Supporting Students with Medical Needs Policy

This school is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment

Date Approved by Governing Body:	Sept 2023
Review Period:	1 years
Next Review Date:	Sept 2024

Chair of Governors:	Teresa Cutler

Mission

To enable all young people to lead meaningful and enjoyable lives

VISION

We will have an enhanced recognition as a centre for excellent practice of autism, training and supporting others.

We will be integrating with the wider community to enhance lifelong learning for students with autism both locally and beyond.

This policy has been developed in line with:

- **Supporting Pupils/Students at School with Medical Conditions: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England" DfE December 2015 (reissued August 2017) (the Statutory Guidance) and both documents should be read together.**
- **The Administration of Medicines in Schools and Settings: A supplemental Guidance Document (Birmingham) – February 2018**

The Law

Schools' 'appropriate authorities' (governing bodies of maintained schools, proprietors of academies and management committees in Pupil Referral Units) have a duty under section 100 of the Children and Families Act 2014 to make arrangements to support pupils at school who have medical conditions. Appropriate authorities must also have regard to the Statutory Guidance, which should be read alongside this document.

In addition, the Equality Act 2010 (the Act) prohibits discrimination on the grounds of a protected characteristic such as disability, defined under section 6 of the Act, which may include some children with medical needs.

The Public Sector Equality Duty (PSED), as set out in section 149 of the Act, came into force on 5 April 2011 replacing the Disability Equality Duty and requiring public bodies to have due regard in the exercise of their functions to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

There are a number of ways that the responsible bodies for schools **must not** discriminate against pupils or prospective pupils which are set out in section 85 of the Act. This will include **all aspects** of school life, i.e. it will also apply to activities outside delivery of the curriculum, such as school trips, school clubs, and activities. Schools must make reasonable adjustments for children with disabilities where they are likely to be at a

substantial disadvantage compared with pupils who are not disabled; which may include making adjustments to their practices, procedures and school policies.

Some pupils with medical needs may also have special educational needs (SEN) and may have an Education, Health and Care plan (EHCP) which sets out the pupil's health, social care and special educational requirements. For pupils with SEN, this guidance should also be read in conjunction with the Special Educational Needs and Disability (SEND) Code of Practice. Generally, if a pupil's EHCP is followed, schools will be able to demonstrate that they have complied with the SEND Code of Practice and the duty under section 100 of the Children and Families Act 2014.

Under the Health and Safety at Work Act 1974, employers, including Appropriate Authorities, must have a Health and Safety policy which, for schools, should incorporate, or refer to, their policy for supporting children with medical needs. Schools may wish to base their own Health and Safety policy on the corporate Health and Safety Policy. Schools' Health and Safety policy should explain the procedures for conducting appropriate risks assessments.

Safeguarding

Schools must ensure that policies, plans, procedures and systems are properly and effectively implemented to align with their wider safeguarding duties.

Definitions

"Medication" is defined as any prescribed or over the counter medicine.

"Prescription medication" is defined as any drug or device prescribed by a doctor.

A "staff member" is defined as any member of staff employed at Uffculme School.

What this policy document contains

Sections 1 to 8 offer general guidance on a variety of issues connected to administering medicines in schools. The 'Appendices' include:

- Good Practice Points/Guidance on administering medication to children with specific medical conditions;
- An example 'Consent Form to Administer Medicines', which must normally be filled in by the parent before staff can give any medication;
- An example record form to enable school to record medication which has been administered;
- Example 'Individual Healthcare Plans' (Care Plans):

  Schools' policies about supporting pupil/student/student/students with medical needs should explain when the school will prepare a Care Plan for a pupil/student/student/student which will, generally, only be necessary if a pupil/student/student/student has a serious medical condition e.g. diabetes, epilepsy, asthma, allergies resulting in severe anaphylactic reactions, and may need medication to be administered. The example Care Plans are a guide to the type of information schools may need to effectively treat children with particular conditions, but should be expanded as required following consultation with a healthcare professional, parents, the pupil/student/student/student and the school. The Birmingham School Health Advisory Service will usually contribute to the preparation of Care Plans.

- A 'sample letter' to parents about their child's medication;

- An example training record, as it is good practice to keep a record of all training undertaken by staff which enables them to administer a particular type of medicine or deal with emergencies; and

- A checklist, designed to assist schools when they are assessing whether their policies meet the requirements of the statutory guidance, and this supplemental guidance.

The Special School Nursing Service is available for advice, support and training.

****IF IN DOUBT OR IN AN EMERGENCY ALWAYS SEEK MEDICAL ADVICE****

1. Responsibilities and Requirements

The Governing Body is responsible for:

The overall implementation of the Supporting Pupil/Students with Medical Conditions Policy and procedures of Uffculme School

Ensuring that the Supporting Pupil/Students with Medical Conditions Policy, as written, does not discriminate on any grounds including, but not limited to: ethnicity/national origin, culture, religion, gender, disability or sexual orientation.

Handling complaints regarding this policy as outlined in the school's Complaints Policy.

Ensuring that all pupils/students with medical conditions are able to participate fully in all aspects of school life.

Ensuring that relevant training provided by the LA is delivered to staff members who take on responsibility and are deemed competent to support children with medical conditions.

Guaranteeing that information and teaching support materials regarding supporting pupils/students with medical conditions are available to members of staff with responsibilities under this policy

Keeping written records of any and all medicines administered to individual pupils/students and across the school population.

The Local Authority (LA) is responsible for:

Securing employer's Liability Insurance which provides appropriate cover and amount of insurance cover in place to protect employees who administer medicines to pupils/students.

Promoting cooperation between relevant partners and stakeholders regarding supporting pupils/students with medical conditions

Providing support, advice, training and guidance to schools and their staff.

In addition to any insurance cover which may be in place, Birmingham City Council (the Council) fully indemnifies its employees in maintained schools against the cost of claims brought against them which allege negligence providing that the action, or lack of action, complained of was carried out in good faith during the course of the employee's employment and the employee had participated in the appropriate training.

Therefore, employees who are trained to administer medicine to pupils/students with medical conditions will normally be indemnified meaning that the Council, not the employee, would pay the costs incurred and damages awarded if a claim for negligence is settled or is successful.

Making alternative arrangements for the education of pupils/students who need to be out of school for fifteen days or more due to a medical condition.

Home/School Transport.

The LA must make sure that pupils/students are safe during the journey. Most pupils/student with medical needs do not require supervision on school transport, but Local Authorities should provide appropriate trained escorts if they consider them necessary. Guidance should be sought from the child's GP or paediatrician.

Drivers and escorts should know what to do in the case of a medical emergency. They should not generally administer medicines but where it is agreed that a driver or escort will administer medicines (i.e. in an emergency) they must receive training and support and fully understand what procedures and protocols to follow. They should be clear about roles, responsibilities and liabilities.

Where pupils/students have life threatening conditions, specific health care plans should be carried on vehicles. School will 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/student concerned. The care plans should specify the steps to be taken to support the normal care of the pupil/student as well as the appropriate responses to emergency situations. All drivers and escorts should have basic first aid training. Additionally, trained escorts may be required to support some pupils/students with complex medical needs. These can be healthcare professionals or escorts trained by them.

Some pupils/students 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.

The Head Teacher is responsible for:

The day-to-day implementation and management of the Supporting Pupils/Students with Medical Conditions Policy and procedures of Uffculme School

Ensuring the policy is developed effectively with partner agencies for example School Nursing Team

Making staff aware of this policy.

Liaising with healthcare professionals regarding the training required for staff and the development of Individual Health Care Plans (IHCPs)

Making staff who need to know aware of a child's medical condition. Ensuring a sufficient number of trained members of staff are available to implement the policy and deliver IHCPs in normal, contingency and emergency situations.

If necessary, facilitating the recruitment of a member of staff for the purpose of delivering the promises made in this policy.

Ensuring the correct level of insurance is in place for teachers who support pupils/students in line with this policy.

Contacting the school nursing service in the case of any child who has a medical condition but has not yet been brought to the attention of the school nurse

Teaching Staff are responsible for:

Taking appropriate steps to support children with medical conditions.

Where necessary, making reasonable adjustments to include pupils/students with medical conditions into lessons.

Administering medication, if they have agreed to undertake that responsibility.

Undertaking training to achieve the necessary competency for supporting pupils/students with medical conditions, if they have agreed to undertake that responsibility.

Familiarising themselves with procedures detailing how to respond when they become aware that a pupil/student with a medical condition needs help.

School nurses are responsible for:

Notifying the school when a child has been identified with requiring support in school due to a medical condition.

Liaising locally with lead clinicians on appropriate support and training

Parents and Carers are responsible for:

Keeping the school informed about any changes to their child/children's health.

Where possible medication should be administered at home. Each request from a parent to administer medication to their child in school will be considered individually based on the circumstances;

The parent's written consent is required. Consent does not have to be obtained every time medication is administered, but the form should be updated regularly

In exceptional circumstances i.e. if the medicine has been prescribed to the pupil/student without the knowledge of the parent, it may be administered without parental consent but the school will make every effort to encourage the child to involve their parents, whilst respecting the pupil's/student's confidentiality. Providing the school with the medication their child requires, supplied in the appropriate containers/packaging and keeping it up to date. Ensuring that all medication is provided in its original container with the label, from the pharmacist if the medication is prescribed or the parent if it is over the counter, showing the:

- Child's name, date of birth;
- Name and strength of medication;
- Dose;
- Any additional requirements, e.g. to take the medication with food etc.;
- Expiry date; and
- Dispensing date or date of purchase.

Discussing medications with their child/children as appropriate prior to requesting that a staff member administers the medication.

Where necessary, developing an Individual Healthcare Plan (IHCP) for their child in collaboration with the Head Teacher, other staff members and healthcare professionals.

School may wish to consider whether to agree that minor changes to the Care Plan can be made by a school nurse who will sign and date the plan, but major changes will normally mean that a new Care Plan is required. School should regularly review Care Plans, at least annually.

Parents must notify schools of any changes required to the Plan e.g. treatment, symptoms, contact details

Pupils/Students

The Statutory Guidance states that, following discussion with parents and when set out in Care Plans, children who are competent can be responsible for managing their own medicines and procedures.

Where possible, pupils/students will be allowed to carry their own medicines and devices. Where this is not possible, their medicines will be located in an easily accessible location.

If a pupil/student refuse to take medication or to carry out a necessary procedure, parents will be informed so that alternative options can be explored.

Where appropriate, pupils/students will be encouraged to take their own medication under the supervision of two adults

Individual Healthcare Plans (IHCPs)

Where necessary, an Individual Healthcare Plan (IHCP) will be developed in collaboration with the pupil/ student, parents/carers, Head Teacher, Special Educational Needs Coordinators (SENCOs) and medical professionals.

IHCPs will be easily accessible whilst preserving confidentiality.

IHCPs will be reviewed when a child's medical circumstances change, whichever is sooner.

Where a pupil/student has an Education, Health and Care plan or special needs statement, the IHCP will be linked to it or become part of it.

Where a child is returning from a period of hospital education or alternative provision or home tuition, we will work with the LA and education provider to ensure that the IHCP identifies the support the child needs to reintegrate.

Under the Data Protection Act 1998 documents which contain information about an individual's physical or mental health are 'sensitive personal data', or 'special category data' under the General Data Protection Regulation. Schools' policies should contain a privacy notice which explains when and how that medical information about a pupil/student and their Care Plan, where one is in place, will be shared with relevant staff. Schools must never display Care Plans in a public place because of the sensitive information they contain, but it would be sensible for schools to make parents, and where appropriate the pupil/student, aware that this information will be shared and that it will be kept somewhere accessible in case of emergency.

Schools should retain documents connected to a student's medical needs and the administration of medication until the student is 25 years old in accordance with Department for Health requirements regarding the retention of medical and health records. This will also mean that records are available if a child, on reaching 18 years old, decides to pursue a claim of negligence against the School. Records should be carefully reviewed by the school before they are destroyed at the end of the retention period.

Sporting Activities

Most children with medical conditions can participate in physical activities and extra-curricular sport. There should be sufficient flexibility for all children and young people to follow in ways appropriate to their own abilities.

Any restrictions on a child's ability to participate in PE should be recorded in their individual health care plan. All adults should be aware of issues of privacy and dignity for children with particular needs.

Educational Visits

Children and young people with medical needs in school will not be excluded from participating in residential visits.

School will consider what adjustments can reasonably be made to enable children with medical needs to participate safely and as fully as possible on school trips which, for best practice, should include a risk assessment. School may decide to include this information in a child's Care Plan, but on an event by event basis may need to consult parents, pupil/student and a healthcare professional to ensure that pupil/student can participate safely.

A trained member of staff or parent will accompany children on the off-site activity. The Consent Form to Administer Medicine should include off-site visits.

School will inform staff members who run sporting activities or extra-curricular activities, of specific pupils/students who require medication and how they should deal with a medical emergency if one should occur. Staff may require additional training, and should be aware of how to access the student's medication.

School should make it clear that parents need to separately inform private wrap-around services about their children's health needs.

Training

All staff will receive regular, preferably annual, training relating to emergencies, medication and relevant medical conditions. These will include:

- Asthma
- Allergy and Epipen
- Epilespy
- Diabetes
- Emergency Medication e.g Epipen, Buccal Mirdazolam

Staff at Uffculme receive a mixture of virtual and in person training.

Members of staff who volunteer to administer medication must first receive appropriate training which will normally be provided by Birmingham Community Healthcare NHS Foundation Trust, through a school nurse or special school nurse other suitably qualified professional e.g. a medical professional who is already working with the child.

Staff have the right to refuse to undertake training to administer medication, but it is important that those staff who volunteer to administer medication receive training which explains:

- The basic legal principles and potential legal liabilities involved;
- How to deal with emergency situations that may arise;
- How to appropriate and safely administer the medication in question;

No staff member may administer prescription medicines or undertake any healthcare procedures without undergoing training specific to the responsibility, including administering

School will keep records of all training and whether or not it has been satisfactorily completed. Even after training has been received, staff may decide that they no longer wish to volunteer to administer medication or request further training if the member of staff feels that it is necessary, which schools should provide. Training should be regularly updated, at least annually and when there are changes to the medication that a pupil/student requires.

A first-aid certificate does not constitute appropriate training in supporting children with medical needs and staff who have not undertaken training must not dispense medication or undertake healthcare procedures.

Emergency Procedures

As part of a general risk management processes school has arrangements in place for dealing with general emergency situations. Thus, Medical emergencies will be dealt with under the school's emergency procedures. Where appropriate, children should know that if there is an emergency they should tell a member of staff and staff should know how to call the emergency services and who is responsible for carrying out emergency procedures.

Where an Individual Healthcare Plan (IHCP) is in place, it should detail:

- What constitutes an emergency.
- What to do in an emergency.

If in doubt an ambulance should always be called and staff will never be permitted take a child to hospital in their own car.

If a parent is not present then health professionals, and not school staff, will be responsible for decisions about the medical treatment that the child requires. Staff accompanying a child to hospital should ensure that they have basic medical information about the child, for example their Care Plan if one is in place and identifying data e.g. full name and date of birth and their parents' contact details.

2. Record Keeping and Retention

A Medication Administration Record (M.A.R) is maintained for individual children who require medicine in school. This form is completed and signed giving details of the date, time and dose. Parents will be informed on the same day and a record kept if, for any reason, medication that a child normally receives is not administered. School will keep a copy of Consent Forms to Administer Medication and School Record of Medication Administered with the medication.

Schools will have a record of individual student's needs in their Care Plan (where one exists), which may also form part of their Education, Health and Care Plan. Care Plans should be reviewed regularly, at least annually and whenever there are changes to the pupil/student condition or treatment. A new Care Plan will usually be required if a student moves schools.

Under the Data Protection Act 1998 documents which contain information about an individual's physical or mental health are 'sensitive personal data', or 'special category data' under the General Data Protection Regulation. School Privacy Policy explains when and how that medical information about a pupil/student and their Care Plan (where one is in place) will be shared with relevant staff. School must never display Care Plans in a public place because of the sensitive information they contain, school will alert parents, and where appropriate the pupil/student, that this information will be shared and that it will be kept somewhere accessible in case of emergency.

School will retain documents connected to a pupil's/student's medical needs and the administration of medication until the child is 25 years old in accordance with Department for Health requirements regarding the retention of medical and health records. This will also mean that records are available if a child, on reaching 18 years old, decides to pursue a claim of negligence against school. Records should be carefully reviewed by the school before they are destroyed at the end of the retention period.

3. Medicines

Where possible, it is preferable for medicines to be prescribed in frequencies that allow the pupil/student to take them outside of school hours.

No child will be given any prescription or non-prescription medicines without written parental consent except in exceptional circumstances.

No child under 16 years of age will be given medication containing aspirin/ibrufopen without a doctor's prescription.

We do not give pain relief to any child without a prescription. However, if your child is experiencing pain due to menstruation we will review for your child. Medication for pain relief e.g Calpol/ Ibruprofen must never be administered without first checking maximum dosages and the time of previous dose. Parents must be contacted prior to administration.

Medicines MUST be supplied in the original container (except in the case of insulin which may come in a pen or pump) and clearly labelled with:

- Child's name
- The name of the medication
- The strength of the medication
- The amount of medication in the bottle/package, e.g. number of tablets / total mls
- The dose to be given and specific time – AS DIRECTED is not acceptable
- The date it was dispensed

This information should be printed on a label by the pharmacist and each box or bottle must be labelled.

Over the Counter Medicines (OTC) (non-prescription)

The Medicines and Healthcare Products Regulatory Agency license all medicines and classifies them as OTC when it considers it safe and appropriate that they may be used without a prescription. **Birmingham Local Medical Committee considers it a misuse of GP time to provide an appointment for a child with the sole purpose of acquiring a prescription for an OTC medicine. Sometimes a student's medical condition may mean that they need to take OTC medication.**

OTC medicines may be administered to a student on the same basis as prescription medication, i.e. where medically necessary, with the parent's written consent. This must be approved by the head teacher prior to any agreement to administer OTC at school. In most cases OTC medication eg antihistamine should be administered at home by parents before school.

If OTC medication is needed, senior leaders at the site must be made aware prior to it being given. Parents must also be contacted prior to administration. Where possible, parents should be contacted to administer the medication in school.

It is good practice to ask the parent to sign the School Record of Medication Administered to acknowledge that the school has told them that you have given the agreed medication.

With OTC medications the dose and frequency must be consistent with the guidance and dosage on the packaging and schools should check with parents the date and time that the child took the most recent dose

Specific types of Medication

Analgesics (Painkillers)
At Uffculme, we believe that if a child is unwell and in need of painkillers, they are best supported to recover at home. However, we realise that there are some exceptions and will consider this on a case by case basis.

For children who regularly need analgesia, such as paracetamol an individual supply of their analgesic may be kept in school, labelled for that child only. School will not retain stock supplies of analgesics for potential administration to any child. Administration of this follows the process and restrictions for OTC.

Children under 16 should never be given medicines containing aspirin or ibuprofen unless prescribed by a Doctor.

Methylphenidate (e.g.Ritalin, Metadate, Methylin)

Methylphenidate is sometimes prescribed for children with Attention Deficit Hyperactivity Disorder (ADHD). **Its supply, possession and administration are controlled by the Misuse of Drugs Act 1971 and its associated regulations. Schools must store Methylphenidate in a locked non-portable container and place to which only named staff have access.**

Schools must keep a record when new supplies of Methylphenidate are received and a record of when the drug is administered. A pupil's/student's unused Methylphenidate must be sent home with their parent and schools should record that the medication has been returned, and the amount.

Antibiotics

Parents are requested to ask the GP to prescribe antibiotics in dosages which mean that the medicine can be administered outside of school hours, wherever possible.

This will mean that most antibiotic medication will not need to be administered during school hours. For example, if the prescription states that twice daily doses should be given, these can be administered in the morning before school and in the evening after school, and if the prescription requires three doses a day these can often be given in the morning before school, immediately after school and at bedtime.

Antibiotics should always be administered in accordance with the prescriber's instructions. It should normally only be necessary to administer antibiotics in school if the dose needs to be given four times a day, in which case a dose is needed at lunchtime.

Schools should check with parents that the child is not known to be allergic to the antibiotic and note the response on the parental consent form. Schools should ask parents or the pupil/student, if they are competent and the parent agrees, to bring the antibiotic into school in the morning and take it home again at the end of each day.

Children are most likely to have an adverse reaction to a new antibiotic after the second dose, therefore we recommend that schools ask parents to administer the first and second doses of the course and monitor their child for an appropriate amount of time afterwards.

All antibiotics must be clearly labelled with the child's name, the name of the medication, the dose, the date of dispensing, and be in their original container.

Schools must check the label on the antibiotic carefully as this will state;

• Whether the antibiotic needs to be stored in a refrigerator, which will be the case with many liquid antibiotics;

• Whether it needs to be taken at a certain time and before, after or with food; and

• The dosage, which should be carefully measured with an appropriate medicine spoon, medicine pot, or oral medicines syringe provided by the parent if the antibiotic is liquid, otherwise the appropriate number capsules should be taken with a glass of water.

As identified above appropriate records must be made which will include if the pupil/student does not receive a dose, and the parent must be informed that day that a dose has been missed and given the reason why that was the case.

Emergency Medication

Individual Care Plans will explain procedures for dispensing medication in an emergency. Anyone caring for children, including teachers and any other school staff in charge of children, have a common law duty to act like any reasonably prudent parent and ensure that children are safe and well cared for in school which will extend to acting in an emergency. School will identify information or training required to enable staff to comply with this duty.

School will make staff aware that, generally, the consequences of taking no action in an emergency are likely to be more serious than the consequences of trying to assist.

Pupil's/student's' emergency medication must be readily accessible in a location which staff and the individual pupil/student know about, because in an emergency, time is of the essence.

The most common types of emergency medication which schools may be asked to administer include: -

- Buccolam (midazolam), used to treat epilepsy.
- Adrenaline, under the brand names epipen, jext, emerade, used to treat anaphylaxis caused by an allergic reaction;
- Glucose or dextrose tablets which may be branded Hypostop, used to treat hypoglycaemia caused by diabetes; and
- Inhalers, used to treat asthma (usually the blue 'reliever' inhaler).

School will arrange for training for all staff on how to handle emergency situations which will be provided by Birmingham School Health Advisory Service Nurses or appropriate specialist nurses, and will include training for the school staff who have volunteered to administer emergency medication.

4. Storage of Medication

A maximum of **four** weeks supply or 1 full bottle of the medication may be provided to the school at one time.

Non-emergency medication will be stored safely and securely, preferably in a cool place which pupils/student cannot access by accident. School will conduct a risk assessment in relation to storage facilities in order to minimise the potential for harm to occur, which will include seeking advice from local pharmacists or the school nurse on how best to store medication.

Items requiring refrigeration should be retained in a clearly labelled dedicated refrigerator, or when this is not possible, a closed container in a standard refrigerator. School will monitor the temperature of the fridge each school day and keep a written record of the temperature, time and date.

Children should be able to access their medicines, particularly for self-medication, quickly and easily, but all storage facilities should be secure and, in an area, which cannot be accessed by children without the supervision of an adult.

All emergency medication must be stored in a safe location known to the child and relevant staff, which is easily accessible in case of emergency. If the safe location is locked, it is essential that the keys can be quickly and easily accessed.

Members of staff who require medication must ensure that it is safely stored and cannot be accessed by pupil/ students.

Disposal of any sharp items (sharps)

Some medical conditions and medications require the use of sharp items (sharps), for example lancets for blood glucose monitoring, which carry the risk of accidents that could lead to infection with blood borne viruses, which are preventable with careful handling and disposal.

- Sharps bins must be located in a safe position at waist height with a temporary closure mechanism for when the bin is not in use. Sharps bins must never be kept on the floor;

- It is the personal responsibility of the individual using the sharp to dispose of it safely i.e. the pupil/student or the member of school staff assisting the pupil/student;

- That a suitable sized sharps bin must be brought to the point of use so that used sharps can be disposed of immediately;

- Sharps bins will be provided to school by health team supporting the pupil/student, which will be returned home when 2/3 full. Returned bins must be given directly to parents. Children must not carry used sharps bins to and from school themselves therefore arrangements for disposal should be outlined in the child's Care Plan.

5. Return of Medication

Medication will be returned home when:

- The course of treatment is complete;
- Labels have become detached or unreadable (NB: Special care should be taken to ensure that the medication is returned to the appropriate parent);
- The Care Plan is updated or changed and/or information about how to treat the child's medical condition is updated; or
- The medication's expiry date has been reached.

Return of the medication should be documented on the administration record held in the child's file and the parent should be advised to return unused medication to their pharmacist.

In exceptional circumstances, e.g. when a child has left the school, schools can take unused medication to a community pharmacy for disposal. Medication should not be disposed of in the normal refuse, flushed down the toilet, or washed down the sink.

6. Avoiding unacceptable practice

Uffculme School understands that the following behaviour is unacceptable:

- Assuming that pupils with the same condition require the same treatment.
- Ignoring the views of the pupil and/or their parents.
- Ignoring medical evidence or opinion.
- Sending pupils home frequently or preventing them from taking part in activities at school
- Sending the pupil to the medical room or school office alone if they become ill.
- Penalising pupils with medical conditions for their attendance record where the absences relate to their condition.

- Creating barriers to children participating in school life, including school trips.
- Refusing to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.

7. Adverse Incidents

School has an open approach to the reporting of adverse incidents. The Head Teacher must be informed immediately. The Head Teacher will then inform the parents / carers and the school nurse, this may be delegated to the Deputy Head Teacher of Primary/Secondary or Assistant Head Teacher of Post 16. Any adverse incidents must also be recorded in writing.

8. Complaints

The details of how to make a complaint can be found in the Complaints Policy. This is accessible on the school website,

9. First Aid Boxes

First Aid boxes, identified by a white cross on a green background, are available across school and contain adequate supplies for treating injuries that may occur based the nature of the potential hazards identified by a risk assessment. Supplies in school comply with the Health and Safety Executive's minimum expected provision.

First Aid supplies will not contain creams, lotions or drugs, however seemingly mild, but may include saline or water sachets to irrigate wounds.

The location of First Aid boxes and the name of the person responsible for their upkeep is indicated on notice boards throughout the workplace.

First aid notices must display the following information: -

- The name of the person responsible for their upkeep;
- The nearest alternative First Aid box, in case further supplies are required;
- A list of the contents of the first aid box and instructions for replenishing arrangements;
- The location of the school's accident book.

Authorised school personnel should maintain and restock First Aid Boxes promptly when necessary and the staff who are responsible for maintaining the First Aid Box should be aware of the procedure for re-ordering supplies.

Minimum Expected First Aid box contents per 50 people:

1 x Guidance Leaflet giving general guidance on first aid (for example HSE leaflet *Basic advice on first aid at work)*

- 60 x Adhesive Plasters
- 6 x No 16 Eye pads
- 8 x Triangular Bandage
- 24 x Safety Pins
- 4 x First Aid Dressings (18 x 18cm)
- 12 x First Aid Dressings (12 x 12cm)

- 3 x Gloves (Pairs)
- 20 x Wipes

As a guide the minimum contents of a travelling First Aid kit should contain: -

- A leaflet giving general guidance on first aid (for example HSE leaflet *Basic advice on first aid at work)*
- 9 x First Aid Dressings (12 x 12cm)
- 3 x First Aid Dressings (18 x 18cm)
- 6 x Triangular Bandages
- 12 x Safety Pins
- 4 x Eye Dressings
- 40 x Plasters
- 10 x Sterile Wipes
- 2 x Disposable Gloves (1 Pair)
- 1 x First Aid for Children Pocket Guide
- 1 x Pupil/student/student/student Accident Book

Appendices

Good Practice Points for Asthma Care

People with asthma have airways which narrow as a reaction to various triggers. The narrowing or obstruction of the airways causes difficulty in breathing and can usually be alleviated with medication taken via an inhaler.

Schools can hold salbutamol inhalers for emergency use but if a child diagnosed with asthma may need to use the school's emergency inhaler, this possibility should be explained in their Care Plan and schools should have asked for parent's consent at the same time. For further information and guidance, please see Guidance on the use of emergency salbutamol inhalers in schools, Department for Health, March 2015.

Schools should also consider:

1. Keeping a register of children in school diagnosed with asthma together with copies of their parental consent forms enabling them to take medication, i.e. inhalers;

2. Preparing Care Plans for pupils/students whose asthma is so severe that it may result in a medical emergency;

3. Where to keep inhalers, including during offsite visits, so that they are stored safely but are readily available for children who need them, which may mean encouraging pupils/students of year 5 and above to carry their own inhalers. Arrangements should be considered on a case by case basis. If the pupil/student is too young or immature to take responsibility for their inhaler, it should be stored in a readily accessible safe place.

4. In special school all inhalers should be kept in classrooms, but accessible immediately, and should be administered by staff who have received training.

5. Asking parents to supply schools with a spare inhaler and spacer device for pupils/students who carry their own inhalers to store safely at school in case the original inhaler is accidentally left at home or the pupil/student loses it. This inhaler should have an expiry date beyond the end of the school year and parents should be asked to replace it if it does not. Schools should dispose of out of date inhalers regularly, either by returning them to parents or to the pharmacist.

6. How they will ensure that all inhalers are labelled with the following information: -

    - Pharmacist's original label;
    - Child's name and date of birth;
    - Name and strength of medication;
    - Dose;
    - Dispensing date; and
    - Expiry date.

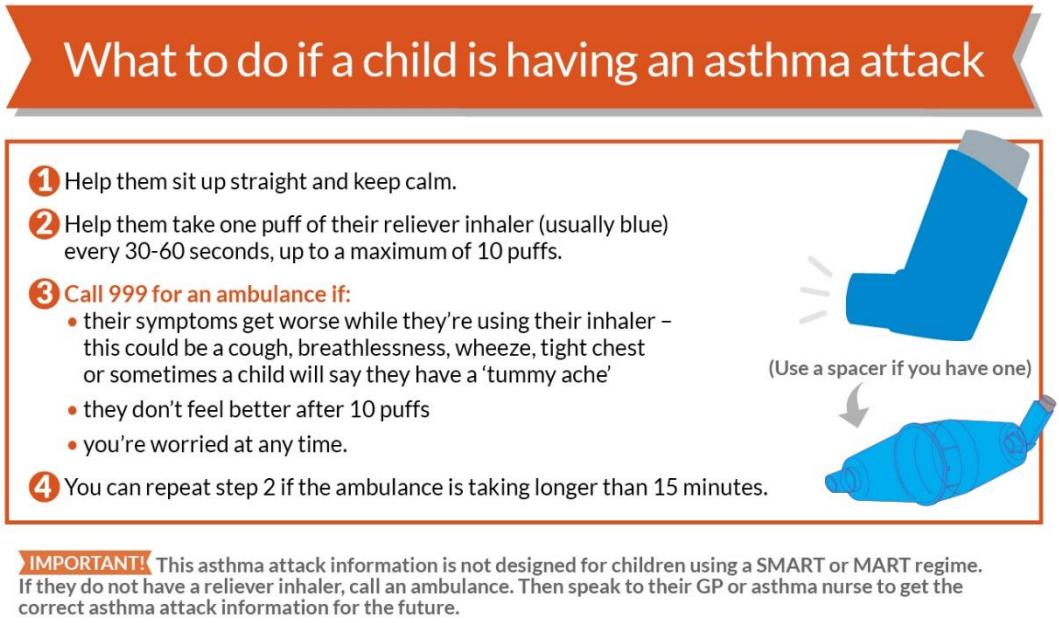
7. Labelling children's spacer device, which is used with an inhaler often by younger children, and making arrangement with parents to ensure that it is sent home to be cleaned regularly, e.g. at the end of each term.

8. Taking appropriate disciplinary action, in line with their school's Behaviour and, if they have one, Managing Substance Related Incidents policies, if inhalers are misused by a pupil/student or others. Inhalers are generally safe and, if a pupil/student took another pupil's/student's inhaler, it is unlikely that that pupil/student would be adversely affected; however medical advice should be sought.

9. The arrangements for monitoring inhaler use, and how parents will be notified if their child is using the inhaler excessively

10. How to ensure that staff running PE lessons and sports activities are aware that physical activity will benefit a pupil/student with asthma, but that these pupils/students may need to use their inhaler 10 minutes before exertion. The inhaler MUST be available during PE and games. If pupil/student are unwell they should not participate.

11. How they will ensure that pupil/student who have a particular trigger for their asthma, such as animal fur, glue, nuts etc. can avoid those substances



Further source of information:

Asthma UK

Tel: 0300 222 5800

Email: info@asthma.org.uk

https://www.asthma.org.uk/

Good Practice Points for the Administration of Auto Adrenaline Injectors

Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. It usually occurs within seconds or minutes of exposure to the allergen, which may be a certain food or other substance, but may occur after a few hours. Auto adrenaline injectors should only be administered by staff who have volunteered and been trained by the appropriate health professional. Schools should have obtained parental consent and prepared a Care Plan for the child on becoming aware that the child has been prescribed this medication.

An auto adrenaline injector (AAI) is a preloaded pen device, which contains a single measured dose of adrenaline for administration in cases of anaphylaxis. It is not possible to give too large a dose from one device used correctly in accordance with the child's Care Plan, so even if it is given inadvertently it is unlikely to do any harm. However medical advice should be obtained as soon as possible after the medication is administered. Auto adrenaline injectors should only be used for the person for whom it is prescribed.

National guidance on AAI's within school was released by the DfE in September 2017 and this should be considered as a supplement to this guidance. The DfE Guidance can be found at: https://www.gov.uk/government/publications/using-emergency-adrenaline-auto-injectors-in-schools

Schools should consider:

1. Where to safely store the AAI, in the original box, at room temperature and protected from heat and light, so that it is readily available. If the Care Plan records that the pupil/student is competent then the AAI can be carried on their person

2. What systems can be put in place to check, termly, the AAI expiry dates and discolouration of contents so that parents can be asked to dispose of and replace medication.

3. Ensuring that all staff know that **immediately after the AAI is administered, a 999-ambulance call must be made and parents notified**. If two adults are present, the 999 call should be made at the same time as the administration of the AAI. The used AAI must be given to the ambulance personnel.

4. The use of the AAI must be recorded on the School Record of Medication Administered, with time, date, and full signature of the person who administered it.

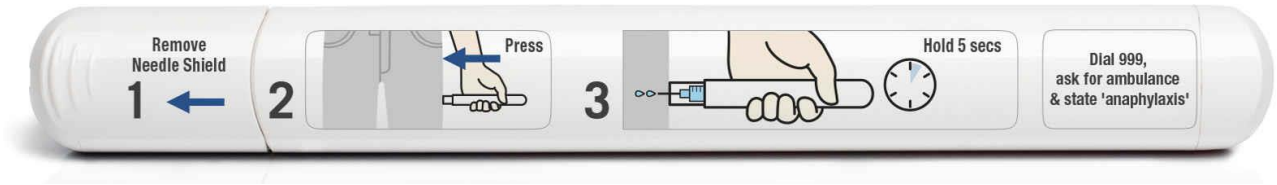
5. Reminding parents that, if the AAI has been administered, they must renew it before the child returns to school.

6. Ensuring that the pupil/student is accompanied by an adult, who has been trained to administer the AAI on off-site visits, and that the AAI is available and safely stored at all times during the visit.

Administering Epipen

Administering Jext

Administering emerade



Further source of information

The Anaphylaxis Campaign
Helpline: 01252 542029
Website: https://www.anaphylaxis.org.uk
Email: info@anaphylaxis.org.uk

Good Practice Points for the Management of Diabetes

Diabetes is a condition where the person's normal hormonal mechanisms do not control their blood sugar levels because the pancreas does not make any or enough insulin, because the insulin does not work properly, or both. There are two main types of diabetes:

Type I Diabetes develops when the pancreas is unable to make insulin. The majority of children and young people will have Type I diabetes and need to replace their missing insulin either through multiple injections or an insulin pump therapy.

Type 2 Diabetes is most common in adults, but the number of children with Type 2 diabetes is increasing, largely due to lifestyle issues and an increase in childhood obesity. It develops when the pancreas can still produce insulin but there is not enough, or it does not work properly.

Treating Diabetes

Children with Type I diabetes manage their condition by the following: -

- Regular monitoring of their blood glucose levels
- Insulin injections or use of insulin pump
- Eating a healthy diet
- Exercise

The aim of treatment is to keep the blood glucose levels within normal limits. Blood glucose levels need to be monitored several times a day and a pupil/student may need to do this at least once while at school.

Insulin therapy

Children who have Type I diabetes may be prescribed a fixed dose of insulin; other children may need to adjust their insulin dose according to their blood glucose readings, food intake, and activity levels. Children may use a pen-like device to inject insulin several times a day; others may receive continuous insulin through a pump.

Insulin pens

The insulin pen should be kept at room temperature but any spare insulin should be kept in the fridge. Once opened it should be dated and discarded after 1 month. Parents should ensure enough insulin is available at school and on school trips at all times.

Older pupils/students will probably be able to independently administer their insulin; however, younger pupils/students may need supervision or adult assistance. The pupil's/student's individual Care Plan will provide details regarding their insulin requirements.

Insulin pumps

Insulin pumps are usually worn all the time but can be disconnected for periods during PE or swimming etc. The pumps can be discretely worn attached to a belt or in a pouch. They continually deliver insulin and many pumps can calculate how much insulin needs to be delivered when programmed with the pupil's/student's blood glucose and food intake. Some pupils/students may be able to manage their pump independently, while others may require supervision or assistance. The child's individual Health Care Plan should provide details regarding their insulin therapy requirements.

Medication for Type 2 Diabetes

Although Type 2 Diabetes is mainly treated with lifestyle changes e.g. healthy diet, losing weight, increased exercise, tablets or insulin may be required to achieve normal blood glucose levels.

Administration of Insulin injections

If a child requires insulin injections during the day, individual guidance/training will be provided to appropriate school staff by specialist hospital paediatric diabetic nurses, as treatment is individually tailored. A Care Plan should be prepared.

Managing Hypoglycaemia (hypo or low blood sugar) in Children Who Have Diabetes

Schools should offer all staff diabetes awareness training which will be provided by the paediatric diabetic nurses, if a child in the school has diabetes. Training should include how to prevent the occurrence of hypoglycaemia which occurs when the blood-sugar level falls. Staff who volunteer can also be trained in administering treatment for hypoglycaemic episodes.

Symptoms of diabetes can vary from person to person, therefore it will always be necessary for schools to prepare a Care Plan for children who have the condition and obtain parental consent to administer treatment. Often, this will be done when the nurse attends the staff training session if the parent is also able to attend to give their views

To **prevent** a hypo

1. Children must be allowed to eat regularly during the day. This may include eating snacks during class time or prior to exercise. Meals should not be unduly delayed due to extracurricular activities at lunchtimes, or detention sessions;
2. Offsite activities e.g. visits, overnight stays, will require additional planning and liaison with parent; and
3. Schools should ask parents to ensure that they provide the school with sufficient, in-date, quantities of the treatment that their child may require.

To **treat** a hypo

1. Staff should be familiar with pupil/student's individual symptoms of a "hypo" so that steps to treat the pupil/student can be taken at the earliest possible stage. Symptoms may include confrontational behaviour, inability to follow instructions, sweating, pale skin, confusion, and slurred speech;
2. If a meal or snack is missed, or after strenuous activity, or sometimes even for no apparent reason, the child may experience a "hypo". Treatment might be different for each child, and will be set out in their Care Plan, but will usually be either dextrose tablets, or sugary drink, or Glucogel/Hypostop (dextrose gel) which should be readily available, not locked away and may be carried by the pupil/student. Expiry dates must be checked each term by the parent/carer.
3. Glucogel/Hypostop is used by squeezing it into the side of the mouth and rubbing it into the gums, where it will be absorbed by the bloodstream.
4. Once the child has started to recover a slower acting starchy food such as biscuits and milk should be given.
5. If the child is or becomes very drowsy, unconscious, or fitting, a 999 call must be made and the child put in the recovery position. Due to the risk of choking the caregiver should not attempt to give the child an oral treatment, i.e. a drink, tablets or food.

6. Parents should be notified that their child has experienced a hypo, informed of the treatment provided and asked to provide new stocks of medication.

Once the child has recovered the School Record of Medication Administered should be completed

Blood Glucose Monitoring for Children

The Care Plan will explain how frequently the pupil/student needs to check their blood glucose levels and will set out the method that should be used.

It is recommended that all staff use a fully disposable Unistik 3 Comfort Lancets device if they are undertaking patient blood glucose testing on a pupil/student. This is a single use device and the lancet remains covered once it has been used.

If a child has an insulin pump, individual arrangements will be made with a specialist nurse and parents to ensure school staff are fully trained in the management and use of the pump.

For children who self-test the use of Unistiks is not necessary and he/she will be taught to use a finger pricker device in which a disposable lancet will be inserted. This device can be purchased at a local chemist or in some cases may be provided by the Paediatric Diabetes Specialist nurse. The disposable lancet can be ordered on prescription via the pupil/student's GP.

Whenever possible, staff will encourage pupil/student to undertake their own finger prick blood glucose testing and management of their diabetes, encouraging good hand hygiene. However, in exceptional circumstances such as a pupil/student/student/student having a hypoglycaemic attack, it may be necessary for a member of staff to undertake the test.

How to use the Unistik lancet:

- Prior to the test wash hands
- Encourage pupils/students to wash their hands wherever possible
- Ensure all equipment is together on a tray including a small sharps box
- Where possible explain the procedure to the pupil/student
- Apply gloves before testing
- Use a meter which has a low risk for contamination then blood is applied to the strip such as an optium exceed or one touch ultra
- Ensure meter is coded correctly for the strips in use and that the strips are in date.
- Place the strip into the meter
- Prick the side of the finger using a Unistik comfort 3
- Apply blood to the test strip according to the manufacturer's instructions
- Once the test is completed put the used test strip and lancet directly into the sharps box
- Return the tray to a safe area/room
- Wash hands following the removal of gloves avoiding any possible contact with blood; use alcohol rub
- Record the blood glucose reading in the pupil's/student's care plan/diary
- Parents are responsible for supplying all necessary equipment and medication
- Provision and disposal of a sharps box should be discussed individually with the Paediatric Diabetes Specialist Nurse

Further notes:
The Care Plan will document what action to take if the blood glucose result is higher or lower than expected.

Further sources of information:

Diabetes UK

Tel: 020 7424 1000

Email: info@diabetes.org.uk

Website: https://www.diabetes.org.uk/

Good Practice Points for Managing Eczema

Eczema (also known as dermatitis) is a non-contagious dry skin condition which affects people of all ages, including one in five children in the UK. It is a highly individual condition which varies from person to person and comes in many different forms.

In mild cases of eczema, the skin is dry, scaly, red, and itchy but in more severe cases the child's skin may experience be weeping, crusting, and bleeding which can be exacerbated by constant scratching causing the skin to split and bleed and leaving it open to infection. In severe cases, it may be helpful and reassuring for all concerned if a Care Plan is completed. If whole body or significant creaming is required, factors that will need to be considered might include:

- Who will do the creaming? (Including considering how much the child can do for him/herself depending on age, maturity etc., Permission needed from parents)
- How often does this need to happen? (How can this be planned around curriculum time etc.?)
- Where will the creaming take place? (Considering the need to ensure both privacy and safeguarding of the pupil/student and the safety of staff.)
- What medication and/or equipment will the parents provide and what may school need to provide (e.g. gloves etc.)?

These details would all need to be provided on the pupil's/student's care plan.

Atopic eczema is the most common form. We still do not know exactly why atopic eczema develops in some people. Research shows a combination of factors play a part including genetics (hereditary) and the environment. Atopic eczema can flare up and then calm down for a time, but the skin tends to remain dry and itchy between flare ups. The skin is dry and reddened and may be very itchy, scaly and cracked. The itchiness of eczema can be unbearable, leading to sleep loss, frustration, poor concentration, stress, and depression.

There is currently no cure for eczema but maintaining a good skin care routine and learning what triggers a pupil's/student's eczema can help maintain the condition successfully, although there will be times when the trigger is not clear. Keeping skin moisturised using emollients (medical moisturisers) is key to managing all types of eczema, with topical steroids commonly used to bring flare ups under control.

Good practice points for Epilepsy

Epilepsy is a neurological condition that causes recurrent seizures. This is caused by abnormal electrical activity in the brain. Seizures can happen anytime anywhere. 60% of people with epilepsy there is no known reason for them to have developed epilepsy. The other 40% there is an underlying cause or brain trauma. About 1 in 133 people suffer from epilepsy.

Epilepsy is diagnosed through a good medical history and an eye witness account of the seizure. When it is suspected that a child has epilepsy the child is sent for tests such as EEG's and MRI to help support the diagnosis and to look for any structural abnormalities in the brain. There is a big problem with misdiagnosis, as some things that look like epilepsy are not epilepsy such as migraine and fainting.

There are two main types of seizures: focal and generalized.

- Generalized seizure is where the whole of the brain is affected and the electrical activity is coming from all over. These seizures are when the muscles relax and the person falls to the floor, they can become stiff and have generalized jerking of all four limbs. These are also the absence types of epilepsy.

- Focal seizures are when the electrical activity is localized to one part of the brain, these seizures can present with twitching in their face, hands, arms and legs. They can feel strong emotions, make unusual noises and have unusual behavior such as lip smacking, head turning to one side.

When you suspect a child to have a seizure, make sure you try and time the seizure, record what happened before, during and afterwards. If you have permission from parents a video is very helpful to make a diagnosis.

General first aid advice

- Managing a Tonic Clonic Seizure

If a child has a generalized tonic clonic seizure (jerking or all four limbs) it is important to stay as calm as possible. Reassure the other children in the classroom. Ensure that the child having the seizure cannot harm themselves

1. Check safety of the area
2. Move any potentially dangerous objects which the child could hurt themselves on
3. Cushion head with something soft – such as a small jumper (especially if on concrete to avoid injury)
4. Stay with the child throughout the seizure
5. After the seizure is over put into recovery position until completely recovered
6. Check the child for injury and maintain privacy and dignity throughout

DO NOT

1. Restrain the child
2. Do not move the child unless they are in direct danger
3. Put anything in their mouth
4. Do not give any food or drink

When to call for an AMBULANCE

1. If the seizure is going on for longer than 5 minutes
2. If it is the child's first seizure
3. If the child is injured
4. If you are concerned at any point

REMEMBER

- Keep a record of the seizure
- Time the seizure
- Description of the event if possible - how it started, what happened, how it finished
- Did anything happen before the seizure? i.e. bump to the head, argument, sleepy, do they have a fever.
- What happened during? i.e. were they stiff, floppy, jerking, eyes rolled, head turned etc.- were they incontinent
- What happened after? i.e. how long it took to recover, were they sleepy after, did they go back to normal and do they remember it.

Epilepsy can be controlled with regular medications, emergency medications, Ketogenic diet, surgery and VNS. The medications that we use to control epilepsy are strong and important to take regularly. When a child is prescribed an anti-epileptic medication, they are usually given a plan with how and when to take the medication. Usually they only take the medication twice a day however, there are some children who need a third dose in the day time. If the child was to vomit after the administration of the medication, unless it was a tablet and you can see it, we would advise not to repeat the dose as you are not sure how much has been absorbed.

If a dose is missed, a catch-up dose may be given within 4 hours of the designated time. After the 4 hours, do not give the dose and carry on with the next dose. If a child was to miss a dose of medication, be aware that they may have more seizures as a result.

Epilepsy can have a significant impact on a child's achievement; they can experience problems with the visual/verbal learning process, reading, writing, speech language, numeracy, memory, psychosocial problems, concentration and behavior. We can help improve this through group work, providing written information as a prompt, making sure that the student has not missed anything, encourage note taking, cue cards, highlighting important information, rhymes, repetition and revision.

Every child with a diagnosis of epilepsy should have a health care plan in school with details on how to manage that child's seizure. Children with emergency medication also need an up-to-date care plan with details of when to give the medication. Most of the time the child will be prescribed Buccolam (midazolam), however if the child cannot take this, they will be prescribed a rectal emergency medication.

Guidelines for the administration of Buccolam (midazolam)

Bucolic (midazolam) is an emergency treatment for epilepsy, for prolonged convulsions and clusters of seizure activity. It is administered via the mouth in the Bucolic cavity (between the gum and the cheek)

Bucolic (midazolam) can only be administered by a member of the school staff, ideally someone who spends the most time with the student, who has been assessed and has been signed to say they have received the training and know what to do. Training of the designated staff will be provided by the school nurse and a record of the training undertaken will be kept by the head teacher for the school's records. Training must be updated annually. The training must be child specific, general Bucolic (midazolam) training can be done but each child who requires it must have their care plan reviewed and understood by the staff members who would be administering the Bucolic (midazolam).

Bucolic (midazolam) care plans should reflect the specific requirements of each case and further advice should be sought from the specialist nurse/consultant/GP

1. Buccolam (midazolam) can only be administered in accordance with an up-to-date written care plan with medical and parental input. If the dose changes it is the responsibility of the parent to have the care plan updates. Old care plans should be filed in the pupil/student records.
2. The Buccolam (midazolam) care plan should be renewed yearly. The school nurse will check with the parent/ carer that the dose remains the same
3. The care plan must be available each time the Buccolam (midazolam) is administered: if practical to be kept with the Buccolam (midazolam)
4. Buccolam (midazolam) can only be administered by designated staff, who has received training from the school nurse. A list of appropriately training staff will be kept.
5. The consent form and care plan must always be checked before the Buccolam (midazolam) is administered
6. It is recommended that the administration is witnessed by a second adult
7. The child should not be left alone until fully recovered
8. The amount of Buccolam (midazolam) that is administered must be recorded on the pupil's/student's Buccolam (midazolam) record card. The record card must be signed with a full signature of the person who has administered the Buccolam (midazolam), timed and dated. Parents should be informed if the dose has been given in an emergency situation
9. Each dose of Buccolam (midazolam) must be labelled with the individual pupil/student's name and stored in a locked cupboard, yet readily available. The keys should be readily available to all designated staff
10. School staff must check expiry date of Buccolam (midazolam) each term. In special schools, where nurses are based on site, the school nurse may carry out this responsibility. It should be replaced by the parent/carer at the request of the school or health staff. Please inform parents within a month of expiry to give them time to replace it.
11. All school staff designated to administer Buccolam (midazolam) should have access to a list of pupils/students who may require emergency Buccolam (midazolam). The list should be updated annually, and amended at other times as necessary.
12. All Buccolam (midazolam) training needs to be child specific. General training can be done but each individual care plan needs to be reviewed.
13. A Buccolam authorisation form should be completed by a consultant paediatrician outlining the dosage, and administration guidance from the doctor and signed parental consent confirming the dose. Within special school's best practice would be that parents are contacted before buccolam administration to establish if an earlier dose has been administered.

Name of Child: **D.O.B:**	**Name and Contact Details of Prescribing Doctor (GP/FTB/CAMHS/PAEDIATRICIAN):**
Name of Parent/Carer:	

PLEASE IDENTIFY THE DIAGNOSIS and NEED FOR MEDICINE TO BE GIVEN IN SCHOOL
Medicines to be give 3x a day will not be taken in school unless absolutely necessary AND a specific time is identified on the prescription label

Asthma (diagnosed and with inhaler) Y /N - Triggers include: **Consent for school emergency inhaler: Y / N**	**ADHD Y /N**
Allergies: (please identify): **Antihistame prescribed: Y/N** **Epipen/Emerade/Jext prescribed: Y / N** **Consent for school emergency Epipen: Y/N**	**Diabetes – Type I (Insulin required) Y / N** **Other:**

My child requires the medicine detailed below during the school day. I consent for school staff to administer the following medication in accordance with the school medication policy and for this

Name of medication ***(as described on the container)***	**Reason for medication.**	**Date of Expiry**	**Strength**	**Dose to be given e.g. 1 x 5mg tablet**	**Time to be given**	**How to be given e.g. spoon / oral syringe/spacer**	**Pupil/student administer themselves? Y/N**	**Any other information or instructions**	**Procedures to take in an emergency**

The above information is, to the best of my knowledge, accurate at the time of writing. I understand that I have the responsibility to inform the school nurse and school immediately, **in writing**, if there is any change in dosage or frequency of the medication and to provide the appropriate medication for school (see overleaf point 4).

Signature of parent / carer …….. Date …… Name of parent / carer……..(please print) PLEASE SEE OVERLEAF

information to be shared with those staff who care for my child and therefore may need to know the following details.

PARENT INFORMATION SHEET – PLEASE KEEP THIS SHEET AT HOME FOR YOUR INFORMATION

A new medication consent form needs to be completed and returned to school at the beginning of each academic year. Medication will **not** be given without this consent.

A few important points to remember regarding the administration of medication in school:

1. Written consent on the form overleaf (supplied by school) must be given by a person with parental responsibility.

2. A new form is required each time there is a change to your child's medication.

3. Details on the consent form must be completed by the person signing the form. It is extremely important that

4. Medication sent in to school must be:
   - In its original container and in date
   - Clearly labelled with:
     - Child's name
     - The name of the medication
     - The strength of the medication
     - The amount of medication, e.g. number of tablets / mls in the bottle
     - The dose to be given and how often. "**AS DIRECTED" is not acceptable**
     - The date it was dispensed
     - The expiry date

   This information should be printed on a label by the pharmacist and **each** box or bottle must be labelled.

5. Only medication prescribed by a doctor can routinely be given in school.

6. **All medication for school must be handed to your child's bus guide / taxi escort** (if your child is on home / school transport) **or school office staff** and **Not** put in your child's school bag.

NB Please remember to inform school if you have given your child paracetamol or a product containing paracetamol before coming to school.
If you have any queries / concerns please do not hesitate to contact the school nurse or Deputy Heads, who will be happy to answer your questions.
Thank you for your co-operation.

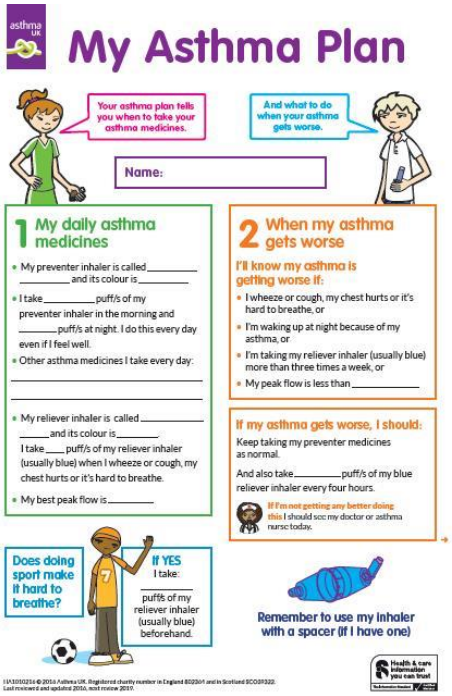
SIGN IN/MEDICATION ADMINISTRATION RECORD

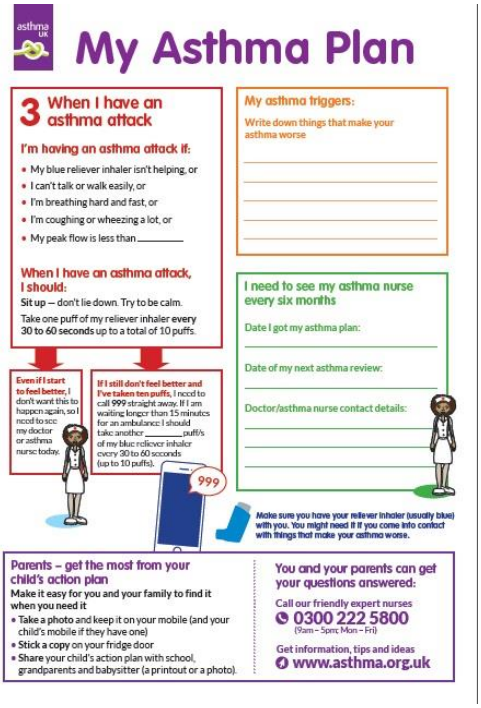
Name of Learner:	**DoB:**	**Allergies/Notes:**	
GP/Paediatrician/FTB Name:			
Term: Autumn Spring Summer	**Start Date/Signed in:**	**Start Day**	**End Date/Sent home:**

Name/Strength of Medication		Week 1:					Week 2:					Week 3:					Week 4:					Week 5:				
	Time	M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F
Quantity Received:																										
Expiry Date:																										
Dose:																										
Route: eg orally/intramuscular/ Injection/topically	Initial 1																									
Signature 1:	Initial 2																									
Signature 2:		***MISSED DOSE CODES: 1= ABSENT 2= REFUSED 3= WASTED 4= VOMITED***																								

Example 1 – Asthma Healthcare Plan

Primary version

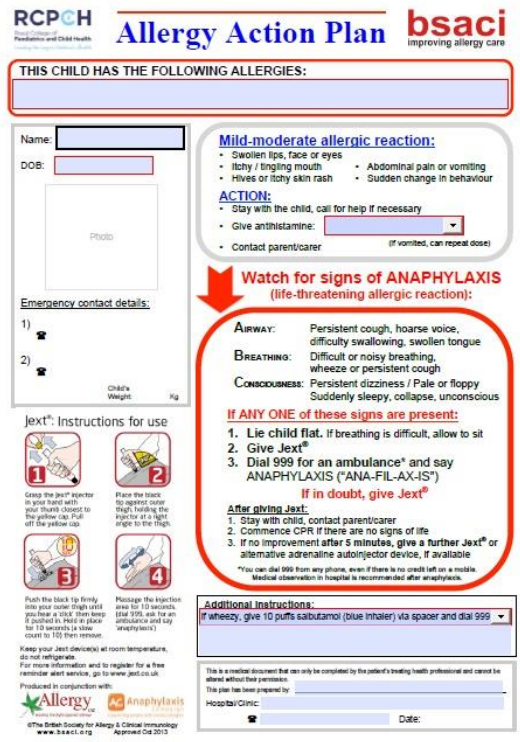




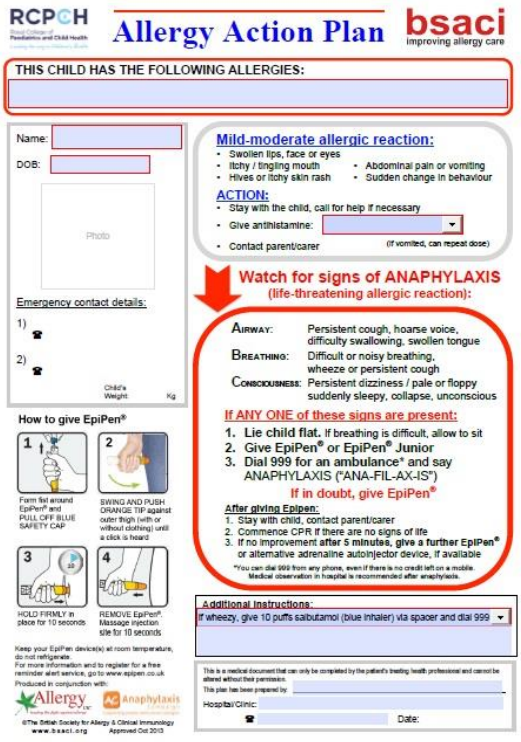
Secondary Version

Example 2 - Anaphylaxis Healthcare Plan

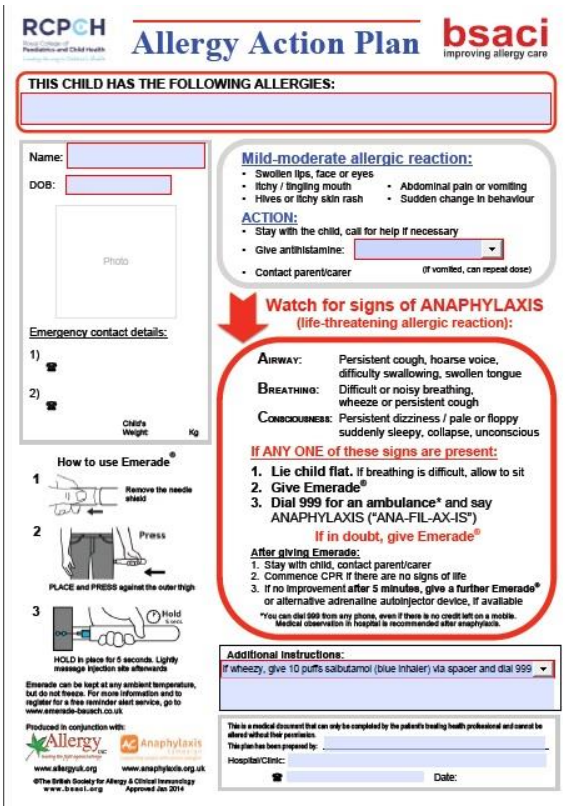
Jext Pen



Epipen



Emerade



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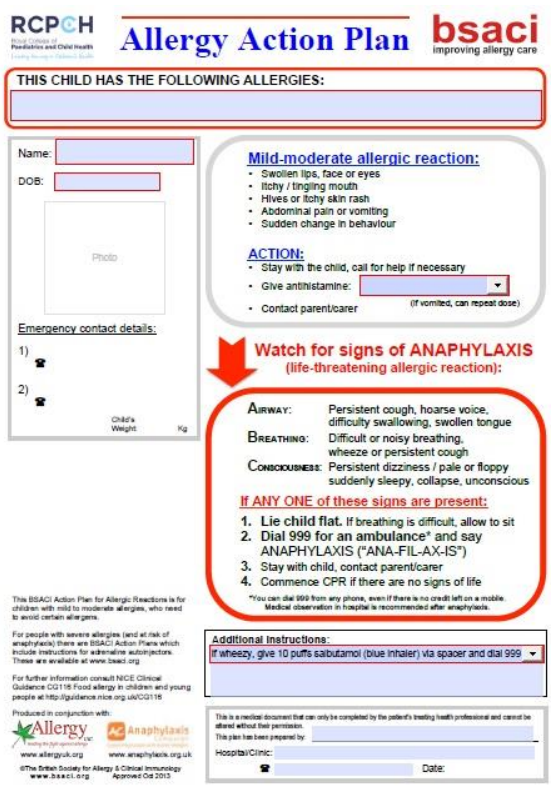

Example 3 - Personal Alert Card

Personal Alert Card

	Name: Class: Date of Birth: School:	

Emergency Contact Numbers		
Name:	Home:	Mobile:
Name:	Home:	Mobile:
GP:	Number:	
Nurse:	Work:	Mobile:
Specialist:	Work:	

Treatment of Syptoms:

Special request from parents:

Parent/Carer signature Print Name:	Date:
Nurse signature Print name:	Date:
Head Teacher signature Print Name:	Date:
Discused with parent where alert card will be displayed	☐ classroom, ☐ staffroom, ☐ kitchens, ☐ office, ☐ other

Medical Condition & Daily care requirements: Care Requirments: Special consideration for school trips:	
Symptoms:	
If subject to seizures:	
What does the seizure look like?	
Is there any warning signs?	
How long does the seizure usually last?	
Is there a pattern to the seizures?	
How long does the child take to recover?	
Is there a known trigger?	
Managment issues: eg special precautions needed, indications for swimming, when to notify parents.	
Management of Condition:	
Emergency medication prescribed ☐ Yes, ☐ No If Yes – what medication & how will this be administered?	
Date plan developed:	Date plan to be reviewed:

Sample letter to parent, to review medication

The letter below is attached for guidance. It can be adapted and used for issue by school staff as well as Birmingham Community Healthcare Foundation Trust school nurses.

Address

Telephone contact details

Date

Dear Parent/Carer

Name of child – Medication in school

As you know, following consultation with you, your child, the school nurse or other healthcare professional and school staff, it has been agreed that your child requires, or may require, medicine to be administered to them during school hours. Your parental consent form and, if your child has one, their Care Plan, explains what medication needs to be administered and when.

It is parents' responsibility to contact me, or another member of staff at the school, in order to check your child's medication regularly, and at least on a termly basis, to ensure it is in date, there are no changes to the dose and it is still needed by your child. The medication should be replaced or removed as necessary, especially at the beginning of each new academic year.

If there are changes to your child's condition and/or medication, please ensure the school and school nurse are notified as soon as possible.

I am available at the school/clinic, contact details as above, if you wish to discuss your child's condition

Yours sincerely

School/School Nurse

Sample of Training Record: staff training record – administration of medicines

Name of school/setting	
Staff Name	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

I confirm that the above named, member of staff has received the training detailed above and is competent provide the treatment which was the subject of the training session outlined above.

Trainer's signature _____

Date _____

I confirm that I have volunteered for and received the training detailed above.

Staff signature _____

Date _____

Review date _____

Sample of Reviewing School's Provision

Key questions	**School's Evidence**		
	Achieved	In progress	Not achieved
• Do you ensure that parents and pupil/student are consulted about, and made aware of, your arrangements for supporting pupils/students with medical conditions in school?			
• Do you promote pupil's/students' confidence and self-care in managing their own medical needs?			
• Do you ensure that staff receive satisfactory training on supporting pupil's/student's medical needs in school?			
• Do governors ensure that policies, plans, procedures and systems are properly prepared and implemented?			
• Does the school have a policy for supporting children with medical conditions in school?			
• Does the school have a contingency plan to cope if staff refuse to administer medication?			
• Is the policy reviewed regularly?			
• Is the policy easily accessible by parents & staff, in particular the section which explains the school's procedures for dealing with medication in school?			
• Does a named individual have overall responsibility for implementation of the policy?			
• Are arrangements in place to ensure that the policy is implemented effectively?			
• Are Individual Healthcare Plans (IHPs) reviewed at least annually?			
• Is there a named individual who is responsible for the development of IHPs?			
• Is the school able to identify which staff in school need to be made aware of pupil's/student's medical needs and are those staff aware of which children have health needs and what support is required?			
• Is written permission from parents and the head teacher obtained to allow administration of medication by a member of staff, or self-administration by the pupil/student, during school hours?			
• Are arrangements identified in the policy to allow children to manage their own health needs?			
• Do IHPs contain appropriate prescription and dispensing information?			
• Are emergency contact details and contingency arrangements included within the IHP?			
• Does the IHP explain what arrangements or procedures should be in place during school trips or other school activities outside of the normal school timetable so that the child can participate and are these reviewed prior to each event?			
• Does practice reflect the policy?			
• Does the policy identify roles and responsibilities?			
• Are training needs regularly assessed?			
• Have sufficient staff received suitable training?			
• Is a record kept of training undertaken?			
• Are written records kept of all medicines administered to children?			
• Do **all staff** know what should happen in an emergency?			
• Is the appropriate level of insurance in place and does it reflect the level of risk?			