



School Policy

Supporting Pupils With Medical Needs

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The Downley School Supporting Pupils With Medical Needs Policy

1 Introduction

- The Governing Body of The Downley School (“the Governing Body”) 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** 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

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- in those circumstances, they do not have to accept a pupil at time where it would be detrimental to the health of that child or others to do so

2.2 The **Headteacher** will be the person to have overall responsibility for the implementation of this Policy and will ensure;

- all staff are aware of this 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 of children in the school is kept 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);
- 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
- children with medical conditions are appropriately supported

2.3 All members of staff:-

- may be asked to provide support to pupils with medical conditions, but only members of staff who volunteer and who are appropriately trained in accordance with clause 3 of this Policy will be able to administer medicines
- should know what to do and respond accordingly if they become aware that a pupil with a medical condition needs help. **The '5 Rights' should be followed at all times to ensure correct administration:**

Right person

Right time

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Right route

Right dose

Right medicine

- Although administering medicine is not part of teacher's professional duties, teachers should 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

2.4 Pupils: Where appropriate pupils with medical conditions

- will be consulted to provide information about how their condition affects them.
- 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.

2.5 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 Form 2 as suitably amended to meet the circumstances of each case;
- 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;

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- Parents should ensure that they or another nominated adult are contactable at all times

3 Staff Training and Support

- 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. The member of staff will complete and sign a copy of Form 1.
- 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 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. Records of staff training will be kept by the Resources Manager.
- 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 at least three people have attended Supporting Pupils with Medical Conditions training to understand County Policy and to ensure medicines are appropriately managed within the school.

4 Individual Healthcare Plans

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

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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. Parents will be asked to sign to acknowledge that their child is mature and responsible to manage their own medication. This information will be recorded in the Healthcare Plan.
- Parents should be aware that if their child holds their own medication then school staff will not be recording the doses self-administered;
- 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.

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- Parents will be contacted where a pupil is seen to be using their asthma inhaler more frequently than usual as this may indicate their condition is not well controlled.
- Year 6 children are encouraged to carry their inhaler at all possible times

6 Managing Medicines on School Premises

Pupils will only be given prescription or non-prescription medicines after parents have completed a consent form (Forms 3A, 3B, 3C or 3D).

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 to a member of the school Office 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.
- During periods of high pollen count, children who have been prescribed antihistamines should take their medication before the start of school

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

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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.
- The following members of staff may administer a controlled drug to the child for whom it has been prescribed in accordance with the prescriber's instructions.
 - **Sue Lane**
 - **Mandy Aitken**
- 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 will only be given in exceptional circumstances and only with the expressed permission of the Headteacher. An exception may be made for school residential visits.

The school will not keep Calpol 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.

Parents will be asked to sign a consent form confirming that the medicine has been administered without adverse effect to the child in the past and that they will inform the school immediately if this changes.

6.4 Pain Relief

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Pupils sometimes ask for pain relief (analgesics) at school, i.e. paracetamol tablets or liquid.

- Pain relief will only be given with the expressed consent of the Headteacher for example, for pupils returning to school after sustaining a fracture, dental treatment or older girls with dysmenorrhoea (painful periods).
- Parents will be asked to sign a consent form 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 to those pupils requesting analgesics; generally non-prescription ibuprofen will not be given.
- If ibuprofen is the analgesic of choice, then parents will be advised that a dose could be given before school (ibuprofen is effective for six hours); if required the school will 'top up' the pain relief with paracetamol.
- A child under 16 will never be given aspirin-containing medicine unless prescribed by a doctor.
- 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 in accordance with the following clause 7..

7 Record Keeping

- The school will keep a record, in a **bound book**, of all medicines administered to individual pupils stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school will be noted.
- A second person will witness the administration of all medicines and this includes controlled drugs but does not include the use of inhalers including controlled drugs.
- ~~A second person will witness the administration of controlled drugs.~~
- A record of administration of medicine will not be recorded where the pupil has taken responsibility for their own medication, e.g. asthma inhalers and take their medication, as and when it is required.
- A record will be made where medication is held by the school but self-administered by the pupil.

8 Safe Storage of Medicines

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- 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 them immediately or where relevant know who holds the key.
- 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 the original packaging, clearly labelled, and stored in the Staff Room refrigerator, which is not accessible to pupils. A temperature log of the refrigerator will be taken during the period of storage.
- 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 term disposing of any medication that is no longer required.
- It is the parent's responsibility to ensure their child's medication remains in date. The school will not 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.

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.

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- 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.
- The One Day Visit Form (Form17) must be filled in for every child for each one day visit
- The Residential Visit Form (Form 18) must be filled in for every child for each residential visit
- Pain relief medication will be administered on a residential trip if parental consent has been previously obtained (Form 3D **must** be completed)
- Non-prescribed medication such as travel sickness pills will be administered if parental consent has been previously obtained (Form 3D **must** be completed)
- Care plans and medicines must be taken on the trip with the child.
- An emergency plan, regarding children needing medication, must be in place before leaving school.
- Medicines are administered and witnessed and, on residential visits, recorded on a copy of Form 6. 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 will be compiled;
- An Individual Healthcare Plan will be developed;
- All staff will be trained annually to recognised the symptoms of an asthma attack and know how to respond in an emergency following the guidance in Forms 9 and 10;
- In Reception classes and KS1, inhalers are the responsibility of the class teacher, who will keep them in a clearly labelled container in an easily accessible part of the class room. LSA's and Midday Supervisors will be made aware of their positioning. The class teacher must always take inhalers to all physical education lessons. Whenever an inhaler is required, the usage is recorded. Every class teacher has a book in which to do this.
- In KS2, inhalers are the responsibility of the child and, especially in Year 6, they are encouraged to carry it at all possible times (Form 3A **must** be completed).
- An inspection of inhalers will be carried out termly, but it is the responsibility of parents/carers to ensure they are within their expiry date.

12.2 Anaphylaxis (Severe Allergic Reaction)

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- All staff will attend annual training on the symptoms of anaphylaxis, which includes information and practise on when and how to use the adrenaline auto-injector.
- An Individual Healthcare Plan will be developed which includes the arrangements the school will make to control exposure to allergens;
- Auto-injectors will be kept readily available;
- Epipens are kept in the child's classroom in a thermal bag. Epipens are kept in the same place in each classroom – walk in cupboard on a provided hook.
- The child's health care plan is displayed clearly in the classroom and also in the medical room. All members of staff are to undertake annual training to administer an Epipen.
- The expiry date of Epipens is logged and reminders issued before the expiry date, but it is the parents' responsibility to ensure that Epipens are in date. Epipens do not have a very long shelf life. It is not recommended that we use an out of date Epipen as they deteriorate quickly.
- At lunchtimes children **MUST** take their Epipens with them if having lunch at The Downley Diner. They should keep it on their person and may give it the MDS on duty to look after while playing. The child must then take responsibility for returning it to the classroom after lunchtime and the teacher must hang it back on the designated hook.

12.3 Epilepsy

- An Individual Healthcare Plan will be developed;
- 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 will be kept available so that if needed the pupil will be able to rest following a seizure, in a safe supervised place.
- The school will offer support with a mentoring or buddying system to help broaden an understanding of the condition;
- The school will enable students to take a full part in all outings and activities,
- The school will make necessary adjustments e.g. exam timings, coursework deadlines, 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 Form 5 or 6 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;

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- If appropriate, a record will be kept of the pupil's seizures, using Form 8, 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;
- Pupils diagnosed with Type 1 diabetes and 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, e.g. 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.
- 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 will ensure 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

15.1 Medicines should be brought to the school by parents/carers. A member of staff will ask the parent to sign and complete a copy of Form 3A. Following this the member of staff will arrange for a member of staff from the relevant year group, who has volunteered to give medicines, to go through the form with the parent to make certain that it is complete.

15.2 The member of staff will check that the

- medicine is in its original container as dispensed by a chemist and details match those on the form;
- label clearly states the child's
 - first and last name
 - name of medicine
 - dose required

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- method of administration
 - time/frequency of administration
 - medication is in date
- 15.3 The member of staff will log the medicine in the record book and store the medicine appropriately
- Medicines requiring refrigeration will be kept in the fridge in the Staff Room refrigerator
 - A daily temperature of the fridge will be taken and recorded.
- 15.4 A member of staff will administer medication at the appropriate time. However, medication will not be given before 12 noon unless the school is specifically requested to do so by a parent.
- 15.5 The following procedure will be followed:
- The pupil will be asked to state their name – this is checked against the label on the bottle, authorisation form and record sheet.
 - The name of the medicine will be checked against the authorisation form and record sheet.
 - The time, dosage and method of administration will be checked against the authorisation form and record sheet.
 - The expiry date will be checked and read out.
 - The medicine is administered.
 - The record sheet is signed by the designated person and the witness
 - Any possible side effects will be noted.
 - The medicine is returned to appropriate storage.
- 15.6 If a child refuses to take their medicine, staff will not force them to do so. Staff will record the incident and follow agreed procedures (which are set out in the pupil's Healthcare Plan) and contact parents. If a refusal results in an emergency, the emergency procedures detailed in the Healthcare Plan will be followed.
- 15.7 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.
- 15.8 At the end of the day parents (or other appropriate adult) of pupil's prescribed anti-biotic medication (four doses a day) should collect their child's medicine from the school office. For children staying to the After School Club the designated person(s) will pass anti-biotic medicine to the supervisor of the After School Club to return to the parents.

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Please note Form 6 should not be amended, as the Paediatric Community Service has produced this form.

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FORM 1 Staff agreement for administration of medicines

I confirm that I have voluntarily agreed to accept responsibility for administering prescribed medicines to a child and have received appropriate training and guidance .

Staff signature:

Date:

Suggested Review Date:

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FORM 2 model letter inviting parents to contribute to individual healthcare plan development

Dear Parent

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support that each pupil needs and how this will be provided. Individual healthcare plans 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 individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely

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FORM 3A : Parental agreement for school to administer *PRESCRIBED* Medicine – THE DOWNLEY SCHOOL

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 staff can administer medicine

Name of child:

Date of birth:Class.....

Medical condition/illness:

MEDICINE

Name/type of medicine (as described on the container).....

Date dispensed:Expiry date.....

Agreed review date to be
initiated by (name of member of staff)

Dosage and method:Time.....

Special precautions:

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

Self-administration: Yes/No (delete as appropriate)

Procedures to take in an Emergency:

CONTACT DETAILS

Name:

Daytime telephone no:Relationship to child.....

Address:

I understand that I must deliver the medicine personally to a designated member of staff and accept that this is a service that the school/setting is not obliged to undertake.

I understand that I must notify the school/setting of any changes in writing.

Date:

Signature:Relationship to child.....

I have discussed the above with the parent/carer

Member of staff signature.....Date.....

NB. MEDICINES MUST BE IN THE ORIGINAL CONTAINER AS DISPENSED BY THE PHARMACY

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FORM 3B : Parental agreement for school to administer NON-PRESCRIBED medicine

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

Name of school/setting THE DOWNLEY SCHOOL

Date

Child's Name

Group/Class/Form

Name and strength of medicine.....

Expiry date

Dose to be given

When to be given

Any other instructions

Number of tablets/qty to be given to school/setting

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

Daytime tel no. of parent/adult.....

Name and phone no. of GP

Agreed review date to be initiated.....by (name of member of staff)

I confirm that I have administered this non-prescription medication, without adverse effect, to my child in the past. I will inform the school immediately in writing, if my child subsequently is adversely affected by the above medication.

The above information 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 policy.

Parent's signature: _____ Print Name: _____

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

I have discussed the above with the parent/carer

Member of staff signature: _____ Date: _____

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my child subsequently is adversely affected by paracetamol/Calpol (*circle as appropriate*).

Parent's signature: _____ Print Name: _____

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FORM 3D Parental agreement for school to administer *occasional* non-prescription medicine for school journeys or residential trips, e.g. travel sickness tablets, antihistamines.

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

| | |
|--|--------------------|
| Name of School/Setting | The Downley School |
| Date | |
| Child's Name | |
| Group/Class/Form | |
| Name and strength of medicine | |
| Expiry date | |
| How much to give (i.e. dose) | |
| When to be given | |
| Any other instructions | |
| Number of tablets/quantity to be given to school/setting | |
| Note: Medicines must be in the original container, which must contain the Patient Information Leaflet | |
| Daytime phone no. of parent or adult contact | |
| Name and phone no. of GP | |
| Agreed review date to be initiated by [name of member of staff]: | |

I confirm that I have administered this non-prescription medication, without adverse effect, to my child in the past.

The above information 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 policy.

I will inform the school immediately, in writing, if my child subsequently is adversely affected by the above medication

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Parent's signature: _____ Print Name: _____

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

I have discussed the above with the parent/carers

Member of staff signature: _____ Date: _____

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FORM 4 - Record of medicines administered to children on residential visits

Name of school/setting

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

| | | | | | | | | |
|-----|--|--|--|--|--|--|--|--|
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FORM 5 authorisation for the administration of rectal diazepam

Name of School _____

Child's name _____

Date of birth _____

Home address _____

GP _____

Hospital consultant _____

..... (*name of child*) 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.

(* please delete as appropriate)

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

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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.

Records of administration should be maintained using Form 5 or similar

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Buckinghamshire 

Primary Care Trust

FORM 6 authorisation for the administration of Buccal Midazolam

| | | |
|--|-----------------------------|-----------------------------------|
| PERSONAL DETAILS | | |
| Name of Child/Young Person: | Address: | Child/Young Person's Photo |
| Date of Birth: | GP: | |
| Name of School: | Next of Kin: | |
| Date Health Care Plan Completed: | Date to be Reviewed: | |
| Family Contact 1 | Family Contact 2 | |
| Name: | Name: | |
| Phone No: (Home): | Phone No: (Home): | |
| (Work): | (Work): | |
| (Mobile): | (Mobile): | |
| Relationship: | Relationship: | |
| The Midazolam is kept in the medical cabinet in the first aid room. | | |
| Keys held by: | | |

Emergency Medication

- Start timing seizure
- If seizure not resolved within 5 minutes
- Administer Midazolam into the buccal cavity between cheek and lower gums
- Dial 999
- Watch breathing does not become shallow
- Put person in recovery position

Midazolam

Dose
In mg / ml

| | | |
|--------------------------|-----------|------|
| PARENT | Signature | Date |
| HEAD TEACHER: | Signature | Date |
| HEALTHCARE PROFESSIONAL: | Signature | Date |

Note for parents: Parents/carers are reminded of the importance of informing school of any changes in treatment/medication or ongoing concerns/changes in seizure patterns.

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FORM 7 letter to inform parents of emergency salbutamol inhaler use

Child's name:

Class: Date:

Dear.....,

This letter is to formally notify you that.....has had problems with his / her breathing today. *(Delete as appropriate)*

This happened when.....

A member of staff helped them to use their asthma inhaler. They did not have their own asthma inhaler with them, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given puffs.

Their own asthma inhaler was not working, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given puffs.

(delete as appropriate)

Although they soon felt better, we would strongly advise that you have your seen by your own doctor as soon as possible.

Yours sincerely,

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FORM 8 witnessing a seizure (use this table to help record your 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 | | |

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FORM 8 witnessing a seizure (use this table to help record your observations)
witnessing a seizure continued

| | | | | |
|---|-------------|-------|-------------|-----------|
| 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 | | |

HOW TO RECOGNISE AN ASTHMA ATTACK

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)

CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD

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

WHAT TO DO IN THE EVENT OF 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

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ONE DAY VISIT PARENTAL CONSENT FORM

FORM 11

School/Group: The Downley School

Pupil's name: Date of birth:

Visit to: Date:

1. I agree to (name) taking part in this visit and have read the information sheet. I agree to’s participation in the activities described. I acknowledge the need for to behave responsibly.

2. **Medical information about your child**

a) Any conditions requiring medical treatment, including prescribed medication? YES/NO

IF YES, PLEASE MAKE SURE MEDICATION FORM 3A HAS BEEN COMPLETED

b) Any conditions that may require non-prescribed medicines eg travel sickness pills? YES/NO

IF YES, PLEASE MAKE SURE MEDICATION FORM 3D HAS BEEN COMPLETED

Please note, we cannot administer medication such as Calpol or Piriton unless they have been prescribed by a doctor. If you feel your child needs this medication please make sure they take it before they leave home.

c) Is your son/daughter allergic to any medication? YES/NO

If yes – please specify

.....

d) Please specify any special dietary requirements of your child

.....

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- e) To the best of your knowledge, has your son/daughter been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be contagious or infectious? YES/NO

If yes – please specify

.....

- f) When was the last time your child received a tetanus injection?

.....

Declaration

I agree to my son/daughter receiving medication as instructed and any urgent dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided.

I will inform the Group Leader/Head Teacher as soon as possible of any changes in the medical or other circumstances between now and the commencement of the journey.

Signed:..... Date:

Full name (capitals):

Contact telephone numbers:

I may be contacted by telephoning the following numbers:

Work:Home:.....

Mobile:

Home address:

.....

If I am not available at above, please contact:

Name:.....Tel:.....

Address:

.....

Name and address of family doctor:

Name: Tel:

Address:

.....

**THIS FORM OR A COPY MUST BE TAKEN BY THE GROUP LEADER ON THE VISIT.
A COPY SHOULD BE RETAINED BY THE SCHOOL CONTACT**

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RESIDENTIAL VISIT PARENTAL CONSENT FORM

FORM 12

School/Group: The Downley School

Pupil's name: Date of

birth:.....

Visit to:..... Date:.....

1. I agree to (name) taking part in this visit and have read the information sheet. I agree to’s participation in the activities described. I acknowledge the need for to behave responsibly.

2. **Medical information about your child**

a) Any conditions requiring medical treatment, including prescribed medication? YES/NO

IF YES, PLEASE MAKE SURE MEDICATION FORM 3A HAS BEEN COMPLETED

b) Any conditions that may require non-prescribed medicines eg travel sickness pills? YES/NO

IF YES, PLEASE MAKE SURE MEDICATION FORM 3D HAS BEEN COMPLETED

c) Is your son/daughter allergic to any medication? YES/NO

If yes – please specify

.....

d) Please specify any special dietary requirements of your child

.....

e) To the best of your knowledge, has your son/daughter been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be contagious or infectious? YES/NO

If yes – please specify

.....

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f) When was the last time your child received a tetanus injection?

.....
In the event of my child needing paracetamol based pain relief, I give permission for Calpol to be administered according to dosage stated on the medication.

* Please delete as appropriate

* I give permission for my child to receive Calpol medication if necessary

* I DO NOT give permission for my child to receive Calpol medication if necessary

Signature of parent/carer _____

Declaration

I agree to my son/daughter receiving medication as instructed and any urgent dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided.

I will inform the Group Leader/Head Teacher as soon as possible of any changes in the medical or other circumstances between now and the commencement of the journey.

Signed:..... Date:

Full name (capitals):

.....
Contact telephone numbers:

I may be contacted by telephoning the following numbers:

Work:Home:.....

Mobile:

.....
Home address:

.....
If I am not available at above, please contact:

Name:.....Tel:.....

Address:

.....
Name and address of family doctor:

Name:Tel:

Address:

**THIS FORM OR A COPY MUST BE TAKEN BY THE GROUP LEADER ON THE VISIT.
A COPY SHOULD BE RETAINED BY THE SCHOOL CONTACT**