

# Harper Bell Seventh-day Adventist School Primary School

## Supporting Pupils at School with Medical Conditions Policy



Approved Date  
September 2024

Next review due by: September 2026

## **INTRODUCTION**

We want all children and young people to have successful and fulfilling lives. Section 100 of the Children and Families Act 2014 places a statutory duty on all schools to effectively manage and meet the needs of pupils with medical conditions, medical needs and physical disabilities. The aim is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school. The outcome should be that they can play a full and active role in all aspects of school life including trips, educational visits, residential and extended school activities, such that they remain healthy and achieve their academic potential.

This policy document should be considered in conjunction with all other relevant duties, policies and guidance, for example, Health and Safety legislation, the SEND code of practice and the Equality Act 2010 that may impact on support / provision for pupils with medical conditions.

Some children with medical conditions may be disabled. Where this is the case the governing body must comply with the duties under the Equality Act 2010. For example, schools are required to make reasonable adjustments to minimise or remove barriers to access and participation and ensure that individuals are not subject to less favourable treatment because of their disability. Some children may also have special educational needs (SEN) and may have a statement or Education, Health and Care Plan (EHC Plan) which brings together health and social care needs as well as their special educational provision. For children with SEN this policy should be read in conjunction with the school SEN policy.

Supporting a child with a medical condition during school hours is not the sole responsibility of one person and the school's ability to provide effective support will depend on co-operative working with other agencies including healthcare professionals, the local authority, parents/carers, the child and, where appropriate, social care or other outreach professionals. This type of partnership working aims to ensure that the needs of pupils with medical conditions are met effectively.

Medical conditions can sometimes result in short term, frequent or long term absence from school, which can impact on educational attainment. Schools are required to recognise and consider the potential social and emotional implications associated with a medical condition, as well as the educational impact, when planning to meet the pupil's needs.

## **PURPOSE OF DOCUMENT**

The purpose of this policy is to put in place effective management systems, arrangements and practices to support children and young people with medical conditions to attend school.

This policy also aims to give confidence to parents/carers that school will provide effective support for their child's medical condition and support their child to feel safe.

This policy clarifies the range of medical needs that may result in a child requiring support, namely:

- children with long term and/or complex medical conditions who require support to manage their medical needs on a day to day basis to keep them healthy;
- children requiring monitoring and/or intervention in emergency circumstances;
- children whose health needs may change over time in ways that cannot always be predicted.

All staff in our Harper Bell have a duty to maintain professional standards of care and to ensure that children and young people are safe. It is considered to be good practice that schools and academies will consider and review cases individually and actively support pupils with medical conditions, including administering medicines or medical interventions in order to meet the all-round needs of the child. However, there is no legal duty requiring individual staff to administer medication, carry out medical interventions or to supervise a child when taking medicines. Any member of staff may be asked to administer medicines or medical interventions but they cannot be required to do so. This is a voluntary role.

This policy aims to ensure that appropriate support is put in place to limit the impact on educational attainment in the event of a short or long term absence from school. ROLES AND RESPONSIBILITIES

### **1.1 The Governing Body**

The governing body is responsible for:

- ensuring the Head teacher develops and effectively implements policy with partners, parents and school staff, including regular policy review;
- ensuring the Head teacher makes all staff aware of this policy on supporting pupils with medical conditions and all staff understand their role in its implementation;
- designating a named individual who is responsible for effective implementation of this policy – Nigel Oram (Head Teacher).
- ensuring this policy clearly identifies how the roles and responsibilities of staff who are involved in the arrangements to support pupils at school with medical conditions are made clear to both staff, parents/carers and the child;
- ensuring that all relevant staff are aware of an individual child's medical condition and needs;
- ensuring that sufficient numbers of staff receive appropriate training to fulfil the roles and responsibilities of supporting children with medical conditions i.e. school is able to deliver against all Individual Healthcare Plans (IHCPs) and implement policy, including for example in contingency or emergency situations and management of staff absence;
- ensuring that a system is in place which identifies procedures to be followed on receipt of notification of a pupil's medical needs; procedures should cover any transitional arrangements or when pupil needs change (see Appendix 1);
- ensuring that cover arrangements are always available in the event of staff absence or staffing changes including briefing for volunteers, supply teachers and appropriate induction for new members of staff;
- ensuring that individual healthcare plans (IHCPs) are in place, where appropriate, and developed in consultation with parents/carers, healthcare professionals, relevant staff and (if appropriate) the child or young person;

- ensuring that individual healthcare plans (IHCPs) are monitored and are subject to review, at least annually, or sooner if needs change;
- ensuring that risk assessments relating to the school environment are in place, as appropriate, including consideration for actions to take in the event of emergency situations;
- ensuring that risk assessments relating to off-site visits, residential trips and extended school opportunities offered outside the normal timetable are in place, as appropriate, including consideration for actions to take in the event of emergency situations;
- ensuring that appropriate insurance is in place to support staff to undertake this role;
- ensuring that a complaints procedure is in place and is accessible.

## **1.2 The Head teacher**

The Head teacher is responsible for:

- ensuring that the notification procedure is followed when information about a child's medical needs are received (Appendix 1);
- ensuring that parents/carers provide full and up to date information about their child's medical needs by completion of 'Parent/Carer Information about a Child's Medical Condition' form (Template A)
- deciding, on receipt of a "Parent/Carer Request and Agreement for School to Administer Medicines / Medical Interventions' form (Template B), on case by case basis, whether any medication or medical intervention will be administered, following consultation with staff;
- deciding, on receipt of a 'Parent/Carer Request for the Child's Self-administration of Medication/Medical Intervention (Template C), on a case by case basis, whether any medication will be carried by the child, will be self-administered by the child or any medical intervention will be self-administered by the child, following consultation with staff, if appropriate;
- ensuring that procedures are understood and implemented by all staff, volunteers and pupils.

## **1.3 Staff**

Any member of staff may be asked to provide support for a child with a medical condition, including the administration of medicine(s) and medical intervention(s) although they cannot be required to do so; this is a voluntary role.

School staff will receive sufficient and suitable training and achieve competency before they take on responsibility for supporting children with medical conditions.

Where children have an Individual Healthcare Plan (IHCP) the roles and responsibilities of staff will be clearly recorded and agreed.

## **1.4 Parents/carers Responsibilities**

Parents/carers are required to:

- provide the school with sufficient and up to date information about their child's medical needs and to update it at the start of each school year or, if needs change, by completion of 'Parent/Carer Information about a Child's Medical Condition' form (Template A);
- complete, if appropriate, a 'Parent/Carer Request and Agreement for School to Administer Medicines / Medical interventions' form (Template B) to gain consent for medicines / medical interventions to be administered at school;
- complete, if appropriate, a 'Parent/Carer Request for the Child's Self-administration of Medication/Medical Intervention' form (Template C) to gain consent for medicines / medical interventions to be administered by the child;
- provide up to date contact information so that parents/carers or other nominated adults are contactable at all times;
- carry out any action they have agreed to as part of the implementation of an Individual Healthcare Plan (IHCP);
- provide any medication in its original packaging, with the pharmacy label stating the following:
  - a) the child's name
  - b) the child's date of birth
  - c) name of medicine
  - d) frequency / time medication administered
  - e) dosage and method of administration
  - f) special storage arrangements
- ensure that medicines or resources associated with delivery of a medical intervention have not passed the expiry date;
- collect and dispose of any medicines held in school at the end of each term or as agreed;
- provide any equipment required to carry out a medical intervention e.g. catheter tubes;
- collect and dispose of any equipment used to carry out a medical intervention e.g. sharps box.

## **2 PUPIL INFORMATION**

Parents/carers are required to give the following information about their child's medical condition and to update it at the start of each school year or sooner, if needs change, by completion of 'Parent/Carer Information about a Child's Medical Condition' form (see Template A):

- a) Details of pupil's medical conditions and associated support needed at school
- b) Medicine(s), including any side effects
- c) Medical intervention(s)

- d) Name of GP / Hospital and Community Consultants / Other Healthcare Professionals
- e) Special requirements e.g. dietary needs
- f) Who to contact in an emergency
- g) Cultural and religious views regarding medical care

### **3 MANAGING MEDICINES / MEDICAL INTERVENTIONS ON SCHOOL PREMISES**

#### **3.1 Administration of Medicines / Medical Interventions**

##### **Non-prescribed medicines**

The school will not be able to store or give medicines that have not been prescribed to a child (e.g. Calpol or cough medicines) except in exceptional circumstances decided upon by the Head teacher. Parents or carers must make arrangements to come into school if they wish to give their child these medicines.

\*Doctors in Birmingham are no longer prescribing Piriton, parents are now being directed to purchase Pitron over the counter. Piriton will be administered where there medical information on the pupils records identify Piriton as the identified medication.

##### **Prescribed medicines**

Medicine/Medical interventions will only be administered at school when it would be detrimental to pupil's health or attendance not to do so. It is expected that parents/carers will normally administer medication / medical interventions to their children during their time at home, where at all possible. In line with other schools' policies, if medicines are prescribed up to 3 times a day, the expectation is that parents or carers will give these medicines out of school hours (breakfast, after school at 3.30pm, bedtime).

No medication / medical intervention will be administered without prior written permission from the parents/carers. 'Parent/Carer Request and Agreement for School to Administer Medicines / Medical Interventions' (Template B)

The Head teacher will decide whether and by whom any medication or medical intervention will be administered in school, following receipt of the above form and after consultation with staff.

No changes to administration method or dosage of medication or changes in procedures relating to medical interventions will carried out without written authority from parents/carers and recorded amendment to the 'Parent/Carer Request and Agreement for School to Administer Medicines / Medical interventions' form (Template B)

The Head teacher will decide whether a child is able to carry and self-administer any medication or self-administer any medical intervention, following consultation with staff as appropriate 'Parent/Carer Request for the Child's Self-Administration of Medication/Medical Intervention' (Template C);

All medicines / medical interventions will normally be administered by the OFFICE TEAM. They will administer the medicine for children in Reception to Year 6 (Appendix 5- Procedure for office staff when administering medicine).

If, for medical reasons, medicine has to be taken at other times during the day or a medical intervention delivered at a different time, arrangements will be made for the medicine / medical intervention to be administered at other prescribed times. Pupils will be told where their medication / medical intervention equipment and resources are kept and who will administer them.

Medicine for children in Reception and Year 6 will be kept in a fridge in the office.

The office staff member, on each occasion, giving medicine / medical intervention to a pupil should check:

- a) Name of pupil
- b) Written instructions provided by the parents/carers or healthcare professional or as agreed in an Individual Healthcare Plan (IHCP)
- c) Prescribed dose, if appropriate
- d) Expiry date, if appropriate

The office member of staff, on each occasion, will make a written record of medication / medical interventions administered on the 'Record of Administration of Medicines/Medical Intervention to an Individual Child' (Template C)

No child under 16 will be given medicine containing **aspirin** unless prescribed by a doctor.

### **3.2 Child's Role in Managing their own Medical Needs**

After discussion with parents/carers, children who are competent will be encouraged to take responsibility for managing their own medicines and medical interventions.

Written permission from the parents/carers will be required for pupils to self-administer medicine(s) / medical intervention(s). The school's 'Parent/Carer Request for the Child's Self-administration of Medication/Medical Intervention (Template C) must be completed by parents/carers.

Written permission from the parents/carers will be required for pupils to carry medicine(s) or resources associated with a medical intervention(s). The school's 'Parent/Carer Request for the Child's Self-administration of Medication/Medical Intervention (Template C) must be completed by parents/carers.

Children who can take medicines or manage medical interventions independently may still require a level of adult support e.g. in the event of an emergency. In this situation agreed procedures will be documented in an IHCP.

### **3.3 Refusing Medication / Medical Intervention**

If a child refuses to take their medication / medical intervention, staff will not force them to do so.

Refusal to take medication will be recorded and dated on the child's record sheet.

Reasons for refusal to take medications / medical intervention must also be recorded as well as the action then taken by the member of staff.

Parents/carers will be informed the same day. Where the child is potentially placing themselves at risk by refusal, parents/carers will be informed immediately.

### **3.4 Storage of Medicines / Medical Intervention Equipment and Resources**

The school will store medicine in a locked cabinet, or locked fridge, as necessary. All children will know where their medicines / medical intervention equipment/resources are at all times and will be readily available as required.

### **3.4a Controlled drugs**

A child who is prescribed a controlled drug may legally have it in their possession if they are competent to do so . At school we will store the medicine appropriately.

Where controlled drugs are not an individual child's responsibility, they will be kept in a non-portable locked cabinet in a secure in the admin office. Only named staff will have access.

Controlled drugs will be easily accessible in an emergency as agreed with parents/carers or described in the child's IHCP.

Where controlled drugs are not an individual child's responsibility, records will be kept of any doses used and the amount kept on the premises.

### **3.4 b Non-controlled drugs and medical resources**

All medicines and medical equipment / resources will be stored safely as agreed with parents/carers or described in the child's IHCP.

### **3.5 Records**

School will keep a record of all medicines / medical interventions administered to individual children on each occasion, including the following:

- a) Name of pupil
- b) Date and time of administration
- c) Who supervised the administration
- d) Name of medication
- e) Dosage
- f) A note of any side effects / reactions observed
- g) If authority to change protocol has been received and agreed.

Record of Administration to an Individual Child (Template D) and Record of Medicine Administered to All Children (Template E).

## **4. TRAINING**

All staff will be made aware of the school's policy for supporting pupils with medical conditions and their role in implementing that policy through for example whole school awareness training, involvement in development of IHCPs, staff briefing sessions etc.

Specialist training and advice will be provided by appropriate healthcare professionals, e.g. specialist epilepsy nurse, asthma training by school nurse etc, for staff involved in supporting pupils with medical conditions including the administration of relevant medicines / medical interventions.

Training for all staff will be provided on a range of medical needs, including any resultant learning needs, as and when appropriate.



Training will be sufficient to ensure 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. Induction training will raise awareness of school's policy and practice on supporting pupils with medical condition(s).

School will make every effort to ensure that specialist training will be completed as quickly as possible to ensure that the child is able to attend school safely.

A record of staff training carried out will be kept, identifying the date review or refresher training will be required where appropriate. 'Record of Staff Training' (Template F)

## **5. INDIVIDUAL HEALTH CARE PLANS (IHCP)**

Where appropriate, an Individual Health Care Plan (IHCP) will be drawn up in consultation with the school, parents/carers, health professionals and any other relevant professionals.

The content of an individual child's IHCP will be dependent on the complexity of their needs and may include the following:

- a) an overview (Pen Portrait / One Page Profile) of the child's needs and provision in place in school to manage those needs;
- b) a description of the medical condition, its presentation (signs, symptoms, triggers etc) and impact on access to the school environment and learning opportunities;
- c) arrangements around administration of medication(s) / medical intervention(s);
- d) arrangements around management of medical emergency situations;
- e) arrangements around management and support for personal care needs, including intimate and invasive care e.g. catheterisation, toileting support, gastro-tube feeding etc;
- f) risk assessment for access to the school environment and curriculum;
- g) arrangements for evacuation in the event of an emergency;
- h) the level of support required in school, who will provide this support, their training needs and cover arrangements for when they are unavailable;
- i) how, if agreed, the child is taking responsibility for their own health needs;
- j) a reference to staff confidentiality.

Individual Health Care Plans will be reviewed annually or sooner if needs change.

### **Intimate and Invasive Care**

Cases where intimate or invasive care is required will be agreed on an individual basis. Decisions made about procedure and practice will be recorded within the pupils Individual Healthcare Plan IHCP and take account of safeguarding issues for both staff and pupils.

Information about the types of training required for administration of medicines and medical interventions commonly found in schools is contained in Appendix 3 (Medicines and Medical Interventions).

## **6. OFF-SITE AND EXTENDED SCHOOL ACTIVITIES**

Pupils with medical conditions will be actively supported in accessing all activities on offer including school trips, sporting activities, clubs and residential .

Preparation and forward planning for all off-site and extended school activities will take place in good time to ensure that arrangements can be put in place to support a child with a medical condition to participate fully.

School will consider what reasonable adjustments need to be put in place to enable children with medical conditions to participate safely and fully.

School will carry out a thorough risk assessment to ensure the safety of all pupils and staff. In the case of pupils with medical needs the risk assessment process will involve consultation with child, parents/carers and relevant healthcare professionals to ensure the pupil can participate safely.

In some circumstances evidence from a clinician, such as a hospital consultant, may state that participation in some aspects offered is not possible. Where this happens school will make alternative arrangements for the child.

Arrangements will be in place to ensure that an IHCP can be implemented fully and safely when out of school. Risk assessment will identify how IHCPs will be implemented effectively off-site and where additional supervision or resources are required.

## **7. MANAGING EMERGENCIES AND EMERGENCY PROCEDURES**

The Head teacher will ensure that all staff are aware of the school's general risk management processes and planned emergency procedures.

Where a child has an IHCP this will clearly define what constitutes an emergency and describes what to do. This may include:

- a) an Emergency Medical Protocol that details the actions to be taken by staff and supported by specialist training where relevant e.g. seizure management and administration of rescue medication;
- b) a Personal Emergency Evacuation Plan (PEEP) that details the actions to be taken by staff to support the child's evacuation from the building, supported by specialist training where relevant e.g. use of an Evac chair; the Personal Emergency Evacuation Plan should also detail the actions to be taken by staff to support how staff will manage the child's medical needs during the evacuation e.g. ensuring appropriate medication is taken outside and is available whilst at the assembly point.

School has a procedure for contacting emergencies services (Template G) which is displayed in the appropriate places e.g. office, staff room etc.

## **8. CONFIDENTIALITY AND SHARING OF INFORMATION**

Harper Bell school is aware of the need to manage confidential information sensitively and respectfully, maintaining the dignity of the child and family at all time.

The school will disseminate information to key members of staff involved in the child's care on a needs-to-know basis, as agreed with parents/carers.

Where the child has an Individual Healthcare Plan (IHCP) this will be shared with key staff with regular scheduled re-briefings.

The school will ensure that arrangements are in place to inform new members of staff of the child's medical needs.

The school will ensure that arrangements are in place to transfer information on a child's medical needs to staff during any transition.

## **9. LIABILITY AND INDEMNITY**

The school's insurance policies provide liability cover relating to the administration of medicines.

In the case of medical interventions, individual cover may be arranged for any specific healthcare procedures, including information about appropriate staff training and other defined requirements of the insurance policy.

The school's insurance arrangements can be obtained by the school's business manager.

## **10. COMPLAINTS PROCEDURE**

In the first instance parents/carers dissatisfied with the support provided should discuss their concerns directly with the *Head teacher or the SENCO*.

If, for whatever reason, this does not resolve the issue then a formal complaint can be made in writing to the school's governing body.

*complaints procedures can be accessed on our website*

## **11. UNACCEPTABLE PRACTICE**

Harper Bell considers that the **following constitute unacceptable practice**:

- requiring parent/carers or otherwise making them feel obliged to attend the Academy to administer medicines / medical interventions or provide medical support to their child, including around toileting issues – no parent/carer should have to give up working because the school is failing to support their child's medical needs;
- preventing children from participating or creating unnecessary barriers to children participating in any aspect of school life, including trips, e.g. by requiring parents/carers to accompany the child.
- preventing children from easily accessing and administering their medicines as and where necessary;
- assuming that every child with the same condition requires the same treatment;
- ignoring the views of the child and/or their parents/carers (although this may be challenged);
- ignoring medical evidence or opinion (although this may be challenged);
- sending children with medical conditions home frequently;
- preventing children with medical conditions from staying at school for normal school activities, including lunch, unless this is specified in their IHCP;

- if the child becomes ill, sending them to the school office unaccompanied or with someone unsuitable;
- penalising children for their attendance record if their absences are related to their medical condition e.g. hospital appointments;
- preventing children from eating, drinking or taking toilet / other breaks whenever they need to in order to manage their medical condition effectively.

## **12. POLICY INFORMATION AND REVIEW**

Information about ratification of policy, signatures and review dates can be found on the front cover of this policy document.

### **Templates:**

- A. Parent/Carer Information about a Child's Medical Condition
- B. Parent/Carer Request and Agreement for School to Administer Medicines/Medical Interventions' form
- C. Parent/Carer Request for the Child's Self-Administration of Medication/Medical Intervention
- D. Record of Administration of Medicines/Medical Intervention to an Individual Child
- E. Record of Administration of Medicines Administered to All Children
- F. Record of Staff Training
- G. Procedure for Contacting Emergencies Services

### **Appendices:**

1. Sample Procedure following notification of a pupil's medical needs
2. Individual Healthcare Plan (IHCP) Flow Chart to Guide Schools on the Development of an IHCP for a Child
3. Medicines and Medical Interventions
4. What to do when a child has an Asthma Attack and Asthma Care Plans .
5. Procedure for office to administer medicine.

Template A



**Harper Bell**  
**Parent/Carer Information about a Child's Medical Condition**

Date

--

Child's Full Name

--

Group / Class / Form

--

Date of Birth

--

Child's Address

--

**Family Contact Information**

1. Name

--

Relationship to Child

--

Phone no. (work)

--

Phone no. (home)

--

Phone no. (mobile)

--


2. Name


Relationship to Child

Phone no. (work)

Phone no. (home)

Phone no. (mobile)

Template A

### Healthcare Professional Contact Information

#### GP (General Practitioner)

Name


Medical Practice / Health Centre

Phone no.

#### Hospital / Clinic Consultant / Specialist Nurse

1. Name


Position / Job

Based at

Phone no

2. Name

Position / Job

Based at

Phone no

#### Community Health e.g. paediatrician, physiotherapist, occupational therapist


1. Name

Position / Job

Based at

Phone no


2. Name

Position / Job

Based at

Phone no

Template A

### Child's Medical Information

**Diagnosis / Condition(s)**

--

### Regular Medicine

1. Name

Time administered

Side – effects

Contra-indications


Does the child require this medicine to be administered regularly e.g. every day during the school day?  
Y / N (please circle)


2. Name


Time administered

Side – effects

Contra-indications

Does the child require this medicine to be administered regularly e.g. every day during the school day?  
Y / N (please circle)

**Medicine Administered in a Medical Emergency**

Name


Side - effects

Contra-indications

Does the child require this medicine to be administered in school?  
Y / N (please circle)

Template A

**Regular Medical Intervention e.g. catheterisation, suction/tracheostomy care**

Name of intervention


Time administered

Equipment used

Does the child require a medical intervention to be administered regularly e.g. every day during the school day?  
Y / N (please circle)

**Mobility – movement and walking**

Walking aids used

--

Support needs

--

Physiotherapy needs / programmes

--



**Personal Care**

Dressing needs

--

Eating / drinking needs

--

Bathroom / Toilet needs

--

**Other Information**

--

Template A

**Parent / Carer Declaration and Signature**

I agree that this is, to the best of my knowledge, up to date and accurate information about my child's current medical needs.

I agree to school informing the School Nursing Service about my child's needs, if this service is not already aware.

I agree to **inform school of any changes in medical needs or medication, immediately and in writing.**

Parent/ Carer's Full Name (Please print)

\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

School Use Only	
Date Received	
Action(s)	

School Nursing Service	Service aware Y / N If no, date that School Nursing Service informed
Date Review Due	

Template B



## Parent/Carer Request and Agreement for School to Administer Medicine(s) / Medical Intervention(s)

The school will not give your child medicine or carry out a medical intervention unless you complete this form to make a formal request to the Head Teacher / Head teacher. By signing this form you are also consenting to staff administering medicine or carrying out the medical intervention and sharing relevant information with staff, if the request is granted.

Child's Name

--

Group / Class / Form

--

Date of Birth

--

Medical Condition(s)

--

Date

--

### Medicine

1. Name of Medicine

--

Dosage

--

Method of Administration

--

Timing(s)

--

Side-effects

--

Other information

--

Potential Emergency Situations

--

Self – administration

Y / N (Please circle)

## Template B

Note: if self – administration of medicine required then a separate form ‘Parent/Carer Request for the Child’s Self–administration of Medication/Medical Intervention’ must *also* be completed.

2. Name of Medicine

--

Dosage

--

Method of Administration

--

Timing(s)

--

Side-effects

--

Other information

--

Potential Emergency Situations

--

Self – administration

Y / N (Please circle)

Note: if self – administration of medicine required then a separate form ‘Parent/Carer Request for the Child’s Self–administration of Medication/Medical Intervention’ must *also* be completed.

### **Medical Intervention e.g. catheterisation, tracheostomy care**

Type of Intervention

--

Procedure

--

Timing(s)

--

Other Information

--

Potential Emergency Situations

--

Self – administration

Y / N (Please circle)

Note: if self – administration of medicine required then a separate form ‘Parent/Carer Request for the Child’s Self–administration of Medication/Medical Intervention’ must *also* be completed.

### **Parent/ Carer Contact Details**


Template B

Name

Relationship to Child

Daytime contact no.

Address

**Parents/Carers Declaration and Signature**

The above information is, to the best of my knowledge, accurate at the time of writing.

If agreed by the Head Teacher / Head teacher, I give consent to school staff to administer medicine / medical intervention in accordance with the school policy and following specialist training, where appropriate.

I will **inform the school immediately, in writing**, if there is any **change in dosage** or **frequency of the medication**, if the **medicine is stopped** or if there are any **changes to the procedure** for the delivery of a medical intervention.

Parent/Carer's Full Name (Please print)

\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

<b>School Use Only</b>	
Date Received	
Action(s)	
Date Agreed by Head Teacher / Head teacher	
Date Review Due	

Template C

**Parent/Carer Request for the Child's Self-Administration of  
Medication/Medical Intervention**

**Child's Details**

Child's Name

--

Group / Class / Form

--

Date of Birth

--

**Parent/Carer's Contact Details**

Parent/ Carer Full Name

--

Phone no. (home)

--

Phone no. (work)

--

Phone no. (mobile)

--

**GP**

Name of GP

--

Medical Practice / Health Centre

--

Phone no.

--

Template C



### Parent/Carer Declaration and Signature

I confirm that I have completed the Parent/Carer Request and Agreement for School to Administer Medicine(s) / Medical Intervention(s) (Template B) form.

I request and agree to the following medicine(s) or medical intervention(s) being self-administered in school by my child: (please add the names of the medicines or type of intervention)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

I request and agree to: (please tick from the following)

- my child carrying the stated medicine(s) independently and safely
- school holding the stated medicine(s) safely for my child to collect and administer independently
- school holding the stated medicine(s) safely for my child to collect and administer independently under the supervision of a member of staff
- my child carrying any equipment or resources required for the stated medical intervention independently and safely
- school holding the equipment or resources required for the stated medical intervention safely for my child to collect and administer independently
- school holding the equipment or resources required for the stated medical intervention safely for my child to collect and administer independently under the supervision of a member of staff

I undertake to ensure that the school has adequate supplies of stated medicines(s) or resources required to administer the stated medical intervention(s).

I undertake to ensure that stated medicine(s) or resources: are in the original container as dispensed by the pharmacy; have the pharmacy label stating the child's name, dosage and timing of administration; have not passed the expiry date; have details of storage instructions, if appropriate.

Template C

I undertake to inform the school **in writing** if there are any **changes to medicine(s) or medical intervention(s)** e.g. change of dose, change of timings or frequency or if administration is stopped.

**Parent/ Carer's Full Name (Please print)**

\_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

School Use Only	
Date Received	
Action(s)	
Date Review Due	









## Record of Staff Training

Name of Staff Member

Type of Training Received

Date Training Completed

Training Provider

Name of Trainer

Profession and Title


### Trainer Declaration

I confirm that \_\_\_\_\_ (name of member of staff) has received the training detailed above.

I recommend that this updated annually / every two years / other \_\_\_\_\_ (please delete as appropriate).

Trainer's Signature \_\_\_\_\_

Date \_\_\_\_\_

### Member of Staff Declaration

I confirm that I have received the training detailed above.

Staff Signature \_\_\_\_\_

Date \_\_\_\_\_

School Use Only	
Date Review Due	



## **Procedure for Contacting Emergencies Services**

### **Requesting an Ambulance**

**Dial 999.**

**Speak clearly and slowly.**

**Be ready to repeat information if asked.**

You will be asked for three key pieces of information:

1. your telephone number
2. the location you want the ambulance to be sent to
3. the reason for the call

1. School's telephone number is **0121 693 7742**
2. School Name **Harper Bell Seventh Day Adventist School**
3. Address **29 Ravenhurst Street, Birmingham B12 OEJ**

Best entrance to the school site **MAIN GATES ON Ravenhurst Street**

Exact location of the patient within the school

**STATE THAT THE AMBULANCE WILL BE MET BY A MEMBER OF STAFF WHO WILL TAKE THE CREW TO THE PATIENT**

4. Name of Child

Age of Child

Description of Child's Symptoms

Inform if underlying Medical Condition

Inform if any emergency rescue medication has been administered e.g.  
*midazolam - epilepsy, epipen - allergies, glucose – diabetes*

## Template G

Inform if any emergency procedures have been carried out *e.g. suction/trache tube replacement – tracheostomy, button replacement – gastro feed*

### **On Arrival of the Ambulance**

- Member of staff to meet crew and escort crew to the patient
- Member of staff to pass over empty packaging of any rescue medication administered, if appropriate
- In the case of a child with complex needs, member of staff to pass over the child's IHCP or summary letter stating child's medical condition and medication
- Member of staff to travel in the ambulance with the patient

Appendix 1

Notification

- School receives notification of child's medical condition and needs from parent/carer, LA, healthcare professional or other school.
- Parents asked to complete **'Parent/Carer Information about a Child's Medical Condition' form (Template A)**.
- School notifies School Nursing Service if the child has not yet been brought to their attention.

Initial Meeting

- School Lead and parents/carers meet to discuss **'Parent/Carer Information about a Child's Medical Condition' form (Template A)**.

Formal Request

- Parent/carer completes **'Parent/Carer Request and Agreement for School to Administer Medicines / Medical Interventions' form (Template B)**, if required
- Parent/carer completes **'Parent/Carer Request for the Child's Self-administration of Medication/Medical Intervention' form (Template C)**, if required.

Multi-agency Meeting

- School co-ordinates a multi-agency meeting to include parents/carers, relevant healthcare professionals and any other professionals or agencies involved to identify pupil support needs and staff training needs.

Staffing

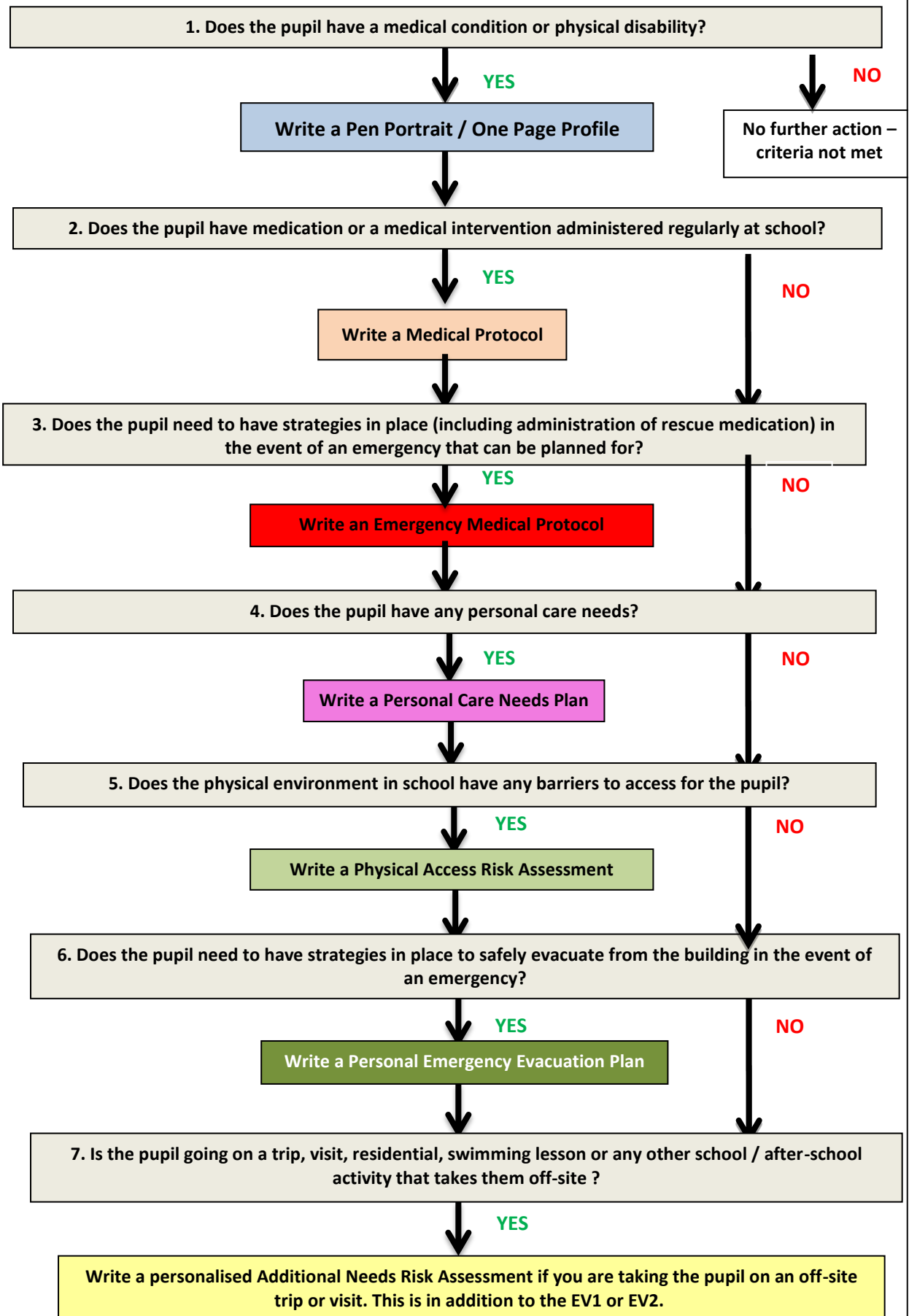
- School consults with staff to plan for the administration of any medication or medical intervention.
- Appropriate training is provided for staff and recorded on **'Record of Staff Training' form (Template E)**.

IHCP

- School develops an **Individual Healthcare Plan (IHCP)**, if appropriate, with parents/carers, pupil, healthcare and other relevant professionals.
- IHCP agreed by parents/carers and the school.

## Individual Healthcare Planning (IHCP) Flow Chart

Flow Chart courtesy of Lancasterian Outreach and Inclusion Service (LOIS)



## Medicines and Medical Interventions

Some of the medicines and medical interventions commonly managed within special and mainstream schools are detailed below.

### Medicines

Medical Needs	Medicine	Training Requirements
Adrenal Insufficiency	Hydrocortisone	
Diabetes Type 1	Insulin	Training by specialist nursing team required
Eczema	Topical corticosteroids Emollients (moisturising creams)	
Epilepsy (rescue medication in the event of a seizure)	Midazolam hydrochloride (Buccolam) Midazolam maleate (Epistatus)	Training by specialist nursing team required
Muscle spasm (Cerebral Palsy)	Baclofen	
Severe allergy / anaphylaxis	Adrenaline (EpiPen)	Training by specialist nursing team required

### Medical Interventions

Situation	Medical Intervention	Training Requirements
Blood-Glucose (Sugar) Level Monitoring	<ul style="list-style-type: none"> <li>Testing procedure includes taking a small blood sample</li> </ul>	Training by specialist nursing team required
Catheterisation	<ul style="list-style-type: none"> <li>Clean Intermittent Catheterisation (CIC)</li> <li>Self – Catheterisation (CIC)</li> <li>Management of In-Dwelling Catheter</li> </ul>	Training by specialist nursing team required
Diabetes and Insulin management	<ul style="list-style-type: none"> <li>Injection of insulin (insulin pen)</li> <li>Dose management</li> </ul>	Training by specialist nursing team required
Gastrostomy / Nasogastric feeding (tube feeding into the stomach)	<ul style="list-style-type: none"> <li>Bolus (Gravity) feeding procedure</li> <li>Pump feeding procedure</li> <li>Management of stoma site</li> </ul>	Training by specialist nursing team required
Hickman (Central) Line	<ul style="list-style-type: none"> <li>Awareness raising, management and monitoring</li> </ul>	Training by specialist nursing team required
Oxygen Therapy	<ul style="list-style-type: none"> <li>Management of oxygen via cylinders</li> </ul>	Training required by suppliers and specialist nursing team
Tracheostomy	<ul style="list-style-type: none"> <li>Trache and equipment care and management</li> <li>Suction</li> <li>Changing / replacing trache tube</li> </ul>	Training by specialist nursing team required



## What to do in an asthma attack

It is essential for people who work with children and young people with asthma to know how to recognise the signs of an asthma attack and what to do if they have an attack. Where possible a spacer is the best form of delivery.

### Step 1 What to do:

- Encourage the child or young person to sit and slightly bend forward – do not lie them down.
- Make sure the child or young person takes 2 puffs of reliever inhaler (blue) (1 puff per minute) immediately – preferably through a spacer
- Ensure tight clothing is loosened
- Reassure the child
- If symptoms do not improve in 5 – 10 minutes go to step 2

### Step 2 If there is no immediate improvement in symptoms:

- Continue to make sure the child or young person takes one puff of reliever inhaler (blue) every minute for four minutes (4 puffs). Children under the age of 2 years 2 puffs. If symptoms do not improve in 5 – 10 minutes go to step 3.
- Continue to reassure the child

### Step 3 Call 999:

- Continue to make sure the child or young person takes one puff every minute of reliever inhaler (blue) until the ambulance arrives.
- Call parents/carer
- Keep child or the young person as calm as possible.

**If the child/young person has any symptoms of being too breathless or exhausted to talk, lips are blue, being unusually quiet or reliever inhaler not helping you may need to go straight to step 3. If you are ever in doubt at any step call 999.**

**Common signs/symptoms of an asthma attack are:**

- Coughing
- Shortness of breath
- Tightness in the chest
- Sometimes younger children express the feeling of a tight chest as a tummy ache
- Being unusually quiet
- Difficulty speaking in full sentences

**After a mild to moderate asthma attack**

- Mild to moderate attacks should not interrupt the involvement of a pupil with asthma in school.
- When the pupil feels better they can return to school activities

- The parents/carers must always be told if their child has had an asthma attack.

### **Important things to remember in asthma attack**

- Never leave a pupil having asthma attack.
- If the pupil does not have their inhaler and / or spacer with them send another
- Teacher or pupil to their classroom or assigned room to get their spare inhaler and /or spacer.
- In an emergency situation school staff is required under common law, duty of care, to act like any reasonably prudent parent.
- Reliever medicine is very safe. During an asthma attack do not worry about a pupil overdosing.
- Contact the pupil's parents or carers at step 1 if a pupil does not have their reliever inhaler at school.
- Send another pupil to get another teacher / adult if an ambulance needs to be called.
- Contact the pupil's parents or carers immediately after calling the ambulance /doctor.
- A member of staff should always accompany a pupil taken to hospital by ambulance and stay with them until their parent or carer arrives.
- Generally staff should not take pupils to hospital in their own car.

Recommendations on the management of acute asthma in children in primary care and asthma in the school setting are taken from the British Guideline on the Management of Asthma (BTS & SIGN 2010) and Asthma UK.



## Asthma Health Care Plan

Date Completed \_\_\_\_\_

Child's name:  
 DOB:  
 Address:  
 Class:  
 Parent/Guardian (1<sup>st</sup> contact)  
 Telephone

Home:
Work:
Mobile:
Parent/Guardian (2 <sup>nd</sup> contact)
Telephone
Home:
Work:
Mobile:
Does your child tell you when he needs their inhaler? Yes/No/Not always
Does your child need help taking their inhaler? Yes/No

Does your child need to take their inhaler before physical activity? Yes/No			
If only required during a common cold please circle: With colds only			
Medication	Strength	Dose	When to be taken
<b>My Child's asthma triggers:</b> <i>(please tick the appropriate boxes of your child's triggers)</i>			<b>Before activity:</b> May need before, Young child/stranger Staff to observe. Aim to get through activity without symptoms if possible.

Cold air		Colds/Viral infections		Pollen		Stress/anxiety	
Changes in weather		Exercise		Dust		Emotion/Excitement	
Damp/mould		Night		Pets		Cigarette Smoke	

**Other: Observe for any unknown triggers**

### Relief treatment when needed

For cough, wheeze breathlessness or sudden chest tightness, give or allow the child to take the inhaler below. After 5-10 minutes the child should feel better & be able to return to normal activities.

Medication	Strength	Dose	When to be taken
			4 hourly as and when required
<b>Expiry Date</b> <b>Sign by parent/Guardian</b>			

### In an Emergency

An emergency is when any of the following happen:

- 1) The reliever inhaler doesn't help.
- 2) Symptoms of cough, wheeze, breathlessness or tight chest get worse.
- 3) The child is too breathless or exhausted to speak or is usually quiet.
- 4) The child lips are blue.

### What to do

Continue to give the child 1 puff of reliever inhaler (blue) every minute for 4 minutes (4 puffs). Children under 2 years 2 puffs

After 5-10 minutes the child should feel better & be able to return to normal activities.

### If the reliever inhaler has no effect after 5-10 minutes, call 999 for an ambulance

Continue to give the reliever inhaler 1 puff every minute until the ambulance arrives.  
Inform the child's parents.

Parent / Guardian

Name \_\_\_\_\_ signature \_\_\_\_\_ Date \_\_\_\_\_:

Health Professional: GP/Consultant/Practice Nurse/Asthma Nurse/Other:

Name \_\_\_\_\_ signature \_\_\_\_\_ Date \_\_\_\_\_

Review Date: \_\_\_\_\_



## Asthma Health Care Plan - Part 2

It is recognised that reliever inhalers are prescribed for use by an individual child only and as such they should not be used by anyone else. However, if your child is having a severe asthma attack and his/her reliever inhaler is not readily accessible then there may be circumstances where it is appropriate to use another child's inhaler to relieve the symptoms. This would only occur in exceptional circumstances and your child would be expected to use his/her own inhaler at all other times.

If your child is having a severe asthma attack, and his/her reliever inhalers are not immediately or readily available do you agree your child may use another child's reliever inhaler? **Yes/No**

Would you give permission for your child's inhaler to be used by another child who is having a severe asthma attack? **Yes/No**

Is your child known to be allergic to or unable to use any known alternative reliever inhalers? **Yes/No**

(If you are unsure how to answer this question please discuss it with your GP.)

**If yes please provide full details:**

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**This would only happen in an emergency situation**

Parent / Guardian

Name \_\_\_\_\_ signature \_\_\_\_\_ Date \_\_\_\_\_ :

**Note**

Inhalers must be in the original container as dispensed by the pharmacy.

<b>Record of Medication</b>					
Date					
Time Given					
Dose					
Any Reactions					
Name of Staff Member					
Staff Signature					

<b>Record of Medication</b>					
Date					
Time Given					
Dose					
Any Reactions					
Name of Staff Member					
Staff Signature					



## **Appendix 5**

### **Procedure for the office when Medicine needs to be administered.**

- 1 - Parents request school to give medication to their child:
- 2 - Office staff check if medication is on its original packaging, with the pharmacy label, stating the child's name, child's date of birth, name of medication, frequency/time medication administer, dosage arrangements. (Any changes in dosages or frequency of medication needs to be authorised by the Doctor and we need to have this in writing.)
- 3 - If medication not prescribed by the doctor, we don't accept it and explain the reason for not accepting. Parents will need to go back to the doctor.
- 4 - If medication is prescribed then we give the medication permission record form to be completed and signed by the parent giving consent to administer medicines;
- 5 - Office staff to check medication label against information provided by parent
- 6 - Medication is kept in the fridge and form is kept on a clip board;
- 7 - Office staff to write down on the office white board, name of the child, class and time for medication as a reminder
- 8 - When time to give medication, Office staff to check that the right medication is given to the right child, in the right class.
- 10 - Ask the child to repeat his/her name back to you.
- 11 - Administer the medication
- 12 - Record the details on the back of the form- Template D

Mrs Dawati - office manager will inform office of any changes and will go through this policy with new members of the office team.

