosed with asthma or prescribed a reliever inhaler, a copy of which should be kept with the emergency inhaler.
- having written parental consent for use of the emergency inhaler included as part of a child's individual healthcare plan;
- ensuring that the emergency inhaler is only used by children with asthma with written parental consent for its use;
- appropriate support and training for staff in the use of the emergency inhaler in line with the school's wider policy on supporting pupils with medical conditions;
- keeping a record of use of the emergency inhaler as required by Supporting pupils and informing parents/carers or carers that their child has used the emergency inhaler;
- having at least two volunteers responsible for ensuring the protocol is followed.

The emergency inhalers will be stored in accordance with the guidance.

There are two emergency kits in school

#### The emergency kit

An emergency asthma inhaler kit should include:

- a salbutamol metered dose inhaler;
- plastic spacers compatible with the inhaler;
- instructions on using the inhaler and spacer;
- instructions on cleaning and storing the inhaler;
- manufacturer's information;
- a checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded;
- a note of the arrangements for replacing the inhaler and spacers;
- a list of children permitted to use the emergency inhaler as detailed in their individual healthcare plans;
- a record of administration (i.e. when the inhaler has been used).



## **Register**

- The school will have a register of children in the school that have been diagnosed with asthma or prescribed a reliever inhaler, a copy of which should be kept with the emergency inhaler.
- Consent will be sought at the same time as for administering or supervising administration of a child's own inhaler under an asthma policy or medical conditions policy, or as part of development of an individual healthcare plan. Consent should be updated annually - to take account of changes to a child's condition.
- The school will have written parental consent for use of the emergency inhaler included as part of a child's individual healthcare plan.
- The school will ensure that the emergency inhaler is only used by children with asthma with written parental consent for its use

## **Storage**

The Administration assistant responsible for medicines in school has responsibility for ensuring that:

- on a monthly basis the inhaler and spacers are present and in working order, and

the inhaler has sufficient number of doses available;

- that replacement inhalers are obtained when expiry dates approach;
- replacement spacers are available following use;
- the plastic inhaler housing (which holds the canister) has been cleaned, dried and

returned to storage following use, or that replacements are available if necessary.

The SENCo and Headteacher will carry out spot checks to ensure compliance with this protocol.

The emergency kits are kept in a safe place in the school office and in Year R which is known to all staff, and to which all staff have access at all times, but in which the inhaler is out of the reach and sight of children. The inhaler and spacer should not be locked away.

The inhaler should be stored at the appropriate temperature (in line with manufacturer's guidelines), usually below 30C, protected from direct sunlight and extremes of temperature. The inhaler and spacers should be kept separate from any child's inhaler and the emergency inhaler should be clearly labelled to avoid confusion with a child's inhaler.

## **Usage**

An inhaler should be primed when first used (e.g. spray two puffs). As it can become blocked again when not used over a period of time, it should be regularly primed by spraying two puffs.

To avoid possible risk of cross-infection, the plastic spacer should not be reused. It can be given to the child to take home for future personal use.

**Signs of an asthma attack include:**

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Being unusually quiet
- The child complains of shortness of breath at rest, feeling tight in the chest  
(younger children may express this feeling as a tummy ache)
- Difficulty in breathing (fast and deep respiration)
- Nasal flaring
- Being unable to complete sentences
- Appearing exhausted
- A blue / white tinge around the lips
- Going blue

If a child is displaying the above signs of an asthma attack, the guidance below on responding to an asthma attack should be followed.

**CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK**

**PROCEDURE WITHOUT DELAY IF THE CHILD**

- Appears exhausted
- Has a blue/white tinge around lips
- Is going blue
- Has collapsed

**Responding to signs of an asthma attack**

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward.
- Use the child's own inhaler – if not available, use the emergency inhaler
- Remain with child while inhaler and spacer are brought to them
- Immediately help the child to take two separate puffs of the salbutamol via the spacer

immediately

- If there is no immediate improvement, continue to give two puffs every two minutes up to

a maximum of 10 puffs, or until their symptoms improve. The inhaler should be shaken between puffs.

- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way
- The child's parents/carers or carers should be contacted after the ambulance has been called.
- A member of staff should always accompany a child taken to hospital by ambulance and stay with them until a parent or carer arrives.

Recording use of the inhaler and informing parents/carers/carers

### **Staff**

Designated members of staff should be trained in:

- recognising asthma attacks (and distinguishing them from other conditions with similar symptoms)
- responding appropriately to a request for help from another member of staff;
- recognising when emergency action is necessary;
- administering salbutamol inhalers through a spacer;
- making appropriate records of asthma attacks.
- The SENCo is responsible for overseeing the protocol for use of the emergency inhaler, and monitoring its implementation and for maintaining the asthma register;
- The SENCo and office admin assistant (afternoons) are responsible for the supply, storage care and disposal of the inhaler and spacer.

### **Recording use of the inhaler and informing parents/carers/carers**

Use of the emergency inhaler should be recorded.

This should include where and when the attack took place (e.g. PE lesson, playground, classroom), how much medication was given, and by whom. Supporting pupils requires written records to be kept of medicines administered to children.

**The child's parents/carers must be informed in writing so that this information can also be passed onto**

**the child's GP.**

### **Cleaning**

The inhaler itself however can usually be reused, provided it is cleaned after use.

The inhaler canister should be removed, and the plastic inhaler housing and cap should be washed in warm running water, and left to dry in air in a clean, safe place.

The canister should be returned to the housing when it is dry, and the cap replaced, and the inhaler returned to the designated storage place.

However, if there is any risk of contamination with blood (for example if the inhaler has been used without a spacer), it should also not be re-used but disposed of.

### **Disposal**

Manufacturers' guidelines usually recommend that spent inhalers are returned to the pharmacy to be recycled, rather than being thrown away. Schools should be aware that to do this legally, they should register as a lower-tier waste carrier, as a spent inhaler counts as waste for disposal. Registration only takes a few minutes online, and is free, and does not usually need to be renewed in future years.

<https://www.gov.uk/waste-carrier-or-broker-registration>

### **Liability and indemnity**

Supporting pupils requires that governing bodies ensure that when schools are supporting pupils with medical conditions, they have appropriate levels of insurance in place to cover staff, including liability cover relating to the administration of medication.

Local Authorities may provide schools which are administering inhalers with appropriate indemnity cover; however schools will need to agree any such indemnity cover directly with the relevant authority or department.