



# **Medical Conditions in Schools Policy**

**Supporting Students at School with Medical Conditions**

## **INTRODUCTION Children with Medical Needs**

The aim of the policy is to ensure that all children with medical conditions, in terms of both 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.

Most children will at some time have short- term medical needs, perhaps entailing finishing a course of medicine, such as antibiotics. Some children, however, have longer term medical needs and may require support and medicines on a long-term basis to keep them well.

Others may require medicines in particular circumstances, such as children with severe allergies who may need an adrenaline injection. Children with severe asthma may have a need for daily inhalers and additional doses during an attack.

An individual health care plan (IHCP) can help staff identify the necessary safety measures to support children with medical needs and ensure that they and others are not put at risk.

## **ROLES AND RESPONSIBILITIES Parents / Carers**

Parents should provide the school with sufficient and up-to-date information about their child's medical needs, including details on medicines their child requires. Parents should be involved in the development and review of their child's individual health care plan. They should carry out the actions they have agreed to e.g. provide medicines and equipment, and ensure that they or a nominated adult are contactable at all times.

For any medicine to be administered in school, parents must complete **Form 3**. Verbal instructions will not be accepted.

If a student is self-administering medication in school on a regular basis, a completed 'request for child to carry his / her medicines' consent **Form 5**, is still required from the parent / carer.

For administering emergency medication, a Care Plan must be completed by the parent / carer in conjunction with the college Health Professionals and School Nursing Service. Minor changes can be made if signed and dated by the School Nurse or Health and Well-being Nurse. If, however, changes are major, a new Care Plan must be completed. All Care Plans must be reviewed annually.

It only requires one parent to agree or request that medicines are administered. Where parents disagree over medical support, the disagreement must be resolved by the Courts. The school should continue to administer the medicine in line with the consent given and in accordance with the prescriber's instructions, unless and until a Court decides otherwise.

If a child is on regular medication it may be necessary for two sets of similar medicines to be kept, one at home and one at school. Parents may request this from a GP or Paediatrician.

Parents should be given the opportunity to provide the head with sufficient information about their child's medical needs if treatment or special care is needed. Ideally, the head should always seek parental agreement before passing on information about their child's health to other staff. Sharing information is important if staff and parents are to ensure the best care for a child.

## **The Principal**

The Principal is responsible for putting the employer's policy into practice, developing detailed, and ensuring that staff receive proper support and training where necessary.

The Principal should make sure that all parents and all staff are aware of the policy and procedures for dealing with medical needs. The head should also make sure that the appropriate systems for information sharing are followed. The policy should make it clear that parents should keep children at home when they are acutely unwell.

For a child with medical needs, the head will need to agree with the parents exactly what support can be provided. Where parents' expectations appear unreasonable, the head should seek advice from the school nurse or doctor, the child's GP or other medical advisers.

If staff follow documented procedures, they should be fully covered by their employer's public liability insurance should a parent make a complaint.

### **Teachers and Other Staff**

Some staff may be naturally concerned for the health and safety of a child with a medical condition, particularly if it is potentially life threatening. Staff with children with medical needs in their class or group should be informed about the nature of the condition, and when and where the children may need extra attention. The child's parents and school nurse should provide this information.

Any member of staff who agrees to accept responsibility for administering prescribed medicines to a child should have appropriate training and guidance. They should also be aware of possible side effects of the medicines and what to do if they occur. The type of training necessary will depend on the individual case. The school will keep a log of all training completed by staff.

The school First Aider will receive the First Aid at Work training, which will be updated every three years in line with legislation. Additional staff will receive the Appointed Persons one day training course which will be updated every three years. There will be occasions when additional training is necessary e.g. for use of the EpiPen, when two staff will be trained in the use and administration of this. Advice and training is available for all members of staff administering medication in school. Staff must wear appropriate clothing when dealing with first aid issues.

The college will contact the School Nursing Service for advice and guidance when needed.

### **Health Services**

The Primary Care Trust has a statutory duty to meet local needs and has the provision of advice, support and training, on request, on specific issues to do with the administration of medicines as well as on more general issues.

Most schools will have contact with the health service through the School Nursing Service. The school nurse should help schools draw up individual health care plans for pupils with medical needs, and may be able to supplement information already provided by parents and the child's GP. The School Nurse may also be able to advise on training for school staff on administering medicines, or take responsibility for other aspects of support, on request.

Every child should be registered with a GP. GPs work as part of a primary health care team. Parents usually register their child with a local GP practice. A GP owes a duty of confidentiality to patients, and so any exchange of information between a GP and a school should normally be with the consent of the child if appropriate or the parent. Usually consent will be given, as it is in the best interests of children for their medical needs to be understood by school staff. The GP may share this information directly or via the school health service.

Many other health professionals may take part in the care of children with medical needs. Often a community paediatrician will be involved. These doctors are specialists in children's health, with special expertise in childhood disability, chronic illness and its impact in the school setting. They may be directly involved in the care of the child, or provide advice to schools in liaison with the other health professionals looking after the child.

### **Confidentiality**

The head and staff should always treat medical information confidentially. The head should agree with the child where appropriate, or otherwise the parent, who else should have access to records and other information about a child. If information is withheld from staff they should not generally be held responsible if they act incorrectly in giving medical assistance but otherwise in good faith.

### **LONG –TERM OR COMPLEX MEDICAL NEEDS**

It is important to have sufficient information about the medical condition of any child with long-term medical needs. Schools are under a duty to increase access and should be aware of the circumstances in which children with medical needs are protected under the Disability Discrimination Act 1995.

Schools need to know about any particular needs before a child is admitted, or when a child first develops a medical need. For children who attend hospital appointments on a regular basis, special arrangements may also be necessary. It is often helpful to develop a written health care plan for such children, involving the parents and relevant health professionals. This can include:

- **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 eg 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** and the headteacher 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, eg 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.

**Form 2** provides an example of a **health care plan** that the school will use.

### **Purpose of a Health Care Plan**

The main purpose of an individual health care plan for a child with medical needs is to identify the level of support that is needed. Not all children who have medical needs will require an individual plan. A short written agreement with parents may be all that is necessary such as **Form 3** or **5**. The flow chart in the Appendix, **Model Process for Developing Individual Healthcare Plans**, outlines the process for developing individual health care plans. Where the child has a special educational need identified in a statement or EHC plan, the individual healthcare plan should be linked to or become part of that statement or EHC plan.

An individual health care plan clarifies for staff, parents and the child the help that can be provided. It is important for staff to be guided by the child's GP or paediatrician. Staff should agree with parents how often they should jointly review the health care plan, at least once a year, but much depends on the nature of the child's particular needs; some would need reviewing more frequently.

All students who have a long term medical condition, or require long term medication administered in school, should have a health care plan that is reviewed annually. This will be done with the school health care professional.

### **Co-ordinating Information**

Coordinating and sharing information on an individual pupil with medical needs, particularly in secondary schools, can be difficult. The head teacher should decide which member of staff has specific responsibility for this role. At Stoke Damerel Community College, the designated person for coordinating the Health Care Plans will be the College First Aider. This person will be a first contact for parents and staff, and liaise with external agencies. This members of staff will attend training on managing medicines and drawing up policies on medicines where necessary.

### **Staff Training**

A health care plan may reveal the need for some staff to have further information about a medical condition or specific training in administering a particular type of medicine or in dealing with emergencies. Staff should not give medicines without appropriate training from health

professionals. When staff agree to assist a child with medical needs, the employer should arrange appropriate training in collaboration with local health services, primarily through the School Nursing Service.

A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.

Where applicable, whole school awareness training is provided so that all staff are aware of the schools policy for supporting pupils with medical conditions. This includes preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

### **ADMINISTERING MEDICINES IN SCHOOL Support for Children with Medical Needs**

Primary responsibility for the health and wellbeing of children and the administration of medication lies with the Parents (Section 576 Education Act 1996).

There is no legal or contractual duty on school staff to administer medicine or supervise a child taking it. The only exceptions are set out in the paragraph below.

*Staff 'duty of care' - Anyone caring for children including teachers, other school staff and day care staff in charge of children have a common law duty of care to act like any reasonably prudent parent. Staff need to make sure that children are healthy and safe. In exceptional circumstances the duty of care could extend to administering medicine and/or taking action in an emergency. This duty also extends to staff leading activities taking place off site, such as visits, outings or field trips.*

In undertaking the duty of care, schools are dependent on the accurate information from and cooperation of parents, as well as support from health professionals.

Children with medical needs have the same rights of admission to school as other children and cannot be removed from school for medical reasons except in the following exceptional circumstance. Where a pupil's presence on the school site represents a serious risk to the health or safety of other pupils or school staff a head teacher may send the pupil home that day after consultation with the parents. This is not an exclusion and may only be done for medical reasons.

Although there is no legal duty that requires schools to administer medicines, some support staff may have such a role in their contract of employment. At Stoke Damerel, these are the school First Aider, volunteer first aiders and the health and well-being nurse.

Staff managing the administration of medicines and those who administer medicines will receive appropriate training and support from health professionals. There are robust systems in place to ensure that medicines are managed safely. There must be an assessment of the risks to the health and safety of staff and others and measures put in place to manage any identified risks.

Children with medical needs and requiring medicines may be identified as falling into one of three categories: pupils capable of self-administering treatment; some will require a certain level of supervision; others will need the medicines to be administered to them.

This policy will cover:

- Procedures for managing medicines
- Dealing with medicines safely

- Managing prescription medicines outside the school setting
- Roles and responsibilities of parents / carers, school staff, and health
- Long- term or complex medical needs
- School's emergency procedures
- Appendix: Useful Contacts  
Forms

## **PROCEDURE FOR MANAGING MEDICINES**

Medicines should only be taken to school or settings when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school 'day'.

Schools should only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration and dosage.

Schools and settings should never accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions.

It is helpful, where clinically appropriate, if medicines are prescribed in dose frequencies which enable it to be taken outside school hours. Parents could be encouraged to ask the prescriber about this. It is to be noted that medicines that need to be taken three times a day could be taken in the morning, after school hours and at bedtime.

### **Controlled Drugs**

Any member of staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicine should do so in accordance with the prescriber's instructions.

A child who has been prescribed a controlled drug may legally have it in their possession. The school will look after a controlled drug, where it is agreed that it will be administered to the child for whom it has been prescribed.

Schools and settings should keep controlled drugs in a locked non- portable container and only named staff, First Aider and Reception staff, should have access. A record of controlled drugs on the school premises will be kept for audit and safety purposes.

A controlled drug, as with all medicines, should be returned to the parent when no longer required to arrange for safe disposal (by returning the unwanted supply to the local pharmacy). If this is not possible, it should be returned to the dispensing pharmacist (details should be on the label).

### **Non-prescribed Medicine**

Students should not bring non-prescribed medicines to school, unless parents have requested their use and signed the agreed consent form (**Form 5**). This is a service that SDCC is not obliged to undertake.

Staff should never give a non-prescribed medicine to a child unless there is specific prior permission from the parent. Staff should check that the medicine has been administered without adverse effect to the child in the past and that parents have certified this is the case – a note to this effect should

be recorded in the written parental agreement for the school to administer medicine. A short written agreement with parents may be all that is necessary.

Occasionally paracetamol will be administered to students suffering acute pain from things like migraine, period pain and toothache.

The school First Aider will only administer paracetamol with verbal consent, on the day of administration only. Parents will be informed of the time of administration and dosage.

The school will keep records of the administration of paracetamol as for prescribed medication.

### **Administering Medicines**

No child under 16 should be given medicines without their parent's written consent. Any member of staff giving medicines to a child should check:

- the child's name
- prescribed dose
- expiry date
- written instructions provided by the prescriber on the label or container

If in doubt about any procedure staff should not administer the medicines but check with the parents, in the first instance, or a health professional before taking further action.

If staff have any other concerns related to administering medicine to a particular child, the issue should be discussed with the parent, if appropriate, or with a health professional attached to the school or school nurse.

### **Self-Management**

It is good practice to support and encourage children, who are able, to take responsibility to manage their own medicines from a relatively early age and schools should encourage this. Older children with a long-term illness should, whenever possible, assume complete responsibility under the supervision of their parent. Children develop at different rates and so the ability to take responsibility for their own medicines varies. This should be borne in mind when making a decision about transferring responsibility to a child or young person. There is no set age when this transition should be made. There may be circumstances where it is not appropriate for a child of any age to self-manage. Health professionals need to assess, with parents and children, the appropriate time to make this transition.

If children can take their medicines themselves, staff may only need to supervise. Children may carry, and administer (where appropriate), their own non-controlled medicines, bearing in mind the safety of other children and medical advice from the prescriber in respect of the individual child. **A parental consent form is provided in Form 5 – request for child to carry his/her own medicines.**

Where children have been prescribed controlled drugs staff need to be aware that these should be kept in safe custody. However children would access them for self-medication with the school First Aider.



## Refusing Medicines

If a child refuses to take medicine, staff should not force them to do so, but should note this in the records and follow agreed procedures set out in an individual child's health care plan. Parents should be informed of the refusal on the same day. If a refusal to take medicines results in an emergency, the school emergency procedures should be followed.

## Record Keeping

Parents should tell the school about the medicines that their child needs to take and provide details of any changes to the prescription or the support required. However information must be the same as that provided by the prescriber, in terms of dosage and frequency.

Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions. In all cases it is necessary to check that written details include:

- name of child
- name of medicine
- dose
- method of administration
- time/frequency of administration
- any side effects
- expiry date

Parents will complete **Form 3** to record details of medicines. Staff should check that any details provided by parents, or in particular cases by a paediatrician or specialist nurse, are consistent with the instructions on the container.

Written records must be kept of all medicines administered to children. Records offer protection to staff and proof that they have followed agreed procedures (**First Aid Spreadsheet**). **Parents should be informed if their child has been unwell in school.**

## DEALING WITH MEDICINES SAFELY Storing Medicines

Staff should only store, supervise and administer medicine that has been prescribed for an individual child. Medicines should be stored strictly in accordance with product instructions (paying particular note to temperature) and in the original container in which dispensed.

Staff should ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine and the frequency of administration. Where a child needs two or more prescribed medicines, each should be in a separate container.

Children should know where their own medicines are stored and who holds the key – First Aider and Reception. The head is responsible for making sure that medicines are stored safely. All emergency medicines, such as asthma inhalers and adrenaline pens, should be readily available to children and should not be locked away. Many schools allow children to carry their own inhalers. Other nonemergency medicines should generally be kept in a secure place not accessible to students.

Controlled drugs should be kept in a lockable, non-portable container, accessible only to staff nominated, and records kept for audit purposes.

A few medicines need to be refrigerated. They can be kept in a refrigerator containing food but should be in an airtight container and clearly labelled. There should be restricted access to a refrigerator holding medicines.

### **Access to Medicines**

Children need to have immediate access to their medicines when required. The school may want to make special access arrangements for emergency medicines that it keeps. However, it is also important to make sure that medicines are only accessible to those for whom they are prescribed.

### **Disposal of Medicines**

Staff should not dispose of medicines. Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. They should also collect medicines held at the end of each term. If parents do not collect all medicines, they should be taken to a local pharmacy for safe disposal.

Sharps boxes should always be used for the disposal of needles. Sharps boxes can be obtained by parents on prescription from the child's GP or paediatrician. Collection and disposal of the boxes should be arranged with the Local Authority's environmental services.

### **Hygiene and Infection Control**

All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures. Staff should have access to protective disposable gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment.

## **MANAGING MEDICAL NEEDS OUTSIDE THE SCHOOL SETTING Educational Visits**

Children with medical needs are encouraged to participate in safely managed visits, trips and sporting activities, and not prevented from doing so. Schools and settings should consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits. It is best practice to include risk assessments for such children.

Sometimes additional safety measures may need to be taken for outside visits. It may be that an additional supervisor, a parent or another volunteer might be needed to accompany a particular child. Arrangements for taking any necessary medicines will also need to be taken into consideration. Staff supervising excursions should always be aware of any medical needs, and relevant emergency procedures. A copy of any health care plans should be taken on visits in the event of the information being needed in an emergency.

Medication required during a school trip should be carried by the student, if this is normal practice. If not, then a trained member of staff or the parent should be present, either of whom can carry and administer medication as necessary. Parents / Carers must complete a Consent Form (**Form 3**) if their child requires any medication whilst on a school trip or visit.

If staff are concerned about whether they can provide for a child's safety, or the safety of other children on a visit, they should seek parental views and medical advice from the school health service or the child's GP.

Some pupils are at risk of severe allergic reactions. Risks can be minimised by not allowing anyone to eat on vehicles. As noted above, all escorts should have basic first aid training and should be trained in the use of an adrenaline pen for emergencies where appropriate.

### **Sporting Activities**

Most children with medical conditions can participate in physical activities and extra-curricular sport. Any restrictions on a child's ability to participate in PE should be recorded in their individual health care plan.

Some children may need to take precautionary measures before or during exercise, and may also need to be allowed immediate access to their medicines such as asthma inhalers. Staff supervising sporting activities should consider whether risk assessments are necessary for some children, be aware of relevant medical conditions and any preventative medicine that may need to be taken and emergency procedures.

### **Home to School Transport**

Local Authorities arrange home to school transport where legally required to do so. They must make sure that pupils are safe during the journey.

Drivers should know what to do in the case of a medical emergency.

Where pupils have life threatening conditions, specific health care plans should be carried on vehicles. Schools will be well placed to advise the Local Authority and its transport contractors of particular issues for individual children. Individual transport health care plans will need input from parents and the responsible medical practitioner for the pupil concerned. The care plans should specify the steps to be taken to support the normal care of the pupil as well as the appropriate responses to emergency situations.

### **SCHOOLS EMERGENCY PROCEDURES Incidents requiring First Aid treatment**

Only staff holding a current 'First Aid at Work' or 'First Aid – Appointed Persons' certificate should administer first aid to members of staff or students. Staff must wear protective gloves and other protective coverings when dealing with bodily fluids. There will be a First Aid Manual in the First Aid room which clearly states procedures that are to be followed. All incidents requiring first aid must be clearly logged. Parents / Carers should be notified by the person giving First Aid where considered necessary, and for all head injuries.

First Aid boxes will be provided within the workplace to ensure that there are adequate supplies for the nature of the hazards involved. All boxes will contain at least the minimum supplies required under law. No cream, lotions or drugs, however seemingly mild, will be kept in these boxes.

The location of first aid boxes are in every department. Additional supplied / replacement of items can be obtained from the College First Aider.

The school holds a defibrillator as part of the first aid equipment. Training is provided for those staff who may have access to this equipment.

Asthma inhalers – once regulations have changed, schools will be able to hold asthma inhalers for emergency use. This is voluntary in the schools part.

## Medical Emergencies

As part of general risk management processes all schools should have arrangements in place for dealing with emergency situations. Other children should know what to do in the event of an emergency, such as telling a member of staff. All staff should know how to call the emergency services. Guidance on **calling an ambulance** is provided in **Form 1**. All staff should also know who is responsible for carrying out emergency procedures in the event of need.

In the case of an emergency the ambulance service must be contacted on 999 immediately. The trained first aider will stay with the injured person and give first aid treatment. Another member of staff, usually the reception staff will liaise with the ambulance service updating them of the patient's condition deteriorates. This member of staff will access the student's records and contact parents requesting their presence at the college or subsequently the emergency department as a matter of urgency. A member of staff should always accompany a child taken to hospital by ambulance, and should stay until the parent arrives. Health professionals are responsible for any decisions on medical treatment when parents are not available.

Staff should never take children to hospital in their own car; it is safer to call an ambulance.

Individual health care plans should include instructions as to how to manage a child in an emergency, and identify who has the responsibility in an emergency, for example if there is an incident in the playground a lunchtime supervisor would need to be very clear of their role.

### UNACCEPTABLE PRACTICE

It is not acceptable 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 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 eg hospital appointments;
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- require parents, or otherwise make them feel obliged, to attend school to administer 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

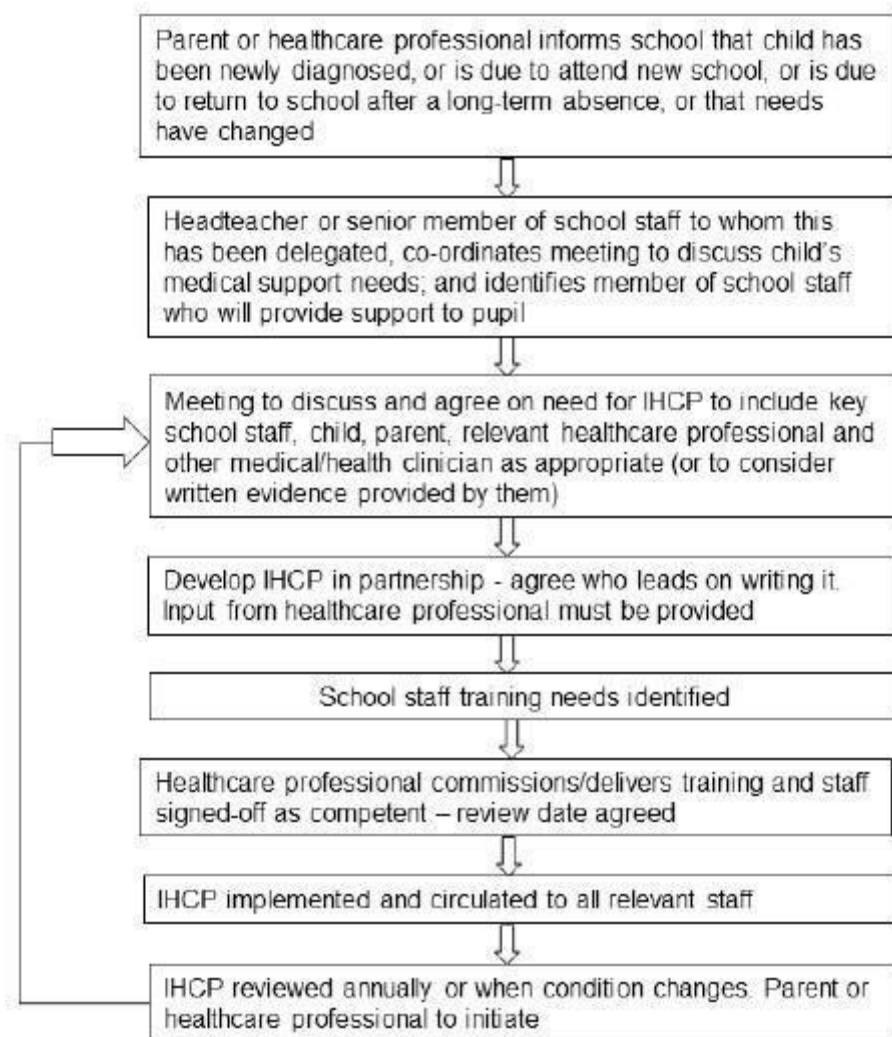
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, eg by requiring parents to accompany the child

## **COMPLAINTS**

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

## APPENDIX

### Model Process for Developing Individual Healthcare Plans



## **Forms**

Form 1: Emergency planning - request for an ambulance

Form 2: Healthcare Plan

Form 3: Parental agreement for school to administer medicines

Form 5: Request for child to carry his/her own medicine

Form 6: Staff training record - administration of medicines





## **FORM 1**

# **Contacting Emergency Services**

### **Request for an Ambulance**

**Dial 999, ask for ambulance and be ready with the following information**

1. Your telephone number
2. Give your location as follows: (Stoke Damerel Community College, Somerset Place)
3. State that the postcode is PL3 4BD
4. Give exact location in the school (insert brief description)
5. Give your name
6. Give name of child and a brief description of child's symptoms
7. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to

**Speak clearly and slowly and be ready to repeat information if asked Put a completed copy of this form by the telephone**

# FORM 2

## Healthcare Plan

Name of School \_\_\_\_\_

Child's name \_\_\_\_\_

Group/Class/Form \_\_\_\_\_

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

Child's Address \_\_\_\_\_

Medical Diagnosis or Condition \_\_\_\_\_

Date \_\_\_\_\_

Review date \_\_\_\_\_

### CONTACT INFORMATION

#### Family contact 1

#### Family contact 2

Name		Name	
Phone No. (work)		Phone No. (work)	
(home)		(home)	
(mobile)		(mobile)	

#### Clinic/Hospital contact

Name \_\_\_\_\_

Phone No. \_\_\_\_\_

#### GP

Name \_\_\_\_\_

Phone No. \_\_\_\_\_

Describe medical needs and give details of child's trigger, signs, symptoms and treatment:

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Pupils Needs – medication and other treatments, dietary requirements and environmental issues

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Specific support for the pupil's educational, social and emotional needs (managing absences, rest periods, exam concessions, additional support)

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Level of support needed, including emergencies (monitoring self management)

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Daily care requirements: (e.g. before sport/at lunchtime)

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Who will provide the support (training needs, cover arrangements)

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Who needs to be aware of the child's condition and the support required

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Arrangements for written permission from parents for a member of staff to administer medication or to supervise pupil self administering

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Arrangement required for school trips or other school activities (e.g. risk assessment)

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Designated staff entrusted to be aware of confidentiality issues

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

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Follow up care:

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Who is responsible in an Emergency: (State if different for off-site activities)

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Form copied to:

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# Parental agreement for school to administer medicine

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

Name of School/Setting \_\_\_\_\_

Name of Child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Tutor Group: \_\_\_\_\_

Medical condition/illness: \_\_\_\_\_

## Medicine

Medicine Name/Type of Medicine/ strength of medicine (as described on the container):	
Date dispensed:	
Expiry date:	
Agreed review date to be initiated by [name of member of staff]:	
Dosage and method: How much to give?	
Timing: When should it be given?	
Special Precautions:	
Are there any side effects that the school/setting needs to know about?	
Self Administration:	Yes/No (delete as appropriate)
Procedures to take in an Emergency:	

This medication has been prescribed for my child by: **(the school may contact the GP for verification purposes)**

Name of GP: \_\_\_\_\_

Surgery: \_\_\_\_\_

Please confirmed that it is necessary to give this medication during the school day: Yes / No

**The medication must be in the original container as dispensed by the pharmacy, indicating the contents, dosage, timings of dosage and child's full name. These details must be consistent with the 'medicine details' you have completed above.**

- The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff to administer medicine in accordance with the school policy.
- I understand that I must deliver the medicine personally to the school First Aider.
- I accept that this is a service that the school is not obliged to undertake.
- I understand that I must notify the school immediately in writing of any changes in dosage or timings of dosage or if the medicine is stopped.

This form will need to be completed annually for students requiring long term medication, and may form part of a Health Care Plan review.

If more than one medicine is to be given a separate form should be completed for each one.

Parent / Carer Name: \_\_\_\_\_

Signature(s): \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Date: \_\_\_\_\_

## FORM 5

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

THIS FORM MUST BE COMPLETED BY THE CHILD'S PARENTS/GUARDIAN

Medicines are not allowed in school unless they are considered absolutely necessary in the opinion of health professionals and agreed by the school.

In making this request for a child to carry medicines, it is expected that parents will have sought the advice of a health professional and are certain that the medicines are necessary. School staff, other than health professionals, are unable to prescribe or give medicines themselves. If staff have any concerns the request should be discussed with the school healthcare professionals.

Name of School/Setting:	
Child's Name:	
Group/Class/Form:	
Address:	
Name of Medicine:	
Procedures to be taken in an emergency:	

#### Contact Information

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: \_\_\_\_\_

If more than one medicine is to be given a separate form should be completed for each one.

**Form 8**

**Staff Training Record**

Name: \_\_\_\_\_ Position: \_\_\_\_\_  
\_\_\_\_\_

Type of Training	Training Provider	Training Date	Review Date
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**COMMON CONDITIONS – PRACTICAL ADVICE ON ASTHMA, EPILEPSY, DIABETES AND ANAPHYLAXIS**

The medical conditions in children that most commonly cause concern in schools are asthma, diabetes, epilepsy and severe allergic reaction (anaphylaxis).

**ASTHMA**

**You are having an asthma attack if any of the following happens:**

- Reliever isn't helping or lasting over four hours.
- Symptoms are getting worse (cough, breathlessness, wheeze or tight chest).
- Breathless or it is difficult to speak, eat or sleep.
- Breathing may get faster and it feels like you can't get your breath in properly.

- Children may complain of a tummy ache.

**Treatment:**

1. Take one or two puffs of the inhaler (usually blue), immediately.
2. Sit down and try and take slow, steady breaths.
3. If they do not start to feel better, take two puffs of your reliever inhaler (one puff at a time) every two minutes. You can take up to ten puffs.
4. If they do not feel better after taking their inhaler as above, or if you are worried at any time, call 999.
5. If an ambulance does not arrive within ten minutes and they are still feeling unwell, repeat step 3.

**If symptoms improve and you do not need to call 999, you still need to see a doctor or asthma nurse within 24 hours. Reference [www.asthma.org.uk/advice-asthma-attacks](http://www.asthma.org.uk/advice-asthma-attacks) (accessed 5th March 2014)**

Children with asthma need to have immediate access to their reliever inhalers when they need them.

Children who are able to use their inhalers themselves should be allowed to carry them with them.

For a child with severe asthma, the health care professional may prescribe a spare inhaler to be kept in the school or setting.

It is important to agree with parents of children with asthma how to recognise when their child's asthma gets worse and what action will be taken. An Asthma School Card (available from Asthma UK) is a useful way to store written information about the child's asthma and should include details about asthma medicines, triggers, individual symptoms and emergency contact numbers for the parent and the child's doctor.

A child should have a regular asthma review with their GP or other relevant healthcare professional. Parents should arrange the review and make sure that a copy of their child's management plan is available to the school. Children should have a reliever inhaler with them when they are in school.

All staff, particularly PE teachers, should have training or be provided with information about asthma once a year.

**ANAPHYLAXIS**

The treatment for a severe allergic reaction is an injection of adrenaline (also known as epinephrine). Pre-loaded injection devices containing one measured dose of adrenaline are available on prescription. The devices are available in two strengths – adult and junior.

Should a severe allergic reaction occur, the adrenaline injection should be administered into the muscle of the upper outer thigh. An ambulance should always be called.

Staff that volunteer to be trained in the use of these devices can be reassured that they are simple to administer. It is not possible to give too large a dose using this device. In cases of doubt it is better to give the injection than to hold back.

The decision on how many adrenaline devices the school should hold, and where to store them, has to be decided on an individual basis between the head, the child's parents and medical staff involved.

Where children are considered to be sufficiently responsible to carry their emergency treatment on their person, there should always be a spare set kept safely which is not locked away and is accessible to all staff. In large schools or split sites, it is often quicker for staff to use an injector that is with the child rather than taking time to collect one from a central location.

Studies have shown that the risks for allergic children are reduced where an individual health care plan is in place. Reactions become rarer and when they occur they are mostly mild. The plan will need to be agreed by the child's parents, the school and the treating doctor. Important issues specific to anaphylaxis to be covered include:

- anaphylaxis – what may trigger it
- what to do in an emergency
- prescribed medicine
- food management
- precautionary measures

## **TREATMENT FOR CONVULSIVE SEIZURE**

A convulsive seizure is the term used to describe someone who has a seizure which causes them to shake or jerk.

Although it can be frightening to see, this type of seizure is not usually a medical emergency. Usually, once the convulsions have stopped, the person recovers and their breathing goes back to normal.

### **Treatment**

- 1. Stay Calm.**
- 2. Look Around** – is the person in a dangerous place? If not, do not move them. Move objects like furniture away from them.
- 3. Note the time** the seizure starts.
- 4. Stay with them.** If they do not collapse but seem blank or confused, gently guide them away from any danger. Speak quietly and calmly.
- 5. Cushion their head** with something soft if they have collapsed on the ground.
- 6. Don't hold them down.**
- 7. Don't put anything in their mouth.**
- 8. Check the time again.** If a convulsive seizure doesn't stop after 5 minutes, call for an ambulance (dial 999).
- 9. After the seizure has stopped,** put them into the recovery position and check that their breathing is returning to normal. Gently check their mouth to see that nothing is blocking

their airway such as food or false teeth. If their breathing sounds difficult after the seizure has stopped, call for an ambulance.

**10. Stay with them until they are fully recovered.**

**If they are injured, or they have another seizure without recovering fully from the first seizure, call for an ambulance. Reference**

<http://www.epilepsysociety.org.uk/10-first-aid-steps-when-someone-hasconvulsiveseizure#.UxcWivmqmKA> (accessed 5<sup>th</sup> March 2014)

## **EMERGENCY MANAGEMENT OF HYPOGLYCAEMIA IN AN INSULIN DEPENDENT DIABETIC**

This occurs when the blood sugar level is too low either due to a missed meal or too much insulin has been taken.

### **Symptoms:**

- Shaky
- Sweaty
- Confused
- Slurred speech
- Can be uncooperative or irritable

### **Treatment:**

#### **Call for First Aid**

Can be corrected by taking something sweet:

- such as a glass of fruit juice
- Eat a handful of sweets
- 4-5 Dextrose tablets

IF RECOVERY DOES NOT HAPPEN WITHIN 15 MINS REPEAT THE GLUCOSE LOAD.