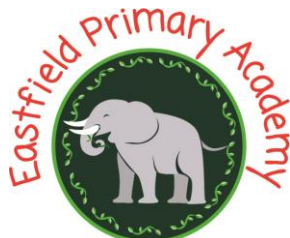




Medical Needs Policy

Adapted & reviewed by Eastfield Primary Academy

January 2022



Contents

1. Introduction
2. Key Principles
3. Role of the Governing Body
4. Medical conditions register/list
5. Individual Healthcare Plans (IHPs)
6. Transport arrangements
7. Education Health Needs (EHN) referrals
8. Medical
9. Complaints
10. Related policies
11. Appendix 1 – Model Process for Developing Individual Healthcare Plans
12. Appendix 2 – Eastfield Medical Needs Protocols
13. Appendix 3 – Pupil General Risk Assessment
14. Appendix 4 – Personal Emergency Evacuation Plan
15. Appendix 5 – Health Care Plan
16. Appendix 6 - Pupil with a Medical Need Risk Assessment
17. Appendix 7 – Administering Medication Form
18. Appendix 8 – Request for a child to carry their own medicine
19. Appendix 9 – Record of Medicine Administered
20. Appendix 10 – Emergency Salbutamol Inhaler in School
21. Appendix 11 – Consent Form: Use of Salbutamol Inhaler
22. Appendix 12 – Asthma Emergency Treatment Procedure
23. Appendix 13 – Letter to inform parents of the use of the emergency Salbutamol Inhaler
24. Appendix 14 – Contacting Emergency Services in a Medical Emergency

1. Introduction

Aim

The Enquire Learning Trust aims to ensure that students with medical conditions receive appropriate care and support at school. All pupils have an entitlement to a full time curriculum or as much as their medical condition allows.

Scope

This policy has been developed in line with the Department for Education's statutory guidance released in April 2014 – "Supporting students at school with medical conditions" under a statutory duty from section 100 of the Children and Families Act 2014. The statutory duty came into force on 1st September 2014

The Trust will have regard to the statutory guidance issued. We take account of it, carefully consider it and ensure compliance to it.

Ofsted places a clear emphasis on meeting the needs of students with SEN and Disabilities, also including those students with medical conditions.

This policy also complies with Schools Admissions Code 2012.

2. Key Principles

- Pupils at school with medical conditions will be properly supported so that they have full access to education, including school trips and physical education.
- The Academy Improvement Committee ensures that arrangements are in place in schools to support students at school with medical conditions.
- The Academy Improvement Committee ensures that Academy's Leadership Team and other professionals consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported.
- For pupils with SEND, this guidance should be read in conjunction with the SEND Policy.

3. Role of the Academy Improvement Committee

The Academy Improvement Committee;

- Will ensure that arrangements are in place to support pupils with medical conditions. In doing so they will ensure that such pupils can access and enjoy the same opportunities at the academy as any other pupil.
- Ensures that the focus of arrangements is on the needs of each individual pupil and how their medical condition impacts on their school life so that the full range of medical conditions including those that require support at school, affect quality of life and/or may be life-threatening will be catered for.
- Make sure that the academy's arrangements give both parents and pupils confidence in the academy's ability to provide effective support for medical conditions in school. Ensure that staff are properly trained to provide the support that pupils need.
- Ensure access to a full time education at the academy, unless this would not be in student's best interests because of their health needs, after discussion with parents and other professionals.
- Ensure that statutory obligations are met in line with their Safeguarding Duties.

The Principal is responsible for:

- Ensuring the policy is developed effectively with partner agencies and then making employees aware of this policy.
- The day-to-day implementation and management of this policy.
- Liaising with healthcare professionals regarding the training required for staff.
- Identifying employees who need to be aware of a pupil's medical condition.
- Developing Individual Healthcare Plans (IHPs). Where practicable incorporated in to EHC Plans.
- Ensuring a sufficient number of trained members of employees are available to implement the policy and deliver IHPs in normal, contingency and emergency situations.
- Ensuring the correct level of insurance is in place for teachers who support pupils in line with this policy.
- Continuous two-way liaison with school nurses and school in the case of any pupil who has or develops an identified medical condition.
- Ensuring confidentiality and data protection.
- Assigning appropriate accommodation for medical treatment/ care.

Staff members are responsible for:

- Taking appropriate steps to support pupils with medical conditions and familiarising themselves with procedures which detail how to respond when they become aware that a pupil with a medical condition needs help. *A first-aid certificate is not sufficient.*
- Knowing where controlled drugs are stored and where the key is held.
- Taking account of the needs of pupils with medical conditions in lessons.
- Undertaking training to achieve the necessary competency for supporting pupils with medical conditions, with particular specialist training if they have agreed to undertake a medication responsibility.
- Allowing inhalers, adrenalin pens and blood glucose testers to be held in an accessible location, following DfE guidance.

Parents and carers are responsible for:

- Keeping the academy informed about any new medical condition or changes to their child/children's health.
- Providing written documentation of medical needs from medical practitioners.
- Participating in the development and regular reviews of their child's IHP.
- Completing a parental consent form to administer medicine or treatment before bringing medication into academy.
- Providing the academy with the medication their child requires and keeping it up to date including collecting leftover medicine.
- Carrying out actions assigned to them in the IHP with particular emphasis on, they or a nominated adult, being contactable at all times.

Pupils are responsible for:

- Providing information on how their medical condition affects them.
- Contributing to their IHP.
- Complying with the IHP and self-managing their medication or health needs including carrying medicines or devices, if judged competent to do so by a healthcare professional and agreed by parents.

Training of staff:

- Newly appointed teachers, supply or agency staff and support staff will receive training on the 'Supporting Students with Medical Conditions' Policy as part of their induction.
- The clinical lead for each training area/session will be named on each IHP.
- No staff member may administer prescription medicines or undertake any healthcare procedures without undergoing training specific to the condition and signed off as competent.
- The Academy will keep a record of medical conditions supported, training undertaken and a list of teachers qualified to undertake responsibilities under this policy. They will notify Health & Safety DCC, and Risk, Insurance & Governance Manager, DCC.
- There must be sufficient members of staff who will manage medicines. This may involve participation in appropriate training.
- Any member of staff who agrees to accept responsibility for administering prescribed medicines to a child does so voluntarily and will have appropriate training and guidance if necessary. They will also be made aware of possible side effects of the medicines, and what to do if they occur.
- Teachers'/academy staff conditions of service do not include any legal or contractual obligation to administer medicine or to supervise a pupil taking medicines. **Agreement to do so is voluntary.**
- All staff should be aware of the likelihood of an emergency arising and what action to take if one occurs.
- At different times of the day other staff, such as lunchtime supervisors, may be responsible for children. They will also be provided with appropriate training and advice if necessary.

4. Medical conditions list:

- During admission interview we ask about pre-existing medical conditions prior to the student starting
- Parents are able to contact the academy at any point as soon as a condition develops or is diagnosed. We operate an open door policy.
- All medical needs are recorded in Bromcom (MIS) which is updated as and when parents/carers provide us with information and/or updates. The information is reviewed on a termly basis by the Safeguarding Team with Miss D. Steward.
- Pupils with medical needs are identified on the class list in Bromcom so teaching staff are able to make reasonable adjustments to teaching and care.
- Volunteers and support staff also have access on a need to know basis.
- The progress, attainment and well-being of all pupils with a medical condition are considered at our termly Pupil Progress meetings to inform changes to provision if necessary. Outcomes are discussed and shared with parents.
- All data sharing protocols are adhered to, to protect confidentiality.
- For pupils who have a medical condition, multi professional meetings are undertaken at key transition points meetings to enable parents, academy and health professionals to prepare IHP and train staff if appropriate.

5. Individual Healthcare Plans (IHPs):

- When a student has complex medical needs an Individual Healthcare Plan (IHP) will be developed in collaboration with the student, parents/carers, Principal, Special Educational Needs Coordinator (SENDCO) and medical professionals.
- IHPs for conditions with potential life-threatening implications will be displayed in the Staffroom for ease of access of all professionals and volunteers. Parental agreement must be sought if a child's image is used.
- For all other conditions IHPs will be available as documents attached to pupil's profiles on Bromcom and CPOMS.
- IHPs will be reviewed at least annually or when a child's medical circumstances change, whichever is sooner.
- Where a student has an Education, Health and Care Plan or special needs statement, the IHP will be linked to it or become part of it.
- Prior to students re-integrating after a period of hospital education, alternative provision or home tuition, collaboration between the provider and academy is undertaken to ensure smooth transition.
- When developing an IHP we will consider the following:
 - the medical condition, its triggers, signs, symptoms and treatments;
 - the pupil's resulting needs, including medication (dose, side-effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues e.g. crowded corridors and dining areas;
 - specific support for the pupil's educational, social and emotional needs – e.g., managing absence, additional time in tests, use of rest periods or additional support in catching up with lessons, counselling sessions;
 - the level of support needed, including in emergencies, e.g. who to contact, who is responsible in school in an emergency. If a pupil is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;
 - written permission from parents/carers/Principal for medication to be administered by a member of staff or self-administered by a member of staff, or self-administered by the pupil during school hours;
 - who will provide this support, their training needs, e.g. training needed &/or undertaken - who, what, when, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;
 - separate arrangements/procedures required for school trips or other activities outside of the normal school timetable to ensure the pupil can participate;

6. Transport arrangements

- Where a student with an IHP is allocated school transport we will liaise closely with the Local Authority who will arrange for the driver and/or escort to participate in the IHP meeting. A copy of the IHP will be copied to the Transport team and kept on the student record.
- The IHP must be passed to the current operator for use by the driver /escort and the Transport team will ensure that the information is supplied when a change of operator takes place.

7. Education Health Needs (EHN) referrals

All students of compulsory academy age who because of illness, lasting 15 days or more, would not otherwise receive a suitable full-time education are provided for under the North East Lincolnshire local authority's duty to arrange educational provision for such students.

8. Medicines

Emergencies

- Medical emergencies will be dealt with under the academy's Emergency Procedures Policy which is communicated to all relevant staff so they are aware of signs and symptoms.
- Students will be informed in general terms of what to do in an emergency such as telling a teacher.
- If a student needs to be taken to hospital, a member of staff will remain with the child until their parents arrive.

Day trips, residential visits and sporting activities

- Flexible arrangements are made to ensure students with medical conditions can participate in academy trips, residential, and sports activities and not prevent them from doing so unless a clinician states it is not possible.
- Risk assessments for such activities will be undertaken by Kevin Grigg, Health and Safety Lead in line with the Enquire Learning Trust H&S Policy. Risk assessments should be undertaken, in line with H&S executive guidance on academy trips, in order to plan for including students with medical conditions. Consultation with parents, healthcare professionals etc. on trips and visits will be separate to the normal day to day IHP requirements for the academy day.

Managing Medicines in School

This policy sets out the steps that The Enquire Learning Trust will take to ensure full access to learning for all children who have medical needs when attending academy. It has been devised in light of the DfES guidance *Managing Medicines in Schools and Early Years Settings* issued March 2005. It also complies with the Early Years and Foundation Stage Statutory Framework September 2021 and Supporting Pupils at school with Medical Conditions December 2015.

Managing prescription medicines that need to be taken during the academy day.

- Parents/carers must provide full written information about their child's medical needs.
- Short-term prescription requirements must only be brought to academy if it is detrimental to the child's health not to have the medicine during the academy day. Where possible it is the responsibility of parents/carers to arrange the timing of medication so that it is not necessary for it to be administered during the academy day.
- If the period for administering medicine is prolonged for any reason (more than 8 days including weekends) an IHP with input from medical professionals is required.
- The academy will only administer medicines that have been **prescribed** by a doctor, dentist, nurse prescriber or pharmacist prescriber.
- Prescribed medication can only be given to the person it has been prescribed to.
- Medicines must always be provided in the original container as dispensed by a pharmacist and should include the prescriber's instructions for administration. In all cases this should include:
 - Name of child
 - Name of medicine
 - Dose
 - Method of administration
 - Time/frequency of administration
 - Any side effects
 - Expiry date
- The academy will **not** accept medicines that have been taken out of the container as originally dispensed, nor make changes to prescribed dosage.

- Some medicines prescribed for children (e.g. methylphenidate, known as Ritalin) are controlled by the Misuse of Drugs Act. Members of staff are authorised to administer a controlled drug, in accordance with the prescriber's instructions.
- For the safety of others, all controlled drugs and medications will be stored securely in the medicine cupboard, in the Medical Room, with the exception of emergency medications which will be accessible as needed.
- All medicine will be collected by the parents/carers or nominated responsible adult when no longer required. It is the responsibility of the parents/carers to dispose of the medicine in a safe manner.
- It is the parent/carers responsibility to monitor when further supplies of medication are needed.
- The academy will **not administer** medicines that have **not** been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber.

Procedures for managing prescription medicines on visits and during other activities

The academy will make reasonable adjustments to enable children with medical needs to participate fully and safely on visits and during other activities.

- Where necessary, planning arrangements for visits and other activities will be made in consultation with the parents/carers. Further advice may be sought from the academy health service or, with permission from the parents/carers, from the child's GP or specialist nurse.
- Where appropriate, a specific risk assessment will be completed before the visit or other activity takes place.
- The academy will support children wherever possible in participating in physical activities and extra-curricular sport. Any restriction on a child's ability to participate in PE will be recorded on his/her Health Care Plan.
- Some children may need to take precautionary measures before or during exercise, and may need access, for example, to asthma inhalers. Staff supervising activities must be made aware of relevant medical conditions and will consider the need for a specific risk assessment to be made.

The roles and responsibilities of staff managing medicines, and for administering or supervising the administration of medicines

- The administration of medicines will include arrangements for storage, record keeping and supervision.
- Wherever possible the child will self-administer their medicine under supervision
- Close co-operation between the academy, parents/carers, health professionals and other agencies will help provide a suitably supportive environment for children with medical needs.
- It is important that the arrangements for a child's medical needs are clearly defined.
- Miss D. Steward to ensure all staff are informed of the arrangements that have been made to administer medicine to a child. This includes sharing the arrangements with any temporary staff.
- The administration of medicine to a child will be witnessed and signed off by an additional adult, with the exception of self-administered asthma inhalers.
- If a child refuses to take medicine, staff will not force them to do so. Staff will record the incident and inform the parents/carers on the same day. If refusal to take the medicine results in an emergency, the academy's normal emergency procedures will be followed.
- If in doubt about a procedure, staff will not administer the medicine and will check with the parents/carers or a health professional before taking further action.

Record keeping

- The parents/carers will tell the academy about the medicines that their child needs to take and provide details of any changes to the prescription or the support required. However, staff will make sure that this information is the same as that provided by the prescriber. Any change in prescription should be supported by new directions on the packaging of the medicine or telephone contact with the relevant medical professional e.g. Young Minds Matter etc.

- **Administering Medication Form** will be used to request the administration of medicine by academy staff. Consent forms should be delivered personally by the consenting parents/carers. Staff must check that any details provided by parents/carers, or in particular cases by a paediatrician or specialist nurse, are consistent with the instructions on the container.
- **Request for a child to carry his/her own medicine form** should be used for students who are able to administer medicines themselves.
- It is the responsibility of the parents/carers to monitor when further supplies of medicine are needed in the academy.
- **A Record of Medicine Administered** must be kept of the medicine given to a pupil except for self-administered asthma inhalers. This record must be signed by the member of staff administering the medicine and countersigned by another member of staff witnessing the procedure and dosage.
- Once all associated paperwork has been completed, Miss D. Steward will inform relevant staff and place all paperwork in the 'Medicines Administration' folder in the Medical Room, filing the paperwork according to the pupil's year group.
- All paperwork is given to Miss D. Steward who will add the information to a pupil's CPOMS profile (*Medical Issues – Administering Medicines*) when:
 - ✓ treatment has come to an end
 - ✓ the record sheet is complete
 - ✓ there is a change to the medication or dosage, a new 'Record of Medicine Administered' will be started
- **Individual Healthcare Plans** should be kept in an accessible place which relevant staff are made aware of. A copy will be added to a pupil's Bromcom and CPOMS profile.
- **Consent Form: Use of emergency Salbutamol inhaler** should be completed by parent/carer to confirm that they give permission for staff to use the emergency inhaler if required. A list of pupils for whom consent has been given to use the emergency inhaler, will be stored with the emergency inhaler. If a child has need of the emergency inhaler, parents will be informed via text & asked to provide another inhaler for use in school.

Safe storage of medicines

- Only medicines that have been prescribed for an individual child will be stored, supervised and administered.
- Medicines will be stored strictly in accordance with product instructions paying particular note to temperature and in the original container in which dispensed.
- Miss D Steward, Office Manager is the named contact and will ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine, the method and frequency of administration, the time of administration, any side effects and the expiry date.
- Where a child needs two or more prescribed medicines, each will be in its original container.
- Any medicines that have been transferred from an original container will not be accepted. Medicines must not be transferred out of the original container whilst in academy.
- Except for medicines such as asthma inhalers and adrenaline pens, all medicines will be kept securely in the medicine cupboard, in the Medical Room.
- Children will be informed where their own medicines are stored and how the medicine will be administered.
- Medicines that need to be refrigerated will be kept in a refrigerator that is not accessible to children.

Disposal of Medicines

- Staff will not dispose of medicines. The parents/carers are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal.
- Parents/carers are responsible for collecting medicines held at the end of each term.
- Lesley Stubley and/or Kellie Payne will contact parents/carers to collect any out of date or no longer needed medicines not collected at the end of the school year.

Hygiene and Infection Control

- All staff are made aware of the precautions for avoiding infection and basic hygiene procedures.
- Staff have access to protective disposable gloves, aprons & face coverings if appropriate.

Risk assessment and management procedures

This policy operates within the context of the Enquire Learning Trust's Health and Safety Policy and will:

- ensure that risks to the health of others are properly controlled;
- provide, where necessary, individual risk assessments for pupils or groups with medical needs; and raise awareness of the health and safety issues relating to dangerous substances and infection.

Unacceptable practice

- Preventing children from easily accessing medication and administering their medication when and where necessary.
- Assuming that students with the same condition require the same treatment.
- Ignoring the views of the student, their parents and/or ignoring medical evidence or opinion.
- Sending students home frequently or preventing them from taking part in activities.
- Leaving the student unaccompanied at any stage when they are ill.
- Penalising students with medical conditions for their attendance record where the absences relate to their condition.
- Refusing to allow students to eat, drink or use the toilet when they need to in order to manage their condition.

Insurance

- Employees who undertake responsibilities within this policy are assured by the Principal that are covered by the Enquire Learning Trust and academy's insurance.
- Full written insurance policy documents are available to be viewed by members of staff who are providing support to students with medical conditions. Those who wish to see the documents should access them via the Academy Business Manager

9. Complaints

Details of how to raise complaints are available in the Enquire Learning Trust

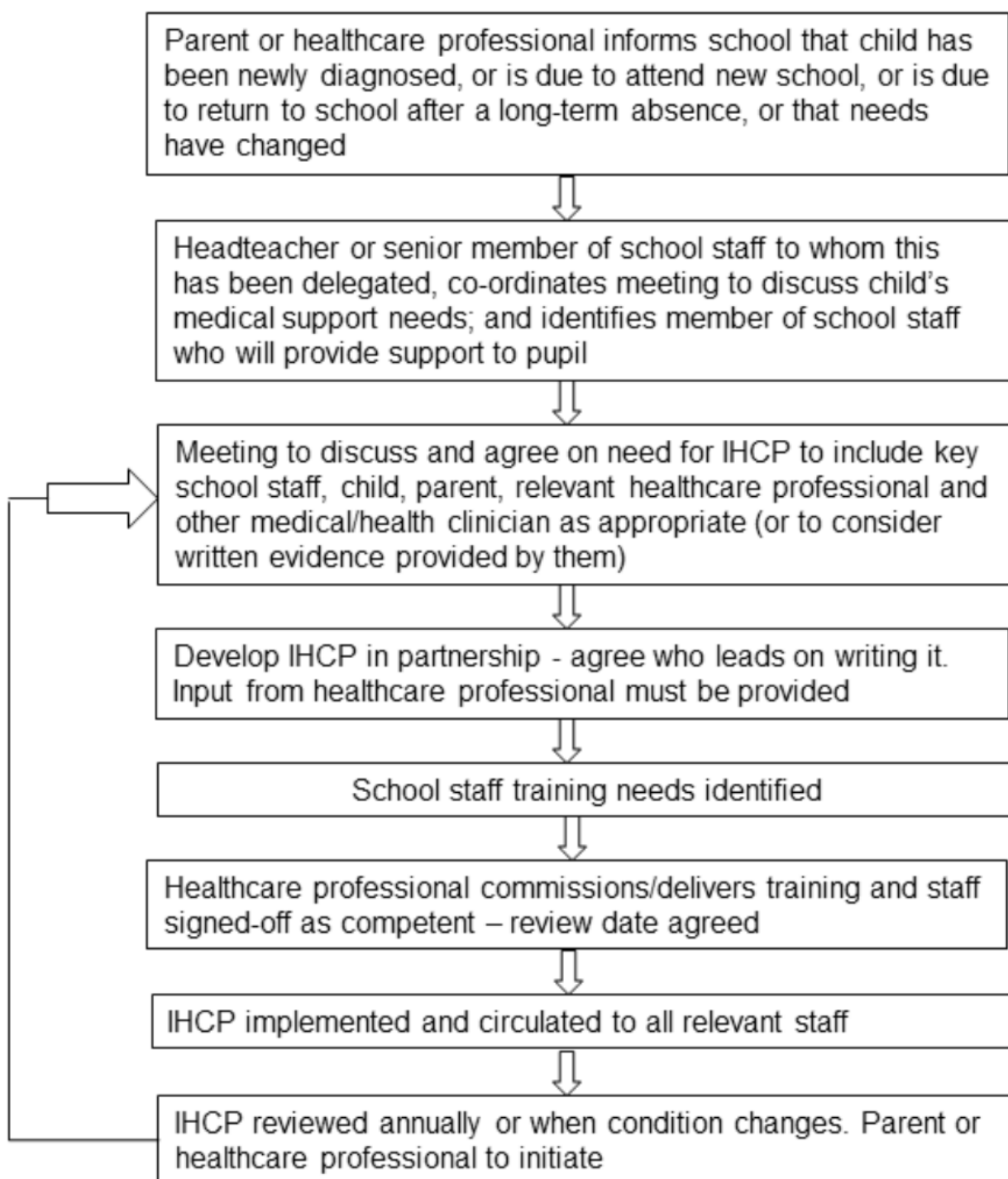
Complaints Procedures available on the Trust's website www.enquirelearningtrust.org

10. Related Policies

- Health and Safety Policy
- Child Protection and Safeguarding Policy
- Educational Visits Policy
- SEND Policy
- Intimate Care Policy
- Emergency Procedures Policy (including medical emergencies)

Appendix 1 – Model Process for Developing Individual Healthcare Plans

Developing Individual Healthcare Plans



Supporting pupils at school with medical conditions statutory guidance for governing bodies of maintained schools and proprietors of academies in England, December 2015

Appendix 2 - Eastfield Primary Academy Medical Needs Protocols

Medical Needs Protocols



Administering Medicine:

Only authorised staff may administer medicine; staff who have completed 'Administration of Medication in Schools' and are First Aid trained.

The following procedure must be followed in each case:

- Deal with each child one at a time
- Check medicine record for the last dose
- Wash hands
- Remove medicine from locked cupboard
- Lock cupboard
- Follow instructions on the Record of Medicine Administered and/or the medicine itself
- Administer dose
- Return medicine to cupboard with washed spoon if used
- Provide follow up care if needed
- Record

Where parents have attended school to administer medication to their child, this will be recorded on the pupil's CPOMS profile (*Medical Issues - Administering Medicines*).

Pupil Self-Management Protocol:

Some medication may be managed and administered by a child. This will usually only be considered for inhalers or creams. A Health Care Plan and/or 'Request for a child to carry their own medicine' will need to be completed. Children are encouraged to be involved in the management of their condition and care, and will be asked for their input on the Health Care Plan. Adults will often be unaware of how a child is feeling unless they tell someone. Again, school and parents will need to support the child with this.

The child is responsible for informing an adult when they have self-administered. We must however recognise the risk that the child may not inform an adult. Ultimately, this will be the responsibility of the parent/carer and not the school. School may refuse self-management if they feel it is not in the best interests of the child.

Intimate Care:

We recognise that, due to medical needs, a few children may require support with intimate care once they have left Early Years. This may include, but not restricted to, nappy/pull up changing, support with personal hygiene related to toileting, guidance with toilet training or more specialised care e.g. ileostomy or stoma care.

The following are the fundamental principles of intimate care upon which our policy guidelines are based:

- every child has the right to be safe and valued as an individual
- every child has the right to personal privacy and to be treated with respect
- all children have the right to express their views and be consulted regarding their care to the best of their abilities

- every child has the right to an inclusive education and therefore have their intimate care needs met to facilitate this.

Every child will be supported to achieve the highest level of autonomy that is possible given their age and ability. Staff will encourage each child to do as much for themselves as they can, and details of the support to be given will be documented on the child's individual Health Care Plan &/or Intimate Care Plan. Parents have a responsibility to advise the school of any known intimate care needs relating to their child and to provide all necessary items for this to be undertaken e.g. wipes, nappies, spare clothes etc.

Child Returning After Injury and/or Surgery:

A risk assessment will be completed with the parent upon the child's return to school in order to address and review their needs and potential risks, along with a Personal Emergency Evacuation Plan (PEEP), if appropriate. A Health Care Plan in most cases will not be needed as this is a long term plan. An Administering Medication Form may be required if medication is to be administered in school.

Asthma Management:

Asthma is a serious condition that for most children is well managed. If a child has an asthma attack, it is potentially life threatening and must be treated as an absolute priority. They must have immediate access to their medication at all times. Follow their Health Care Plan and the Asthma Emergency Treatment Procedure; this is on display in all classrooms, the Medical Room & communal areas.

When the attack is controlled, inform staff who will be with the child for the remainder of the day and inform parent(s). If they are not settling, follow the emergency procedure. It is better to react quickly than leave it too late.

The Academy also provides inhalers and disposable spacers for use in an emergency.

Asthma Pumps:

- These are kept in a basket in each classroom. In EY, the use of these will be closely monitored by staff. In KS1 and KS2, the children have ready access to these and are encouraged to use these independently under the supervision of staff.
- The 'Record of Medicine Administered' is completed for each child every time they use their inhaler and completed records and/or at the end of an academic year, are scanned and attached in CPOMS.
- For PE, the basket is taken down to the hall or is taken outside to ensure that children have rapid access to their inhalers.
- At lunchtime, the basket is taken down to the First Aid room; it is the class TA's responsibility to take the basket down to the First Aid room and return back to the classroom at the end of lunch.

First Aid:

Any child involved in an accident must be checked for First Aid needs. Any injury requiring First Aid must be recorded in the Accident Book. The accident slip is then given to a member of the Office team who inform the parent(s) via a text.

If a child requires frequent First Aid, the parent(s) will be consulted.

Ensure that a parent is contacted if you feel the child needs to go home/ be observed or requires further medical attention. Any accident requiring medical attention needs to be brought to the attention of the Site Manager as it may need to be reported under RIDDOR.

All head injuries will be reported to the parent/carer at the time by telephone.

Sickness &/or Diarrhoea:

Ensure that a parent/carer is contacted and the child is sent home if a bout of sickness &/or diarrhoea occurs in school. A child must remain absent from school until they have been clear for 48 hours from any symptoms of sickness &/or diarrhoea.

No child will be taken on a school trip if they have had sickness &/or diarrhoea within 48 hours of the trip.

However, the school does accept and acknowledge that certain medical conditions can induce vomiting and the 48 hour rule need not apply if the child feels well; this decision is at the discretion of the Principal &/or the Attendance Officer.

Information Sharing:

Information sharing between all staff is vital. By signing a Health Care Plan parents are agreeing for information to be shared. A copy of a child's Health Care Plan will be kept on their Bromcom and CPOMS profile. Any member of staff covering a class must make themselves aware of the medical needs within that class via Bromcom.

If a parent informs school of any changes for a child, the changes need to be updated on all copies of a child's Health Care Plan and/or Administering Medication Form.

In line with medical confidentiality, school will not contact or refer to health agencies or professionals without permission from the parents.

In line with Child Protection & Safeguarding procedures, information must be shared with agencies, when necessary for the purpose of safeguarding children.

Health Care Plans will be transferred to a child's next school to ensure continuation of care.

Awareness of Cultural and Religious Beliefs:

School respects the cultural and religious beliefs of our children and their families. In cases of emergency where school must act in loco parentis, the child's health will always be the first priority.

Appendix 3 – Pupil General Risk Assessment

School Name: Eastfield Primary Academy		Decide who may be harmed (insert ✓):					
Pupil Name: _____		Student	✓	Contractors		Visitors	✓
Department / Location (if applicable)		Staff		Vulnerable People	✓	Volunteers	
Identified Hazards	Initial Risk Rating	Existing Control Measures (select all that are in place)	✓	Actions / Comments		Residual Risk Rating H/M/L	
Pupil behaviour management							
Nipping, hitting, Kicking, biting Hit by Object Destructive Behaviour Abusive/Violent Behaviour Running Away	M	Documented Pupil Behaviour Policy in place, standards of expected behaviour is regularly discussed with pupils, and parents as appropriate	✓		L		
		Sanctions, Time-out and fixed exclusions systems in place, understood by pupils and staff and enforced as appropriate	✓				
		Staff are appropriately trained on how to defuse potentially aggressive and or destructive behaviour	✓				
		Individual behaviour plans are in place and regularly reviewed for pupils with significant/identified behavioural problems	✓				
		Where a 'Time Out' or exclusion room is provided this is staffed by appropriately trained and qualified staff (including team teach training)	✓				
		Suitable supervision is in place at lesson change over, during assemblies and at break and lunch times	✓	A documented assessment of pupil: staff ratio is undertaken			
		Adequate site security is in place to limit the risk of unauthorised pupil absence	✓	Refer to whole school site safety & security risk assessment			
		A physical intervention policy is in place, staff understand their roles and responsibilities and receive appropriate training where necessary	✓				

Exposure to Sun					
Excessive exposure to UV light Heat	H	The school has a policy in place that covers the use of sunscreens and the circumstances where it can be used, a copy is provided to all parents.	✓		L
		The school dress code is appropriate (i.e. to considered appropriateness of clothing in periods of hot weather)	✓		L
		Sun hats are actively encouraged during periods of hot weather	✓		L
		Parents are reminded of school policy during the summer months via letters home, newsletters, school website etc.	✓		L
		Sun protection is considered as part of all educational visits risk assessments	✓		L
		Shaded areas are provided both on school site and as part of the provision on educational visits	✓		L
		Seating/benches are located in shaded areas	✓		L
		Outdoor events, (such as sports days/PE etc.) are planned to avoid the hottest part of the day and shade is provided during such events	✓	Consideration is given to type of activity if time can't be changed	L
Sunburn/Sunstroke	H	Sunscreen is applied in line with school policy and procedures	✓	Refer to Policy For EYFS students staff applying sun cream have parental consent and do so with another adult present	L
		Children are encouraged to bring their own sunscreen from home with their name on it and where possible self-apply under staff supervision	✓		L
		The school has a supply of high factor sunscreen for children that forget (this is only used as a last resort and having consulted with parents/carers first)	✓		L
		The school has a supply of sun hats it can loan out to children who have forgotten to bring their own	✓		L
		Pupils are supervised when applying sun cream	✓		L
Dehydration	H	Children have easy access to drinking water and staff encourage children to have regular drinks throughout the day	✓		L

Pupil Medical Needs					
Slips, trips, falls	H	Clearance from GP/Hospital/ Consultant/NHS School Nurse received to demonstrate fitness of pupil to be at school	✓	Refer to & review if necessary whole school slips, trips, falls risk assessment	L
Fatigue		Care plan clearly identifies level of support pupil needs during school day and activities they can and cannot take part in	✓		
		Pupils condition is monitored by staff during the school day	✓		
		Additional care is taken to ensure access routes, areas around desk etc. are kept clear of obstructions (e.g. resources, chairs, bags etc.)	✓		
Deterioration in Condition		Arrangements are in place to stagger arrival/departure/break times if pupil requires additional support to minimise congestion/ possible injury or fatigue issues	✓		
		Alternative break/lunch time arrangements are in place as necessary	✓		
Evacuation Delay	H	A personal emergency evacuation plan is in place for the pupil (PEEP)	✓		L
Additional medical needs	H	Any additional medical needs & associated staff training are addressed through the pupils care plan & school administration of medicines policy	✓	Refer to care plan/ Admin of Meds Policy as necessary Refer to NHS Protocol if appropriate Review after first half term with view to increasing periods between reviews	L
		Staff have received appropriate NHS Health Protocol and suitable documented training where a medical intervention is/could be required during school day	✓		
		Weekly review with pupil, parent/carer and appropriate staff takes place to ensure systems put in place are suitable & discuss any issues/concerns	✓		
Incident during school day	H	Pupil is supervised/observed /placed with a 'buddy' to minimise health risk to self and or others and to ensure 'alarm' can be raised quickly in the event of an incident	✓		L
		Staff, other pupils etc. are routinely reminded of the health needs of the pupil and additional premises checks are undertaken to ensure the environment remains safe at all times			
		Pupil is not allowed to use equipment/resources (including the lift) unsupervised			

Pupil on Crutches					
Slips, trips, falls	H	Clearance from GP/Hospital Consultant received to demonstrate fitness of person to return to school	✓	Refer to & review if necessary whole school slips, trips, falls risk assessment	L
		Pupil has had appropriate training and is competent to use crutches safely	✓		
Additional care is taken to ensure access routes, areas around desk etc. are kept clear of obstructions (e.g. resources, chairs, bags etc.)		✓			
Identification, reporting and repairing of defects procedures are in place		✓			
Fatigue		Arrangements are in place to stagger arrival/departure and lesson change over times to minimise congestion and possible injury or fatigue issues	✓		
Alternative break/lunch time arrangements are in place as necessary		✓			
Storage of Crutches	H	Arrangements are in place to ensure crutches are stored safely away from access routes and do not pose a hazard to user or others in the area	✓		L
Evacuation Delay	H	A personal emergency evacuation plan is in place for the pupil (PEEP)	✓		L
Additional medical needs	M	Any additional medical needs and associated training are addressed through the pupils individual care plan as appropriate	✓	Refer to care plan if appropriate	L
		Weekly review with pupil, parent/carers and appropriate staff takes place to ensure systems put in place are suitable	✓		
Use of stairs, corridors, lift etc.	H	Pupil is tested on their ability to negotiate stairs, narrow or restricted corridors /areas etc. before allowed to do so alone, where ability is in question assistance will be given or alternative classroom arrangements made	✓		L
		Staff, other pupils etc. are reminded not to block stairs, corridors etc. and additional premises checks are undertaken to ensure floor condition remains suitable (e.g. minimising spills, litter, rain water pooling etc.)	✓		L
		Pupil is not allowed to use the lift unsupervised or in the event of a fire	✓		L

Pupil with Cast (Upper Limb)					
Slips, trips, falls Fatigue	H	Clearance from GP/Hospital Consultant received to demonstrate fitness of person to return to school	✓		M
		Discussion with consultant/parent/pupil with regard to any specific adaption, reasonable adjustments or limitations placed on pupil to ensure attendance	✓		
		All staff reminded to ensure areas are kept clear of resources, pupil bags etc.	✓		
		Identification, reporting and repairing of defects procedures are in place	✓		
		Participation in curriculum activities that present a higher risk of cast getting 'knocked' is reviewed at the start of each week with head of year and parents	✓		
		Arrangements are in place to stagger arrival/departure and lesson change over times to minimise congestion and possible injury or fatigue issues	✓		
		Alternative break/lunch time arrangements are in place as necessary	✓		
Cast Gets Wet /Objects Lodged in Cast	H	Arrangements in place to minimise risk of exposure to water during school day, where this cannot be avoided a plastic bag should be provided by parents	✓		L
		Staff to remain vigilant if pupil appears in discomfort refer to first aider to check if item is lodged in cast	✓		
Evacuation Delay	H	A personal emergency evacuation plan is in place for the pupil (PEEP)	✓		L
Additional medical needs	M	Any additional medical needs/pain relief requirements and associated training are addressed through the pupils individual care plan as appropriate	✓		L
		Two Weekly review with pupil, parent/carers and appropriate staff takes place to ensure systems put in place are suitable	✓		
		Refer to first aider to consider Benadryl if agreed on health care plan or blowing cool air in to cast if not	✓		
Incident during the school day	H	Pupil is observed/supervised/placed with a buddy to minimise health risk to self or others, and concerns can be raised quickly in the event of an incident.	✓		M

Use of wheelchair					
Fatigue	H	Clearance from GP/Hospital Consultant received to demonstrate fitness of person to return to school	✓		L
		Phased return/reduced hours introduced to accommodate needs of individual	✓		
Inappropriate Use of Chair/ poor ergonomics/ collapse of chair Fall from chair	H	Individual has received appropriate training and is competent to use chair, negotiation of site is initially tested at a quiet time	✓	<i>Staff routinely reminded and site staff to undertake additional daily checks</i> Check chair has a lap strap <i>Internal Access Ramps - Width Min 1.2 Meters, gradient max 1 in 12 with a maximum length of 5 meters. Seek advice if unsure</i>	L
		Adequate supervision/or buddy system in place to ensure safety of individual and other site users	✓		
		Additional care is taken to ensure access routes, areas around work areas, circulation routes etc. are kept clear of obstructions	✓		
		Chair provided by NHS and assessed as suitable for needs of individual. Chair is routinely inspected by provider this is evidenced (e.g. sticker on chair)	✓		
		Floor surfaces routinely inspected to ensure free of debris/dust not slippery	✓		
		Gradient of any slopes around the site are not excessive (inside)	✓		
		Identification, reporting and repairing of defects procedures are in place	✓		
Collision with Others		Arrangements are in place to stagger arrival/departure and lesson change over times to minimise congestion and possible injury or fatigue issues	✓		L
		Alternative break/lunch time arrangements are in place as necessary	✓		
Storage of Chair	H	Arrangements are in place to ensure chair can be stored safely away from access routes and does not pose a hazard to others when not in use	✓		L
Evacuation Delay	H	A personal emergency evacuation plan is in place for the individual (PEEP)	✓	Refer to PEEP	L
Additional medical needs	M	Any additional medical needs and associated training are addressed through an individual care plan as appropriate	✓	Refer to care plan if appropriate	L
Unidentified hazard/ deterioration of condition		Weekly review with all relevant stakeholders takes place to ensure systems put in place are suitable and the continuing needs of the individual are met	✓		L

Risk Rating Guidance: H= High M= Medium L= Low TBA = To Be Assessed - Assessment of the likelihood and or impact of injury and or damage. Initial assessment has been undertaken, complete the residual assessment based on your control measures/findings/additional actions etc.

Other Hazards Identified	Additional Control Measures to be Put in Place				
Any other foreseeable hazards that are associated with the activities being carried out to be listed here.	<i>Where you have identified other hazards record the additional control measures you're are going to put in place to mitigate these below:</i>				
Date of Assessment:		Carried out by:		Signature:	
Date of next review:		Carried out by:		Date Review Completed:	
Also refer to these other relevant risk assessments or safety advice documents:	<ul style="list-style-type: none"> • Pupil Behaviour Policy • Physical intervention Policy • Individual Behaviour Management Plan (as appropriate) • Whole School Site Safety & Security Risk Assessment • Whole school, fire risk assessment • Individual care plan • Personal Emergency Evacuation Plan (PEEP) • Admin of Medicines Policy & Procedures 				

Appendix 4 – Personal Emergency Evacuation Plan

Name of Individual PEEP is for:			(Staff/Pupil/Visitor) *delete as applicable
Name of Academy:	Eastfield Primary Academy		
Details of all buildings/ locations used on site by the individual			
Details of mobility issues			
Days of attendance at site			
Name of Carer(s) if applicable			
Can the individual (unaided):	YES	NO	
Hear an alarm bell			
See a fire warning light			
Use Stairs			
See/follow exit signs			
Understand when danger is present			
Following discussion with all relevant parties (and review of any care plans/other documents) the following process for evacuating the building has been agreed for this individual			
Please list any additional actions to be taken, by whom, and by when			

PEEP Completed by:	
Date PEEP Completed:	
Date PEEP to be Reviewed:	

Appendix 5 - Individual Healthcare Plan Template

Individual Healthcare Plan



Child's name

Class

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

Family Contact Information

Name

Phone no. (home)

(mobile)

(work)

Email

Name

Relationship to child

Phone no. (home)

(mobile)

(work)

Email

Clinic/Hospital Contact

Name

Phone no. and email

G.P.

Name and address

Phone no. and email

Who is responsible for providing support in school

Name:

Responsibility:

Name:	Responsibility:
Name:	Responsibility:
Name:	Responsibility:

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

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

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

Arrangements for school visits/trips etc.

Other information

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

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken - who, what, when

--

I confirm that I have agreed this Individual Healthcare Plan (IHP) and undertake to keep the academy updated on my child's medical condition

Name of parent/carer:	
Signature of parent/carer:	
Date:	
Signature of Academy Representative:	

A copy of this completed form will be given to the parent/carer another will be retained by academy additional copies will be given to _____
(name other professionals) for their records.

Completed copy given to the parent/carer on _____ (date)

By: _____ (name printed)

_____ (signature)

Appendix 6 – Pupil with a Medical Need Risk Assessment

School Name: Eastfield Primary Academy		Decide who may be harmed (insert ✓):								
		Student			Contractors			Visitors		
Pupil Name and Class (if applicable)		Staff			Vulnerable People			Volunteers		
Identified Hazards	Initial Risk Rating	Existing Control Measures (select all that are in place)				✓	Actions / Comments		Residual Risk Rating H/M/L	
Slips, trips, falls	H	Clearance from GP/Hospital/ Consultant/NHS School Nurse received to demonstrate fitness of pupil to be at school					Refer to & review if necessary whole school slips, trips, falls risk assessment			
Fatigue		Care plan clearly identifies level of support pupil needs during school day and activities they can and cannot take part in								
		Pupils condition is monitored by staff during the school day								
		Additional care is taken to ensure access routes, areas around desk etc. are kept clear of obstructions (e.g. resources, chairs, bags etc.)								
Deterioration in Condition		Arrangements are in place to stagger arrival/departure/break times if pupil requires additional support to minimise congestion/ possible injury or fatigue issues								
		Alternative break/lunch time arrangements are in place as necessary								
Evacuation Delay	H	A personal emergency evacuation plan is in place for the pupil (PEEP)								
Additional medical needs	H	Any additional medical needs & associated staff training are addressed through the pupils care plan & school administration of medicines policy					Refer to care plan/ Admin of Meds Policy as necessary			
		Staff have received appropriate NHS Health Protocol and suitable documented training where a medical intervention is/could be required during school day					Refer to NHS Protocol if appropriate			
		Weekly review with pupil, parent/carer and appropriate staff takes place to ensure systems put in place are suitable & discuss any issues/concerns					Review after first half term with view to increasing periods between reviews			

Incident during school day	H	Pupil is supervised/observed /placed with a 'buddy' to minimise health risk to self and or others and to ensure 'alarm' can be raised quickly in the event of an incident			
		Staff, other pupils etc. are routinely reminded of the health needs of the pupil and additional premises checks are undertaken to ensure the environment remains safe at all times			
		Pupil is not allowed to use equipment/resources (including the lift) unsupervised			
Risk Rating Guidance: H= High M= Medium L= Low TBA = To Be Assessed - Assessment of the likelihood and or impact of injury and or damage. Initial assessment has been undertaken, complete the residual assessment based on your control measures/findings/additional actions etc.					
Other Hazards Identified	Additional Control Measures to be Put in Place				
Any other foreseeable hazards that are associated with the activities being carried out to be listed here.	Where you have identified other hazards record the additional control measures you are going to put in place to mitigate these below:				
Date of Assessment:		Carried out by:		Signature:	
Date of next review:		Carried out by:		Date Review Completed:	
Also refer to these other relevant risk assessments or safety advice documents:	<ul style="list-style-type: none"> • Whole school, fire risk assessment • Individual Healthcare Plan • Personal Emergency Evacuation Plan (PEEP) • Admin of Medicines Policy & Procedures 				

RISK ASSESSMENTS AND INDIVIDUAL CARE PLANS SHOULD BE UNDERTAKEN IN DISCUSSION WITH NHS COLLEAGUES AND THE CHILDS PARENT/CARER

Administering Medication Form



Child's name:	Year group:
Date:	
Medical condition or illness:	

MEDICATION	
Name/Type of medicine: (as described on the container)	
Date dispensed:	
Expiry date:	
Dosage & method:	
Timing:	
Special precautions:	
Are there any side effects that we need to know about?	

Name & telephone number of child's GP:	
---	--

PARENT/CARER CONTACT DETAILS	
Name:	
Contact number:	
Relationship to child:	
I understand that I must deliver the medicine personally to:	

The above information is, to the best of my knowledge, accurate and I give consent to the school and other authorised persons to administer medicines in accordance with the Medical Needs Policy. I will inform the school immediately of any changes (such as to dose or frequency, or stopping the medication) in writing. I understand that a non-medical professional will oversee my child's medication. I understand that it is my responsibility to dispose of any unused medicines and ensure medicines provided are within date.

_____ signed Parent/Carer Date: _____

Appendix 8 - Request for a child to carry their own medicine

Request for a child to carry their own medicine



This form must be completed by the parent/carer.

My child has been prescribed this medication by the GP/hospital.

Child's name:		
Class:		
Address:		
Name of medicine:		
Dosage required:		
When to be administered:		
Procedures to be taken in an emergency:		

Contact information:

Name:		
Phone numbers:	Home: Mobile:	Work: Email:
Relationship to child:		

I would like my child to keep their medicine with them to use as required.

I understand that it is my responsibility to check the medication my child is taking independently (i.e.) condition of my child's inhaler and to replace/replenish it when necessary.

Signed _____ Parent/Carer

Date: _____

Appendix 9 - Record of Medicine Administered

Record of Medicine Administered

Sheet no.: _____



Name of child:	
Medication prescribed:	
Dosage required:	
To be administered at:	
Staff to administer medication:	

Changes to administration of medicine made on: _____ (date)

Medication prescribed:	
Dosage required:	
To be administered at:	

Changes to administration of medicine made on: _____ (date)

Medication prescribed:	
Dosage required:	
To be administered at:	

Emergency Salbutamol Inhaler in School



Emergency Kit:	<p>The emergency asthma inhaler kit should include:</p> <ul style="list-style-type: none"> - a salbutamol metered dose inhaler - at least two plastic spacers compatible with the inhaler - instructions on using the inhaler & spacer - instructions on cleaning & storing the inhaler - manufacturer's information - a checklist of inhalers, identified by their batch number & expiry date, with monthly checks record - a not of arrangements for replacing the inhaler & spacers - a list of children permitted to use the emergency inhaler as detailed in their individual healthcare plans - a record of administration (when the inhaler has been used)
Staff identified to maintain Emergency Inhaler Kit:	<ul style="list-style-type: none"> - Kellie Payne - Lesley Stublely
Storage:	The emergency asthma inhaler kit is kept in the Medical Room for ease of access.
Maintenance:	<p>Identified staff ensure that:</p> <ul style="list-style-type: none"> ✓ on a monthly basis the inhaler & spacers are present & in working order, & the inhaler has sufficient number of doses available ✓ that a replacement inhaler is obtained when expiry dates approach ✓ replacement spacers are available following use ✓ the plastic inhaler housing (which holds the canister) has been cleaned, dried & returned to storage following use, or that replacements are available if necessary.
Hygiene care:	<p>To avoid possible risk of cross-infection, the plastic spacer should not be reused.</p> <p>The inhaler itself can be reused, provided it is cleaned after use:</p> <ul style="list-style-type: none"> ✓ the inhaler canister should be removed. ✓ the plastic inhaler housing & cap should be washed in warm running water, & left to air dry in a clean & safe place. ✓ the canister should be returned to the designated storage place

Use of the Emergency Salbutamol Inhaler



1. I can confirm that my child has been diagnosed with asthma and has been prescribed an inhaler.
2. My child has a working, in-date inhaler, clearly labelled with their name, which they will leave in school or they will bring with them to school every day.
3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive Salbutamol from an emergency inhaler held by the school for such emergencies.

Signed: _____ Parent / Carer

Date: _____

Appendix 12 – Asthma Emergency Treatment Procedure

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 & 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 & 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 & reassure the child.
- Encourage the child to sit up & slightly forward.
- Use the child's own inhaler - if not available, use the emergency inhaler.
- Remain with the child while the inhaler & spacer are brought to them.
- Immediately help the child to take two separate 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 & 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.

DoH, Guidance on the use of emergency Salbutamol inhalers in schools, March 2015



Appendix 13 – Letter to inform Parents of the use of the emergency Salbutamol Inhaler

Use of the Emergency Subutamol Inhaler



Child's name:		
Date:		
Class:		
This letter is to formally notify you that your child had had problems with their breathing today.		
This happened when:		Time: _____
The emergency Subutamol inhaler was used because:		
They were given:	_____ puffs by _____	
Although they soon felt better, we strongly advise that you have your child seen by your own doctor as soon as possible.		

Appendix 14 – Contacting Emergency Services in a Medical Emergency

Contacting Emergency Services in a Medical Emergency



Request for an Ambulance:

Dial 999, ask for an ambulance & be ready with the following information:

1. School telephone number is: **01469 572455**
2. School address is:
Eastfield Primary Academy
Margaret Street
Immingham
DN40 1LD
3. Give exact location in the school where the individual is currently located
4. Give your name
5. Give name of child & brief description of child's symptoms
6. Give details of any medicines given or prescribed
7. Inform Ambulance Control of the best entrance & stat that the brew will be met at the reception by a member of staff

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