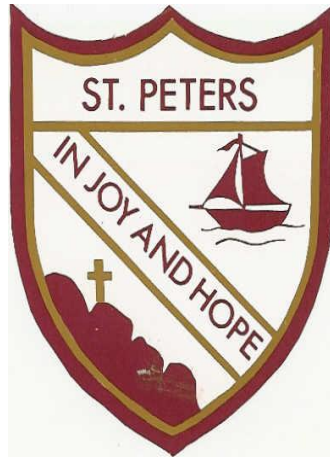


St Peter's Catholic Primary School



Supporting Pupils at School with Medical Conditions

St Peter's Catholic Primary School has adopted the Wirral Policy and Guidance HS/ECS/060 27th March 2015.

This Policy and guidance is reviewed annually and updated with relevant amendments

CHILDREN AND YOUNG PEOPLE'S DEPARTMENT

POLICY & GUIDANCE

A MANAGEMENT GUIDE TO DFE Guidance “Supporting Pupils at School with Medical Conditions”

**Statutory guidance for governing bodies of maintained schools and proprietors of academies in England
September 2014**

HS/ECS/060

DATED: 27th March 2015 Issue 2

**This document replaces
HS-ECS-060 March 2015 A MANAGEMENT GUIDE TO
DFE Guidance “Supporting Pupils at School with
Medical Conditions”**

A MANAGEMENT GUIDE TO DFE Guidance “Supporting Pupils at School with Medical Conditions”

27th March 2015

Date	Amendments	Officer
27 th March 2015	Section 17.3 Diabetes Additional Contact for Paediatric Diabetic Nurses brenda.light@nhs.net .	D Todd, J Fairbrother

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1 Information

The following guidance and model policy draw directly on advice contained within “Supporting pupils at School with medical conditions”. Statutory guidance for governing bodies of maintained schools and proprietors of academies in England (September 2014). The school is required to keep a copy of this document in a central location and should be freely available to all staff. This document can be downloaded from Wescom, Health & Safety SLA, Safety Policy & Guidance Documents – Medical Related Information.

*NB Early year's settings should continue to apply the **Statutory Framework for the Early Years Foundation Stage**.*

The document should be regarded as an essential reference point when schools and settings are dealing with issues which may not be directly covered in their own policy. However, schools and settings must have in place their own policy for supporting pupils with medical conditions, which includes managing medicines and out of hours provision.

- 1.1. Pupils at school with medical conditions, including both physical and mental health conditions, should be properly supported so that they have full access to education, including school trips and physical education.

Some children with medical conditions may be disabled. Where this is the case schools must comply with their duties under the Equality Act 2010. For children with SEND, this guidance should be read in conjunction with the SEND code of practice.

- 1.2. Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions.

No child with a medical condition should be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made. These arrangements must give parents and pupils confidence in the school's ability to provide effective support for medical conditions in schools

Individual Health Care plans can help staff identify the necessary safety measures to support children and ensure that they and others are not put at risk.

2 Definition

Pupils' medical needs may be broadly summarised as being of two types:

- 2.1. Short-term, affecting their participation in school activities for which they are on a course of medication
- 2.2. Long-term, potentially limiting their access to education and requiring extra care and support.

3 Scope

This Policy is designed to ensure that:

- 3.1. Pupils at school with medical conditions are properly supported so that they can play a full and active role in school life, remain healthy and achieve their academic potential;
- 3.2. To support Governing bodies in their duty to ensure that arrangements are in place in schools to support pupils at school with medical conditions; and
- 3.3. To support Governing bodies in their duty to ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported.

4 Responsibilities

4.1. Governing Bodies

It is the responsibility of Governing Bodies to ensure that arrangements are in place to support pupils with medical conditions. In doing so they should ensure that such children can access and enjoy the same opportunities at school as any other child. In order to do so they should ensure that,

- 4.1.1 They make available adequate resources in the implementation of the Policy;
- 4.1.2 There are suitable arrangements at school to work in partnerships and to generally adopt acceptable practices in accordance with the Policy;
- 4.1.3 They take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening;
- 4.1.4 The focus is on the needs of each individual child and how their medical condition impacts on their school life;
- 4.1.5 In making their arrangements they give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school;
- 4.1.6 The school demonstrates an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care;
- 4.1.7 That staff are properly trained to provide the support that pupils need; and
- 4.1.8 That written records are kept of all medicines administered to pupils
- 4.1.9 Governing bodies include proprietors in academies and management committees of Pupil Referral Units.

4.2. Headteacher

They are responsible for implementing this policy and the developing of Individual Healthcare plans and are to ensure that relevant staff have sufficient resources, including training and personal protective equipment, to support pupils with medical conditions. In order to do so they should identify a named person who has overall responsibility for:

- 4.2.1 ensuring that sufficient staff are suitably trained;
- 4.2.2 that all relevant staff will be made aware of the pupils' medical condition including any requirement for the child to participate in outside the classroom activities where appropriate;
- 4.2.3 cover arrangements are in place at all times in case of staff absence or staff turnover to ensure someone is always available;
- 4.2.4 supply teachers are briefed;
- 4.2.5 risk assessments have been carried out for school visits, holidays, and other school activities outside of the normal timetable;
- 4.2.6 procedures are in place to cover any transitional arrangements between schools for any medical issues;
- 4.2.7 for children starting at the school, necessary arrangements are in place in time for the start of the relevant school term so that they start at the same time as their peers;
- 4.2.8 individual Healthcare plans (see appendix 'I' and 'J') are monitored including identifying pupils who are competent to take their own medication;
- 4.2.9 the management of accepting, storing and administering any medication (see appendix 'B'). Note: if the school chooses to hold an emergency Salbutamol Inhaler it should be cross referenced in the Asthma policy;
- 4.2.10 that appropriate protective equipment is made available to staff supporting pupils at school with medical conditions;
- 4.2.11 further to this Head teachers will need to ensure that there is effective coordination and communications with relevant partners, professionals, parents and the pupils;
- 4.2.12 in order to ensure that pupils' health is not put at unnecessary risk from infectious diseases, in line with safeguarding duties, Head teachers must inform parents that they should keep children at home when they are acutely unwell. They should not accept a child in school at times where it would be detrimental to the health of that child or others to do so. Also school staff should also not attend school if acutely unwell and must be clear of any vomiting and diarrhoea for 48 hours prior to returning to work;

4.2.13 in the event of an outbreak situation, the school must follow any guidance issued by Public Health England. For further information on infection control, please see the Public Health England - Guidance on Infection Control in Schools and Other Childcare Settings and Local Authority Health & Safety Management Arrangements for Infection Control, available on Wescom, Safety Policy & Guidance Documents, Medical Related information.

5 Administration of Medication

The administration of medication at school will minimise the time that pupils will need to be absent.

Some children may need to take medicines during the school day at some time during their time in a school or setting. Schools will need to be flexible in their approach and examples of circumstances under which schools may be requested to administer medicines:

- a) Cases of chronic conditions e.g. diabetes, asthma, epilepsy or anaphylactic shock;
- b) Cases where pupils recovering from short term illnesses may be well enough to attend school but need to finish a course of antibiotics, cough medicine etc.

However, medicines should only be taken to school where it would be detrimental to a child's health if it were not administered during the day. It should be noted that wherever feasible parents should administer medication outside of school hours.

5.1. Head Teacher's Responsibilities

In terms of the administration of medication, Head teachers are also responsible for the management of accepting, storing and administering any medication can be completed by ensuring that:

5.1.1 Monitoring arrangements are in place for the administration of medication to ensure:

- a) Consent must be obtained from parents (see appendix 'A');
- b) As agreed with parents, any administration of medication must be recorded (see appendix 'D'); and
- c) Medication should always be stored appropriately, but must be easily accessible to the child in case of an emergency (see appendix 'D')

5.1.2 The instructions below are followed:

- a) As part of the signed agreement with parents, taking action to ensure that medication is administered;
- b) Ensuring that all parents and all staff are aware of the policy and procedures for dealing with medical needs;

- c) Ensuring that the appropriate systems for information sharing are followed;
- d) Staff managing the administration of medicines and those who administer medicines should receive training and support from health professionals, to achieve the necessary level of competency before they take on responsibility to support children with medical conditions (see appendix 'E'). This training includes induction arrangements for new staff and must be refreshed at suitable intervals as advised and a minimum requirement is every 3 years;
- e) Medicines should only be taken to school when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school 'day';
- f) schools should only accept medicines that are in date, labelled and have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber (see Non Prescribed Medication below);
- g) Medicines should always be provided in the original container as dispensed by a pharmacist or in a container as dispensed and labelled again by a pharmacist. It must include the prescriber's instructions for administration, child's name and dosage and storage;
- h) Schools should never accept medicines that have been taken out of the original container unless this has been done by a pharmacist and the medication is in packaging/container supplied and labelled by the pharmacist. An exception to this is insulin which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container;
- i) Schools should never make changes to dosages on parental instructions;
- j) The school will not be responsible for administering medicines without having had written notification from the parents (see appendix 'A');
- k) Ensuring that medicines are stored securely, appropriately (for example refrigerated) and with restricted access, although all medication should be easily accessible in an emergency; and
- l) Taking account of circumstances requiring extra caution as per Individual Health Care Plans
 - Where the timing of administration is crucial;
 - Where serious consequences may occur through failure to administer;
 - Where technical or medical knowledge is needed;

- Where intimate contact is necessary.

In these circumstances Head teachers should consider carefully what they are being asked to do. Even if it is within the interest of the child to receive the medication in school, staff cannot be instructed to administer, however the school still has a duty to ensure that arrangements are in place to support such pupils. In these cases it would be useful to speak to the school nurse.

5.2. School Staff

There is no legal or contractual obligation to administer medicines except in the case of below. Some support staff may have such a role in their contract of employment. Schools should ensure that they have sufficient members of support staff who are appropriately trained to manage medicines as part of their duties.

Anyone caring for children including teachers, other school staff and day care staff in charge of children, has a common law duty of care to act like any reasonably prudent parent. Staff need to make sure that children are healthy and safe. In exceptional circumstances the duty of care could extend to administering medicine and/or taking action in an emergency. This duty also extends to staff leading activities taking place off site, such as visits, outings or field trips.

School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

Their responsibilities include:

- 5.2.1 All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures, as advised by health professionals. Staff should have access to and must use protective disposable aprons and gloves (not latex) and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment. See Sections 8 and 9.
- 5.2.2 The school shall have a request from the parent for the school to administer medicine to their child (see appendix 'A'). The administration of medication should only be conducted in accordance with parental agreement and as set out in the School's Policy (and Individual Health Care Plan if appropriate);
- 5.2.3 Long term conditions such as epilepsy, diabetes or asthma should be recorded in the pupil's file along with instructions issued by a doctor or specialised nurse as set out in the Individual Health Care Plan (see appendix 'I' , 'J' & 'F');
- 5.2.4 The school should check that the medicine has been administered without adverse effect to the child in the past and that parents have certified this is the case in writing;

- 5.2.5 Medicines should personally be handed over to the school by a responsible adult and not by a child;
- 5.2.6 Medicines must be in date and in the original container marked with a pharmacy label stating the child's name, the type of medicine, in date and the required dosage and storage instructions;
- 5.2.7 Medicines must be kept within a secured area, out of the reach of children and visitors. This is except in emergency situations, where children are competent to self-administer. For medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens, these should not be locked away and should always readily available to children;
- 5.2.8 Receipt of medicines must be logged and an entry made when returned to parents (see appendix 'D');
- 5.2.9 An entry should be made of the pupil's name, drug administered, dosage, date and time (see appendix 'D');
- 5.2.10 The directions of the pharmacy label must be strictly followed;
- 5.2.11 Where possible another member of staff should act as witness to the administration;
- 5.2.12 Parents should be informed of a refusal to take medication on the same day. If a refusal to take medicines results in an emergency, the school or setting's emergency procedures should be followed; and
- 5.2.13 If the school becomes aware that a pupil has vomited or has had diarrhoea after taking the medication they should notify the parents.

5.3. School Nurses

Every school has access to school nursing services. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but can be responsible for:

- 5.3.1 notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school;
- 5.3.2 liaising with lead clinicians locally on appropriate support for the child and associated staff training needs;
- 5.3.3 supporting staff on implementing a child's individual healthcare plan; and
- 5.3.4 advise and liaison on training to local school staff

- 5.3.5 community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition.

5.4. Other Healthcare Professionals

This includes GPs, specialist healthcare teams and paediatricians and should:

- 5.4.1 notify the school nurse when a child has been identified as having a medical condition that will require support at school;
- 5.4.2 provide advice on developing healthcare plans; and
- 5.4.3 provide support in schools for children with particular conditions (eg asthma, diabetes).

5.5. Parents

Parents should:

- 5.5.1 provide the school with sufficient and up-to-date information about their child's medical needs;
- 5.5.2 be involved in the development and review of their child's Individual Healthcare Plan, and may be involved in its drafting; and
- 5.5.3 carry out any action they have agreed to as part of the implementation of their child's Healthcare Plan, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times. If they fail to provide sufficient medication, they should be contacted immediately and necessary arrangements made, e.g. provision of medication, returning the child to the parent awaiting provision of the medication, etc.

5.6. Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. They should 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. Other pupils will often be sensitive to the needs of those with medical conditions.

After agreement with parents it is good practice to support and encourage pupils, who are able, to take responsibility to manage their own medicines from a relatively early age (see appendix 'C'). Children develop at different rates and so the ability to take responsibility for their own medicines varies. If pupils can take their medicines themselves, staff may only need to supervise.

Inhalers for pupils with asthma need to be readily available. Pupils who are mature enough can look after their own inhalers. They should always be available during physical education classes and outdoor learning experiences.

5.7. Local Authorities

Local Authorities are responsible for;

- 5.7.1 commissioning school nurses;
- 5.7.2 promoting cooperation between relevant partners such as governing bodies of maintained schools, proprietors of academies, Clinical Commissioning Groups and NHS England, with a view to improving the well-being of children, so far as relating to their physical and mental health, and their education, training and recreation (Section 10 of the Children Act 2004);
- 5.7.3 providing support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively;
- 5.7.4 working with schools to support pupils with medical conditions to attend full time;
- 5.7.5 where pupils would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements; and
- 5.7.6 statutory guidance sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from schools for 15 days or more because of health needs (whether consecutive or cumulative across the school year).

5.8. Wirral Specialist Support Team for pupils with medical/physical needs
(Children & Young People's Department)

A service provided by Wirral Council for pupils with medical/physical needs is available to all schools. The team offers the following service:

- 5.8.1 Advise and support schools in drawing up and developing individual health care plans (IHCP's);
- 5.8.2 coordinate key transitions for pupils with medical and physical needs;
- 5.8.3 coordinate the provision of specialist equipment for pupils with medical/physical needs;
- 5.8.4 coordinate IHCP funding requests, and monitor IHCP funded provision (Element Three);
- 5.8.5 liaise with lead clinicians locally on appropriate support for a pupils and associated training needs;
- 5.8.6 advice and liaison on training to local school staff;

- 5.8.7 provide ICT assessments for pupils who have been identified by the local Paediatric Occupational Therapy Service, as having significant difficulties with recording and accessing the curriculum, and who may need assistive technology.

5.9. Providers of Health Services

- 5.9.1 Should co-operate with schools that are supporting children with a medical condition, including appropriate communication, liaison with school nurses and other healthcare professionals such as specialist and children's community nurses, as well as participation in locally developed outreach and training.
- 5.9.2 Health services can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.

5.10. Clinical Commissioning Groups (CCGs)

Commission other healthcare professionals such as specialist nurses and have a reciprocal duty to cooperate under Section 10 of the Children Act 2004. They should ensure that:

- 5.10.1 commissioning is responsive to children's needs, and that health services are able to co-operate with schools supporting children with medical conditions; and
- 5.10.2 are responsive to local authorities and schools seeking to strengthen links between health services and schools, and consider how to encourage health services in providing support and advice, (and can help with any potential issues or obstacles in relation to this).

6 Individual Health Care Plans

It is not appropriate to send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless specified in their Individual Health Care plans (see appendices 'I' & 'J'). This will include requiring parents to provide up to date information about their child's medical needs, provide their child's medication to the school in the original container and also carry out any action they have agreed as part of their child's healthcare plan, where one is in place.

- 6.1. The aim of Individual Healthcare Plans should be to capture the steps which a school should take to help the child manage their condition and overcome any potential barriers to getting the most from their education.
- 6.2. Schools have responsibility for ensuring Individual Healthcare Plans are finalised and implemented. They should agree with partners who will take the lead in writing the plan. They need to be reviewed at least annually or earlier if

evidence is presented that the child's needs have changed. Plans should be developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social well-being and minimises disruption

- 6.3. Individual Healthcare Plans, (and their review), may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child. Pupils should be involved whenever appropriate.
- 6.4. In deciding what information should be recorded on Individual Healthcare Plans the following should be considered:
 - 6.4.1 the medical condition, its triggers, signs, symptoms and treatments;
 - 6.4.2 the pupil's resulting needs, including medication 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;
 - 6.4.3 specific support for the pupil's educational, social and emotional needs;
 - 6.4.4 the level of support needed including in emergencies;
 - 6.4.5 whether a pupil can self-manage their medication and the monitoring arrangements;
 - 6.4.6 who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support;
 - 6.4.7 who in the school needs to be aware of the child's condition and the support required;
 - 6.4.8 arrangements for written permission from parents and the Head teacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
 - 6.4.9 separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, e.g./ risk assessments;
 - 6.4.10 where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition;
 - 6.4.11 what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare; and
 - 6.4.12 Schools do not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgments will be needed about

what support to provide based on the available evidence. If consensus cannot be reached, the Head teacher is best placed to take a final view.

7 Administration of Medication

7.1. Non Prescribed Medication

- 7.1.1 Only after parental advice should schools administer Paracetamol or other pain relief. For pupils under 16, parental consent must be obtained beforehand and a record of that consent and administration should be made.
- 7.1.2 The school **must not** keep its' own stock of medication; the parent must provide the school with a supply of appropriate pain relief tablets for use solely by their child.
- 7.1.3 A dose of Paracetamol or pain relief should only be given after effort has been made to ease the pupil's pain. Before each dose of the medication is given, the school should obtain parental consent. The school must ask the parent how many doses of the pain relief have been administered in the previous 24 hours, and only administer pain relief if in line with the recommended dose. A record of that consent and any administration of medication should be made.
- 7.1.4 Staff should check that the medicine has been administered without adverse effect to the child in the past and that parents have certified this is the case – a note to this effect should be recorded in the written parental agreement for the school/setting to administer medicine.
- 7.1.5 If a child suffers regularly from frequent or acute pain the parents should be encouraged to refer the matter to the child's GP. A child under 16 should never be given aspirin-containing medicine unless prescribed by a doctor.

7.2. Storing Medicines

The following must be followed in the storage of medication:

- 7.2.1 Medicines should be kept in a secure place with restricted access (see 11 below);
- 7.2.2 Controlled drugs should be stored securely with limited access, but should be easily accessible in an emergency. A record should be kept for audit and safety purposes (see appendix 'D');
- 7.2.3 Some medication, subject to the Individual Healthcare plan (see appendices 'I' & 'J'), can be kept in a refrigerator alongside food but should be in an airtight container and clearly labelled ;

- 7.2.4 Large volumes of medicines should not be stored;
- 7.2.5 Children should know where their own medicines are stored, who holds the key and be able to access them;
- 7.2.6 Staff should only store, supervise and administer medicine that has been prescribed for an individual child;
- 7.2.7 Medicines should be stored strictly in accordance with product instructions (paying particular note to temperature) and in the original container in which dispensed;
- 7.2.8 Staff should ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine, storage instructions and the frequency of administration;
- 7.2.9 Where a child needs two or more prescribed medicines, each should be in a separate container;
- 7.2.10 Staff should never transfer medicines from their original containers; and
- 7.2.11 Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenalin pens should be always readily available to children and not locked away
- 7.2.12 The inhaler and spacers for salbutamol inhalers (see below) must be kept in a safe and suitably central location in the school, such as the school office, or staffroom, which is known to all staff, and to which all staff have access at all times, but in which the inhaler is out of the reach and sight of children. The inhaler and spacer should not be locked away.

7.3. Controlled Drugs

The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act and its associated regulations. Some may be prescribed as medicine for use by children, e.g. Ritalin, methylphenidate.

- 7.3.1 Any trained and competent member of staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicine should do so in accordance with the prescriber's instructions.
- 7.3.2 It is permissible for schools and settings to look after a controlled drug, where it is agreed that it will be administered to the child for whom it has been prescribed.
- 7.3.3 A controlled drug, as with all medicines, should be returned to the parent when no longer required to arrange for safe disposal (by returning the unwanted supply to the local pharmacy). If this is not possible, it should be returned to the dispensing pharmacist (details should be on the label).
- 7.3.4 Misuse of a controlled drug, such as passing it to another child or another person for use, is a criminal offence.

7.4. Regular Injection

- 7.4.1 The school has a duty to support children with medical conditions at school and as a result trained and competent staff may be required to administer injections to pupils who have diagnosed conditions such as diabetes, epilepsy, anaphylactic shock, etc. Only trained and authorised staff may be required to administer injections to pupils who have diagnosed conditions such as diabetes, epilepsy, anaphylactic shock etc., where the child is unable for whatever reason to do so themselves.
- 7.4.2 In the case of pupils with an individual Health Care Plan, the Plan must set out what to do in the case of an emergency. This response should be drawn up in consultation with the school health nurse, other medical professionals as appropriate and the child's parents.
- 7.4.3 The Governing Body must ensure that arrangements are in place to support pupils with medical conditions. In doing so they should ensure that such children can access and enjoy the same opportunity at school as any other child. When planning out of school activities such as educational visits, residential trips, etc, consideration and appropriate planning must be given to meeting the needs of pupils with medical conditions.

7.5. Self-Management

After agreement with parents it is good practice to support and encourage children, who are able and competent to do so, to take responsibility to manage their own medicines from a relatively early age and schools should encourage this. The age at which children are ready to take care of, and be responsible for, their own medicines, varies. As children grow and develop they should be encouraged to participate in decisions about their medicines and to take responsibility. This should be documented in the Individual Health Care Plan after discussion with health care professionals and parents.

7.6. Children Requiring Emergency Medication

The Individual Healthcare Plans should detail the pupils and circumstances when emergency medication is required. All emergency medication must be readily available and located in an accessible place in a school, which has been communicated to staff and relevant pupils.

7.7. Transport of Medication

The Local Authority has a duty to ensure that pupils are safe during journeys. Appropriate training should be provided to School Escorts as required.

- 7.7.1 In circumstances where the Local Authority provides school transport for pupils with life threatening conditions, arrangements will be made for the

pupil to be supported by a community care worker who is trained to administer medicines and deal with emergency situations.

- 7.7.2 If a child requires emergency medication, this will be handed to the school escort and arrangements made by the school/Local Authority for the school escort to be trained in administering the medication.
- 7.7.3 Finally, pupils may retain their own medication if the school notifies the transport section that they are competent to do so and it is not required for emergency purposes. In this instance it is not the responsibility of the transport section to ensure that it is safely retained.

7.8. Keeping Salbutamol Inhalers (Asthma Attack) for use in Emergencies

- 7.8.1 Asthma is the most common chronic condition, affecting one in eleven children. On average, there are two children with asthma in every classroom in the UK. Children should have their own reliever inhaler and spacer at school to treat symptoms and for use in the event of an asthma attack. If they are able to manage their asthma themselves they should keep their inhaler on them, and if not, it should be easily accessible to them.
- 7.8.2 From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 will allow schools to keep a salbutamol inhaler for use in emergencies.
- 7.8.3 The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty).
- 7.8.4 Salbutamol is a relatively safe medicine, particularly if inhaled, but all medicines can have some adverse effects. Those of inhaled salbutamol are well known, tend to be mild and temporary and are not likely to cause serious harm. The child may feel a bit shaky or may tremble, or they may say that they feel their heart is beating faster.
- 7.8.5 The main risk of allowing schools to hold a salbutamol inhaler for emergency use is that it may be administered inappropriately to a breathless child who does not have asthma. It is essential therefore that schools ensure that the inhaler is only used by children who have asthma or who have been prescribed a reliever inhaler, and for whom written parental consent has been given.

- 7.8.6 Keeping an inhaler for emergency use will have many benefits. For identifying an asthma attack and emergency procedures (see appendices 'F' and 'G'). It could prevent an unnecessary and traumatic trip to hospital for a child, and potentially save their life. Parents are likely to have greater peace of mind about sending their child to school. However, this is a discretionary power enabling schools to do this if they wish.

In order to use schools should,

- 7.8.7 Have a register of children in the school that have been diagnosed with asthma or prescribed a reliever inhaler, a copy of which should kept with the emergency inhaler
- 7.8.8 Have written parental consent for use of the emergency inhaler included as part of a child's individual healthcare plan (see appendices 'I' & 'J')
- 7.8.9 Ensure that the emergency inhaler is only used by children with asthma with written parental consent for its use (see appendix 'F')
- 7.8.10 Ensure that appropriate support and training for staff in the use of the emergency inhaler in line with the schools wider policy on supporting pupils with medical conditions
- 7.8.11 Maintain records of use of the emergency inhaler and informing parents or carers that their child has used the emergency inhaler (see appendix 'G')
- 7.8.12 Have at least two volunteers responsible for ensuring the protocol is followed
- 7.8.13 Schools can buy inhalers and spacers (these are enclosed plastic vessels which make it easier to deliver asthma medicine to the lungs) from a pharmaceutical supplier, provided the general advice relating to these transactions are observed. Schools can buy inhalers in small quantities provided it is done on an occasional basis and is not for profit. The supplier will need a request signed by the principal or head teacher (ideally on appropriately headed paper) stating:
- 7.8.14 The name of the school for which the product is required;
- 7.8.15 The purpose for which that product is required, and
- 7.8.16 The total quantity required.
- 7.8.17 Schools may wish to discuss with their community pharmacist the different plastic spacers available and what is most appropriate for the age-group in the school. Community pharmacists can also provide advice on use of the inhaler. Schools should be aware that pharmacies cannot provide inhalers and spacers free of charge and will charge for them.

- 7.8.18 With regard to care of the inhaler, the two named volunteers amongst school staff should have responsibility for ensuring that:
- 7.8.19 On a monthly basis the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available;
- 7.8.20 That replacement inhalers are obtained when expiry dates approach;
- 7.8.21 During an incident, spacers should be available for use for an individual child and must be replaced following use;
- 7.8.22 The plastic inhaler housing (which holds the canister) has been cleaned, dried and returned to storage following use, or that replacements are available if necessary.

8 Disposal of Medicines

- 8.1. Staff should not dispose of medicines. Parents are responsible for ensuring that date-expired or unused medicines are returned to a pharmacy for safe disposal. They should also collect medicines held at the end of each term. If parents do not collect all medicines, they should be taken to a local pharmacy for safe disposal. A written record should be kept and parents informed.
- 8.2. Sharps boxes should always be used for the disposal of needles. Sharps boxes can be obtained from the Local Authority Asset Management Team through Statutory Management Services. Collection and disposal of the boxes is arranged with the contractor.

9 Hygiene and Infection Control

- 9.1. All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures. Staff should have access to protective disposable gloves and aprons where appropriate and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment. Please refer to Local Authority's Health & Safety Arrangements for Infection Control available from Wescom.
- 9.2. The schools will ensure that any member of school staff providing support to a pupil with medical needs should have received suitable training. Training should be sufficient to ensure that staff 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.
- 9.3. The relevant healthcare professional should normally lead on identifying and agreeing with the school, the type and level of training required, and how this can be obtained.
- 9.4. Staff must not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any individual

healthcare plans). A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.

10 Day trips, residential visits and sporting activities

- 10.1. Arrangements must be clear and unambiguous about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, including physical education lessons and not prevent them from doing so, unless it is otherwise stated in their Individual health Care plan.
- 10.2. Teachers and/or other designated school staff should be aware of how a child's medical condition will impact on their participation, but there should be enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments. Schools should make arrangements for the inclusion of pupils in such activities with any reasonable adjustments as required; unless evidence from a clinician such as a GP states that this is not possible.
- 10.3. Schools should consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits. It is best practice to carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. This will require consultation with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely.
- 10.4. When storing or transporting medicines for day trips, residential visits and sporting activities, schools should refer to the 'Transport of Medication' and 'Storing Medicines' sections within this policy.

11 Emergency Procedures

- 11.1. The Individual Healthcare Plan should clearly define what constitutes an emergency for that particular child and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures.
- 11.2. As part of general risk management processes all schools should also have arrangements in place for dealing with emergency situations. Schools should therefore take care not to solely focus on emergencies identified in the Individual Healthcare Plans and appreciate that other emergency situations may occur.
- 11.3. All staff should be aware of the likelihood of an emergency arising and what action to take if one occurs. Back up cover should be arranged for when the member of staff responsible is absent or unavailable, this includes out of class activities. At different times of the day other staff may be responsible for children, such as lunchtime supervisors. It is important that they are also provided with training and advice. Other children should know what to do in the event of an emergency, such as, telling a member of staff.

12 Transport to Hospital

- 12.1. Where the Head teacher Manager considers that hospital treatment is required the school should contact the emergency services for advice and follow it. Parents must be contacted and informed of the situation.
- 12.2. If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. Schools need to ensure they understand the local emergency services cover arrangements and that the correct information is provided for navigation systems.
- 12.3. If, despite being fully appraised of the situation, the emergency service does not consider it necessary for transport by ambulance, but the school considers that further medical advice is required, the school should contact the pupil's next of kin. If the next of kin cannot be contacted and/or do not have access to own transport, the school can, only in these exceptional circumstances arrange to transport the injured person using their school staff transport. They must be accompanied by an additional responsible adult to support the injured person. If a child needs to be taken to hospital by ambulance a member of staff should accompany the child and stay with the injured child until their parents/guardians arrive. Please note: All staff who are likely to use their own vehicles for business travel must have the appropriate business insurance, a valid MOT certificate (if required). It is the responsibility of the Head Teacher/Manager to check these documents together with the individual's driving license making note of any endorsements on an annual basis and maintain appropriate records.

13 Insurance

13.1 Schools buying into Wirral Council's insurance scheme:

- 13.1.1 Where a member of staff acting in the course of employment supports pupils with medical conditions at schools, they will be indemnified by the Council's liability insurance for any claim for negligence relating to injury or loss through their action. The cover includes the administration or supervision of prescription and non-prescription medication orally, topically, by injection or by tube and the application of appliance or dressings, providing that the following criteria have been met.
- 13.1.2 They have received full appropriate training and are competent to carry out any medical interventions for that pupil
- 13.1.3 They have received refresher training at the required intervals
- 13.1.4 They have used the relevant protective equipment for that purpose
- 13.1.5 There is written parental instruction and consent

13.1.6 It is made clear to non-trained staff that they should not administer medication

13.2 Schools using other insurance providers should:

13.1.7 Check with their own insurers that the same cover applies.

13.1.8 Staff should have regard to any local guidance issued by appropriate health service staff.

14 Complaints

Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure. Making a formal complaint to the Department for Education should only occur if it comes within scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted.

15 Review and Evaluation

In order to ensure that this policy continues to be effective and applicable, the policy will be reviewed biennially by the Health, Safety & Resilience Team and relevant stakeholders. Conditions which might warrant a review of the policy on a more frequent basis would include:

- a) Changes to legislation;
- b) Employee concern.

Following completion of any review, the program will be revised and/or updated in order to correct any deficiencies. Any changes to the program will be consulted through the relevant stakeholders.

16 List of Trained Staff at the School

16.1. Lead Person for managing medicines at school

Mrs. Julie Farrelly - Headteacher

Trained – School Nursing Service 12th September 2016

16.2. School First Aiders (full First Aid at Work Certificate):

**1st Aid at Work (3 Day) - Primary First Aid (Provider) - 21st – 23rd September 2016
Refresher 2019**

Mr. Phil McClements - Teacher/P.E Co-ordinator

**1st Aid at Work (1 Day) - Cornerstone (Provider) – September 2015 – Refresher 2018
Teachers - Danielle Beesley – David Colley – Louise James**

TA's – Debbie Wilson - Clare Rowlands – Debbie Wilson – Vikki Addison
Volunteers/Governors – Sarah Evans

16.3. School Paediatric first aiders:

Cornerstone (Provider) other stated –

SLT - Julie Farrelly – February 2015 – Refresher 2018
Louise Gorry – November 2015 – Refresher 2018
Claire Hughes – January 2016 – Refresher 2019
Admin- Teachers - Stephen Gregson – September 2014 – Refresher 2017
Phil McClements – February 2015 – Refresher 2018
Graham Bond – June 2015 – Refresher 2018
Kate Tyler – (The Training Company) – December 2015 – Refresher 2018
TA'S - Patsy Winston – (The Training Company) – March 2016 – Refresher 2019
Julie Wallace – February 2015 – Refresher 2018
Cathy Shardlow – November 2015 – Refresher 2018
Cathy Milns – January 2016 – Refresher 2019

16.4. School Emergency Appointed Persons

SLT – Julie Farrelly, Louise Gorry & Claire Hughes
Premises – Mike Mahoney & Paul Mather

16.5. Named people for administering medicines:

SLT, SENDCo & Admin – Julie Farrelly, Louise Gorry, Claire Hughes, Kate Tyler & Stephen Gregson

Training School Nursing Service –

Julie Farrelly – 12th September 2016

Claire Hughes & Stephen Gregson – 26th September 2016

17 Further Sources of Medical Information

17.1. Anaphylaxis

The **Anaphylaxis Campaign** website contains Guidance for schools, which discusses anaphylaxis, treatment, setting up a protocol, and support for pupils and staff. It also includes a sample protocol. The Anaphylaxis Campaign Helpline is 01252 542 029. The Anaphylaxis Campaign has also published the **Allergy in schools** website which has specific advice for pre-schools, schools, school caterers, parents, students and nurses.

17.2. Asthma

Asthma UK has downloadable **school policy guidelines** that provide information on asthma, asthma in PE and sports, and what to do when a child with asthma joins the class. It provides comprehensive information on how to develop a school asthma policy and asthma register, with an example. Also

available are **school asthma cards** and **information and posters** for young people to encourage them to be active with their asthma. To order copies of these resources call 020 7786 5000. To answer any questions about asthma call the Asthma UK Advice line on 08457 01 02 03 (Monday to Friday, 9am to 5pm) or use the **online form** to email your query to the experts.

Please also refer to Asthma Management of (School Nurse) Powerpoint Presentation 2012 available on WESCOM, Health & Safety SLA, Safety Policy & Guidance Documents, Medical Related Information.

Additional advice and support can be accessed through Asthma Nurse, Rebecca Bryson, 0151 604 7673, claudine.bryson@nhs.net and/or the Local Authority's Specialist Teachers for children with physical/medical Needs Coordinator, Jayne Catton, tel 0151 631 3313, jaynecatton@wirral.gov.uk and/or Paediatric

17.3. Diabetes

Diabetes UK has information on **diabetes in school**, which discusses insulin injections, diet, snacks, hypoglycaemia reaction and how to treat it. It contains a downloadable version of their school pack, Children with diabetes at school — what all staff need to know. Copies of this can also be ordered from Diabetes UK Distribution, telephone 0800 585 088. Further information is available from Diabetes UK Care line, telephone 0845 120 2960 (Monday — Friday, 9a.m.-5p.m.) or see the **Diabetes UK** website for an enquiry form.

Additional advice and support can be accessed through Paediatric Diabetic Nurses Brenda Light and Jane Edmunds, tel 0151 678 5111, ext 7246, jane.edmunds2@nhs.net brenda.light@nhs.net and/or the Local Authority's Specialist Teachers for children with physical/medical needs Coordinator, Jayne Catton, tel 0151 631 3313, jaynecatton@wirral.gov.uk and/or

17.4. Eczema

The National Eczema Society has produced an **activity pack**, available on TeacherNet, to encourage discussion about eczema in the classroom. The pack follows a lesson plan format and ties in with the National Curriculum and is tailored according to age group.

17.5. Epilepsy

Epilepsy Action (British Epilepsy Association) has information for schools in **Epilepsy — A teacher's guide**. This looks at classroom first aid, emergency care, medication, and school activities. For further information is available from the freephone helpline on 0808 800 5050 (Monday-Thursday, 9:00 am — 4.30 pm, Friday 9:00 am — 4:00 pm) or use the **email enquiry form**.

The National Society for Epilepsy (NSE) has information on **education and epilepsy** which looks at epilepsy and learning, special needs examinations, practical activities, medication, the Disability Discrimination Act, and teaching pupils with epilepsy. Contact the UK Epilepsy helpline, telephone 01494 601 400 (Monday-Friday 10:00 am — 4:00 pm.)

Additional advice and support can be accessed through the Paediatric Epilepsy Nurse Jennifer O'Brien, tel 0151 604 7672, jennifer.obrien1@nhs.net and/or Local Authority's Specialist Teachers for children with physical/medical needs Coordinator, Jayne Catton, tel 0151 631 3313, jaynecatton@wirral.gov.uk.

18 Appendices

St Peter's RC Primary School



Form 3A

Parental agreement for school school/setting to administer medicine.

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

Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine	
Amount given to school	
Date dispensed	
Expiry date	
Dosage and method	
Timing	
Special precautions	
Are there any side effects that the school know?	
Self administration	

Contact Details

Name	
Daytime Tel No	
Relationship to child	
Address	

I understand that I must deliver the medicine personally to the school office.

I 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.

Signed _____ Date _____

St Peter's RC Primary School

Form 4

It is agreed that *(Name of Child)* _____ will receive

(quantity and name of medicine) _____ every day at

(time medicine to be administered) _____

(Name of Child) _____ will be given/supervised whilst he/she takes

their medication by *(Name of member of staff)* _____

This arrangement will continue until *(either the date of course of medicine or until instructed by parents/carer)*

Date: _____

Parents Signature _____

Headteachers signature _____

St Peter's RC Primary School



Form 5

Record of medicine administered to an individual child

Name of school/setting	St Peter's RC Primary
Name of child	
Date medicine provided	
Name and strength of medicine	
Expiry Date	
Quantity Received	
Dose and frequency of medicine	

Headteachers signature _____

Parents signature _____

Date				
Time given				
Dose given				
Running total				
Administered				
Witnessed				

Date				
Time given				
Dose given				
Running total				
Administered				
Witnessed				

Date				
Time given				
Dose given				
Running total				
Administered				
Witnessed				

Date				
Time given				
Dose given				
Running total				
Administered				
Witnessed				

Date				
Time given				
Dose given				
Running total				
Administered				
Witnessed				

Date				
Time given				
Dose given				
Running total				
Administered				
Witnessed				

17.6. Appendix 'E' Staff training record – Administration of Medicines

Name of school/setting	
Name	
Type of training received	
Date of training completed	/ /
Training provided by (Company)	
Name of trainer	
Profession and title	

I confirm that [name of member of staff] has received the training detailed above. I recommend that the training is annually updated [please state how often].

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____

17.7. Appendix 'F' Specimen letter to notify parents of availability of emergency salbutamol inhaler use

Dear Parent/Carer

Emergency use of salbutamol inhalers in school

From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 will allow schools to obtain, without a prescription, salbutamol inhalers and spacers, if they wish, for use in emergencies. This will be for any pupil diagnosed with asthma, or who has been prescribed an inhaler as reliever medication. The inhaler can be used if the pupil's own prescribed inhaler is not available (for example, because it is lost, broken, or empty).

It is very important to ensure your child always has their own salbutamol inhaler and spacer in school and the presence of the emergency inhaler does not replace the need to provide this.

Please note that most children with well controlled asthma should rarely need to use salbutamol and can lead a full and active life. Children needing to use salbutamol more than two or three times per week, when they are well, are not as well controlled as they should be and have a higher risk of asthma attack. In this case it is important to see their GP to ensure they are on the right preventative treatment. This could prevent an unnecessary and traumatic trip to hospital for a child and potentially save their life.

The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication for occasional symptoms or emergencies.

In the unlikely event that your child has an asthma attack and they do not have an inhaler in school we need your written consent to administer an emergency inhaler.

Please complete the attached reply slip and return it school by *insert date*

Thank you for your continued support

Head Teacher

Name of child:.....Class:.....

I give permission that in the event of an emergency, and no inhaler being available, an emergency salbutamol inhaler can be used by my child in school.

Print Name: Signed

Date:

17.8. Appendix 'G' Specimen letter to inform parents of emergency use of salbutamol inhaler

Child's name:

Class:

Date:

Dear.....,

[Delete as appropriate]

This letter is to formally notify you that.....has had problems with his / her breathing today. 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,

17.9. Appendix 'H' Authorisation for the administration of rectal diazepam

Name of school/setting

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 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:

Parents signature:

Print name:

Date:

NB: Authorisation for the administration of rectal diazepam

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

The authorization should clearly state:

- When the diazepam is to be given e.g. after 5 minutes; and
- How much should be given

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

Records of administration must be maintained (see appendix 'D')

17.10. Appendix 'I' Individual Healthcare Plan – Foundation Stage & Primary

Service for pupils with medical/physical needs

Name of Pupil	Date of birth
Medical/Physical Condition or Diagnosis	School
SEN (Code of Practice) Stage:	Year Group

--	--

Date of IHCP	People present at meeting
Date for Review	
Person responsible for IHCP	

<u>Professional Contacts</u>	
<u>Additional Support</u> Amount of additional support needed (measured in units Funding for additional support:	
<u>Current Support Workers (including MDS)</u>	
<u>Name</u>	<u>Name</u>
Designation	Designation
Hours	Hours
<u>Back-up Support Worker</u>	
Name	Name
Contact	Contact

Important information about the condition

Educational Implications (other than those on an IEP)

Medication

School should make reference to the following DFE Statutory Guidance: "Supporting Pupils at School with Medical Conditions"

Emergency Situations and Procedures:

Fire – Personal Emergency Evacuation Plan (PEEP)

☐

No

☐

Yes

(If 'YES' has been ticked, please attach PEEP to this IHCP)

For guidance on completing a PEEP contact Wirral Local Authority's Health, Safety & Resilience Team

<u>Daily Management Issues/Summary of Additional Support:</u>
<u>Practical Subjects:</u>
<u>PE:</u>

PE:

School should make reference to Local Authority's Health & Safety Management Arrangements for Manual Handling

New equipment may need to be set up by the occupational therapist that ordered it. School should liaise with the Occupational Therapy Department once the equipment has been delivered.

Wheelchairs – staff involved in moving children in wheelchairs should have access to the wheelchair's user manual to familiarize themselves with the wheelchair's operation. This will be available from parents for the school to copy.

For advice about accessible vehicles contact Wirral Local Authority's Transport Department

A risk assessment/s may need to be carried out in support of this plan. For guidance and advice School should make reference to the Local Authority's Health & Safety Management Arrangements for Risk Assessment and/or contact the Health, Safety & Resilience Team.

Parental Signature

17.11. Appendix 'J' Individual Health Care Plan – Secondary

Service for pupils with medical/physical needs

Name of Pupil	Date of birth
Medical/Physical Condition or Diagnosis	School
SEN (Code of Practice) Stage:	Year Group

Date of IHCP	People present at meeting
Date for Review	
Person responsible for IHCP	

<u>Professional Contacts</u>	
<u>Additional Support</u>	
Amount of additional support needed (measured in units)	
Funding for additional support:	
<u>Current Support Workers (including MDS)</u>	
<u>Name</u>	<u>Name</u>
Designation	Designation
Hours	Hours
<u>Back-up Support Worker</u>	
Name	Name
Contact	Contact

Important information about the condition

Medication

School should make reference to the following DFE Statutory Guidance: "Supporting Pupils at School with Medical Conditions"

Emergency Situations and Procedures:

Fire – Personal Emergency Evacuation Plan (PEEP)

☐

No

☐

Yes

(If 'YES' has been ticked, please attach PEEP to this IHCP)

For guidance on completing a PEEP contact Wirral Local Authority's Health, Safety & Resilience Team

Daily Management Issues

Specific Moving/Handling Advice:

School should make reference to Local Authority's Health & Safety Management Arrangements for Manual Handling

<p>Equipment Used in School:</p>
<p><u>New equipment</u> may need to be set up by the occupational therapist that ordered it. School should liaise with the Occupational Therapy Department once the equipment has been delivered. <u>Wheelchairs</u> – staff involved in moving children in wheelchairs should have access to the wheelchair’s user manual to familiarize themselves with the wheelchair’s operation. This will be available from parents for the school to copy.</p>
<p>Educational Implications</p> <p>Particular advice to subject areas (including PE)</p>
<p>Homework</p>
<p>Exam Dispensation or Special Considerations</p>
<p>Off Site Activities (including Residential and Work Experience)</p>
<p>For advice about accessible vehicles contact Wirral Local Authority’s Transport Department</p>
<p><u>Post Sixteen Planning (Transition, Connexions etc):</u></p>
<p><u>Other issues</u></p>

A risk assessment/s may need to be carried out in support of this plan. For guidance and advice School should make reference to the Local Authority’s Health & Safety Management Arrangements for Risk Assessment and/or contact the Health, Safety & Resilience Team.

Parent’s Name (PRINT)

Parental Signature

Request an ambulance - dial (9) 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

1. your telephone number
2. your name
3. your location as follows [insert school/setting address]
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone

9.1. Appendix 'L' 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 AN ASTHMA ATTACK

- Keep calm and reassure the child
- 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.