Hawridge and Cholesbury CE School

SUPPORTING PUPILS WITH MEDICAL NEEDS

January 2023

Review date: January 2025

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1 INTRODUCTION

The Governing Body of Hawridge & Cholesbury C of E School will 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. To help achieve this, the school has adopted the Department for Education policy on "Supporting Pupils at School with Medical Conditions', which was issued under Section 100 of the Children and Families Act 2014.

The aim of this policy is to ensure that the parents of children with medical conditions feel confident that the school will provide effective support and that children feel safe and reach their full potential.

Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. The school will comply with their duties under the Act to make reasonable adjustments to support pupils with disabilities.

Some children with medical conditions may also have special educational needs (SEN) and may have an Education, Health and Care (EHC) Plan which brings together health and social care needs as well as the provision for their special educational needs. Where the child has a special educational need identified in a statement or EHC plan, the individual healthcare plan will be linked to or become part of that statement or EHC plan. The Healthcare Plan will be developed with the child's best interests in mind to ensure that the risks to the child's education, health and social wellbeing are managed, and minimises disruption, for children with medical conditions.

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. The school will work collaboratively with parents, pupils, healthcare professionals (and, where appropriate, social care professionals) and local authorities to ensure that needs of pupils with medical conditions are met effectively.

2 ROLES AND RESPONSIBILITIES

2.1 The **Governing Body** for Hawridge & Cholesbury C of E School will ensure that

- arrangements are in place so that children with medical conditions
    - are properly supported
    - can play a full and active role in school life
    - can remain healthy and achieve their academic potential

- staff are properly trained to provide the support that pupils need
- in line with their safeguarding duties, ensure that pupil's health is not put at unnecessary risk from, e.g. infectious diseases
- in those circumstances, they do not have to accept a pupil at a time where it would be detrimental to the health of that child or others to do so.

2.2 The **Headteacher** will ensure that

- a person is appointed to have overall responsibility for the implementation of this policy
- all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation
- all staff including supply staff who support children with medical needs receive sufficient information to provide appropriate support
- Individual Healthcare Plans are developed, monitored and reviewed annually or earlier if evidence is presented that the child's needs have changed. Where appropriate Healthcare Plans will be reviewed at the child's Annual Review
- sufficient staff are suitably trained and achieve the necessary level of competency before they take on responsibility to support children with medical conditions
- sufficient numbers of trained staff are available to support all individual healthcare plans to cover staff absence, contingency and emergency situations
- a register is kept of children in the school who have been diagnosed with asthma and/or prescribed a reliever inhaler
- all staff are trained to recognise the symptoms of an asthma attack (and are able to distinguish them from other conditions with similar symptoms)
- at least one emergency inhaler kit is maintained and readily available in an emergency situation
- a register is kept of children in the school who have been diagnosed with anaphylaxis and/or prescribed a epi pen/auto injector
- all staff are trained to recognise the symptoms of anaphylaxis
- staff are trained to use a defibrillator, which is maintained and readily available in an emergency situation

- risk assessments for school visits, holidays, and other school activities outside of the normal timetable are undertaken for children with medical conditions
- all staff are aware that medical information must be treated confidentially
- school staff are appropriately insured and are aware that they are insured to support pupils in this way.

2.3 Appointed Person

The Headteacher (Rosie Phillips) has been appointed to have overall responsibility for implementing the school's policy for supporting pupils with medical conditions. They will ensure that children with medical conditions are appropriately supported, ensure cover for 1:1 in case of absence and briefing supply staff.

2.4 Transitional Arrangements

The school has made the following procedures for transitional arrangements.

- Health care plans are passed on to the next setting
- Health needs of pupils are discussed at transition meetings
- Parents are advised to speak to the next setting about child's needs

2.5 All members of **School Staff** may be asked to provide support to pupils with medical conditions, including administering medicines

- All members of staff know what to do and respond accordingly if they become aware that a pupil with a medical condition needs help
- Although administering medicine is not part of a teacher's professional duties, teachers are to take into account the needs of pupils with medical conditions that they teach
- Staff must not give prescription medication or undertake healthcare procedures without appropriate training

2.6 Pupils

- Where appropriate pupils with medical conditions will be consulted to provide information about how their condition affects them.
- Where appropriate pupils with medical conditions will be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan.

2.7 **Parents** have the prime responsibility for their child's health. Parents include any person who is not a parent of a child but has parental responsibility for or care of a child.

- It only requires one parent to request that medicines are administered. As a matter of practicality, this will be the parent with whom the school has day-to-day contact.

- Parents should provide the school with sufficient and up to date information about their child's medical needs. Parents should tell the school of any change in prescription which should be supported by either new directions on the packaging of medication or by a supporting letter from a medical professional.

- Parents are key partners and will be involved in the development and review of the Healthcare Plan for their child. A request will be sent to parents using Appendix A;

- Parents should provide medicines and equipment as required by the Healthcare Plan.

Parents should:

- bring their child's medication and any equipment into school at the beginning of the school year
- replace the medication before the expiry date
- as good practice, take into school the new asthma reliever inhaler when prescribed
- dispose of expired items to a pharmacy for safe disposal
- during periods of high pollen count, encourage their children, who have been prescribed anti-histamines, to take their medication before school so that their condition can be better controlled during the school day
- keep their children at home when they are acutely unwell
- ensure that they or another nominated adult are contactable at all times

3 STAFF TRAINING AND SUPPORT

The Headteacher (Rosie Phillips) will ensure that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing the policy.

Any member of staff who agrees to accept responsibility for administering prescribed medicines to a child does so voluntarily and will have appropriate training and guidance.

Training needs will be identified during the development or review of individual healthcare plans and will be reviewed annually. The family of a child will often be

key in providing relevant information to school staff about how their child's needs can be met, and parents will be asked for their views but will not be the sole trainer.

Training will be provided for staff to ensure that they are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans. Training for new staff will be provided on induction.

Training will be provided by an appropriate healthcare professional so that staff have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative and emergency measures so that they can recognise and act quickly if a problem occurs. Staff training records are kept on the school system and in a folder in the office.

Only staff with appropriate training will give prescription medicines or undertake healthcare procedures. (A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.)

The school will ensure that an appropriate number of people have attended Supporting Pupils at School with Medical Conditions training to understand County policy and to ensure medicines are appropriately managed within the school. BC recommend training at least three people to cover sickness, absence or school trips.

4 INDIVIDUAL HEALTHCARE PLANS (Appendix B)

A Healthcare Plan clarifies for staff, parents and the pupil the support that can be provided. Individual Healthcare Plans for pupils with medical conditions, (e.g. asthma, anaphylaxis, diabetes, epilepsy) will be drafted with parents/pupils and other healthcare professionals where appropriate. The plan will 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 e.g. crowded corridors, travel time between lessons
- specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions
- the level of support needed (some pupils will be able to take responsibility for their own health needs) including in emergencies. If a pupil is self-

managing their medication, then this will be 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 pupil'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 pupil'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 pupil can participate, e.g. risk assessments
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and
- what to do in an emergency, including whom to contact, and contingency arrangements.

Some pupils may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

Healthcare Plans will be reviewed at least annually but some may need to be reviewed more frequently. Where appropriate the Healthcare Plan will be reviewed at the pupil's Annual Review.

5 THE PUPIL'S ROLE IN MANAGING THEIR OWN MEDICAL NEEDS

After discussion with parents, pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures with adult supervision.

If it is not appropriate for a child to self-manage, then relevant staff will help to administer medicines and manage procedures for them; a record of administration will be made.

If a pupil refuses to take medicine or carry out a necessary procedure, staff will not force them to do so but will contact the parents and follow the procedure agreed in the individual healthcare plan.

Parents will be contacted where a pupil uses their asthma inhaler more frequently than usual as this may indicate their condition is not well controlled.

Pupils do not carry their own medication.

Pupils are encouraged to manage their own needs as far as is safely and practicably possible. This is done in discussion with pupils, parents and staff.

All staff and children are aware of the location of medical equipment/ medicines and they know what they are allowed to access and what not.

- Inhalers are kept in a designated red bag in the child's classroom accessible quickly by the class teacher for the child to administer. A school inhaler is also available in the medical room.
- Diabetes equipment is kept in a locked cupboard in the medical room as it contains sharps.
- Prescribed Epipens are kept in red bags in classrooms.

6 MANAGING MEDICINES ON SCHOOL PREMISES

Pupils will only be given prescription medicines after parents have completed a consent form (Appendix C) – (except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases the school will encourage the pupil to involve their parents while respecting their right to confidentiality).

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

Medicine brought into school must be given into the office staff, and not the teachers/LSAs or other staff.

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

Parents should note the expiry date so that they can provide a new prescription as and when required.

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

Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.

Short-Term Medical Needs

Many children will need to take medicines during the day at some time during their time in the school. This will usually be for a short period only, perhaps to finish a course of antibiotics, which will minimise the time that they need to be absent.

Antibiotics prescribed three times a day can be taken out of the school day. The school will support children who have been prescribed antibiotics that need to be taken **four** times day.

It is the parent's responsibility to bring and collect the antibiotic each day and to complete the necessary forms prior to medicine being administered. All medicines must be signed in and out by a parent.

6.2 Controlled Drugs –

Some medicines prescribed for pupils (e.g. methylphenidate, known as Ritalin) are controlled by the Misuse of Drugs Act, 1971. A pupil who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another pupil for use is an offence.

The school will keep controlled drugs in a locked non-portable container, to which only named staff have access but will ensure they are easily accessible in an emergency.

School staff may administer a controlled drug to the child for whom it has been prescribed in accordance with the prescriber's instructions.

A record will be kept of any doses used and the amount of the controlled drug held in school, i.e. total number of doses (tablets) provided to the school, the dose given and the number of doses remaining.

- where the dose is half a tablet then this will be cut using a tablet cutter at the time that the medication is required;
- half tablets will be retained but not issued at the time of the next dose; a fresh tablet will be cut;
- half tablets will be returned to the parent for disposal.

A controlled drug, as with all medicines, will be returned to the parent when no longer required to arrange for safe disposal. If this is not possible, it will be returned to the dispensing pharmacist.

Some pupils with epilepsy are prescribed rectal diazepam or buccal midazolam. Templates H or I will be used to gain authorisation for administration from parents.

6.3 Non-Prescription Medication

Non-prescription medication is not normally accepted into school. However, in exceptional circumstances and only with the expressed permission of the Headteacher, it may be given. An exception may be made for residential visits.

The school will not keep Calpol, ibuprofen or hay fever remedies to administer on an ad-hoc basis during the school day. Parents will be contacted if their child has a fever. If pupils require medication to control hay fever symptoms then parents will be asked to take their children to their GP for a formal diagnosis and advice on appropriate medication.

Non-prescription medicines are not administered at school and pupils should not bring them to school for self-administration. If pain relief is required due to a fracture, dental treatment etc. parents/ carers will be required to administer at home or during the school day. There are two exceptions to this; firstly in the case of travel sickness pills and second whilst on residential school trips.

Non-prescription travel sickness medication will be administered by staff providing they are supplied in the original packaging and accompanied by a 'Parental agreement for setting to administer medicine' form. Medication must be suitable for the pupil's age, supplied by the parent (not the school) and in its original packaging, with manufacturer's instructions. Staff will check that the medicine has been administered without adverse effect to the child in the past.

The medication will be stored and administration recorded as for prescription medicines.

6.4 Residential School Visits

- Pain relief will only be given with the express consent of the Head teacher and following completion of the consent form.

- Parents will be asked to sign a consent form (Appendix C) when they bring the medicine to school, which confirms that they have given the medicine to their child without adverse effect in the past and that they will inform the school immediately if this changes.

- The school will only administer paracetamol or ibuprofen to those pupils requesting analgesics.

- When a pupil requests pain relief, staff will first check maximum dosages and when the previous dose was taken. Parents will be contacted for confirmation. If parents are unavailable, a dose will not usually be given before 12 noon.

- A record will be made of all doses given.

6.4 Pain Relief

Pain relief (i.e. Calpol) will not be administered at the school, but parents will be called to come into school to administer it, if a child requires it.

7 RECORD KEEPING

The school will keep a record of all medicines administered to individual pupils, stating what and how much was administered, when and by whom in a **bound book**. Any side effects of the medication to be administered at school will be noted.

A second person will witness the administration of all medicines (including controlled drugs if applicable).

A record will be made where medication is held by the school but self-administered by the pupil. i.e. diabetic medication.

8 SAFE STORAGE OF MEDICINES

Medicines will be stored strictly in accordance with product instructions - paying particular note to temperature and in the original container in which dispensed.

Pupils know where their medication is stored and are able to access it immediately.

Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens are always readily available and not locked away.

A few medicines require refrigeration. They will be kept in a clean storage container, clearly labelled, and stored in the Kitchen refrigerator, which is not accessible to pupils. A temperature log of the refrigerator will be taken during the period of storage. (Recommended temperature is between 2°C & 8°C.)

Medication will never be prepared ahead of time and left ready for staff to administer.

An audit of pupil's medication will be undertaken every half term and any medication that is no longer required will be given to parents to dispose of safely.

It is the parent's responsibility to ensure their child's medication remains in date. However, the school will remind parents when their child's medication is due to expire.

9 DISPOSAL OF MEDICINES

Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. The return of such medicines to parents will be recorded;

Parents should also collect medicines held at the end of the summer term. If parents do not collect all medicines, they will be taken to a local pharmacy for safe disposal;

Sharp boxes will always be used for the disposal of needles.

10 HYGIENE AND INFECTION CONTROL

All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures.

8 STEP HAND WASHING TECHNIQUES



11 DAY VISITS, RESIDENTIAL VISITS AND SPORTING ACTIVITIES

The school will actively support pupils with medical conditions to participate in school trips and visits or in sporting activities.

The school will make reasonable adjustments for the inclusion of pupils in such activities.

Some children may need to take precautionary measures before or during exercise, and may need access, for example, to asthma inhalers. Staff supervising sporting activities will be made aware of relevant medical conditions and will consider the need for a risk assessment to be made.

The school will consider the reasonable adjustments that can be made to enable pupils with medical needs to participate fully and safely in visits. These arrangements will be included in the risk assessment for the event.

One member of staff accompanying the visit will be asked to take on the lead role for administering medicines or healthcare procedures. Individual Healthcare Plans, medicines, equipment and consent forms will be taken on school visits.

Medicines are administered and witnessed and recorded in a folder in the medical room (Appendix D). This form is added to the file on return from the visit.

12 SCHOOL'S ARRANGEMENTS FOR COMMON CONDITIONS

12.1 Asthma

- An inventory of all pupils with asthma is compiled at the beginning of the academic year, and updated as necessary.
- An Individual Healthcare Plan is developed at the beginning of the academic year, and updated as necessary.
- All staff will be trained annually to recognise the symptoms of an asthma attack and know how to respond in an emergency following the guidance in Appendices E and F.
- All prescribed inhalers are kept in red bags in the classrooms and are easily accessible. Where parents have stated in the Individual Healthcare Plan, that their child can self-administer, staff should always supervise. In all cases of administration of a prescribed inhaler, staff are to make a record of administration in the green healthcare pack located in each classroom.
- Emergency salbutamol inhalers and spacers are kept in the unlocked cupboard in the medical room.
- Emergency salbutamol inhalers will only be given to pupils previously diagnosed with asthma whose reliever inhaler is not in school or whose inhaler has run out, who are on the register and whose parents have signed the consent form.
- All staff will know how and when to use the emergency salbutamol inhaler.
- Parents will be asked to sign Appendix J giving permission to administer an emergency dose(s).
- Parents will be informed of any emergency doses given using Appendix K.

12.2 Anaphylaxis (Severe Allergic Reaction)

- An inventory of all pupils with anaphylaxis is compiled at the beginning of the academic year, and updated as necessary.
- All staff will be trained annually on the symptoms of anaphylaxis, and know how to respond in an emergency following Appendix L
- An Individual Healthcare Plan will be developed
- Auto-injectors will be kept readily available in classrooms
- All staff know how and when to use the Emergency Adrenaline Auto Injector

(AAI)

12.3 Epilepsy

- An Individual Healthcare Plan will be developed at the beginning of the academic year, and updated as necessary.
- A appropriate number of staff will be trained in identifying the symptoms and triggers for epilepsy, including administering medication
- There will be a trained member of staff available ***at all times*** to deliver emergency medication. Details will be recorded on the pupil's Healthcare Plan
- A medical room with a bed is available so that if needed the pupil will be able to rest following a seizure
- The school will offer support with a mentoring or buddying system to help broaden an understanding of the condition
- The school will enable pupils to take a full part in all outings and activities
- The school will make necessary adjustments e.g. test timings, timetables
- The school will liaise fully with parents and health professionals
- Some pupils with epilepsy are prescribed rectal diazepam or buccal midazolam. This will be administered by staff who are specifically trained to undertake this task and have agreed to this responsibility
- The administration of medication will be recorded on Appendix O as appropriate
- Two adults will be present for the administration of rectal diazepam, at least one being of the same gender as the child. The dignity of the pupil will be protected as far as possible, even in an emergency
- If appropriate, a record will be kept of the pupil's seizures, using Appendix P, so that any changes to seizure patterns can be identified and so that this information can be shared with the pupil's parents and healthcare team

12.4 Diabetes

- An Individual Healthcare Plan will be developed at the beginning of the academic year and updated as necessary.
- Pupils diagnosed with Type 1 diabetes and who have been prescribed insulin will be supported by staff who have specifically agreed to this responsibility and have received training and support from the Diabetic Nurses Team.
- A suitable private place will be provided for pupils to carry out blood tests and administer doses (Medical Room).
- Pupils will not be prevented from eating, drinking or taking toilet breaks whenever they need to in order to manage their medical condition effectively.
- If a pupil has a hypo, they will not be left alone; a fast-acting sugar, such as glucose tablets, a glucose rich gel, or a sugary drink will be given immediately (or as advised by parent).
- Once the pupil has recovered, slower acting starchy food, such as a sandwich or two biscuits and a glass of milk, will be given some 10-15 minutes later.

13 LIABILITY AND INDEMNITY

The Governing Body ensures that the appropriate level of insurance is in place for staff providing support to pupils with medical conditions and appropriately reflects the level of risk.

The school will contact their insurers to extend their cover should a medical intervention fall outside the conditions covered by this policy.

14 COMPLAINTS

Parents/pupils should discuss any concerns directly with the school if they become dissatisfied with the support provided. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

15 SCHOOL PROCEDURES FOR MANAGING MEDICINES

1 Medicines should be brought to the school office by parents/carers at the beginning of the school year. An office staff member will ask the parent to sign the relevant consent form.

2 The office staff member will check that the
- medicine is in its original container as dispensed by a pharmacy and that the details match those on the form.
- label clearly states the child's
    - first and last name
    - name of medicine
    - dose required
    - method of administration
    - time/frequency of administration
- patient information leaflet is present to identify any side effects.
- medication is in date.

3 The office staff member will log the medicine in the Excel spreadsheet and store the medicine appropriately.
   - Medicines requiring refrigeration will be kept in the fridge in a clean storage container.
   - A daily temperature of the fridge will be taken and recorded.

4 A staff member with the appropriate training will administer medication at the appropriate time. Currently these are;
   - Helen King
   - Cat Nash
   - Liza Hance
   - Paula Birley

5 The following procedure will be followed:

   - The pupil will be asked to state their name – this is checked against the label on the bottle, and record sheet.
   - The name of the medicine will be checked against the healthcare information in the medical room
   - The time, dosage and method of administration will be checked against the healthcare information in the medical room
   - The expiry date will be checked and read out.
   - The medicine is administered.
   - The bound book is signed by the designated person and the witness.
   - Any possible side effects will be noted.
   - The medicine is returned to appropriate storage.

6 If a child refuses to take their medicine, staff will not force them to do so. Staff will record the incident and will contact parents. If a refusal results in an emergency, the emergency procedures detailed in the Healthcare Plan will be followed.

7 If the designated person has concerns about a procedure or a medication that they are being asked to administer they will not administer the medicine but check with the parents or a health professional before taking further action.

8 At the end of the day, parents of pupil's prescribed antibiotic medication (four doses a day) are to collect their child's medicine from the school office and sign it out. For children staying in the After School Club, office staff will inform the supervisor of the After School Club to return the antibiotics to the parents. The

After School Club Supervisor will sign and date the back of the authorisation form to confirm that they have received the medicine and accept responsibility to return it to parents.

Signature of Governing body …… Date ……..

Signature of Headteacher ……..... Date ……..

Appendices

Appendix A

Dear Parents

We are required by Buckinghamshire Council to keep health records for children who have any health conditions. If your child has a medical condition that we should know about, e.g. asthma, eczema, diabetes or any allergies, please complete the attached forms and hand them into the office as soon as possible. If you require a printed copy of the forms, please collect them from the office.

We understand you may have already filled out a Health Care Plan for your child this academic year. However, as we are updating our Medical Records System in line with Buckinghamshire Council guidelines, we need you to complete another set of forms please. The forms need to be completed every year by parents/carers, as it is vital that we have an annual update on your child's health condition.

We also require your consent for your child's key health information being displayed in the medical room, which can be seen by staff and other visitors to that area in the school. It enables staff to quickly identify any health issues that your child may have and administer First Aid safely. The display consists of your child's name, school photo, health condition, medication prescribed, and emergency contact details.

Please give or decline consent on the attached form.

If you have any questions, please do not hesitate to contact the office.
Thank you.

Mrs Rosie Phillips
Headteacher

Appendix B

Individual Healthcare Plan

Child's name	
Class	
Date of birth	
Child's address	
Medical condition (e.g. asthma/eczema)	
Allergies (e.g. foods/latex/penicillin)	

Family Contact Information

1. Name	
Relationship to child	
Phone no. (Work)	
(Home)	
(Mobile)	
Address	
2. Name	
Relationship to child	
Phone no. (Work)	
(Home)	
(Mobile)	
Address	

Medicine

Name of medication	
Dosage	
Method of administration	
When to be taken	
Side effects	
Contraindications	
Self-administered (Yes/No)	

Clinic/Hospital Contact

Name of Doctor/Consultant	
Phone no.	

GP

Name of GP	
Name of Surgery	
Phone no.	

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

Daily care requirements

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

Arrangements for school visits/trips etc.

Other information

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

I **give**/**do not** give permission to the school to display my child's key health information in the medical room. (Please delete as necessary).

Appendix B Parental agreement for school to administer prescribed medicine

This form is to be completed for regular long-term prescribed medication such as an inhaler. If your child has a short-term condition such as an infection, and has been prescribed medication for it, there is a separate form that needs to be completed, which is available from the office.

The school will not give your child regular medicine unless you complete and sign this form. If more than one medicine is required, a separate form should be completed for each one.

Medicine will **only** be given to your child if it is prescribed by your doctor. A qualified member of staff who has undertaken the Administering Medicines course will give medicine to your child.

Name of child	
Date of birth	
Class	
Medical condition or illness	

Medicine

Name of medicine *(as described on the container)*	
Date dispensed	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school needs to know about?	
Supervised self-administration (Y/N)	
Procedures to take in an emergency	

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

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	

PTO

The information given is to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school's policy.

I understand that I must personally deliver the medication to the school office at the beginning of term.

I will collect the medicine from the school when the course is complete and/or at the end of each term to check

that it is still in-date.

I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine no longer needs to be administered.

Signature……

Print name……

Date……

For completion by the school

I agree to arrange for the administration of medicines requested by the parent.

Signature……

Print name……

Date……

Appendix C

Parental agreement for school to administer prescribed medicine

This form is to be completed for regular long-term prescribed medication such as an inhaler. If your child has a short-term condition such as an infection, and has been prescribed medication for it, there is a separate form that needs to be completed, which is available from the office.

The school will not give your child regular medicine unless you complete and sign this form. If more than one medicine is required, a separate form should be completed for each one.

Medicine will **only** be given to your child if it is prescribed by your doctor. A qualified member of staff who has undertaken the Administering Medicines course will give medicine to your child.

Name of child

Date of birth

Class

Medical condition or illness

Medicine

Name of medicine
(as described on the container)

Date dispensed

Expiry date

Dosage and method

Timing

Special precautions/other instructions

Are there any side effects that the school needs to know about?

Supervised self-administration (Y/N)

Procedures to take in an emergency

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

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	

PTO

The information given is to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school's policy.

I understand that I must personally deliver the medication to the school office at the beginning of term.

I will collect the medicine from the school when the course is complete and/or at the end of each term to check that it is still in-date.

I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine no longer needs to be administered.

Signature……

Print name……..……..

Date…….……..……

For completion by the school

I agree to arrange for the administration of medicines requested by the parent.

Signature……

Print name……..……..

Date…….……..……

Appendix D

MINOR INJURY / FIRST AID RECORD

(Please use blue/black ink)

Date	Time	Full Name	Class	Injury Type (Code)	Details of incident/what happened	Location	Wipe	Plaster	Ice Pack	Parent informed	Initials

Please ensure that the parents of a child who has had a head injury receive the 'Bumped Head' letter and a phone call

Please also ensure that a 'Minor injury' letter is filled out for EVERY incident that is recorded – Thanks

MINOR INJURY / FIRST AID CODES

INJURY TYPE

A = Graze
B = Minor injury by equipment / contact with another pupil
C = Minor head injury / bump
D = Foot / leg / arm / hand injury
E = Face / nose / ear / cheek injury
F = Eye injury / foreign body
G = Tooth / mouth / lip bleed
H = Nose bleed
I = Nettle Sting
J = Twisted ankle / arm

K = Wasp /other sting
L = Other

LOCATION

C = Classroom
CL = Cloakroom
F = Field
H = Hall
K = Kitchen
L = Library
O = Other
OS = Off site
P = Playground
T = Toilets

Appendix E

The signs of an asthma attack are

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
- Nasal flaring
- Unable to talk or complete sentences. Some children will go very quiet.
- May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache)

Please remember to send home minor injury/head injury letters **every** time you fill in themedical record.

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

Appendix f

HOW TO RECOGNISE AN ASTHMA ATTACK

- Encourage the child to sit up and slightly forward
- Use the child's own inhaler – if not available, use the emergency inhaler
- Remain with the child while the inhaler and spacer are brought to them
- Immediately help the child to take two puffs of salbutamol via the spacer
- If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs,
  - CALL 999 FOR AN AMBULANCE
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way

Appendix J

HAWRIDGE & CHOLESBURY CHURCH OF ENGLAND SCHOOL

Parent consent form – use of emergency salbutamol inhaler

Child showing symptoms of asthma / having asthma attack

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler *(delete as appropriate)*.

2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school at the beginning of the school year.

3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed: ……Date: ……..

Your Name (please print)……..……

Child's name: ..……...

Class: …….

Parent's address and contact details:

……

..……

Telephone: ……

E-mail: ……

Appendix K

HAWRIDGE & CHOLESBURY CHURCH OF ENGLAND SCHOOL

Use of emergency salbutamol inhaler

Child's name: ……

Class: ……

Date: ……

Time emergency inhaler administered…….

Dear Parent,

This letter is to formally notify you that your child has had problems with their breathing today.

This happened when……..

……

……

……..

A member of staff helped your child use the emergency Salbutamol inhaler. This was because;

☐ Their own inhaler has expired. They were given.....puffs.

☐ Their own asthma inhaler was not working. They were given .....puffs.

Your child soon felt better, however, if you have any concerns, please speak to your doctor.

Yours sincerely

(Print Name)……..……

Hawridge & Cholesbury CE School

Appendix L

Recognition and management of an allergic reaction/anaphylaxis

Signs and symptoms include:

Mild-moderate allergic reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

ACTION:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine according to the child's allergy treatment plan
- Phone parent/emergency contact

Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction):

AIRWAY:	Persistent cough Hoarse voice Difficulty swallowing, swollen tongue
BREATHING:	Difficult or noisy breathing Wheeze or persistent cough
CONSCIOUSNESS:	Persistent dizziness Becoming pale or floppy Suddenly sleepy, collapse, unconscious

IF ANY ONE (or more) of these signs are present:

1. Lie child flat with legs raised: (if breathing is difficult, allow child to sit)



2. **Use Adrenaline autoinjector* without delay**
3. **Dial 999** to request ambulance and say ANAPHYLAXIS

***** IF IN DOUBT, GIVE ADRENALINE *****

After giving Adrenaline:

1. Stay with child until ambulance arrives, do NOT stand child up
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes, give a further dose** of adrenaline using another autoinjector device, if available.

Anaphylaxis may occur without initial mild signs: **ALWAYS use adrenaline autoinjector FIRST in someone with known food allergy who has SUDDEN BREATHING DIFFICULTY** (persistent cough, hoarse voice, wheeze) – even if no skin symptoms are present.

Appendix M

HAWRIDGE & CHOLESBURY CHURCH OF ENGLAND SCHOOL

Parent Consent Form – Use of emergency Auto Adrenaline Injector

Child showing symptoms of anaphylaxis

1. I can confirm that my child

☐ has been prescribed an AAI

☐ has not been prescribed an AAI but has a medical plan confirming they are at risk of anaphylaxis..

2. My child has at least 1 working, in-date AAI, which they will bring with them to school at the beginning of the academic year.

4. In the event of my child displaying symptoms of anaphylaxis, and if their AAI is not available or is unusable, I consent for my child to be given the emergency AAI held by the school for such emergencies.

Signed: ……

Date: ……

Your name (please print)……..

Child's name: ……...

Class: ……

Parent's address and contact details:

……

……

……

Telephone: ……

E-mail: ……

Appendix N

HAWRIDGE & CHOLESBURY CHURCH OF ENGLAND SCHOOL

Use of emergency Auto Adrenaline Injector

Child's name: ……

Class: ……

Date: ……

Time emergency AAI administered…….

Dear Parent,

This letter is to formally notify you that your child has been given the school's emergency AAI today.

Their reaction took place in;

☐ PE lesson

☐ Playground

☐ Dining room

☐ Other (please name area)…….

Their own AAI was not used as;

☐ It has expired, Your child was given (number).....injections of AAI.

☐ Their own AAI was not working. Your child was given (number).....injections of AAI.

☐ Paramedics advised staff to administer the emergency AAI. Your child was given (number).....injections of AAI.

The paramedics were called at (time)…….

Yours sincerely,

(Print name)…….

Hawridge & Cholesbury CE School

Appendix O

HAWRIDGE & CHOLESBURY CHURCH OF ENGLAND SCHOOL

Authorisation for the administration of rectal diazepam

Child's name……

Date of birth ……..

Home address

……

……

GP ……

Hospital consultant…….

My child named above, should be given Rectal Diazepam…….. mg if he/she has a *prolonged epileptic seizure lasting over..... minutes

OR

*serial seizures lasting over..... minutes.

An Ambulance should be called for *at the beginning of the seizure*

OR

If the seizure has not resolved *after..... minutes.

Doctor's signature:

Parent's signature: _____

Print Name: _____

Date: _____

NB: Authorisation for the Administration of Rectal Diazepam

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

The Authorisation should clearly state:

- when the diazepam is to be given e.g. after 5 minutes; and
- how much medicine should be given.

Included on the Authorisation Form should be an indication of when an ambulance is to be summoned.

Appendix P

Seizure - witness observations

Before the Seizure					
Location	Classroom	Playground	Sports Hall	Dining Area	Other
Precipitating Factors	None	Anxious	Stressed	Tired	Other
Preceding symptoms/feelings	Irritable	Impulsive	Nauseous	Strange Sensations	Other
Position at onset	Sitting	Standing	Lying	Other	

During the Seizure					
Time at onset					
Did the child fall?	Yes/No	Forwards/Backwards	Description		
Breathing	Rapid	Shallow	Deep	Laboured	
Colour	Note any changes in skin tone, particularly around the mouth and extremities				
Movements	Describe any movement of:				
	Head				
	Arms				
	Legs				
	Eyes	Deviated to the left?	Deviated to the Right?	Pupils dilated?	Comment
Level of awareness/ responsiveness	Fully aware	Reduced awareness	Responsive to voice	Responsive to touch	No responses
Any injury?	Tongue	Limbs	Head	Other	
Incontinence	Urinary: Yes/No		Faecal: Yes/No		
Time at end of seizure			Duration of Seizure		

Action Taken				
After the seizure (briefly describe each of the following)				
Level of alertness: Immediately following seizure: 5 minutes after seizure:				
Maintenance of alertness				
Confusion				
Muscle weakness				
Duration of event				
Total recovery time				
Treatment given	Medication:	Dose:	Time given:	Response:
Parents informed				
Signed				
Print Name				
Date		Time		