

Dr Walker's C of E Primary School



**An Exceptional
Place to Flourish**

Though your beginning was small,
your future will flourish indeed.
Job 8:7

NON-STATUTORY POLICY

Medical Policy

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Chair of Governors: Mrs K Bush	
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Pre-amble: School Vision, Ethos and Values

Dr Walker's is a mixed Church of England Voluntary Controlled Primary School in Fyfield, Ongar, Essex.

We support all pupils to succeed in reaching their God given potential at Dr Walker's – 'An Exceptional Place to Flourish', by developing

- **Belief** in self and the development of confidence, respect and trust for others and an appreciation of spirituality and an understanding of faith in God;
- **Engagement** in a love for learning by nurturing curiosity and independence; and
- **Excellence** in reaching personal goals by demonstrating resilience and positive behaviour.

Our **CHRISTIAN VALUES** are reflected in:

- Standing with **COURAGE** for what is right.
- Using **CREATIVITY** in problem solving and making life beautiful.
- Treating every person and everything with **RESPECT**.
- Having **COMPASSION** for others.
- Completing every task with **PERSEVERANCE**.
- Taking **RESPONSIBILITY** for ourselves.
- Living with **HOPE** for a better future.

At Dr Walker's we provide every pupil with the care and support they need to develop as individuals and become educated and successful British Citizens who understand the importance of the following British values:

- **Democracy**
- **The rule of law**
- **Individual liberty**
- **Mutual respect and**
- **Tolerance of those with different faiths and beliefs.**

Introduction

- Most pupils will, at some time, have a medical condition that may affect their participation in school activities. For many, this will be short term; e.g. finishing a course of medication.
- Other pupils have medical conditions which, if not properly managed, could limit their access to education. Such pupils are regarded as having medical needs.
- Most pupils with medical needs are able to attend school regularly and, with some support from the school, can take part in the full range of school activities.
- Section 100 of the *Children and Families Act 2014* places a duty on the governing body to make arrangements for supporting pupils with medical conditions. The aim is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.
- Support for pupils may be wide ranging including:
 - administering medication,
 - making reasonable adjustments and
 - considering social and emotional implications of the condition on the pupil's wellbeing.
- Some children with medical conditions may be considered disabled under the definition set out in the *Equality Act 2010*. Where this is the case, the governing body complies with duties under that Act. Some children may also present with special educational needs (SEN). In this instance the school complies with the requirements as outlined in the *SEND Code of Practice 2014*.

- The admission to school is allocated by Essex County Council (ECC). No child with a medical condition will be denied admission on the grounds that arrangements for his or her medical condition have not been made. In line with the school's safeguarding duties, the school does not have to accept a child in school at times where it would be detrimental to the health of that child or others to do so.

Links to other policies

This policy links to the following policies:

- Accessibility plan
- Complaints
- Equality information and objectives
- First aid Health and safety
- Safeguarding
- Special educational needs information report and policy

Aims

This policy aims to ensure that:

- Pupils, staff and parents understand how our school will support pupils with medical conditions.
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities.

The governing board will implement this policy by:

- Making sure sufficient staff are suitably trained.
- Making staff aware of pupil's condition, where appropriate.
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions.
- Providing supply teachers with appropriate information about the policy and relevant pupils.
- Developing and monitoring Individual Health Care Plans (IHCPs).

Legislation and statutory responsibilities

- This policy meets the requirements under **Section 100 of the Children and Families Act 2014**, which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.
- It is also based on the Department for Education's statutory guidance: **Supporting pupils at school with medical conditions**.

Equal opportunities

- Our school is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.
- The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.
- Risk Assessments (Appendix) will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

Roles and responsibilities

- Supporting a child with a medical condition during school hours is not the sole responsibility of one person.
- Partnership working between school staff, healthcare professionals, local authority, parents and pupils is critical.

<p>The governing Body</p>	<ul style="list-style-type: none"> • Makes arrangements to support pupils with medical conditions in school. • Ensures a policy for supporting pupils with medical conditions is in place and regularly reviewed. • Ensures that sufficient staff have received suitable training and are competent before they take on the responsibility to support children with medical conditions. • Provides an appropriate level of insurance for the assessed level of risk.
<p>The Headteacher</p>	<ul style="list-style-type: none"> • Ensure the policy is developed and effectively implemented with partners. • Make sure all staff are aware of this policy and understand their role in its implementation. • Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all Individual Health Care Plans (IHCPs), including in contingency and emergency situations. • Take overall responsibility for the development of IHCPs. • Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way. • Arrange for the school nursing service to be contacted in the case of a child who has a medical condition and may require support at school but is not yet known to the school nurse. • Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date
<p>Staff</p>	<ul style="list-style-type: none"> • Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. • Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines. • Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions they teach. • Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so. • Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help. • In most cases an adult within the class will be responsible for the medication although some pupils may be able to take responsibility for their medication. • Staff supporting pupils with medical conditions must adhere to the guidance in the school's COVID19 Risk Assessment whilst this is in operation.
<p>Office Administrator</p>	<ul style="list-style-type: none"> • To check on a regular basis the contents of each first aid box and ordering supplies when things run down. • To monitor illnesses and injuries in school.

	<ul style="list-style-type: none"> • To investigate accidents alongside, and report on these to, the Headteacher. • To file paper records of school-parent liaison as information is updated and/or update information on ScholarPack. • To inform all relevant staff of individual pupils' medical conditions. <p><u>To manage medicine on school premises.</u></p> <ul style="list-style-type: none"> • To update the medical register termly on ScholarPack. • To maintain a register of pupils who have an AAI as well as up to date care plans. • To initiate Medical Risk Assessment Plans on pupils with known medical conditions. • To update Photo Medical Profiles on pupils with known medical conditions. • To collate and updated all relevant information for Individual Health Care Plans (IHCP).
<p>Parents / Carers:</p>	<ul style="list-style-type: none"> • The prime responsibility for a child's health lies with the parent who is responsible for the child's medication and should supply the school with information. • Parents/carers must provide the school with sufficient up-to-date information about the condition, medical needs and the support and care which will be required at school. • It is expected that parents/carers will update the school if the condition or care requirements change. • Be involved in the development and review of their child's IHCP and may be involved in its drafting. • Carry out any action they have agreed to as part of the implementation of the IHCP e.g. provide medicines and equipment. • Parents/carers should ensure that they or another nominated adult are contactable at all times.
<p>Pupils</p>	<ul style="list-style-type: none"> • Pupils with medical conditions will often be best placed to provide information about how their condition affects them. • Pupils will be involved in discussions about their medical support needs and contribute as much as possible to the development of their IHCPs. • They are also expected to comply with their IHCPs.
<p>School nurses and other healthcare professionals</p>	<ul style="list-style-type: none"> • School nurses are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. This will be before the pupil starts school, wherever possible. • Healthcare professionals, such as GPs and pediatricians, will liaise with the school nurses and notify them of any pupils identified as having a medical condition. • School nurses may support staff on implementing a child's Individual Health Care Plan and provide advice and liaison. • School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs. • Specialist local health teams will be invited to provide support in schools for children with particular conditions e.g. asthma, diabetes, epilepsy.

Procedures to be followed when notification is received that a pupil has a medical condition

- When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHCP.
- In the case of a new admission or transfer, every effort will be made to ensure provision is in place before the pupil begins at the school.
- Following notification the school will discuss the information provided in greater detail with parents/carers.
- Provision will be determined following these consultations.
- If necessary, the school will seek advice from healthcare professionals to support the development of a healthcare plan.
- It is very important that school and parents work in partnership in an open and transparent manner so that the child's needs can be most effectively met.
- Provision will be determined following these consultations.
- Every effort should be made within two week, to ensure that arrangements are put in place of a new diagnosis .
- In line with the *DfE guidance (2014)*, the school does not have to wait for a formal diagnosis before providing support to a pupil.
- In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on the available evidence. This would normally involve some form of medical evidence and consultation with parents. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place.
- The school does not always need to wait for a formal medical diagnosis before making arrangements to support presenting needs.
- In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on the available evidence. This will normally involve some form of medical evidence and consultation with parents.
- Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place.

Medical Risk Assessments

- Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), the school should work with the local authority and education provider to ensure that the IHCP identifies the support the child will need to reintegrate effectively.
- **A Medical Risk Assessment Plan** needs to be initiated by the Office Admin staff and completed by the class teacher.
- The **Medical Risk Assessment Plan** needs to be discussed with the parents/carers of a child before a child returns to school with a physical injury, e.g. broken arm or leg.

- The school in consultation with the parents/carers should agree, based on evidence, what information is deemed appropriate to share.
- **Medical Risk Assessment Care Plans** should be easily accessible to all who need to refer to them, while preserving confidentiality.

Individual Health Care Plans (IHCP)

Responsibility:

- The Headteacher has overall responsibility for the development of IHCPs for pupils with medical conditions. **This has been delegated to the Office Administrators.**
- It will be agreed whether an IHCP is necessary with a healthcare professional and the parents, based on evidence. If there is not a consensus, the Headteacher will make the final decision.

What is an Individual Health Care Plan (IHCP)?

- IHCPs will capture the key information and actions that are required to support the child effectively.
- Not all pupils with a medical condition will require an IHCP.
- Pupils who may need emergency medication, need an up-to-date IHCP.

How they are developed

- IHCPs are drawn up in partnership between the school, parents and a relevant healthcare professional who can best advise on the particular needs of the child.
- IHCPs (and their review) may be initiated, in consultation with the parent/carer, by a member of school staff or a healthcare professional involved in providing care to the child.
- Pupils should be involved in creating and reviewing the plans whenever appropriate as the aim is to help empower the child to manage their condition and overcome any potential barriers to getting the most from their education.
- IHCPs will be developed with the pupil's best interests in mind and will set out:
 - What needs to be done
 - When
 - By whom
 - If a pupil has SEN but does not have a Educational Health Care Plan (EHCP), the SEN will be mentioned in the IHCP.
- IHCPs should be **developed** with the child's best interests in mind and to ensure that the school assesses and manages risks to the child's education, health and social wellbeing, and minimises disruption. New plans from April 2021 will be created on the school's electronic recording system and will include the following points:
 - A description of the condition, its triggers, signs and symptoms.
 - Resulting needs; for example, medication, equipment, access arrangement.
 - Level of support needed, including the extent of pupil's self-management
 - Adult support and cover arrangements.
 - Who the information will be shared with.
 - Arrangements for written permission for administering medication by staff members or self-medication.
 - Arrangements for school trips or activities outside of the school timetable.
 - Parental contribution.

- Emergency and contingency arrangements including contact details. Some pupils may require a specific emergency plan. Individual Health Care Plans are reviewed annually or more frequently if needs change.

Level of detail

- **The level of detail** in the plan will depend on the complexity of the child's condition and how much support is needed. The following will be considered when deciding what information to record on IHCPs:
 - 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, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring.
 - Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the 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/pupil, the designated individuals to be entrusted with information about the pupil's condition.
 - What to do in an emergency, including who to contact, and contingency arrangements.

Additional Notes:

- It is the responsibility of all members of staff to support individual pupils and ensure that their plan is followed.
- The class teacher and those working with the pupil regularly hold responsibility for ensuring that their medical plans are implemented on a daily basis.
- Individual Health Care Plans are reviewed annually or more frequently if needs change.
- **IHCPs will be easily accessible to all who need to refer to them, while preserving confidentiality.**
- A hard copy is to be kept in the main office's medical cupboard.

Guidelines for Prescribed and non-Prescribed Medication

<p>Prescribed medication</p>	<ul style="list-style-type: none"> • Where possible parents/carers are encouraged to ask the GP to prescribe medication which can be given outside of school hours. • Exceptional circumstances will be considered when it is not possible, after consulting the pupils' GP or relevant health professionals, e.g. prescribed dosage 4 x day or at a specific time during the school day.
<p>Pain killer (Analgesics)</p>	<ul style="list-style-type: none"> • The <i>Early Years Statutory Framework</i> allows children to be given analgesics when prescribed. • The school does not have a stock supply of pain killers, but may keep individual supplies for specific pupils if needed. • Children under 16 should never be given medicines (including teething gels) containing aspirin or ibuprofen unless prescribed by a Doctor. • Where possible parents/carers are encouraged to give pain killers to pupils outside of school hours. • Exceptional circumstances will be considered if or when it is not possible after consulting if possible the pupil's Doctor.
<p>Methylphenidate (e.g. Ritalin, Metadate, Methylin)</p>	<ul style="list-style-type: none"> • Methylphenidate is sometimes prescribed for young people with Attention Deficit Hyperactivity Disorder (ADHD). • Its supply, possession and administration are controlled by the Misuse of Drugs Act and its associated regulations. • Methylphenidates should be kept within locked storage and access to these drugs should be limited. • The prescription of Methylphenidates usually forms part of a comprehensive treatment program and under the supervision of a specialist in childhood behavioural conditions. As such a lunchtime dose may be required to support the pupil. Only named staff may have access to the medication. • Administration of Methylphenidates should follow the same procedures as prescribed medication. • The allocated member of staff administering the medication must ensure that the pupil has taken the drug before leaving their care. A second adult must be present to witness and sign the administering record form with the administering adult. • Passing a controlled drug to another adult/pupil is an offence under the Misuse of Drugs Act.
<p>Antibiotics</p>	<ul style="list-style-type: none"> • Where possible parents/carers are encouraged to ask the GP to prescribe antibiotics which can be given outside of school hours. • Exceptional circumstances will be considered if or when it is not possible after consulting the nursing team and if possible the pupils' GP e.g. prescribed dosage 4 x day. • Antibiotics should be brought in and sent home on a daily basis.

	<ul style="list-style-type: none"> • Antibiotics will be stored in the allocated storage rooms within a locked cupboard. • Antibiotics which need to be refrigerated (<i>marked with child's name</i> on the label) need to be kept within the staffroom's fridge. • Procedures for Prescribed medications to be followed when administering antibiotics.
<p style="text-align: center;">Non-prescription medication</p>	<ul style="list-style-type: none"> • Over the counter medication e.g. hay fever treatments, cough/cold remedies must be administered by parents/carers outside of school hours. • If it is deemed necessary to administer these medications in school, staff will follow the procedures for prescribed medication. • Parents/carers need to seek medical advice should the symptoms persist. • Other remedies including herbal preparations will not be accepted. • The following medications may be accepted following a discussion with parents: <ul style="list-style-type: none"> • Paracetamol • Calpol • Hayfever medication (not herbal preparations) • Parents must complete a consent form, which will be renewed annually, clearly stating the circumstances in which the medication can be administered. • It is the responsibility of the parent to inform the school if their child had medication before coming to school. • School staff must follow up with the parent before administering over the counter medication during the school day to ensure that a previous dose has not been given at home. • All medication needs to be in the original packaging with the manufacturer's printed administration instructions included. • Medication must be in date. (Liquid preparations will expire 3 months after being opened.) • Any medication given to a pupil or young person must be documented and parents must be informed on the same day. • If possible, all medication needs to be clearly labelled by GP/Pharmacy. Alternatively the school must label the medication upon receipt with the following information: <ul style="list-style-type: none"> • Pupil name • DOB • Dosage • Expiry date

- Over the counter creams, such as, nappy rash creams or E45 will be accepted without a prescription, provided that they do not have any medicinal agents present.
- Where **cream** is required, e.g. for **eczema**, staff **will supervise** children applying the cream themselves, but will not apply the cream for them.

Managing medicines on school premises and administration thereof

- **Prescription and non-prescription medicines** will only be administered at school:
 - When it would be detrimental to the pupil's
 - health or
 - school attendance not to do so **and**
 - where we have parents' written consent (Appendix).
 - **The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents.**
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside of school hours.
- No child under the age of 16 should be given **prescription or non-prescription** medicines without their parent's/carer's written consent.
- A parental consent form must be completed every time there is a request for medication to be administered. The following information must be included:
 - Pupil name
 - Date of birth
 - Name, strength and quantity of medication provided
 - Clear dosage instructions
 - Reason for the request
 - Emergency contact names and telephone numbers
 - Parent/carer signature
- The school will only accept medicines that are **prescribed** to the individual child and:
 - 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 generally be available to schools inside an insulin pen or a pump rather than its original container.
- When **asthma inhaler canisters are removed from the box** and in the blue/brown pump, they will have a label on them. The label is to be indicated on the box.
- Changes to medication and/or dosage will only be accepted when received in writing. A fresh supply of correctly labelled medication should be obtained as soon as possible.
- **Non-prescription medication** may be administered as part of a specific Individual Health Care Plan (IHCP), with an accompanying risk assessment undertaken.
- Pupils under 16 **will not be given medicine** containing **aspirin** unless prescribed by a doctor.
- All medicines will be stored safely in the main office's medical cupboard (unless it needs to be in a refrigerator).

- Pupils will be informed about where their medicines are at all times and be able to access them immediately.
- Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should always be readily available to children and not locked away; these will be stored in classrooms where both class teachers and the child know how to access them.
- If a child requires an asthma inhaler, it is essential that parents ensure that the school is provided with an in date inhaler at all times.
- During school trips, the member of staff in charge of first aid will carry all medical devices and medicines required.
- A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so but must never pass it to another child – this would be an offence.
- Staff administering medicines should do so in accordance with the prescriber’s instructions. A record will be kept of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any noted side effects of the administered medication are recorded. *(Templates for recording administration are provided in Appendix)*
- When no longer required, medicines should be returned to the parent to arrange for safe disposal.
- Sharps boxes should always be used for the disposal of needles and other sharps.

<p style="text-align: center;">Controlled drugs</p>	<ul style="list-style-type: none"> • Controlled drugs are prescription medicines that are controlled under the <i>Misuse of Drugs Regulations 2001</i> and subsequent amendments, such as morphine or methadone. • All controlled drugs are kept in a secure cupboard in the school office and only named staff have access. • Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.
<p style="text-align: center;">Pupils managing their own needs</p>	<ul style="list-style-type: none"> • Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. • This will be discussed with parents and it will be reflected in their IHCPs. • Pupils will be allowed to carry their own medicines and relevant devices wherever possible. • Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHCP and inform so that an alternative option can be considered, if necessary.
<p style="text-align: center;">Unacceptable practice</p>	<p>School staff should use their discretion and judge each case individually with reference to the pupil’s IHCP, but it is generally not acceptable to:</p>

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary.
- Assume that every pupil with the same condition requires the same treatment.
- Ignore the views of the pupil or their parents.
- Ignore medical evidence or opinion (although this may be challenged).
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHCP.
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable.
- Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointment.
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively.
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical need.
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child.
- Administer, or ask pupils to administer, medicine in school toilets

Summary – Do's and Don'ts

DO	DO NOT
<p>✓ Remember that any member of school staff may be asked to provide support to pupils with medical conditions, but they are not obliged to do so.</p>	<p>✗ Give prescription medicines or undertake healthcare procedures without appropriate training.</p>
<p>✓ Check the maximum dosage and when the previous dosage was taken before administering medicine.</p>	<p>✗ Accept medicines unless they are in-date, labelled, in the original container and accompanied by instructions.</p>

<ul style="list-style-type: none"> ✓ Keep a record of all medicines administered to individual children. The record should state the type of medicine, the dosage, how and when it was administered, and the member of staff who administered it. ✓ Inform parents if their child has received medicine or been unwell at school ✓ Store medicine safely. ✓ Ensure that the child knows where his or her medicine is kept, and can access it immediately. 	<ul style="list-style-type: none"> ✗ Give prescription or non-prescription medicine to a child under 16 without written parental consent, unless in exceptional circumstances. ✗ Give medicine containing aspirin to a child under 16 unless it has been prescribed by a doctor. ✗ Lock away emergency medicine or devices such as adrenaline pens or asthma inhalers. ✗ Force a child to take his or her medicine. If the child refuses to take it, follow the procedure in the individual healthcare plan and inform his or her parents.
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Guidance for Emergency medication

- A few medicines, such as asthma inhalers, epipens and buccal midazolam for seizures must be readily available for children and young people and must not be difficult to gain access to during the school day.
- All medicines will be locked overnight.
- Children and young people may carry their own medicines (this will be limited to inhalers and epipens).
- In each case, pupils will be assessed to determine their competency level and cognitive understanding to carry medicines, and parents/carers will sign a consent form agreeing that their child is competent to do so. Also that parents/carers are responsible for checking expiry dates and providing replacements.
- A list of children and young people carrying medicines will need to be maintained by the Office Administrators.
- Expiry date checks of all medication kept on school sites must be carried out at least on a monthly basis.
- Request for new supplies of medicines should be made in writing to parents/carers, it is also acceptable in some circumstances that this is requested by telephone.
- All staff must ensure that they know who is responsible for emergency medication in their school and the procedures to follow including the relevant Ambulance procedures.
- Pupil's individual care plans must be kept with their medication with clear instructions of the procedures to follow. A copy of all IHCPs should be kept in the main office's Medical cupboard.

Asthma	On site Response following Asthma attack:	<ul style="list-style-type: none"> • Class staff to monitor pupils breathing whilst a member of staff collects pupil's inhaler. • Staff to follow care plan and administer medication according to the plan. • If pupil continues to show signs of distress and difficulty with breathing contact ambulance services following the attached guidance. • Paperwork to be completed.
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	<p>Off-site Response following Asthma attack:</p>	<ul style="list-style-type: none"> • Class staff to monitor pupils breathing. • Staff to follow care plan and administer medication according to the plan. • Staff to inform the school immediately. • If pupil continues to show signs of distress and difficulty with breathing an ambulance must be called.
<p>Adrenaline Auto-Injector - AAI (e.g. Epipens)</p>	<ul style="list-style-type: none"> • An AAI is a preloaded device, which contains a single measured dose of adrenaline for administration in cases of severe allergic reactions. • Schools are able to carry spare AAI's for emergency use. These must be stored and recorded by the medical lead. • Parental permission must be given for the use of the school's emergency AAI's and this must be clearly stated on the pupils' IHCP. • Emergency AAI's may only be use for a pupil where both medical authorisation and written parental consent have been provided for the spare AAI to be used. This includes pupils at risk of anaphylaxis who have been provided with a medical plan confirming this but who have not been prescribed an AAI. In such cases, specific consent for use of the emergency AAI from both a healthcare professional and parent/carer must be given. <p><i><u>"From 1st October 2017, <u>the Human Medicines (Amendment) Regulations 2017</u> will allow schools in the UK to buy adrenaline auto-injector devices (known as AAIs) without a prescription to use in an emergency on children who are at risk of a severe allergic reaction (known as anaphylaxis) but whose own device is not available or not working. This could be because their AAI(s) are broken, or out-of-date, for example."</u></i></p> <ul style="list-style-type: none"> • Clear records of all Emergency AAI's and their use must be kept by the medical lead. • Each school must have an Emergency AAI kit available to staff. The emergency AAI kit must contain the following: <ul style="list-style-type: none"> • 1 or more AAI's • Instructions on how to use the device(s) • A check list of injectors, identified by their batch number and expiry date • Person responsible for replacing the injectors • A list of pupils for whom the injectors may be used • An administrator record • An AAI can only be administered by staff who have been trained through a recognized health professional or by attending a designated course or a recognised online training. Training will be refreshed at least annually. • The Headteacher needs to ensure that the relevant staff are trained before working with a pupil who may need access to an AAI. • A trained member of staff needs to be available within the vicinity of these pupils at all times. • Class staff need to ensure that the medication is out of the reach of pupils and in a locked storage facility. 	

	<ul style="list-style-type: none"> • All staff in the class must be aware of where the medication is kept and how to access it. • AAI's and the pupils' care plan are to be kept with the individual pupil at all times. • The office staff will maintain a register of pupils who have an AAI as well as up to date care plans. • In most cases an adult within the class will be responsible for the medication although some pupils may be able to take responsibility for their medication. <p>Onsite and Off-site response to Anaphylactic shock</p> <ul style="list-style-type: none"> • If a pupil shows signs of anaphylactic shock, follow care plan and administer the Epipen as instructed on the care plan. • Immediately after administering an Epipen, an ambulance must be called (999) regardless of the pupils being in school or out in the community. • The used Epipen must be given to the ambulance staff and parents informed. • The use of an Epipen should be recorded on the appropriate form. • A member of staff who are trained to administer an Epipen need to accompany the pupil when offsite. • This may be part of a bigger group provided that the adult are able to support the pupil if needed. 				
<p>Diabetes</p>	<ul style="list-style-type: none"> • There are 2 types of Diabetes: <table border="1" data-bbox="525 1137 1465 1572"> <tr> <td data-bbox="525 1137 663 1373"> <p>Type 1</p> </td> <td data-bbox="663 1137 1465 1373"> <ul style="list-style-type: none"> • Type 1 Diabetes develops when the pancreas is unable to make insulin. • The majority of children and young people have Type 1 diabetes. • Children with Type 1 Diabetes will need to replace their missing insulin either through multiple injections or an insulin pump therapy. </td> </tr> <tr> <td data-bbox="525 1373 663 1572"> <p>Type 2</p> </td> <td data-bbox="663 1373 1465 1572"> <ul style="list-style-type: none"> • Type 2 Diabetes is most common in adults but the number of children with Type 2 Diabetes is increasing. • It develops when the pancreas can still produce insulin but there is not enough or it does not work properly. </td> </tr> </table> <ul style="list-style-type: none"> • Type 1 Diabetes is managed by the following procedures: <ul style="list-style-type: none"> • Regular monitoring of the pupils' blood glucose levels • Insulin injections or use of insulin pump • Eating a healthy diet • Exercise • All pupils with Diabetes must have a Care plan in place. This will be completed by the Diabetic Specialist Nurse or Doctor in liaison with the parent/carer and relevant medical professionals and will have a clear description of the protocols to follow. • Any medication e.g. Insulin and Glucose kept in school must be recorded. 	<p>Type 1</p>	<ul style="list-style-type: none"> • Type 1 Diabetes develops when the pancreas is unable to make insulin. • The majority of children and young people have Type 1 diabetes. • Children with Type 1 Diabetes will need to replace their missing insulin either through multiple injections or an insulin pump therapy. 	<p>Type 2</p>	<ul style="list-style-type: none"> • Type 2 Diabetes is most common in adults but the number of children with Type 2 Diabetes is increasing. • It develops when the pancreas can still produce insulin but there is not enough or it does not work properly.
<p>Type 1</p>	<ul style="list-style-type: none"> • Type 1 Diabetes develops when the pancreas is unable to make insulin. • The majority of children and young people have Type 1 diabetes. • Children with Type 1 Diabetes will need to replace their missing insulin either through multiple injections or an insulin pump therapy. 				
<p>Type 2</p>	<ul style="list-style-type: none"> • Type 2 Diabetes is most common in adults but the number of children with Type 2 Diabetes is increasing. • It develops when the pancreas can still produce insulin but there is not enough or it does not work properly. 				

Guidelines for managing Hypoglycemia

- An emergency supply kit should be available to the pupil at all times.
- The emergency supply kit should contain the following:
 - Quick acting glucose (glucose sweets or drinks).
 - Glucogel (most pupil will have this concentrated glucose gel preparation as well).
 - Longer acting carbohydrates such as biscuits.

Blood Glucose Monitoring for Children

- Any blood glucose monitoring can only be undertaken by staff who have been trained through a recognized health professional or by attending a designated course. Training will be refreshed at least annually.
- Pupils with Diabetes may require regular Blood Glucose testing which will determine if there is a need for Insulin. This can be done through the use of either a Lancet Pen or an Insulin Pump. Some pupils are able to take responsibility for checking their Blood Glucose levels independently with adult supervision. Each pupil must have a means of recording their Blood Glucose levels. The administration of any insulin should be documented on the Medication Administration Record

Lancet Pen	<ul style="list-style-type: none">• Blood Glucose levels are tested through the use of the Lancet Pen to acquire a blood sample which is then transferred on a testing strip and entered into a Glucose monitor.
Pump	<ul style="list-style-type: none">• Pupils who have an insulin pump must monitor the amount of carbohydrates they have consumed with adult supervision as this needs to be entered into the pump. A detailed record of this must be kept.• A sharps box must be available for the disposal of the needles and blood testing strip as these cannot be disposed of with general waste.

Emergency procedures for all medical conditions

- Staff will follow the school's normal emergency procedures (for example, calling 999).
- IHCPs outline procedures for managing emergency situations both within school and on school trips.
- All staff involved with the pupil should be familiar with this plan.
- Other pupils should be encouraged to inform the teacher immediately if they think help is needed.
- If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance if the parent is not present. Staff should not take pupils to hospital in their own car.
- Teachers and other school staff have a **Common Law Duty of Care** to provide a standard of care to pupils. This may include the need to take swift action in the case of an emergency. This duty also extends to teachers leading activities taking place off school site. This could extend to a need to administer medicine.

Use of Emergency Asthma Inhalers and Auto Adrenaline Injector Pens

- In schools where there is access to either Emergency school supply of Asthma Inhalers and/or Auto Adrenaline Injector pens (Epi-Pen) parents of pupils who have been prescribed these medications will be offered the opportunity to give written consent for them to access school stock in the event of an emergency (Appendix).
- Where emergency medication has been administered, clear records will be kept and parents informed; follow up medical attention will be recommended.
- Any pupil who has been prescribed an AAI must have at least 1 prescription on school site to be able to attend.

Where prescriptions are transported between home and school on a daily basis the AAI must be signed in and out by a responsible adult at the school office every day.

Day and Residential Educational Visits and Sporting Activities

- The school makes arrangements for the inclusion of pupils with medical needs in school trips, visits and sporting activities unless evidence from a clinician such as a GP states that this is not possible.
- When planning trips or physical activities, teachers plan for the pupils with medical needs by considering reasonable adjustments which can be made in order to facilitate their participation.
- Consultation with parents/carers should be included in planning if further advice is required.
- Reasonable adjustments are considered alongside risk assessments to ensure that pupils can participate fully and safely.
- Health and Safety Policy and Educational Visits guidance should be consulted when planning such activities.

After School Clubs procedures

- Group leaders are responsible for collecting held emergency medication for the relevant pupils within their group from the Office Administrators at the end of the day.
- The group leader will sign the medication out and is responsible for returning the medication to the Office Administrator.
- All medication from the After School Clubs will be kept overnight in the Medical cupboard in the Main Office.
- Office Administrator to check that all medication has been returned the following morning before pupils arrive.

Training

- Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.
- The training will be identified during the development or review of IHCPs.
- Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

- The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the Headteacher.
- Training will be kept up to date and will:
 - Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils.
 - Fulfil the requirements in the IHCPs.
 - Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.
- Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.
- All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

Record keeping

- The governing board will ensure that written records are kept of all medicine administered to pupils.
- Written records of all medicines administered to children are kept.
- Standardised proformas to be used for recording.
- Records offer protection to staff and children and provide evidence that agreed procedures have been followed.
- Office Administrators to log relevant information on ScholarPack.
- Parents will be informed if their pupil has been unwell at school.
- IHCPs are kept in a readily accessible place which all staff are aware of (Medical Cupboard in the School Office).

Liability and indemnity

- Cover is provided to administer medication for a range of conditions which are set out in the insurance policy.
- Cover is provided for maladministration in respect of the administering of drugs or medicines pre-prescribed by a medical practitioner in relation to the conditions outlined in the policy.
- This is subject to written guidelines and suitable training having been provided to the person carrying out the procedure.

Complaints

- Parents with a complaint about their child's medical condition should discuss these directly with the headteacher in the first instance.
- If the headteacher cannot resolve the matter, they will direct parents to the school's complaints procedure.

Appendix: Parent/Carer consent form for school to administer medication

Please note:

- The school will NOT give your child medicine unless it has been prescribed and you have completed and signed this form.
- Medicines must be in the original container (e.g. as dispensed by the pharmacy) and handed in the School Office with this completed form.

Name of child		Date of Birth	
Class			
Known allergies			
Details of medical condition or illness			
Name of medication			
Dosage to be given			
Time to be given			
Side effects / special precautions			
Pupil to self-administer		Yes	
		No	
Please add any information you think is necessary:			

Please tick:

<input type="checkbox"/>	I confirm that I have legal parental responsibility, for the above mentioned child and give permission to a member of staff to administer the above listed medication to my child.		
<input type="checkbox"/>	I understand that I must supply the medicine in the container dispensed by the pharmacist which is accurately labelled and hand it to the school.		
<input type="checkbox"/>	I understand that the school staff will take all reasonable steps to ensure that medication is given at the correct time however this may not always be possible.		
<input type="checkbox"/>	I accept that this is a service that the school is not obliged to undertake. I understand that I must notify the school of any changes in writing.		
Parent/Carer signature		Date	
Print name		Relationship to child	

For office use (tick relevant boxes):

	YES	NO	Initials
Prescribed medication			
Medicine has pupil's name on			
Medicine is labelled			
In original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage			
Medication is in date (EXPIRY DATE: _____)			

Appendix: Medical Risk Assessment

Name of child		Date of Birth	
Class			
Known allergies			

RISK (e.g. broken leg)	
Discussion with parent over the phone. Time:	
Discussion with pupil. Time:	

REASONABLE ADJUSTMENTS	What are the hazards?	What are you already doing?	Do you need to do anything else to control this risk?	Action by who?	Action by when?	Done
Elimination of substitution of hazards						
Tools, equipment, technology and engineering.						
Safe work methods, practices, organization, information and training						
Hygiene and welfare						
Personal protective equipment.						
Health / medical observation						

Parent/Carer signature		Print name		Date	
Parent/Carer signature		Print name		Date	

Appendix: Model process for developing Individual Health Care Plans (IHCPs)

Parent or healthcare professional informs school that child has been newly diagnosed, or is due to attend new school, or is due to return to school after a longterm absence, or that needs have changed.



Headteacher or senior member of school staff to whom this has been delegated, or coordinates meeting to discuss child's medical support needs; and identifies member of school staff who will provide support to pupil.



Meeting to discuss and agree on need for IHCP to include key school staff, child, parent, relevant healthcare professional and other medical/health clinician as appropriate (or to consider written evidence provided by them).



Develop IHCP in partnership - agree who leads on writing it. Input from healthcare professional must be provided.



School staff training needs identified.



Healthcare professional commissions/delivers training and staff signed-off as competent - review date agreed.



IHCP implemented and circulated to all relevant staff.



IHCP reviewed annually or when condition changes. Parent or healthcare professional to initiate.

Appendix: Letter – Developing an Individual Health Care Plan (IHCP)

Dear Parent/Carer

Individual Health Care Plan (IHCP)

Name of pupil		Date of Birth	
Class			

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support each pupil needs and how this will be provided. Individual healthcare Plans (IHCPs) are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although IHCPs are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's IHCP has been scheduled for:

Date	
Time	
Venue	Dr Walker's Church of England Primary School Walker Avenue Fyfield CM5 0RG

I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend.

Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached IHCP template and return it, together with any relevant evidence, for consideration at the meeting.

Please do not hesitate to contact the school if you have any queries.

Yours sincerely,

Appendix: Individual Health Care Plan (IHCP) - Asthma

Name of pupil		Date of Birth	
Class		Year group	

Reliever medication (inhaler):	
Dose required	
Description of symptoms that would require the above inhaler to be given during the school day	
Any known triggers for Asthma	
Allergies	

Does your child say when they need the inhaler?	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No
Does your child to take their inhaler before exercise or play?	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No

I confirm that I have legal parental responsibility, for the above mentioned child.

Please tick:

<input type="checkbox"/>	I give permission for nurses and/or school staff to give this medicine and to give emergency assistance if required.		
<input type="checkbox"/>	I give permission for my child to carry their own inhaler which they will administer to themselves (unless unable to at the time). I agree to make sure that the inhaler is in date.		
Parent/Carer signature		Date	
Print name		Relationship to child	
Parent/Carer contact details: address			
Parent/Carer contact details: telephone			
Parent/Carer contact details: telephone			

My Asthma Plan



Your asthma plan tells you when to take your asthma medicines.

And what to do when your asthma gets worse.



Name:

1 My daily asthma medicines

- My preventer inhaler is called and its colour is
- I take puff/s of my preventer inhaler in the morning and puff/s at night. I do this every day even if I feel well.
- Other asthma medicines I take every day:
- My reliever inhaler is called and its colour is
I take puff/s of my reliever inhaler (usually blue) when I wheeze or cough, my chest hurts or it's hard to breathe.
- My best peak flow is

2 When my asthma gets worse

I'll know my asthma is getting worse if:

- I wheeze or cough, my chest hurts or it's hard to breathe, or
- I'm waking up at night because of my asthma, or
- I'm taking my reliever inhaler (usually blue) more than three times a week, or
- My peak flow is less than

If my asthma gets worse, I should:

Keep taking my preventer medicines as normal.

And also take puff/s of my blue reliever inhaler every four hours.



If I'm not getting any better doing this I should see my doctor or asthma nurse today.

Does doing sport make it hard to breathe?



If YES
I take:

puff/s of my reliever inhaler (usually blue) beforehand.



Remember to use my inhaler with a spacer (if I have one)

My Asthma Plan

3 When I have an asthma attack

I'm having an asthma attack if:

- My blue reliever inhaler isn't helping, or
- I can't talk or walk easily, or
- I'm breathing hard and fast, or
- I'm coughing or wheezing a lot, or
- My peak flow is less than _____

When I have an asthma attack, I should:

Sit up – don't lie down. Try to be calm.

Take one puff of my reliever inhaler every 30 to 60 seconds up to a total of 10 puffs.

Even if I start to feel better, I don't want this to happen again, so I need to see my doctor or asthma nurse today.

If I still don't feel better and I've taken ten puffs, I need to call 999 straight away. If I am waiting longer than 15 minutes for an ambulance I should take another _____ puff/s of my blue reliever inhaler every 30 to 60 seconds (up to 10 puffs).



My asthma triggers:

Write down things that make your asthma worse

I need to see my asthma nurse every six months

Date I got my asthma plan:

Date of my next asthma review:

Doctor/asthma nurse contact details:



Make sure you have your reliever inhaler (usually blue) with you. You might need it if you come into contact with things that make your asthma worse.

Parents – get the most from your child's action plan

Make it easy for you and your family to find it when you need it

- Take a photo and keep it on your mobile (and your child's mobile if they have one)
- Stick a copy on your fridge door
- Share your child's action plan with school, grandparents and babysitter (a printout or a photo).

You and your parents can get your questions answered:

Call our friendly expert nurses
0300 222 5800
 (9am – 5pm; Mon – Fri)

Get information, tips and ideas
www.asthma.org.uk

Appendix: Individual Health Care Plan (IHCP) - Anaphylaxis

Name of pupil		Date of Birth	
Class		Year group	

Note:

Emergency adrenalin pen (EPIPEN) should be with the child/young person at all times.

Regular medication	
Dose required	
Route	Intramuscular- into the outer upper thigh
Child's known symptoms of anaphylaxis	
Allergies	

Actions:

1	Administer adrenalin injector pen as soon as the above symptoms present.
2	Call for an ambulance (999) straight away. State that this is a case of anaphylaxis (ana-fil-ac-sis).
3	Lie person down unless they resist
4	Take safety cap off the adrenalin pen injector.
5	Give adrenalin injector straight through clothing into the outer upper thigh, press into skin and make sure you hear the click.
6	Massage the area for a few seconds.
7	Send the used adrenalin injector to hospital with the young person.

I confirm that I have legal parental responsibility, for the above mentioned child.

Please tick:

<input type="checkbox"/>	I give permission for the emergency medicines and treatment to be given by nursing or school staff as necessary.		
<input type="checkbox"/>	I give permission for an emergency injector pen (purchased by the school) to be used if my child's personal injector is not viable for any reason.		
<input type="checkbox"/>	I give permission for my child to carry their own adrenalin injector pen which they will administer to themselves (unless unable to at the time). I agree to make sure that the injector pen is in date.		
Parent/Carer signature		Date	
Print name		Relationship to child	
Parent/Carer contact details: address			
Parent/Carer contact details: telephone			
Parent/Carer contact details: telephone			

Appendix: Parent/Carer Consent form – for the use or adrenaline auto injectors at school

Name of pupil		Date of Birth	
Class			

I confirm that I have legal parental responsibility, for the above mentioned child

Child showing symptoms of anaphylaxis:

Please tick:

<input type="checkbox"/>	I can confirm that my child has been diagnosed as being at risk of anaphylaxis and has been prescribed an adrenaline auto injector.		
<input type="checkbox"/>	My child has a working, in date adrenaline auto injector, clearly labelled with their name, which they will bring with them to school every day.		
<input type="checkbox"/>	In the event of my child displaying symptoms of anaphylaxis, and if their adrenaline auto injector is not available or is unusable, I consent for my child to receive adrenaline from an auto injector held by the school for such emergencies.		
Parent/Carer signature		Date	
Print name		Relationship to child	
Parent/Carer contact details: address			
Parent/Carer contact details: telephone			
Parent/Carer contact details: telephone			

Appendix: Individual Health Care Plan (IHCP)

Date	
Document to be updated annually, or any change in medical condition	

PUPIL'S DETAILS

Name of pupil		Date of Birth	
Class		Year group	
Address			
Medical condition(s)			
Allergies			

FAMILY CONTACT INFORMATION

	1	2
Name		
Relationship		
Home phone number		
Mobile phone number		
Work phone number		
Email		

ESSENTIAL INFORMATION CONCERNING THE PUPIL'S HEALTH NEEDS

	Name	Contact Details
Specialist nurse (if applicable)		
Key Worker		
GP		
Link person in education		
Class teacher		
Health visitor / school nurse		
SENCO		
Other relevant teaching staff		
Other relevant non-teaching staff		
Headteacher	Dr L Lawson	Dr Walker's C of E Primary School Walker Avenue

		Fyfield CM5 0RG
Person with overall responsibility for implementing plan		

This pupil has the following medical condition(s) and requires the following treatment.

Medical condition	Drug / medication	Dose	When	How is it administered?
Does treatment of the medical condition affect behaviour or concentration?				
Are there any side effects of the medication?				
Is there any ongoing treatment that is not being administered in school? What are the side effects?				
How will the medication be stored at the school (completed together by the parent and school)?				

ROUTINE MONITORING (IF APPLICABLE)

Some medical conditions will require monitoring to help manage the pupil's condition.

What monitoring is required?	
When does it need to be done?	
Does it need any equipment?	
How is it done?	
Is there a target? If so, what is the target?	

EMERGENCY SITUATION

An emergency situation occurs whenever a child needs urgent treatment to deal with the condition.

What is considered an emergency situation?	
What are the symptoms?	

What are the triggers?	
What actions must be taken?	
Are there any follow up actions (e.g. tests or rest) that are required?	

IMPACT ON LEARNING

How does the pupil's medical condition effect learning? i.e. memory, processing speed, co-ordination, etc.	
Does the pupil require any further assessment of their learning?	

PHYSICAL ACTIVITY

Are there any physical restrictions caused by the medical condition(s)?	
Is any extra care needed for physical activity?	
Actions before exercise.	
Actions during exercise.	
Actions after exercise.	

TRIPS AND ACTIVITIES AWAY FROM SCHOOL

What care needs to take place?	
When does it need to take place?	
If needed, is there somewhere for care to take place?	
Who will look after medicine and equipment?	
Who outside of the school needs to be informed?	
Who will take overall responsibility for the child on the trip?	

SCHOOL ENVIRONMENT

Can the school environment affect the child's medical condition?	
How does the school environment affect the child's medical condition?	
What changes can the school make to deal with these issues?	

EDUCATIONAL, SOCIAL & EMOTIONAL NEEDS

Pupils with a medical condition may have to attend clinic appointments to review their condition. These appointments may require a half or full days' absence and should not count towards a child's attendance record.

Is the child/young person likely to need time off because of their condition?	
What is the process for catching up on missed work caused by absences?	
Does this child require extra time for keeping up with work?	
Does this child require any additional support in lessons? If so what?	
Is there a situation where the child/young person will need to leave the classroom?	
Does this child require rest periods?	
Does this child require any emotional support?	

STAFF TRAINING

Governing bodies are responsible for making sure staff have received appropriate training to look after a child/young person. School staff should be released to attend any necessary training sessions if it is agreed.

What training is required?	
Who needs to be trained?	
Has the training been completed? Please sign and date.	

Please use this section for any additional information for this child or young person.

--

	Name	Signature	Date
Parent / Carer			
School representative			
Healthcare professional			
School nurse			

Parental agreement for setting to administer medicine

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

Date for review to be initiated by	
Name of school / setting	Dr Walker's C of E Primary School Walker Avenue Fyfield CM5 0RG
Name of child	
Date of Birth	
Class / Year group	
Medical Condition or illness	
Allergies	

MEDICINE

Name/type of medicine (as described on the container)	
Expiry date	
Dosage and method	
Timing	
Special precautions / other instructions	
Are there any side effects that the school / setting needs to know about?	
Self-administering – Yes / No	

Procedures to take in an emergency	
I understand that I must deliver the medicine personally to...	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing. If there is any change in dosage or frequency of the medication or if the medicine is stopped.

I confirm that I have legal parental responsibility, for the above mentioned child.

Parent/Carer signature		Date	
Print name		Relationship to child	
Parent/Carer contact details: address			
Parent/Carer contact details: telephone			
Parent/Carer contact details: telephone			

Appendix: Record of Medicine Administered

Name of pupil		Date of Birth	
Class		Year group	

Date	Time	Medication	Dose given	Any reactions		Print name	Staff signature
					1		
					2		
					1		
					2		
					1		
					2		
					1		
					2		

Appendix: Asthma Inhaler Administration Record

Name of pupil		Date of Birth	
Class		Year group	

Has the Care Plan been checked?	
Is the Inhaler in date?	
DATE INHALER GIVEN	
TIME INHALER GIVEN	
Name of Person Administering	
Signature of Person Administering	
Name of Person Checking	
Signature of Person Checking	
Ambulance called	
Notes / Other Relevant Observations	

Appendix: EpiPen Administration Record

Name of pupil		Date of Birth	
Class		Year group	

Has the Care Plan been checked?	
Is the EpiPen in date?	
DATE EPIPEN GIVEN	
TIME EPIPEN GIVEN	
Name of Person Administering	
Signature of Person Administering	
Name of Person Checking	
Signature of Person Checking	
Ambulance called	
Notes / Other Relevant Observations	

Appendix: Letter – Sickness/Vomit

Dear Parent/Carer

Sickness/Vomit

Name of pupil		Date of Birth	
Class			

Your child has vomited more than once in school today, in order to protect others and in line with Health Protection Agency Guidelines.

Please keep your child at home until they have been free of symptoms for **48 hours**.

Yours sincerely,

Appendix: Letter – Diarrhoea

Dear Parent/Carer

Diarrhoea

Name of pupil		Date of Birth	
Class			

Your child has had diarrhoea more than once in school today, in order to protect others and in line with Health Protection Agency Guidelines.

Please keep your child at home until they have been free of symptoms for **48 hours**.

Yours sincerely,

Appendix: Letter – Head Injury Advice

Dear Parents/Carer

Head Injury Advice

Name of pupil		Date of Birth	
Class			

Your child sustained a head injury today.

Time	
Nature of the injury	
It occurred in (location)	

We have not noticed any of the listed effects below, but you are advised to keep a close eye on them. If any of the following symptoms occur then you need to seek immediate medical attention.

- Unusually sleepy or you cannot wake them
- Have a headache that is getting worse
- Are unsteady when they walk
- Are repeatedly sick
- Have a seizure(fit)
- Develop a squint or blurred vision
- Lose consciousness

Yours sincerely,

Appendix: Emergency Medication Intake and Renewal Record

Pupil's Name	Medication	Expiry Date	Renewal Reminder Date	Letter send	Date new medication received

Appendix: Letter – Medicine reminder

Dear Parents/Carer

Medicine reminder

Name of pupil		Date of Birth	
Class			

Your child's regular/emergency medicine will soon run out/expire.

1	
2	

Please could you obtain a new supply which clearly states:

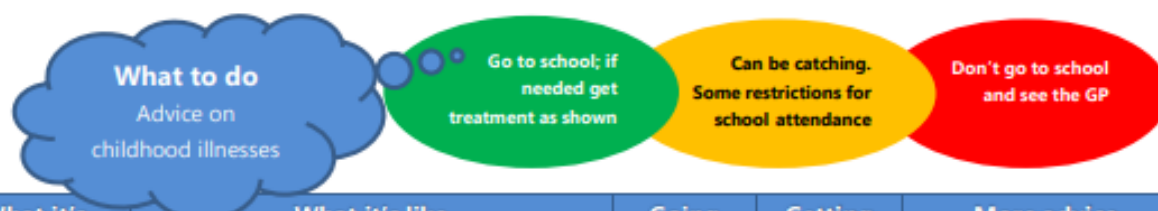
- your child's name;
- the time that the medicine is due and
- the amount/dose that is to be given.

This information will be on the pharmacy label.

Please also complete and return the attached consent form/care plan

Many thanks,

Appendix: Illness Traffic Light Poster



What it's called	What it's like	Going to school	Getting treatment	More advice
Chicken Pox	Rash begins as small, red, flat spots that develop into itchy fluid-filled blisters	●	Pharmacy	Back to school 5 days after on-set of the rash
Common Cold	Runny nose, sneezing, sore throat	●	Pharmacy	Ensure good hand hygiene
Conjunctivitis	Teary, red, itchy, painful eye(s)	●	Pharmacy	Try not to touch eye to avoid spreading
Flu	Fever, cough, sneezing, runny nose, headache body aches and pain, exhaustion, sore throat	●	Pharmacy	Ensure good hand hygiene
German measles	Fever, tiredness. Raised, red, rash that starts on the face and spreads downwards.	●	G.P.	Back to school 6 days from on-set of rash
Glandular fever	high temperature, sore throat; usually more painful than any before and swollen glands	●	G.P.	Child needs to be physically able to concentrate
Hand, foot & mouth disease	Fever, sore throat, headache, small painful blisters inside the mouth on tongue and gums (may appear on hands and feet)	●	G.P.	Only need to stay off if feeling too ill for school
Head lice	Itchy scalp (may be worse at night)	●	Pharmacy	
Impetigo	Clusters of red bumps or blisters surrounded by area of redness	●	G.P.	Back to school when lesions crust or 48 hours after start of antibiotics
Measles	Fever, cough, runny nose, and watery inflamed eyes. Small red spots with white or bluish white centres in the mouth, red, blotchy rash	●	G.P.	Back to school 4 days from on-set of rash
Ringworm	Red ring shaped rash, may be itchy rash may be dry and scaly or wet and crusty	●	G.P.	
Scabies	Intense itching, pimple – like rash Itching and rash may be all over the body but commonly between the fingers, wrists, elbows, arm	●	G.P.	Back to school after first treatment
Shingles	Pain, itching, or tingling along the affected nerve pathway. Blister-type rash	●	G.P.	Only stay off school if rash is weeping and cannot be covered
Sickness bug/ diarrhoea	Stomach cramps, nausea, vomiting and diarrhoea	●	Pharmacy	See GP if symptoms persist after 48 hours
Threadworms	Intense itchiness around anus	●	Pharmacy	Ensure good hand hygiene
Tonsillitis	Intense Sore throat	●	Pharmacy	See GP if temperature lasts more than 48 hours or cannot swallow
Whooping cough	Violent coughing, over and over, until child inhales with "whooping" sound to get air into lungs	●	G.P.	Back to school after 5 days of antibiotics or 21 days from onset of illness

See www.patient.co.uk for further information on each of these conditions

This leaflet has been produced in partnership between



This information is a guide and has been checked by health professionals however, if you are unsure about your child's wellbeing we recommend you contact your pharmacy or GP to check.

Appendix: Illnesses

Rashes and skin infections

- Children with rashes should be considered infectious and assessed by their doctor.

Infection or complaint	Recommended period to be kept away from school, nursery or childminders	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended
Chickenpox	Until all vesicles have crusted over	<i>See: Vulnerable Children and Female Staff – Pregnancy</i>
Cold sores, (Herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting
German measles (rubella)*	Four days from onset of rash (as per "Green Book")	Preventable by immunisation (MMR x2 doses). <i>See: Female Staff – Pregnancy</i>
Hand, foot and mouth	None	Contact your local HPT if a large number of children are affected. Exclusion may be considered in some circumstances
Impetigo	Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period
Measles*	Four days from onset of rash	Preventable by vaccination (MMR x2). <i>See: Vulnerable Children and Female Staff – Pregnancy</i>
Molluscum contagiosum	None	A self-limiting condition
Ringworm	Exclusion not usually required	Treatment is required
Roseola (infantum)	None	None
Scabies	Child can return after first treatment	Household and close contacts require treatment
Scarlet fever*	Child can return 24 hours after starting appropriate antibiotic treatment	Antibiotic treatment is recommended for the affected child
Slapped cheek/fifth disease. Parvovirus B19	None (once rash has developed)	<i>See: Vulnerable Children and Female Staff – Pregnancy</i>
Shingles	Exclude only if rash is weeping and cannot be covered	Can cause chickenpox in those who are not immune, ie have not had chickenpox. It is spread by very close contact and touch. If further information is required, contact your local PHE centre. <i>See: Vulnerable Children and Female Staff – Pregnancy</i>
Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms

Diarrhoea and vomiting illness

Infection or complaint	Recommended period to be kept away from school, nursery or childminders	Comments
Diarrhoea and/or vomiting	48 hours from last episode of diarrhoea or vomiting	
<i>E. coli</i> O157 VTEC Typhoid* [and paratyphoid*] (enteric fever) Shigella (dysentery)	Should be excluded for 48 hours from the last episode of diarrhoea. Further exclusion may be required for some children until they are no longer excreting	Further exclusion is required for children aged five years or younger and those who have difficulty in adhering to hygiene practices. Children in these categories should be excluded until there is evidence of microbiological clearance. This guidance may also apply to some contacts who may also require microbiological clearance. Please consult your local PHE centre for further advice
Cryptosporidiosis	Exclude for 48 hours from the last episode of diarrhoea	Exclusion from swimming is advisable for two weeks after the diarrhoea has settled

Respiratory infection

Infection or complaint	Recommended period to be kept away from school, nursery or childminders	Comments
Flu (influenza)	Until recovered	<i>See: Vulnerable Children</i>
Tuberculosis*	Always consult your local PHE centre	Requires prolonged close contact for spread
Whooping cough* (pertussis)	Five days from starting antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local PHE centre will organise any contact tracing necessary

Other infections

	Recommended period to be kept away from school, nursery or child minders	Comments
Conjunctivitis	None	If an outbreak/cluster occurs, consult your local PHE centre
Diphtheria *	Exclusion is essential. Always consult with your local HPT	Family contacts must be excluded until cleared to return by your local PHE centre. Preventable by vaccination. Your local PHE centre will organise any contact tracing necessary
Glandular fever	None	
Head lice	None	Treatment is recommended only in cases where live lice have been seen
Hepatitis A*	Exclude until seven days after onset of jaundice (or seven days after symptom onset if no jaundice)	In an outbreak of hepatitis A, your local PHE centre will advise on control measures
Hepatitis B*, C*, HIV/AIDS	None	Hepatitis B and C and HIV are bloodborne viruses that are not infectious through casual contact. For cleaning of body fluid spills see: Good Hygiene Practice
Meningococcal meningitis*/septicaemia*	Until recovered	Meningitis C is preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. In case of an outbreak, it may be necessary to

		provide antibiotics with or without meningococcal vaccination to close school contacts. Your local PHE centre will advise on any action is needed
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. Your local PHE centre will give advice on any action needed
Meningitis viral*	None	Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise any danger of spread. If further information is required, contact your local PHE centre
Mumps*	Exclude child for five days after onset of swelling	Preventable by vaccination (MMR x2 doses)
Threadworms	None	Treatment is recommended for the child and household contacts
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic

* **denotes a notifiable disease.** It is a statutory requirement that doctors report a notifiable disease to the proper officer of the local authority (usually a consultant in communicable disease control). In addition, organisations may be required via locally agreed arrangements to inform their local PHE centre.

Regulating bodies (for example, Office for Standards in Education (OFSTED)/Commission for Social Care Inspection (CSCI)) may wish to be informed – please refer to local policy.

Outbreaks: if an outbreak of infectious disease is suspected, please contact your local PHE centre.