

The Federation of Golden Flatts and Lynnfield Primary Schools
Supporting Children with Medical Conditions Policy

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1. Statement of intent

The governing body of Lynnfield Primary School has a duty to ensure arrangements are in place to support pupils with medical conditions. The aim of this policy is to ensure that all pupils with medical conditions, in terms of both physical and mental health, receive appropriate support allowing them to play a full and active role in school life, remain healthy, have full access to education (including school trips and physical education) and achieve their academic potential.

Lynnfield Primary School believes it is important that parents/carers of pupils with medical conditions feel confident that the school provides effective support for their child's medical condition, and that pupils feel safe in the school environment.

There are also social and emotional implications associated with medical conditions. Pupils with medical conditions can develop emotional disorders, such as self-consciousness, anxiety and depression, and be subject to bullying. This policy aims to minimise the risks of pupils experiencing these difficulties.

Long-term absences as a result of medical conditions can affect educational attainment, impact integration with peers, and affect wellbeing and emotional health. This policy contains procedures to minimise the impact of long-term absence and effectively manage short-term absence.

Some pupils with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. The school has a duty to comply with the Act in all such cases.

In addition, some pupils with medical conditions may also have SEND and have an education, health and care (EHC) plan collating their health, social and SEND provision. For these pupils, compliance with the DfE's 'Special educational needs and disability code of practice: 0 to 25 years' and the school's SEND Policy will ensure compliance with legal duties.

To ensure that the needs of our pupils with medical conditions are fully understood and effectively supported, we consult with health and social care professionals, pupils and their parents/carers.

2. Legal Framework

This policy has due regard to legislation including, but not limited to, the following:

- Children and Families Act 2014
- Education Act 2002
- Education Act 1996 (as amended)
- Children Act 1989
- National Health Service Act 2006 (as amended)
- Equality Act 2010
- Health and Safety at Work etc. Act 1974
- Misuse of Drugs Act 1971

- Medicines Act 1968
- The School Premises (England) Regulations 2012 (as amended)
- The Special Educational Needs and Disability Regulations 2014 (as amended)
- The Human Medicines (Amendment) Regulations 2017
- The Food Information (Amendment) (England) Regulations 2019 (Natasha's Law)
- DfE (2015) 'Special educational needs and disability code of practice: 0-25 years'
- DfE (2021) 'School Admissions Code'
- DfE (2015) 'Supporting pupils at school with medical conditions'
- DfE (2000) 'Guidance on first aid for schools'
- Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'
- DfE (2021) Keeping Children Safe in Education

This policy has due regard to the following school policies:

- Administering Medication Policy
- Special Educational Needs and Disabilities (SEND) Policy
- Drug and Alcohol Policy
- Asthma Policy
- Allergen and Anaphylaxis Policy
- Complaints Procedures Policy
- Equal Opportunities Policy: Pupils
- Attendance Policy
- Pupils with Additional Health Needs Attendance Policy
- Admissions Policy

3. Roles and Responsibilities

The Governing Body:

- Fulfilling its statutory duties under legislation.
- Ensuring that arrangements are in place to support pupils with medical conditions.
- Ensuring that pupils with medical conditions can access and enjoy the same opportunities as any other pupil at the school.
- Working with the LA, health professionals, commissioners and support services to ensure that pupils with medical conditions receive a full education.
- Ensuring that, following long-term or frequent absence, pupils with medical conditions are reintegrated effectively.
- Ensuring that the focus is on the needs of each pupil and what support is required to support their individual needs.
- Instilling confidence in parents and pupils in the school's ability to provide effective support.
- Ensuring that all members of staff are properly trained to provide the necessary support and are able to access information and other teaching support materials as needed.

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- Ensuring that no prospective pupils are denied admission to the school because arrangements for their medical conditions have not been made.
- Ensuring that pupils' health is not put at unnecessary risk. As a result, the board holds the right to not accept a pupil into school at times where it would be detrimental to the health of that pupil or others to do so, such as where the child has an infectious disease.
- Ensuring that policies, plans, procedures and systems are properly and effectively implemented.

The Executive Headteacher:

- The overall implementation of this policy.
- Ensuring that this policy is effectively implemented with stakeholders.
- Ensuring that all staff are aware of this policy and understand their role in its implementation.
- Ensuring that a sufficient number of staff are trained and available to implement this policy and deliver against all IHPs, including in emergency situations.
- Considering recruitment needs for the specific purpose of ensuring pupils with medical conditions are properly supported.
- Having overall responsibility for the development of IHPs.
- Ensuring that staff are appropriately insured and aware of the insurance arrangements.
- Contacting the school nurse where a pupil with a medical condition requires support that has not yet been identified.

The Parents/Carers:

- Notifying the school if their child has a medical condition.
- Providing the school with sufficient and up-to-date information about their child's medical needs.
- Being involved in the development and review of their child's IHP.
- Carrying out any agreed actions contained in the IHP.
- Ensuring that they, or another nominated adult, are contactable at all times.

The Pupils (where age/ability appropriate):

- Being fully involved in discussions about their medical support needs, where applicable.
- Contributing to the development of their IHP, if they have one, where applicable.
- Being sensitive to the needs of pupils with medical conditions.

School Staff are responsible for:

- Providing support to pupils with medical conditions, where requested, including the administering of medicines, but are not required to do so.
- Taking into account the needs of pupils with medical conditions in their lessons when deciding whether or not to volunteer to administer medication.

- Receiving sufficient training and achieve the required level of competency before taking responsibility for supporting pupils with medical conditions.
- Knowing what to do and responding accordingly when they become aware that a pupil with a medical condition needs help.

The Local Authority School Nursing Service:

- Notifying the school at the earliest opportunity when a pupil has been identified as having a medical condition which requires support in school.
- Supporting staff to implement IHPs and providing advice and training.
- Liaising with lead clinicians locally on appropriate support for pupils with medical conditions.

Clinical commissioning groups (CCGs) are responsible for:

- Ensuring that commissioning is responsive to pupils' needs, and that health services are able to cooperate with schools supporting pupils with medical conditions.
- Making joint commissioning arrangements for EHC provision for pupils with SEND.
- Being responsive to LAs and schools looking to improve links between health services and schools.
- Providing clinical support for pupils who have long-term conditions and disabilities.
- Ensuring that commissioning arrangements provide the necessary ongoing support essential to ensuring the safety of vulnerable pupils.

Other healthcare professionals, including GPs and paediatricians, are responsible for:

- Notifying the school nurse when a child has been identified as having a medical condition that will require support at school.
- Providing advice on developing IHPs.
- Providing support in the school for children with particular conditions, e.g. asthma, diabetes and epilepsy, where required.

Providers of health services are responsible for cooperating with the school, including ensuring communication takes place, liaising with the school nurse and other healthcare professionals, and participating in local outreach training.

The LA is responsible for:

- Commissioning school nurses for local schools.
- Promoting cooperation between relevant partners.
- Making joint commissioning arrangements for EHC provision for pupils with SEND.
- Providing support, advice, guidance, and suitable training for school staff, ensuring that IHPs can be effectively delivered.

- Working with the school to ensure that pupils with medical conditions can attend school full-time.

Where a pupil is away from school for 15 days or more (whether consecutively or across a school year), the LA has a duty to make alternative arrangements, as the pupil is unlikely to receive a suitable education in a mainstream school.

4. Admissions

- Admissions will be managed in line with the school's Admissions Policy.
- No child will be denied admission to the school or prevented from taking up a school place because arrangements for their medical condition have not been made; a child may only be refused admission if it would be detrimental to the health of the child to admit them into the school setting.
- The school will not ask, or use any supplementary forms that ask, for details about a child's medical condition during the admission process.

5. Notification procedure

When the school is notified that a pupil has a medical condition that requires support in school, the school nurse will inform the Executive Headteacher. Following this, the school will arrange a meeting with parents, healthcare professionals and the pupil, with a view to discussing the necessity of an IHP (outlined in detail in [section 8](#)).

The school will not wait for a formal diagnosis before providing support to pupils. Where a pupil's medical condition is unclear, or where there is a difference of opinion concerning what support is required, a judgement will be made by the Executive Headteacher based on all available evidence (including medical evidence and consultation with parents).

For a pupil starting at the school in a September uptake, arrangements will be put in place prior to their introduction and informed by their previous institution. Where a pupil joins the school mid-term or a new diagnosis is received, arrangements will be put in place within two weeks.

6. Staff training and support

Any staff member providing support to a pupil with medical conditions will receive suitable training. Staff will not undertake healthcare procedures or administer medication without appropriate training. Training needs will be assessed through the development and review of IHPs, on a termly basis for all school staff, and when a new staff member arrives. The school will seek medical advice in order to confirm the proficiency of staff in performing medical procedures or providing medication.

A first-aid certificate will not constitute appropriate training for supporting pupils with medical conditions.

Through training, staff will have the requisite competency and confidence to support pupils with medical conditions and fulfil the requirements set out in IHPs. Staff will understand the medical conditions they are asked to support, their implications, and any preventative measures that must be taken.

Whole-school awareness training will be carried out on a regular basis for all staff, and included in the induction of new staff members.

The school will seek advice to identify suitable training opportunities that ensure all medical conditions affecting pupils in the school are fully understood, and that staff can recognise difficulties and act quickly in emergency situations.

Training will be commissioned by the SBM and provided by the following bodies:

- Commercial training provider
- The school nurse
- GP consultant
- The parents of pupils with medical conditions

The parents of pupils with medical conditions will be consulted for specific advice and their views are sought where necessary, but they will not be used as a sole trainer.

The governing body will provide details of further CPD opportunities for staff regarding supporting pupils with medical conditions.

7. Self-management

Following discussion with parents, pupils who are competent to manage their own health needs and medicines will be encouraged to take responsibility for self-managing their medicines and procedures. This will be reflected in their IHP.

Where possible, pupils will be allowed to carry their own medicines and relevant devices. Where it is not possible for pupils to carry their own medicines or devices, they will be held in suitable locations that can be accessed quickly and easily. If a pupil refuses to take medicine or carry out a necessary procedure, staff will not force them to do so. Instead, the procedure agreed in the pupil's IHP will be followed. Following such an event, parents will be informed so that alternative options can be considered.

If a pupil with a controlled drug passes it to another child for use, this is an offence and appropriate disciplinary action will be taken in accordance with our Drug and Alcohol Policy.

8. Supply Teachers

Supply teachers will be:

- Provided with access to this policy.
- Informed of all relevant medical conditions of pupils in the class they are providing cover for.

- Covered under the school's insurance arrangements.

9. Individual healthcare plans (IHCPs)

The school, healthcare professionals and parents agree, based on evidence, whether an IHP will be required for a pupil, or whether it would be inappropriate or disproportionate to their level of need. If no consensus can be reached, the Executive Headteacher will make the final decision.

The school, parents and a relevant healthcare professional will work in partnership to create and review IHPs. Where appropriate, the pupil will also be involved in the process.

IHPs will include the following information:

- The medical condition, along with its triggers, symptoms, signs and treatments
- The pupil's needs, including medication (dosages, side effects and storage), other treatments, facilities, equipment, access to food and drink (where this is used to manage a condition), dietary requirements, and environmental issues
- The support needed for the pupil's educational, social and emotional needs
- The level of support needed, including in emergencies
- Whether a child can self-manage their medication
- Who will provide the necessary support, including details of the expectations of the role and the training needs required, as well as who will confirm the supporting staff member's proficiency to carry out the role effectively
- Cover arrangements for when the named supporting staff member is unavailable
- Who needs to be made aware of the pupil's condition and the support required
- Arrangements for obtaining written permission from parents and the headteacher for medicine to be administered by school staff or self-administered by the pupil
- Separate arrangements or procedures required during school trips and activities
- Where confidentiality issues are raised by the parents or pupil, the designated individual to be entrusted with information about the pupil's medical condition
- What to do in an emergency, including contact details and contingency arrangements

Where a pupil has an emergency healthcare plan prepared by their lead clinician, this will be used to inform the IHP.

IHPs will be easily accessible to those who need to refer to them, but confidentiality will be preserved. IHPs will be reviewed on at least an annual basis, or when a child's medical circumstances change, whichever is sooner.

Where a pupil has an EHC plan, the IHP will be linked to it or become part of it. Where a child has SEND but does not have a statement or EHC plan, their SEND will be mentioned in their IHP.

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

10. Managing medicines

In accordance with the school's Administering Medication Policy, medicines are only administered at school when it would be detrimental to a pupil's health or school attendance not to do so.

Pupils under 16 years of age are not given prescription or non-prescription medicines without their parent/carer's written consent – except where the medicine has been prescribed to the pupil without the parent/carer's knowledge. In such cases, the school encourages the pupil to involve their parents/carers, while respecting their right to confidentiality.

Non-prescription medicines may be administered in the following situations:

- When it would be detrimental to the pupil's health not to do so
- When instructed by a medical professional

No pupil under 16 years of age is given medicine containing aspirin unless prescribed by a doctor.

Pain relief medicines are never administered without first checking when the previous dose was taken and the maximum dosage allowed.

Parents/carers are informed any time medication is administered that is not agreed in an IHCP.

The school only accepts medicines that **are in-date, labelled, in their original container, and that contain instructions for administration, dosage and storage**. The only exception to this is insulin, which must still be in-date, but is available in an insulin pen or pump, rather than its original container.

All medicines are stored safely. Pupils know where their medicines are at all times and are able to access them immediately, whether in school or attending a school trip/residential visit. Where relevant, pupils are informed of who holds the key to the relevant storage facility.

When medicines are no longer required, they are returned to parents/carers for safe disposal. Sharps boxes are always used for the disposal of needles and other sharps.

Controlled drugs are stored in a non-portable container and only named staff members have access; however, these drugs are easily accessed in an emergency. A record is kept of the amount of controlled drugs held and any doses administered.

Staff may administer a controlled drug to a pupil for whom it has been prescribed. They must do so in accordance with the prescriber's instructions. If children are on a school trip out of school, a residential trip or sporting activity, a first aider or

designated member of staff will administer controlled drugs to children for whom it has been prescribed.

Records are kept of all medicines administered to individual pupils – stating what, how and how much was administered, when and by whom. A record of side effects presented is also held.

11. Adrenaline auto-injectors (AAIs)

The school's Allergen and Anaphylaxis Policy is implemented consistently to ensure the safety of those with allergies.

Parents are required to provide the school with up-to-date information relating to their children's allergies, as well as the necessary action to be taken in the event of an allergic reaction, such as any medication required.

The Executive Headteacher and catering team will ensure that all pre-packed foods for direct sale (PPDS) made on the school site meet the requirements of Natasha's Law, i.e. the product displays the name of the food and a full, up-to-date ingredients list with allergens emphasised, e.g. in bold, italics or a different colour.

The catering team will also work with any external catering providers to ensure all requirements are met and that PPDS is labelled in line with Natasha's Law. Further information relating to how the school operates in line with Natasha's Law can be found in the Whole-School Food Policy.

Staff members receive appropriate training and support relevant to their level of responsibility, in order to assist pupils with managing their allergies.

The administration of adrenaline auto-injectors (AAIs) and the treatment of anaphylaxis will be carried out in accordance with the school's Allergen and Anaphylaxis Policy. Where a pupil has been prescribed an AAI, this will be written into their IHP.

A Register of Adrenaline Auto-Injectors (AAIs) will be kept of all the pupils who have been prescribed an AAI to use in the event of anaphylaxis. A copy of this will be held in each classroom for easy access in the event of an allergic reaction and will be checked as part of initiating the emergency response.

Pupils who have prescribed AAI devices, and are aged seven or older, can keep their device in their possession. For pupils under the age of seven who have prescribed AAI devices, these will be stored in a suitably safe and central location.

Designated staff members will be trained on how to administer an AAI, and the sequence of events to follow when doing so. AAIs will only be administered by these staff members.

In the event of anaphylaxis, a designated staff member will be contacted via a **two-way radio**. Where there is any delay in contacting designated staff members, or where delay could cause a fatality, the nearest staff member will administer the AAI. If necessary, other staff members may assist the designated staff members with administering AAIs, e.g. if the pupil needs restraining.

Where a pupil who does not have a prescribed AAI appears to be having a severe allergic reaction, the emergency services will be contacted and advice sought as to whether administration of the spare AAI is appropriate.

Where a pupil is, or appears to be, having a severe allergic reaction, the emergency services will be contacted even if an AAI device has already been administered.

In the event that an AAI is used, the pupil's parents will be notified that an AAI has been administered and informed whether this was the pupil's or the school's device. Where any AAIs are used, the following information will be recorded on the Adrenaline Auto-Injector (AAI) Record:

- Where and when the reaction took place
- How much medication was given and by whom

For children under the age of 6, a dose of 150 micrograms of adrenaline will be used.

For children aged 6-12 years, a dose of 300 micrograms of adrenaline will be used.

AAIs will not be reused and will be disposed of according to manufacturer's guidelines following use.

In the event of a school trip, pupils at risk of anaphylaxis will have their own AAI with them and the school will give consideration to taking the spare AAI in case of an emergency.

Further information relating to the school's policies and procedures addressing allergens and anaphylaxis can be found in the Allergen and Anaphylaxis Policy.

12. Record Keeping

Written records will be kept of all medicines administered to pupils. Proper record keeping will protect both staff and pupils, and provide evidence that agreed procedures have been followed. Appropriate forms for record keeping can be found in [Appendix E](#) of this policy.

13. Emergency Procedures

Medical emergencies are dealt with under the school's emergency procedures.

Where an IHCP is in place, it should detail:

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

Pupils are informed in general terms of what to do in an emergency, such as telling a teacher.

If a pupil needs to be taken to hospital, a member of staff remains with the pupil until their parents/carers arrive.

When transporting pupils with medical conditions to medical facilities, staff members are informed of the correct postcode and address for use in navigation systems.

14. School visits, residential visits and sporting activities

Pupils with medical conditions are supported to participate in school visits, sporting activities and residential visits.

Prior to an activity taking place, the school conducts a risk assessment to identify what reasonable adjustments should be taken to enable pupils with medical conditions to participate. In addition to a risk assessment, advice is sought from pupils, parents/carers and relevant medical professionals.

The school will arrange for adjustments to be made for all pupils to participate, except where evidence from a clinician, such as a GP or consultant, indicates that this is not possible.

15. Unacceptable practice

The school will never:

- Assume that pupils with the same condition require the same treatment.
- Prevent pupils from easily accessing their inhalers and medication.
- Ignore the views of the pupil and/or their parents/carers.
- Ignore medical evidence or opinion.
- Send pupils home frequently for reasons associated with their medical condition, or prevent them from taking part in activities at school, including lunch times, unless this is specified in their IHCP.
- Send an unwell pupil to the school office alone or with an unsuitable escort.
- Penalise pupils with medical conditions for their attendance record, where the absences relate to their condition.
- Make parents/carers feel obliged or forced to attend school to administer medication or provide medical support, including for toilet issues. The school will ensure that no parent/carer is made to feel that they have to give up working because the school is failing to support their child's needs.
- Create barriers to pupils participating in school life, including school trips.
- Refuse to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.

16. Liability and indemnity

The governing body ensures that appropriate insurance is in place to cover staff providing support to pupils with medical conditions.

The school holds an insurance policy with name of policy provider covering liability relating to the administration of medication. The policy has the following requirements:

All staff must have undertaken appropriate training.

The school holds an insurance policy with name of policy provider covering healthcare procedures. The policy has the following requirements:

- All staff must have undertaken appropriate training.
- All staff providing such support are provided access to the insurance policies.
- In the event of a claim alleging negligence by a member of staff, civil actions are most likely to be brought against the school, not the individual.

17. Complaints

Parents/carers or pupils wishing to make a complaint concerning the support provided to pupils with medical conditions are required to speak to the school in the first instance.

If they are not satisfied with the school's response, they may make a formal complaint via the school's complaints procedure, as outlined in the Complaints Procedure Policy.

If the issue remains unresolved, the complainant has the right to make a formal complaint to the DfE.

Parents/carers and pupils are free to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

18. Home to school transport

Arranging home-to-school transport for pupils with medical conditions is the responsibility of the Local Authority.

Where appropriate, the school will share relevant information to allow the Local Authority to develop appropriate transport plans for pupils with life-threatening conditions.

19. Defibrillators (Lynnfield only)

The school has a Mediana automated external defibrillator (AED).

The AED is stored in the school staff room in an accessible location.

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All staff members and pupils are aware of the AED's location and what to do in an emergency.

A risk assessment regarding the storage and use of AEDs at the schools has been carried out.

No training is needed to use the AED, as voice and/or visual prompts guide the rescuer through the entire process from when the device is first switched on or opened; however, staff members are trained in cardiopulmonary resuscitation (CPR), as this is an essential part of first-aid and AED use.

The emergency services will always be called where an AED is used, or requires using.

Where possible, AEDs will be used in paediatric mode or with paediatric pads for pupils under the age of eight.

Monitoring and review

The Executive Headteacher will review this policy on an annual basis any changes made to this policy will be communicated to all members of staff.

Review Date: October 2021

Reviewed by: S. Sharpe

Approved by Governors:

Next Review Date: October 2022

Appendix a

**PART A – DETAILS OF A PUPIL WHO REQUIRES MEDICINE TO BE
ADMINISTERED AT SCHOOL**

To be completed by the parents of the pupil

This form must be completed by the parents of children to ask the Executive Headteacher if prescribed medicine can be administered to their son/daughter whilst they are at school. If more than one medication is to be given a separate form should be completed for each.

School/College:

The school will not give your child medicine unless you complete and sign this form, and the Executive Headteacher has agreed that school staff can administer the medication.

My son/daughter requires their prescribed medicine to be administered at school.

Surname: Forenames:

Home Address:

Date of Birth: Class/Form:

Condition or illness:

MEDICINE DETAILS:

Name/Type of medicine
(as described on the container)

Name and address of the
Prescriber (GP) of the medicine

Date when the medicine was dispensed: Starting date of the medicine: Ending date of the medicine:

Expiry Date of Medicine

FULL DIRECTIONS FOR USE – NB Medicines must be supplied in their original container as dispensed by a pharmacy labelled with your child’s name and clear instructions for use. Product must be in date

Dosage and amount to be given
(as per label):

Method of administration: In the case of liquid medicines a suitable measuring device to administer the required dose should be supplied.

Timing of administration:

Special precautions:

Side effects:

Procedures to be taken
in an emergency:

Self-Administration
Yes / No/Yes with supervision

*Request my child is able to
to carry their own asthma
Inhaler/ adrenaline pen/diabetes
device
Yes / No

Child must be able to competently self-administer their medicine without supervision.

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CONTACT DETAILS:

Name: Relationship to the pupil:

Home address:

Daytime Contact number:

Where the school considers a Healthcare Plan is required then it should be completed.

PART B – UNDERTAKING BY THE PARENTS

I understand that I must deliver the medicine personally to

In the case of children uses LEA provided transport to school I understand I must deliver the medicine to the escort or driver with a completed copy of this form.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school / setting staff to 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/We will personally further supplies of medicine to the nominated member of staff at school before the current supply expires.

I/We accept this is a service which the school is not obliged to undertake.

I /We where relevant will ensure that second devices e.g. adrenaline pen will be provided.

I/We will be responsible for receiving the discontinued / expired medicine from the school. If we do not collect expired or discontinued medicine from school within 14 days of being asked to do so we understand this will be disposed of by the school.

Signature(s) Date

Relationship to the pupil:

PART C TO BE COMPLETED BY THE SCHOOL (COPY RETURNED TO PARENTS)

1. FOR PUPILS WHO REQUIRE PRESCRIBED MEDICINE TO BE ADMINISTERED AT SCHOOL

I agree that
(name of pupil)

Will receive
(quantity and name
of the medicine)

at (times of
administration)

Your child will be supervised
whilst they take their prescribed
medicine by the following members
of staff:

You must personally bring your
child's prescribed medicine
to school and hand it to the office

Your child's prescribed medicine
will be stored in the following location:

This arrangement will continue until the end date of the medicine or until instructed by the parents.

2. FOR PUPILS WHO ARE PERMITTED TO CARRY AND SELF ADMINISTER THEIR OWN PRESCRIBED ASTHMA MEDICATION/DIABETIC DEVICE/ ADRENALINE (EPINEPHRINE) PEN (secondary schools only) AT SCHOOL

I agree that
(name of pupil)

Will be allowed to carry and self-administer their prescribed asthma medicine / adrenaline pen / Diabetic device whilst in school and that this arrangement will continue until

Signed:
Executive Headteacher

Mrs S Sharpe

Date:

The school will not give your child medicine unless you complete and sign this form and the Executive Headteacher has agreed that school staff can administer the medication.

Appendix b

Form 1 – Individual Healthcare Plan

For pupils with medical conditions at school

(NB prescribed medicine in school consent form must also be completed)

1. Pupils information

Name of school _____ Class/form _____

Name of pupil _____

Date of birth _____ male female

Member of staff responsible for home-school communication **Mrs Youll**

2. Contact information

Pupil's
address _____

Post Code _____

Family Contact 1

Name _____

Phone (day) _____ Mobile _____

Phone (evening) _____

Relationship with child _____

Family Contact 2

Name _____

Phone (day) _____ Mobile _____

Phone (evening) _____

Relationship with child _____

GP Name _____ Phone _____

Specialist Contact Name _____ Phone _____

Medical Condition Information

3. Details of pupil's medical conditions

Signs and symptoms of the pupil's condition

Triggers or things that make this pupil's condition/s worse:

4. Routine / daily healthcare requirements

(For example; dietary, therapy, nursing needs or before physical activity)

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

6. What to do in an emergency

7. Regular medication taken during school hours

Medication 1

Name/Strength

Dose and method of administration

When it is taken (time of day)?

Medication 2

Name/Strength

Dose and method of administration

When it is taken (time of day)?

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Are there any contra-indications
(signs when medication should not be given)?

Are there any contra-indications
(signs when medication should not be given)?

Self-administration: can the pupil administer
the medication themselves?

Yes No yes, with supervision by:
Staff member's name

Self-administration: can the pupil administer
the medication themselves?

Yes No yes, with supervision
by: **Staff member's name**

Spare / back up supply of medicine to be
provided e.g. inhalers / adrenaline pen
YES / NO (If yes state location- not advised
to be held by child)

Spare / back up supply of medicine to be
provided e.g. inhalers / adrenaline pen
YES / NO (If yes state location- not advised
to be held by child)

8. Emergency Medication

(Please complete even if it is the same as regular medication)

Name/type of medication (as described on the container):

Describe what signs or symptoms indicate an emergency for this pupil

Dose and method of administration (how the medication is taken and the amount)

Are there any contraindications (signs when medication should not be given)?

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

Self-administration: can the pupil administer the emergency medication themselves?

Yes No yes, with supervision by:

Staff member's name

Spare / back up supply of medicine to be provided e.g. inhalers / adrenaline pen
YES / NO (If yes state location)

Is there any follow up care necessary?

Who should be notified if emergency medicines required?

Parents Specialist GP

9. Regular medication taken outside of school hours

(For background information and to inform planning for residential trips)

Name/type of medication (as described on the container):

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

10. Members of staff trained to administer medications for this pupil

Regular medication **Mrs White and Mrs Waite**

Emergency medication

First Aider

11. Specialist education arrangements required

(E.g. activities to be avoided, special educational needs)

12. Any specialist arrangements required for off-site activities

(Please note the school will send parents a separate form prior to each residential Visit/off-site activity)

13. Any other information relating to the pupil's healthcare in school?

14. Form copied to:

Parent/ Carer/ Class Teacher/ School Office

Parental and pupil agreement

I agree that the medical information contained in this plan may be shared with individuals involved with my/my child's care and education (this includes emergency services). I understand that I must notify the school of any changes in writing.

Signed _____ Date _____
Pupil


Print Name _____

Signed _____ Date _____
Parent (if pupil's age is below 16)

Print name _____

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Appendix c

<u>Children with Plaster Casts Parental Assessment Form</u>		
Health, Safety and Wellbeing Team	Version: 01	

Parent/Guardian must complete this form to allow the school to make an assessment before considering whether to agree to the child returning to school.

Parents/Guardians need to consider the following points before a child is allowed in school with plaster casts:

- The school is a busy environment and it is impossible to guarantee that a child will not be knocked into or trip thereby potentially affecting the injury already sustained.
- Staircases with handrails must be used at all times and your child must be aware that they need to avoid running in the school area and are to walk about the building as required.
- The child will not be able to have 1 to 1 adult supervision as the school does not have the capacity to provide this support. Therefore, the child must be able to obey an adult instruction such as “stay on the seats in the playground” or “do not enter the multi-use games area”, it is the Parents/Guardians responsibility to ensure that their child understands this requirement.
- Parents/Guardians must consider the above risks and appreciate that accidents do happen in school. Staff will do their up most to keep children with plaster casts safe but no guarantee can be given.
- Parents/Guardians are required to check the plaster cast each day before the start of school for signs of damage, any rotten or foul smells, staining or to ensure no objects have been placed within the plaster cast. Any of these signs can indicate a potential problem with either the cast or the injury and will require referral to a medical professional.

Full name of child	
School name and address:	
Date of birth	

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<p>Normal class teacher</p> <p><i>(state if child has different teachers)</i></p>	
<p>Details of condition</p> <p><i>(eg broken lower right arm)</i></p>	
<p>What kind of break has occurred?</p>	
<p>Date of actual injury</p>	
<p>How was the injury sustained?</p> <p><i>(i.e. playing sports, tripping)</i></p>	
<p>Has the child had an operation?</p> <p><i>(If yes, what kind of anaesthetic was given?)</i></p>	

<p>Are you aware of subsequent operations being required?</p>	
<p>Has the break been pinned in any way?</p>	


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What kind of plaster cast has been placed on injured area?	
What advice has the medical profession given on when the child can return to school?	
How long is it anticipated that the plaster cast is required?	

<p>By completing this form I am agreeing to the conditions included within and stated and understand that as the Parent/Guardian it is my responsibility to have spoke to a medical professional to assess the safety of my child returning to school, I also declare that I have completed this form to the best of my knowledge.</p>	
Person completing form (name and relation to child)	
Signature:	
Date form completed	
Headteacher signature (or representative in her absence)	

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Appendix d

Personal Emergency Evacuation Plan (PEEP)		
Health, Safety and Wellbeing Team	Version: 01	

This form is to be completed by any employee that may be at additional personal risk in an emergency situation or evacuation of the building due to disability or a current condition (i.e. knee injury, broken limb).

Once the employee has completed all relevant sections this should then be handed to your line manager to ensure any relevant actions can be undertaken.

Pupils Name:			
Teacher name & class name/number			
Tel ext Number:			
Classroom Location: (including specific floor)			
Any other location		If yes, state details	
Name of person who completed this form:			
Date completed			

Please provide details on the current condition or disability	
Does the pupil currently have one to one care? If yes are they accompanied throughout the course of the day?	
If YES for, what is the persons name and the name of any deputy in their absence?	
If the pupil does not have one to one care. Has anyone been	

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appointed to assist them in an emergency?	
If YES for, what is the persons name and the name of any deputy in their absence?	
Does the pupil change classrooms during the day?	
Will a standard fire alarm notify the pupil of an emergency?	
If NO, what type of notification or assistance would they require?	
In an Emergency are they able to leave the building unassisted?	
Are they dependant on a wheelchair for mobility?	
If the pupil uses a wheelchair would they have problems transferring from the wheelchair without assistance?	
If NO, what type of assistance do you require? i.e. availability of an Evac Chair	
Does the pupil find stairs difficult to use?	
Is there any other information that you would impact on personal safety in an emergency situation? (i.e. any actions not to be taken by anyone assisting)	

Comments/Action required (i.e. training for staff to enable assistance)

A: Alarm System.

1. The pupil is ~~able~~ / unable to raise the alarm (delete as appropriate).

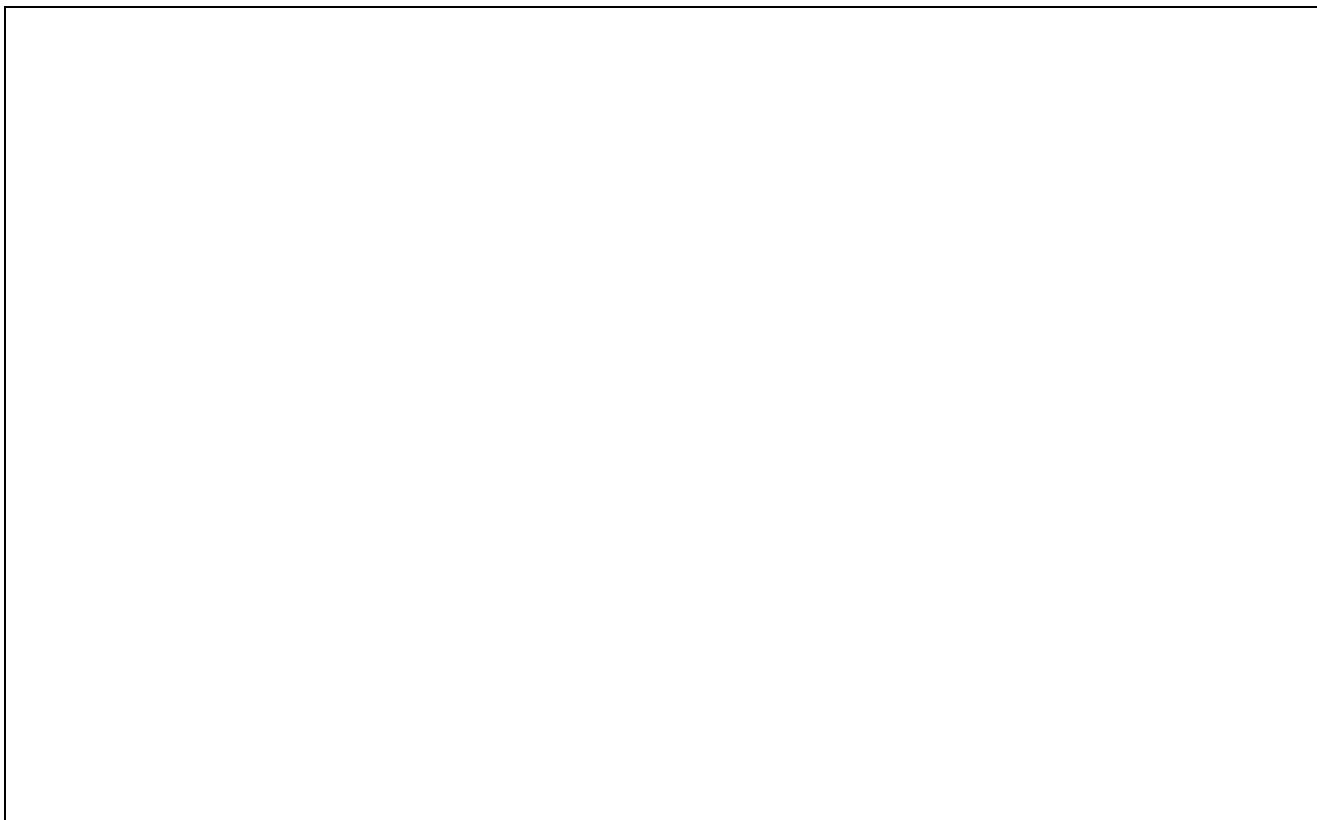
If the pupil is unable to raise the alarm independently, please detail alternative procedures agreed. If able give brief description of how.

The pupil has been informed of an emergency evacuation by:

existing alarm system:	<input checked="" type="checkbox"/>	vibrating pager device:	<input type="checkbox"/>
visual alarm system:	<input type="checkbox"/>	other: (please specify)	<input type="checkbox"/>

Give Details:

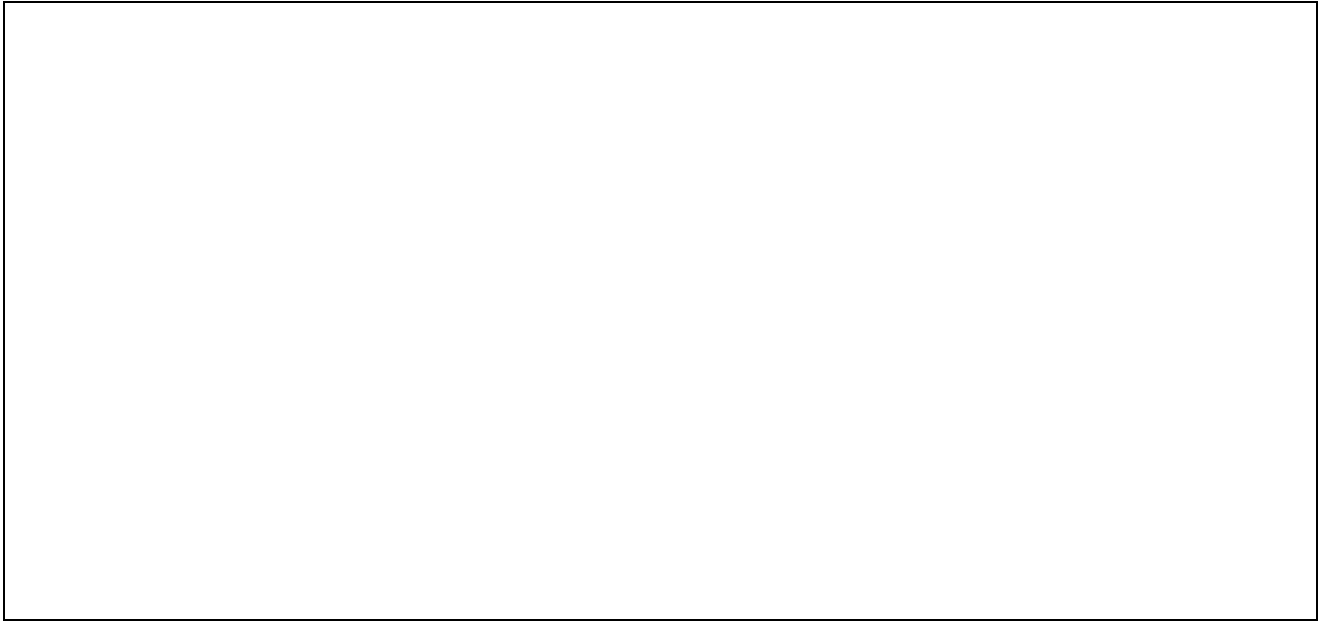
B: Exit Route Procedure (progress starting from when the alarm is raised and finishing on final exit).



C: Designated Assistance (details of all persons designated to assist in the evacuation plan and the nature of assistance to be provided by each).



D: Method of Assistance (e.g. transfer procedures, methods of guidance)



E: Equipment Provided (details of all equipment needed to execute the plan and its location).



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F: Training on use of equipment:

Date	Comments

G: Safe route(s) (description of all the safe routes that can be used).

See attached building plan

N.B. A copy of the building plan with routes clearly marked may be useful.

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	Yes	No
Have the route(s) been travelled by pupil and responsible person?	<input type="checkbox"/>	<input type="checkbox"/>
Has a copy of the exit route on plan been attached?	<input type="checkbox"/>	<input type="checkbox"/>
Has the equipment detailed above been tried and tested?	<input type="checkbox"/>	<input type="checkbox"/>
Have all issues been completed to full satisfaction?	<input type="checkbox"/>	<input type="checkbox"/>
Has a copy of this form been sent to the person responsible for the fire evacuation?	<input type="checkbox"/>	<input type="checkbox"/>
Has the fire coordinator informed all relevant staff of these arrangements? I.e. Class teacher, support assistant.	x <input type="checkbox"/>	<input type="checkbox"/>

Record the length of time of practice evacuation.

_____ mins

_____ see map mins

If No to any of the above please explain:

I (pupil/parent) am/are aware of the emergency evacuation procedures and believe them to be appropriate to the needs identified above, (a parent is to sign this off on behalf of a minor):

Pupil Signature:		Date:	
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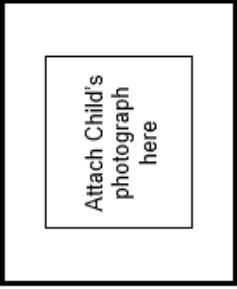
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Pupil Name:			
Parent Signature:		Date:	
Parent Name:			
Headteacher Signature:		Date:	
Headteacher Name:			
SENCO Signature:		Date:	
SENCO Name:			

People who have received a copy of this completed document:

Appendix e

SCHOOL RECORD OF MEDICATION ADMINISTERED



Date				
Quantity Received				
Expiry Date				
Staff Signature				
Print Name				
Quantity Returned				
Return to (signature)				
Print Name				

Name of child

D.O.B Class.....

Name and Strength of Medication

Dose and frequency of medication

Date	Time Given	Dose Given	Staff Signature	Print Name

Date	Time Given	Dose Given	Staff Signature	Print Name