




MAYFIELD SCHOOL

SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY AND PROCEDURES

Approved by¹	
Name:	David Batten
Position:	Chair of Governors
Signed:	
Date:	March 2021
Review date²:	Spring Term 2022

¹ The Governing Body are free to delegate approval of this document to a Committee of the Governing Body, an individual Governor or the Head teacher

² Governing Bodies, Proprietors and Management Committees free to determine

REVIEW SHEET

The information in the table below details earlier versions of this document with a brief description of each review and how to distinguish amendments made since the previous version date (if any).

Version Number	Version Description	Date of Revision
1	Original	August 2014
2	Amended to take into account new legislation which will allow schools to hold emergency Salbutamol inhalers for pupils diagnosed with asthma	September 2014
3	Very minor tweaks to include topical medicines where oral is mentioned and clarify the acceptance procedure for non-prescription medicines.	June 2015
4	New introductory section 'How to use this document' with formatting tips, reference to SEND Jan 2015 (updated from Jul 2014). Section 4.6 important clarification on when non-prescription medicines might be administered. Appendix A - clarification when/how decisions not to instigate IHCPs are made and that it is not just parents and healthcare professionals that can trigger an IHCP review.	November 2015
5	Updated reference DfE document ' <i>Supporting Pupils at School with Medical Conditions, Dec 15</i> ' resulting in only 1 change in Section 3.1 a new bullet point about LAs, CCGs and service providers (3 rd one down). Revised Appendix B: IHCP with space for other people involved in the development to sign if they want to or there is a need. New Appendix C2: a landscape version of parental consent to administer with space for a medical practitioner to sign if there is a need.	March 2016
6	Links to DfE document ' <i>Supporting Pupils at School with Medical Conditions, Dec 15</i> ' updated.	September 2016
7	Updated to include specific information in relation to Food Allergies and to remove some references to the school nursing service.	May 2017
8	Revised to include the use of adrenaline auto-injectors (AAIs). For ease of use and visual comfort, updated text is highlighted in green. Significant text in Section 4.10 has been updated and Section 4.11 is new. Appendices updated: B, C1, & C2. New Appendix E3.	November 2018
9	Revised to take into account the forthcoming changes to Cumbria Safeguarding Children Partnership (CSCP), which replaces Cumbria Local Safeguarding Children Board (LSCB) from 29 September 2019. Updated links to ' <i>Guidance on the use of emergency Salbutamol inhalers in schools</i> ' March 2015.	September 2019
10	Updated to take account of LA statutory guidance 'Ensuring a good education for children who cannot attend school because of health needs'. The addition of the updates will assist in meeting the requirements for schools to have a statutory Policy (incorporated within this Policy) for Children with health needs who cannot attend school.	March 2021

Contents

1	Definitions.....	1
2	Statement of Intent	1
3	Organisation.....	2
3.1	Local Authority.....	2
3.2	The Governing Body	2
3.3	The Head Teacher	3
3.4	School Staff	4
3.5	School Nurses and Other Healthcare Professionals	4
3.6	Pupils.....	4
3.7	Parents.....	4
4	Arrangements/procedures	5
4.1	Procedure for the Notification that a Pupil has a Medical Condition	5
4.2	School Attendance and Re-integration.....	5
4.3	Individual Healthcare Plans (IHCP)	5
4.4	Pupils Managing their own Medical Conditions	7
4.5	Training	7
4.6	Managing Medicines.....	8
4.6.1	Controlled Drugs	9
4.7	Record Keeping.....	10
4.8	Emergency Procedures	10
4.9	Emergency Salbutamol Inhalers	10
4.9.1	Supplies of Salbutamol	11
4.9.2	The Emergency Asthma Kit	11
4.9.3	Storage and Care of Inhalers.....	12
4.9.4	Disposal	12
4.9.5	Staff Use and Training	12
4.10	Allergens	13
4.10.1	School Meal and Wrap Around Care Providers	13
4.10.2	Other Food Handlers.....	13
4.10.3	Emergency Situations	14
4.11	Emergency Adrenaline.....	14
4.11.1	Steps to Reduce Anaphylaxis Risks	14
4.12	Day Trips, Residential Visits and Sporting Activities.....	15
4.13	Other Arrangements.....	15
4.13.1	Home to School Transport	15

4.13.2 Defibrillators	15
4.14 Unacceptable Practice	16
4.15 Insurance	16
4.16 Complaints	16

Appendix A:	Consent for School Staff to Administer Verified Medication
Appendix B:	Administration of Buccal Midazolam
Appendix C:	Request for Young Person to Carry and/or Administer their own Medication
Appendix D:	Medication in Fridges and Medication Cupboards
Appendix E:	Daily Administration of Medication
Appendix F:	Midazolam Administration
Appendix G:	Transport of Medication
Appendix H:	Returning Medication
Appendix I:	Process for Developing an Individual Healthcare Plan/Medical Key Card
Appendix J:	Template Letter Inviting Parents to Contribute to the Development of their Childs Individual Healthcare Plan
Appendix K:	Template Notification to Parents of Emergency Salbutamol Inhaler Use

This page is intentionally blank for printing purposes

1 Definitions

For the purposes of this document a child, young person, pupil or student is referred to as a 'child' or a 'pupil' and they are normally upto 19 years of age.

Wherever the term 'parent' is used this includes any person with parental authority over the child concerned e.g. carers, legal guardians etc.

Wherever the term 'Head teacher' is used this also refers to any Manager with the equivalent responsibility for children.

Wherever the term 'school' is used this also refers to academies and Pupil Referral Units (PRU) and references to Governing Bodies include Proprietors in academies and the Management Committees of PRUs and will usually include wrap around care provided by a setting such as After School Clubs and Breakfast Clubs.

2 Statement of Intent

This Policy is based on the statutory Department for Education (DfE) guidance document ['Supporting pupils at school with medical conditions: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England'](#) (April 2014; Revised December 2015) to coincide with the application of section 100 of the Children and Families Act 2014 which came into force on 1 September 2014. Section 100 places a statutory duty on governing bodies to make arrangements to support pupils at school with medical conditions. It will be reviewed regularly and made readily accessible to parents, staff and, where appropriate, other adults working or volunteering in school.

The governors of Mayfield School (hereinafter referred to as 'the school') believe that all children with medical conditions, in terms of both physical and mental health, should be properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential including access to school trips and physical education (PE).

We understand that the parents of children with medical conditions are often concerned that their child's health will deteriorate when they attend school because they may not receive the on-going support, medicines, monitoring, care or emergency interventions that they need while at school to help them manage their condition and keep them well. This school is committed to ensuring parents feel confident that effective support for their child's medical condition will be provided and that their child will feel safe at school by putting in place suitable arrangements and procedures to manage their needs. We also understand that children's health needs may change over time, in ways that cannot always be predicted, sometimes resulting in extended absences and our arrangements take this into account. We undertake to receive and fully consider advice from involved healthcare professionals and listen to and value the views of parents and pupils. Given that many medical conditions that require support at school affect a child's quality of life and may even be life-threatening, our focus will be on the needs of each individual child and how their medical condition impacts on their school life, be it on a long or short-term basis.

In addition to the educational impacts, we realise that there are social and emotional implications associated with medical conditions. Children may be self-conscious about their condition and some may be bullied or develop emotional disorders such as anxiety or depression around their medical condition. In particular, long-term absences due to health problems affect children's educational attainment, impact on their ability to integrate with their peers and affect their general wellbeing and emotional health.

Local Authorities have a duty to arrange suitable full-time education (or part-time when appropriate for the child's needs) for children who are unable to attend a mainstream or special school because of their health. This duty applies to all children and young people who would normally attend mainstream schools, including Academies, Free Schools, independent schools and special schools, or where a child is not on the roll of a school. It applies equally whether a child

cannot attend school at all or can only attend intermittently. Further guidance on the Local Authority duty can be found in DfE statutory guidance '[Ensuring a good education for children who cannot attend school because of health needs](#)' (January 2013).

We fully understand that reintegration back into school needs to be properly supported so that children with medical conditions fully engage with learning and do not fall behind when they are unable to attend. Short-term and frequent absences, including those for appointments connected with a pupil's medical condition, (which can often be lengthy) also need to be effectively managed and the support we have in place is aimed at limiting the impact on a child's educational attainment and emotional and general wellbeing.

This school also appreciates that some children with medical conditions may be disabled and their needs must be met under the Equality Act 2010. Some children may also have special educational needs or disabilities (SEND) and may have an Education, Health and Care (EHC) plan (previously known as a Statement of Special Educational Needs) which brings together health and social care needs, as well as their special educational provision. For children with special educational needs or disabilities (SEND), this Policy should be read in conjunction with our SEND Policy and the DfE statutory guidance document '[Special Educational Needs and Disability: Code of Practice 0-25 Years](#)', January 2015.

3 Organisation

3.1 Local Authority

This school understands that our Local authority **must** arrange suitable full-time education (or as much education as the child's health condition allows) for children of compulsory school age who, because of illness, would otherwise not receive suitable education.

Local authorities should:

- provide such education as soon as it is clear that the child will be away from school for 15 days or more, whether consecutive or cumulative. They should liaise with appropriate medical professionals to ensure minimal delay in arranging appropriate provision for the child;
- ensure that the education children receive is of good quality, as defined in [statutory guidance](#), allows them to take appropriate qualifications, prevents them from slipping behind their peers in school and allows them to reintegrate successfully back into school as soon as possible;
- address the needs of individual children in arranging provision. 'Hard and fast' rules are inappropriate: they may limit the offer of education to children with a given condition and prevent their access to the right level of educational support which they are well enough to receive. Strict rules that limit the offer of education a child receives may also breach statutory requirements.

3.2 The Governing Body

The Governing body is legally responsible and accountable for fulfilling the statutory duty to make arrangements to support pupils with medical conditions in school, including the development and implementation of this Policy.

Supporting a child with a medical condition and ensuring their needs are met effectively, however, is not the sole responsibility of one person - it is the responsibility of the Governing body as a whole to ensure that:

- no child with a medical condition is denied admission or prevented from taking up a place at this school because arrangements to manage their medical condition have not been made while at the same time, in line with safeguarding duties, ensure that **no** pupil's health is put at unnecessary risk, for example, from infectious diseases;

- there is effective cooperative working with others including healthcare professionals, social care professionals (as appropriate), local authorities, parents and pupils as outlined in this Policy;
- there is clear understanding at this setting's strategic level and, where relevant, across all partnership workers that:
 - Local Authorities (LA) and Clinical Commissioning Groups (CCG) must make joint commissioning arrangements for education, health and care provision for children and young people with SEN or disabilities (S26: Children and Families Act 2014);
 - LAs are responsible for commissioning public health services for statutory school-aged children including school nursing, but this does not include clinical support for children in schools who have long-term conditions and disabilities, which remains a CCG commissioning responsibility. When children need care which falls outside the remit of school nurses, e.g. postural support or gastrostomy and tracheostomy care, CCG commissioned arrangements must be adequate to provide the ongoing support essential to the safety of these vulnerable children whilst in school; and
 - providers of health services should co-operate with school including appropriate communication, liaison with healthcare professionals such as specialists and children's community nurses, as well as participating in locally developed outreach and training.
 - Ofsted will consider how well a setting meets the needs of the pupils with medical conditions, making key judgements informed by the progress and achievement of these children alongside those of pupils with special educational needs and disabilities, and also by pupils' spiritual, moral, social and cultural development.
- sufficient staff have received suitable training and are competent before they take on duties to support children with medical conditions;
- staff who provide such support can access information and other teaching support materials as needed.
- funding arrangements support proper implementation of this Policy e.g. for staff training, resources etc.

3.3 The Head Teacher

The Head teacher of this school Mrs Sam Kidd has a responsibility to ensure that this Policy is developed and implemented effectively with partners.

To achieve this, the Head teacher will have overall responsibility for the development of IHCPs and will make certain that school arrangements include ensuring that:

- there is a named person (usually the SENDCo) who can be contacted by, and will liaise with the LA and parents in relation to children with health needs – Ms Shelley Crowe;
- all staff are aware of this Policy and understand their role in its implementation;
- all staff and other adults who need to know are aware of a child's condition including supply staff, peripatetic teachers, coaches etc.;
- every effort is made to ensure that the provision offered to the child is as effective as possible and that the child can be reintegrated back into school successfully;
- where a child needs one, an IHCP is developed with the proper consultation of all people involved, implemented and appropriately monitored and reviewed;
- sufficient trained numbers of staff are available to implement the Policy and deliver against all IHCPs, including in contingency and emergency situations;

- staff are appropriately insured and are aware that they are insured to support pupils in this way;
- appropriate health professionals i.e. the school nursing service are made aware of any child who has a medical condition that may require support at school that has not already been brought to their attention;
- children at risk of reaching the threshold for missing education due to health needs are identified and effective collaborative working with partners such as the Local Authority (LA), alternative education providers e.g. hospital tuition, parents etc., aims to ensure a good education for them;
- risk assessments take account of the need to support pupils with medical conditions as appropriate e.g. educational visits, activities outside the normal timetable etc.

3.4 School Staff

Any member of staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although teaching staff cannot be required to do so. While administering medicines is not part of teachers' professional duties, they should still consider the needs of pupils with medical conditions that they teach. Arrangements made in line with this Policy should ensure that we attain our commitment to staff receiving sufficient and suitable training and achieving the necessary level of competency before they take on duties to support children with medical conditions.

Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

Our School Nurse has specific responsibility for the development of IHCPs which are explained in [Section 4.3](#).

3.5 School Nurses and Other Healthcare Professionals

This school has access to a school nursing service which is responsible for notifying the school when a child has been identified as having a medical condition which will require support. Wherever possible, they should do this before the child starts at school and our arrangements for liaison support this process.

While the school nurse will not have an extensive role in ensuring that this school is taking appropriate steps to support pupils with medical conditions, they are available to support staff on implementing a child's IHCP and provide advice and liaison, for example on training. The school nurse can also liaise with lead clinicians or a child's General Practitioner (GP) locally on appropriate support for the child and associated staff training needs.

3.6 Pupils

It is recognised that the pupil with the medical condition will often be best placed to provide information about how their condition affects them. This school will seek to involve them fully in discussions about their medical support needs at a level appropriate to their age and maturity and, where necessary, with a view to the development of their long-term capability to manage their own condition well. They should contribute as much as possible to the development of, and comply with, their IHCP.

It is also recognised that the sensitive involvement of other pupils in the school may be required not only to support the pupil with the medical condition, but to break down societal myths and barriers and to develop inclusivity.

3.7 Parents

Parents are key partners in the success of this Policy. They may, in some cases, be the first to notify school that their child has a medical condition and where one is required, will be invited to be involved in the drafting, development and review of their child's IHCP.

Parents should provide school with sufficient and up-to-date information about their child's medical needs. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

4 Arrangements/procedures

4.1 Procedure for the Notification that a Pupil has a Medical Condition

While it is understood that school does not have to wait for a formal diagnosis before providing support to a pupil because in some cases their medical condition may be unclear or there may be a difference of opinion, judgements will still need to be made about the support to provide and they will require basis in the available evidence. This should involve some form of medical evidence and consultation with parents. Where evidence is conflicting, it is for school to present some degree of challenge in the interests of the child concerned, to get the right support put in place.

- recording of the notification, who made it and based on what evidence;
- Recording of the notification will be made on the Consent Pack;
- The class teacher will be informed immediately when a notification occurs and the information will be recorded/updated on the Medical Key Cards via SIMs;
- reference to [Section 4.3](#) where the development of an IHCP is explained;
- transitional procedures for children changing schools will be supported by school Inclusion Lead.

4.2 School Attendance and Re-integration

Every LA must have regard to the DfE statutory guidance, '[Ensuring a good education for children who cannot attend school because of health needs](#)', January 2013 and this school undertakes to liaise with the LA to ensure that everyone is working in the best interests of children who may be affected. Where a pupil would not receive a suitable education at this school because of their health needs, the LA has a duty to make other arrangements, when it becomes clear that a child will be away from school for 15 days or more (whether consecutive or cumulative across the school year).

- The school will ensure the LA is informed when a child becomes at risk of missing education for 15 days in any one school year due to their health needs;
- School will stay in touch with pupils not at school due to health needs, this may involve email messages, phone calls, dojo messages and meetings with external agencies.
- Attendance is constantly monitored, offers are made to maintain links with school e.g. keep in touch sessions, swimming, home tutoring.

4.3 Individual Healthcare Plans (IHCP)

An IHCP is a working document that will help ensure that this school can effectively support a pupil with a medical condition. It will provide clarity about what needs to be done, when and by whom and aims to capture the steps which school should take to help the child manage their condition and overcome any potential barriers to get the most from their education. It will focus on the child's best interests and help ensure that this school can assesses and manage identified risks to their education, health and social well-being and minimises disruption.

An IHCP will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed and are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex. However, not all children will require one. The school, relevant healthcare professional and parent will need to agree, based on evidence, when an IHCP would be inappropriate or disproportionate. If consensus cannot be

reached, the Head teacher is considered best placed to and will take the final view. Our flow chart for identifying and agreeing the support a child needs and developing an IHCP is at Appendix A.

The level of detail within an IHCP will depend on the complexity of the child's condition and the degree of support they need and this is important because different children with the same health condition may require very different support. Where a child has SEND but does not have an Education, Health and Care Plan (EHCP), their special educational needs will be mentioned in their IHCP. Where a child has SEN identified in an EHC Plan, the IHCP will be linked to or become part of that EHC Plan.

In general, an IHCP will cover:

- the medical condition, its triggers, signs, symptoms and treatments;
- the pupil's resulting needs, including medicine (dose, side-effects and storage) and other treatments, time, facilities e.g. need for privacy, equipment, testing, access to food and drink (where this is used to manage their condition), dietary requirements and environmental issues e.g. crowded corridors, travel time between lessons etc. and being added to the register of asthma sufferers who can receive salbutamol where applicable;
- specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions etc.;
- the level of support needed, (some children will be able to take responsibility for their own health needs and this is encouraged), including in emergencies. If a child is self-managing their medicine, this should be clearly stated with appropriate arrangements for monitoring;
- who will provide this support, their training needs, expectations of their role and confirmation of their proficiency to provide support for the child's medical condition from a relevant healthcare professional (where necessary); and cover arrangements for when they are unavailable;
- who in the school needs to be aware of the child's condition and the support required;
- arrangements for written permission from parents and the Head teacher for medicines to be administered by a member of staff, or self-administered by the pupil during school hours, including emergency salbutamol in the case of a child suffering an asthma attack without their own inhaler being in working condition;
- any separate arrangements or procedures required for school trips or other activities outside of the normal school timetable that will ensure the child can participate, e.g. risk assessments;
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and
- what to do in an emergency, including who to contact, and contingency arrangements. If a child has an emergency health care plan prepared by their lead Clinician, it will be used to inform development of their IHCP.

IHCPs, (and their review), may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with this school.

An IHCP will be reviewed at least annually and earlier if there is any evidence that a child's needs have changed. This review should also trigger a re-check of any registers held e.g. asthma sufferers with permission to receive emergency salbutamol and may require a re-check of school insurance arrangements especially where a new medical procedure is required.

4.4 Pupils Managing their own Medical Conditions

After discussion with parents, children who are competent will be encouraged to take responsibility for managing their own medicines and procedures and this will be reflected in their IHCP.

To facilitate this, wherever possible, children will be allowed to carry their own medicines and relevant devices or will be able to access them for self-medication quickly and easily. Children who can take their medicines or manage procedures themselves may require an appropriate level of supervision and this will be reflected in the IHCP too. If it is not appropriate for a child to self-manage, then relevant staff will help to administer medicines and manage procedures for them.

If a child refuses to take medicine or carry out a necessary procedure, staff will not force them to do so, but will follow the procedure agreed in the IHCP as well as inform parents. This is an occurrence that may trigger a review of the IHCP.

4.5 Training

The Head teacher has overall responsibility for ensuring that there are sufficient trained numbers of staff available in school and off-site accompanying educational visits or sporting activities to implement the Policy and deliver against all IHCPs, including in contingency and emergency situations. This includes ensuring that there is adequate cover for both planned and unplanned staff absences and there are adequate briefings in place for occasional, peripatetic or supply staff. Stephen Chambers and Carolyn Westnedge has the day to day responsibility of this.

Any member of school staff providing support to a pupil with medical needs will receive sufficient training to ensure that they are competent and have confidence in their ability to fulfil the requirements set out in IHCPs. They will need an understanding of the specific medical condition(s) they are being asked to deal with; any implications and preventative measures and staff training needs will be identified during the development or review of IHCPs. It is recognised that some staff may already have some knowledge of the specific support needed by a child with a medical condition and so extensive training may not always be required, but staff who provide support will be included in meetings where training is discussed. The family of a child will often be key in providing relevant information about how their child's needs can be met, and parents will be asked for their views - they should provide specific advice but will not be the sole trainer.

A relevant healthcare professional will normally lead on identifying and agreeing with school the type and level of training required, and how training can be obtained usually through the development of IHCPs. Healthcare professionals and school nurse can also provide confirmation of the proficiency of staff in a medical procedure, or in providing medicine and school will keep records of training and proficiency checks.

Staff must not give prescription medicines or undertake health care procedures without appropriate training, which school undertakes to update to reflect any IHCPs. A first-aid certificate does not constitute appropriate training in supporting children with medical conditions, but some training could be very simple and delivered by an appropriate person in school or school nurse – for example basic training covering school procedures for administering a non-emergency prescribed oral medicine.

There are 3 distinct levels of training required:

1. Whole school awareness so that all staff are aware of the school's Policy for supporting pupils with medical conditions and their role in implementing that Policy. Induction arrangements for new staff are included. This is usually delivered in-house. The school has pupils on roll with specific medical conditions such as asthma, diabetes, anaphylaxis or epilepsy, this training includes some basic information about the conditions staff may have to recognise and deal with, such as 'How to Recognise an Asthma Attack' and 'What to do in the Event of an Asthma Attack' from Department of Health 'Guidance on the use of emergency salbutamol inhalers in school', March 2015.

2. General competence to administer non-complex oral or topical medicines. This is usually be delivered in-house, our school nurse provides advice on what to cover.
3. Specific competence to manage a specified condition and/or administer complex medicines and/or carry out medical procedures – usually delivered by an appropriate healthcare professional.

Supporting Pupils with Medical Conditions Policy and Procedures

- Regular Health and Safety briefing's informing staff on new requirements.
- Key Card system records individual pupil's medication needs and responses (medical key card information is stored centrally and securely in SIMS on the server).
- Individual Health Care Plans form part of the EHCP.

Regular briefings ensure:

- An awareness of safeguarding issues around Fabricated or Induced Illness (FII).
- Hygiene requirements e.g. washing hands before handling medicines, using clean measuring device for oral medicine liquids, ensuring containers are clean before they are stored again etc.;
- Pre-administration checks e.g. having the correct record sheet and checking the medicine has not already been administered, child's identity, child's medicine (including that the dosage, frequency etc. on ICHP/Medical Key Card matches the prescription label), expiry date of medicine, that storage instructions have been adhered to (i.e. if it should be refrigerated that it was in the fridge) etc.;
- Procedures for administration e.g. whether the child self administers, the minimum assistance or supervision required (or as described in the ICHP/Medical Key Card), what should be done with used administration devices (spoons, oral syringes, self administered sharps etc), what to do if a child refuses a medicine etc.;
- Recording procedures.

Appropriate advice is taken from a relevant healthcare professional when the development of an ICHP determines a need and update your Policy as required.

4.6 Managing Medicines

This school is committed to the proper management of medicines and there are clear procedures that must be followed.

- Medicines are only to be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- No child under 19 is to be given prescription or non-prescription medicines without their parent's written consent - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort will be made to encourage the child concerned to involve their parents while respecting the child's right to confidentiality.
- A child under 19 is never to be given medicine containing aspirin unless prescribed by a doctor. Medicine, e.g. for pain relief, is never to be administered without first checking maximum dosages and when the previous dose was taken. Every effort will be made to contact parents prior to administration, where necessary, to check this and to inform them that pain relief has been given.
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.

- Only prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and which include instructions for administration, dosage and storage are to be accepted. The exception to this is insulin which must still be in date but will generally be made available to school inside an insulin pen or a pump, rather than in its original container. This may also be the case for certain emergency administration medicines such as a reliever inhaler for the treatment of an asthma attack or adrenalin for the treatment of anaphylaxis. This is to be made clear within a child's IHCP as appropriate.
- It is best practice for the parent to bring medicines into school and personally deliver them to a named member of staff and Appendix C – Parental Consent to Administer Medicine, contains a parental declaration to that effect.
- School will accept medication from Home to School transport in blue sealed bags or red sealed bags arriving from social care.
- All medicines are to be stored safely, in their original containers and in accordance with their storage instructions. Medication requiring refrigeration will be kept in lockable fridges, access to refrigerators holding medicines are restricted. Children should always know where their medicines are kept and be able to access them immediately they might need them. Where relevant, they should also know who holds the key to any locked storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens are to always be readily available to children. Off-site this will be especially considered as part of the risk assessment process for educational visits.
- When no longer required, medicines will be returned to the parent for them to arrange safe disposal (Appendix H – Returning Medication). Sharps boxes will always be used for the disposal of needles and other sharps.

4.6.1 Controlled Drugs

The supply, possession and administration of some medicines e.g. methylphenidate (Ritalin) are strictly controlled by the Misuse of Drugs Act 1971 and its associated regulations and are referred to as 'controlled drugs'. Therefore, it is imperative that controlled drugs are strictly managed between school and parents.

Ideally, controlled drugs should be sent into school by parents and the medicine details and quantity handed over be carefully recorded on the child's own Record of Medicine Administered to an Individual Child sheet (Appendix D). This sheet must be signed by two receiving members of staff. In some circumstances, the drugs may be delivered to school by a third party e.g. transport escort. In this case, the medicine should be received in a security sealed packaging, clearly marked with the pharmacist label stating the child's name and dosage instructions.

We recognise that a child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so but passing it to another child for use is an offence. Monitoring arrangements may be necessary and will be agreed on in the IHCP, otherwise school will keep controlled drugs prescribed for a pupil securely stored in a non-portable container to which only named staff will have access. They will still be easily accessible in an emergency and clear records kept of doses administered and the amount of the controlled drug held in school.

School staff may administer a controlled drug to the child for whom it has been prescribed in accordance with the prescriber's instructions and a record will be kept in the same way as for the administration of other medicines. The administration of controlled drugs to be witnessed by a second adult. The name of the member of staff administering the drug will be recorded and they will initial under 'Staff initials (1)'. The second member of staff witnessing the administration of controlled drugs will initial under 'Staff initials (2)'. These initial signatures should be legible enough to identify individuals (Appendix E – Daily Administration of Medication).

4.7 Record Keeping

School will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects the pupil experiences are also to be noted.

Where a pupil has a course of, or on-going medicine(s) they will be signed in (receipt) and recorded (Appendix D: Medication in Fridges Chart/Medication Cupboard).

Where a pupil requires administration or self-administration of a prescribed drug they will have an individual record sheet which allows for the signature of a second witness to the administration. Details of receipts and returns of the prescribed drugs will be accurately recorded on the administration record (Appendix E - Daily Administration of Medication Chart or Appendix F 1-4 for Midazolam, Tranexamic Acid, Lorazepam, Diazepam).

Where a pupil is given a medicine as a one-off e.g. pain relief, it must be authorised by the school nurse or SLT, it will be recorded on a general record sheet along with such medicines administered to other children (Appendix E - Daily Administration of Medication Chart).

To ensure that only eligible and appropriately identified pupils are given the emergency salbutamol inhaler, school will keep a register of such pupils in each emergency asthma kit. Where a pupil is given the emergency salbutamol asthma inhaler as a one-off because their own inhaler is unavailable, it will be recorded on a general record card in the Asthma Emergency Kit (Appendix K: Record Card: All Children: Emergency Salbutamol Inhaler Administration).

The parents of any pupil who requires administration of the emergency salbutamol inhaler will be informed in writing that this has happened and staff should use Appendix K: Template Note Informing Parents of Emergency Salbutamol Inhaler Use).

4.8 Emergency Procedures

The child's IHCP should be the primary reference point for action to take in an emergency. It will clearly state what constitutes an emergency for that child and include immediate and follow-up action.

To ensure the IHCP is effective, adequate briefing of all relevant staff regarding emergency signs, symptoms and procedures is required and will be included in the induction of new staff, re-visited regularly and updated as an IHCP changes. Similarly, appropriate briefings for other pupils are required as far as what to do in general terms i.e. inform a teacher immediately if they think help is needed.

In general, immediately an emergency occurs, the emergency services will be summoned in accordance with normal school emergency procedures.

If a child needs to be taken to hospital, a member of school staff will remain with them until a parent arrives. This may mean that they will need to go to hospital in the ambulance.

4.9 Emergency Salbutamol Inhalers

Asthma is the most common chronic condition in the UK, affecting one in eleven children. There are on average, two children with asthma in every classroom¹ and over 25,000 emergency hospital admissions every year for asthma amongst children.² An Asthma UK survey found that 86% of

¹ Asthma UK, 'Asthma Facts and FAQs', <http://www.asthma.org.uk/asthma-facts-and-statistics>.

² The NHS Atlas of Variation in Healthcare for Children and Young People gives the numbers of emergency admissions of children and young people for asthma in each former PCT / local authority area <http://www.sepho.org.uk/extras/maps/NHSAstlasChildHealth/atlas.html>

children with asthma have at some time been without an inhaler at school having forgotten, lost or broken it, or the inhaler having run out.

From 1 October 2014, the Human Medicines (Amendment) (No.2) Regulations 2014 allows (but does not require) schools to keep a salbutamol inhaler for use in an asthma emergency.

We feel that keeping an inhaler for emergency use will benefit children at this school and have decided to purchase and manage at least 2 so that one will be available for off and on-site use at the same time. It could prevent an unnecessary and traumatic trip to hospital for a child, and potentially save their life. Parents are likely to have greater peace of mind about sending their child to school. Having procedures that set out how and when the inhaler should be used will also protect our staff by ensuring they know what to do in the event of a child having an asthma attack. **This decision does not in any way release a parent from their absolute duty to ensure that their child attends school with a fully functional inhaler containing sufficient medicine for their needs.**

Salbutamol is a relatively safe medicine, particularly if inhaled, but all medicines can have some adverse effects. Those of inhaled salbutamol are well known, tend to be mild and temporary and are not likely to cause serious harm. The child may feel a bit shaky or may tremble, or they may say that they feel their heart is beating faster.

Salbutamol inhalers are intended for use where a child has asthma. The symptoms of other serious conditions/illnesses, including allergic reaction, hyperventilation and choking from an inhaled foreign body can be mistaken for those of asthma, and the use of the emergency inhaler in such cases could lead to a delay in the child getting the treatment they need.

Therefore, the emergency salbutamol inhaler will only be used by children:

- who have been diagnosed with asthma, and prescribed a reliever inhaler; **or**
- who have been prescribed a reliever inhaler; **and**
- for whom written parental consent for use of the emergency inhaler has been given (see Appendix C: Parental Consent to Administer Medicine).

A child may be prescribed an inhaler for their asthma which contains an alternative reliever medicine to salbutamol (such as terbutaline). The salbutamol inhaler should still be used by these children if their own inhaler is not accessible – it will still help to relieve their asthma and could save their life.

4.9.1 Supplies of Salbutamol

This school will buy inhalers and suitable spacer equipment (as advised by a person no less qualified than a pharmacist) from a pharmaceutical supplier in writing confirming the following:

- the name of the school,
- the purpose for which the product is required and
- the total quantity required.

4.9.2 The Emergency Asthma Kit

Each emergency asthma kit will contain the following:

- a salbutamol metered dose inhaler;
- at least two single-use plastic spacers compatible with the inhaler;
- instructions on using the inhaler and spacer/ plastic chamber;
- instructions on cleaning and storing the inhaler;

- manufacturer's information;
- a checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded;
- a note of the arrangements for replacing the inhaler and spacers;
- a list of children permitted to use the emergency inhaler as detailed in their ICHP/Medical Key Card (asthma register);
- a record of administration (i.e. when the inhaler has been used – See Appendix E).

4.9.3 Storage and Care of Inhalers

It is the responsibility of Gavin Bound to maintain the emergency inhaler kit ensuring that:

- on a monthly basis the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available;
- replacement inhalers are obtained when expiry dates approach;
- replacement spacers are available following use;
- the plastic inhaler housing (which holds the canister) has been cleaned, dried and returned to storage following use, or that replacements are available if necessary.

Inhalers and spacers are kept in the Medical Room, Staffroom and Pool Office which are safe and suitably central locations in school, known to all staff, and to which all staff have access at all times, but in which the inhaler is out of the reach and sight of children. They will not be locked away. Inhalers and spacers will be kept separate from any child's own prescribed inhaler which is stored in a nearby location and the emergency inhaler will be clearly labelled to avoid confusion with a child's own inhaler.

Storage will always be in line with manufacturer's guidelines, usually below 30°C and protected from direct sunlight and extremes of temperature.

An inhaler should be primed when first used e.g. spray two puffs. As it can become blocked again when not used over a period of time, regular priming by spraying two puffs will be carried out monthly as part of the working order checks.

To avoid possible risk of cross-infection, the plastic spacer should not be reused and can be given to the child who used it to take home for future personal use. The inhaler itself however can usually be reused, provided it is cleaned after use. The inhaler canister should be removed, and the plastic inhaler housing and cap should be washed in warm running water, and left to dry in air in a clean, safe place. The canister should be returned to the housing when it is dry, the cap replaced, and the inhaler returned to the designated storage place. If there is any risk of contamination with blood i.e. if the inhaler has been used without a spacer, it should not be re-used but disposed of.

4.9.4 Disposal

Disposal arrangements are made according to manufacturers guidelines based on the above information.

4.9.5 Staff Use and Training

The Department of Health publication '*Guidance on the use of emergency salbutamol inhalers in schools*', March 2015 says specifically regarding staffing and training (paraphrased for brevity):

Schools should ensure that a named individual is responsible for overseeing the protocol for use of the emergency inhaler, monitoring its implementation and for maintaining the asthma register.

Staff should have appropriate training and support, relevant to their level of responsibility. It would be reasonable for **all staff** to be:

- trained to recognise the symptoms of an asthma attack, and ideally, how to distinguish them from other conditions with similar symptoms;
- aware of the school policy;
- aware of how to check if a child is on the register;
- aware of how to access the inhaler;
- aware of who the designated members of staff are and how to access their help.

4.10 Allergens

4.10.1 School Meal Providers

Our meals provider assures us that they adhere to all allergen requirements and their staff are suitably trained and made aware of all potential allergens in the foods they provide. They have undertaken to:

- liaise directly with us and take the pupil IHCPs that we share into account when planning menus and allergen management;
- record the ingredients used in each dish to display in the food preparation area, or be readily available to all relevant staff, and keep a copy of the ingredient information on labels of pre-packed foods e.g. sauces, desserts etc.;
- keep ingredients in their original containers, or a copy of the labelling information in a central place, with each product suitably enclosed to prevent cross-contamination in storage;
- ensure allergen information is kept up to date e.g. if foods purchased are changed or products substituted.

Their recipes are analysed and details of allergen contents is available from our kitchen/ wraparound care team with each menu cycle. This information is posted to the school website, and is also available from the contractor's website

Information is passed to, and we meet regularly with the kitchen team to make sure all dietary requirements and food intolerances are met and catered for. Children with food allergies have an IHCP which is shared as necessary to inform menus and practices.

When setting up or reviewing a child's IHCP, part of the process includes appropriate information sharing, such as dietary restrictions, with the kitchen team and others. Part of the educational visits planning process written into our risk assessment is to ensure dietary needs are addressed in advance and needs shared appropriately with third party providers like residential centres.

All food handlers receive suitable training on their first day of employment and before food handling duties commence in relation to managing food allergens to include:

- cross referencing IHCPs with ingredients regularly, especially when changing products or recipes;
- handling requests for allergen information;
- how cross contamination can occur and how to prevent it;
- the signs and symptoms of an allergic reaction and what to do, and who to report to should this occur.

4.10.2 Other Food Handlers

Other potential food handlers (food technology, classroom baking, cookery club, nursery and other staff serving snacks and treats etc.), will be made aware of information about the [Major Food Allergens](#), and understand that they must take this into account when planning any food-related activity for children with known allergies.

Staff or volunteers working with food in play or the curriculum will receive sufficient instruction on and follow the good practice outlined in [Section 4.10.1](#) above in managing exposure to allergens.

4.10.3 Emergency Situations

All staff receive (as outlined in [Section 4.5](#) above) basic awareness training in the common medical and health needs that we manage at school. This includes anaphylaxis, the causes, signs, symptoms, and treatment.

There are three brands of adrenaline auto-injector (AAI) device licensed for distribution in the UK. Specific training in administering the Jext, the Emerade, and/or the Epi-Pen has been provided for relevant staff and will always be requested of our first aid providers on first aid courses that our staff attend. We are also able to view appropriate training videos provided by the manufacturer via their websites at any time and trained staff are encouraged to view them regularly.

Procedures are in place to ensure that every child requiring AAI, and who is deemed competent to by us, carries them on their person at all times with other arrangements in place where impractical e.g. carried by staff in a travel first aid kit on shore whilst canoeing.

Staff will refer to '[Guidance on the use of Adrenaline Auto-Injectors in Schools](#)', September 2017, or KAHSC Safety Series M02 - Managing Anaphylaxis and Allergies for further guidance and useful record keeping templates as necessary.

4.11 Emergency Adrenaline

Anaphylaxis is a severe and often sudden allergic reaction. It can occur when a susceptible person is exposed to an allergen e.g. food or an insect sting. Reactions usually begin within minutes of exposure and progress rapidly, but can occur up to 2-3 hours later. It is potentially life threatening and always requires an immediate emergency response.

From 1 October 2017 the Human Medicines (Amendment) Regulations 2017 allows (but does not require) all schools to buy adrenaline auto-injector (AAI) devices without a prescription, for emergency use in children who are at risk of anaphylaxis but their own device is not available or not working e.g. because it is broken, or out-of-date.

Mayfield School do not keep an AAI emergency kit on the premises.

4.11.1 Steps to Reduce Anaphylaxis Risks

We seek the cooperation of the whole school community in implementing the following to reduce the risk of exposure to allergens.

- Bottles, other drinks and lunch boxes provided by parents for children with food allergies should be clearly labelled with the name of the child for whom they are intended.
- If food is purchased from the school canteen, parents should check the appropriateness of foods by speaking directly to the catering manager. The child should also be taught to check allergen information with catering staff, before purchasing.
- Where we provide the food, our staff will be educated on how to read labels for food allergens and instructed about measures to prevent cross-contamination during the handling, preparation and serving of food. Examples include: preparing food for children with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils.
- Food will not be given to food-allergic children without parental engagement and permission e.g. birthday parties, food treats.
- Trading and sharing of food, food utensils or food containers will be actively discouraged and monitored.

- Training will include that unlabelled food poses a potentially greater risk of allergen exposure than packaged food with precautionary allergen labelling suggesting a risk of contamination with allergen.
- Careful planning for the use of food in crafts, cooking classes, science experiments and special events (e.g. fetes, assemblies, cultural events) with adequate substitutions, restrictions or protective measures put in place (e.g. wheat-free flour for play dough or cooking), non-food containers for egg cartons.
- Careful planning for out-of-school activities such as sporting events, excursions (e.g. restaurants and food processing plants), outings or camps, thinking early about the catering requirements and emergency planning (including access to emergency medication and medical care).

4.12 Day Trips, Residential Visits and Sporting Activities

Through development of the IHCP staff will be made aware of how a child's medical condition might impact on their participation in educational visits or sporting activities. Every effort will be made to ensure there is enough flexibility in arrangements so that all children can participate according to their abilities and with any reasonable adjustments. This may include reasonable adjustment of the activities offered to all children i.e. changing a less accessible venue for one that is more so but can still achieve the same educational aims and objectives. A pupil will only be excluded from an activity if the Head teacher considers, based on the evidence, that no reasonable adjustment can make it safe for them or evidence from a clinician such as a GP states that an activity is not possible for that child.

A risk assessment for an educational visit may need to especially consider planning arrangements and controls required to support a pupil with a medical condition. The IHCP will be used alongside usual school risk assessments to ensure arrangements are adequate. This may also require consultation with parents and pupils and advice from a relevant healthcare professional.

4.13 Other Arrangements

4.13.1 Home to School Transport

While it is the responsibility of the LA to ensure pupil safety on statutory home to school transport the LA may find it helpful to be aware of the contents of a pupil's IHCP that school has prepared.

The LA *must* know if a pupil travels on home to school transport and has a life-threatening condition and carries emergency medicine so that they can develop an appropriate transport healthcare plan. School undertakes to appropriately share IHCP information with the LA for this purpose and will make this clear to parents.

Where transport is organised by the school on a private arrangement with parents, the responsibility for ensuring that the transport operator is aware of a pupil with a life-threatening medical condition rests with the school in consultation with the parents. In some cases, it may be appropriate to share elements of the pupil's IHCP with the transport operator.

4.13.2 Defibrillators

Sudden cardiac arrest is when the heart stops beating and it can happen to people at any age and without warning. When it does happen, quick action (in the form of early Cardio-Pulmonary Resuscitation - CPR - and defibrillation) can help save lives. A defibrillator is a machine used to give an electric shock to restart a patient's normal heart rhythm when they are in cardiac arrest. Modern defibrillators are easy to use, inexpensive and safe and this school has one as part of our first aid equipment. This is held on Campus Whitehaven.

Local NHS and ambulance service have been notified of its location.

4.14 Unacceptable Practice

While it is essential that all staff act in accordance with their training, in any given situation they should be confident in using their discretion and judging each case on its merits with reference to a child's IHCP. It is not however, generally acceptable practice at this school to:

- prevent children from easily accessing their inhalers and medicine and administering their medicines when and where necessary;
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents; or ignore medical evidence or opinion, (although staff will be supported to appropriately challenge this where they have genuine concerns);
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments;
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- require parents, or otherwise make them feel obliged, to attend school to administer medicine or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or
- prevent children from participating or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

4.15 Insurance

Staff will be appropriately insured to carry out tasks associated with supporting pupils with medical conditions and the Insurance Policy wording is made available to such staff on request from the headteacher.

The Insurance Policy provides liability cover relating to the administration of medicines and any required healthcare procedures as identified through the IHCP process

Every IHCP review must consider whether current insurance arrangements remain compatible with any identified changes required. A significant change, for example an entirely new medical procedure required, will be checked as compatible with current insurance arrangements direct with the school's insurers. If current insurance is inadequate for the new procedure additional insurance will be arranged.

4.16 Complaints

Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with Sam Kidd (Headteacher). If for whatever reason this does not resolve the issue, they may make a formal complaint through the normal school complaints procedure.

This page is intentionally blank for printing purposes

CONSENT FOR SCHOOL STAFF TO ADMINISTER VERIFIED MEDICATION

This school will not give your child medicine unless you complete and sign this form and have it verified by your GP. The Head teacher has agreed that school staff who volunteer to do so can administer the medication.

Name of Young Person:	
Gender: Male / Female	Date of Birth:
Address:	
Condition/Illness:	
MEDICATION	
Name and strength of medication (as described on the container/prescription):	
Form (e.g. tablets, syrup, cream etc.):	
Dosage and method taken by:	
Timing of doses:	
Any special precautions (e.g. to be taken with food etc.):	
Details of any known side effects (e.g. drowsiness etc.):	
Can child self-administer? YES / NO	Have you consented to self-administration? YES / NO (Please request Appendix C)

What Emergency Procedures should be followed (if any)?	
PARENT/CARER EMERGENCY CONTACT DETAILS	
Full Name:	
Relationship to Young Person:	
Telephone Numbers During School Hours:	Work/Home:
	Mobile:
Declaration of Parental Consent: I understand that <ul style="list-style-type: none"> • Medication will not be administered without GP/consultant permission • Medication must be sent into school in sealed bottles or packets with the batch number and expiry date clearly marked • Medication instructions must match the GP/consultant verification and medication label on bottle/packet. 	
Date:	Signed:
Declaration of GP Consent: I verify that the details supplied on this form are correct. Name of GP: Name of Surgery:	
Date:	Signed:



Mayfield School - Epilepsy

Individual Seizure Management Plan: Parents
Emergency Medication
(Measured doses syringes preferred)

An individual seizure management plan for each person will need to be drawn up in conjunction with and signed by a medical practitioner with specific guidelines for administration. Please complete this consent form to help us to complete the individual seizure management plan. Once the plan has been drafted, then it will need agreed and signed by your child's medical professionals and yourself.

About Me.	
Name of Individual	
D.O.B	
My Health Care Professionals <i>Gp, Consultant, Epilepsy nurse etc.</i>	
How might my epilepsy/ seizures affect me daily? <i>(e.g. tiredness, co-ordination, confusion, no daily effect)</i>	
Specific adaptation that I need to help me cope and support me with my epilepsy/ seizures	
About my Seizures	
Seizure classification/ description	

Possible seizure triggers	
Possible seizure warning signs	
How to recognize seizures	
Usual duration of seizure	
About my Medication	
Specific <u>emergency</u> medication and dosage?	
When should <u>emergency</u> medication be administered?	
What is my usual reaction to medication?	
What is the maximum amount of medication in a 24hr period?	
When should medication not be administered?	
Emergencies	
When does my epilepsy cause serious concern?	

When should the emergency services be contacted?	
In an emergency situation, are there any other people we should contact (if appropriate)?	

Is there anything else you would like to tell us about your child's epilepsy?

Signature_____Date_____

REQUEST FOR YOUNG PERSON TO CARRY AND/OR ADMINISTER THEIR OWN MEDICATION

Name of Young Person:	
Gender: Male / Female	Date of Birth:
Address:	
Condition/Illness:	
Medication carried and/or administered (including dosage, frequency and method of administration):	
What Constitutes an Emergency (i.e. where school staff/medical intervention is required)?	
What Emergency Action is required in the circumstances above?	
PARENT/CARER EMERGENCY CONTACT DETAILS	
Full Name:	
Relationship to Young Person:	
Telephone Numbers During School Hours:	Work/Home:
	Mobile:
Declaration of Request: I request that carry their own medication with them to use as prescribed or as necessary. I agree to inform the school in writing if I wish to withdraw this request. I will complete a new request form should any of the information above change.	
Signed:	Date:

Medication in Fridges & Medication Cupboards

[illegible]

Health & Safety

If in doubt about any of the procedures, the class teacher must check with the Headteacher, Deputy Headteacher, or Assistant Headteacher. Drugs taken out of school and returned must be recorded on individual pupils medication sheets

PRINT NAME OF PERSON RESPONSIBLE FOR ADMINISTRATION
PRINT NAME OF PERSON WITNESSING ADMINISTRATION
(DO NOT USE PENCIL)

Name of Pupil					
Class					
Name of Medication					
Dosage					
Time					
Health and Safety	Any medication administered to a pupil MUST be recorded on the appropriate medication form				
	Please record any reactions.				

	Monday	Tuesday	Wednesday	Thursday	Friday
am	Date	Date	Date	Date	Date
pm					
am	Date	Date	Date	Date	Date
pm					
am	Date	Date	Date	Date	Date
pm					
am	Date	Date	Date	Date	Date
pm					
am	Date	Date	Date	Date	Date
pm					

MIDAZOLAM ADMINISTRATION

PRINT NAME OF PERSON RESPONSIBLE FOR ADMINISTRATION
 PRINT NAME OF PERSON WITNESSING ADMINISTRATION
 (DO NOT USE PENCIL)

		Monday	Tuesday	Wednesday	Thursday	Friday
Name of Pupil	Date	Date	Date	Date	Date	Date
Class	am					
	pm					
Name of Medication	Date	Date	Date	Date	Date	Date
Dosage	am					
	pm					
Time	Date	Date	Date	Date	Date	Date
Health and Safety	am					
	pm					
Please record any reactions.	Date	Date	Date	Date	Date	Date
	am					
	pm					

TRANEXAMIC ACID ADMINISTRATION

PRINT NAME OF PERSON RESPONSIBLE FOR ADMINISTRATION
 PRINT NAME OF PERSON WITNESSING ADMINISTRATION
 (DO NOT USE PENCIL)

Name of Pupil	Monday					Tuesday					Wednesday					Thursday					Friday				
	Date					Date					Date					Date					Date				
Class	am																								
	pm																								
Name of Medication																									
	am																								
Dosage	pm																								
Time	am																								
	pm																								
Health and Safety																									
	am																								
Please record any reactions.	pm																								
	am																								
	pm																								

LORAZEPAM ADMINISTRATION

PRINT NAME OF PERSON RESPONSIBLE FOR ADMINISTRATION
 PRINT NAME OF PERSON WITNESSING ADMINISTRATION
 (DO NOT USE PENCIL)

		Monday	Tuesday	Wednesday	Thursday	Friday
Name of Pupil	Date	Date	Date	Date	Date	Date
Class	am					
	pm					
Name of Medication	Date	Date	Date	Date	Date	Date
Dosage	am					
	pm					
Time	Date	Date	Date	Date	Date	Date
Health and Safety	am	Date	Date	Date	Date	Date
	pm					
Please record any reactions.	Date	Date	Date	Date	Date	Date
	am					
	pm					

DIAZEPAM ADMINISTRATION

PRINT NAME OF PERSON RESPONSIBLE FOR SIGNING OUT
PRINT NAME OF PERSON WITNESSING SIGNING OUT
(DO NOT USE PENCIL)

Name of Pupil
Class
Name of Medication
Dosage
Time
Health and Safety Drugs taken out of school and returned to school must be recorded on this sheet.

	Monday	Tuesday	Wednesday	Thursday	Friday
	Date	Date	Date	Date	Date
out					
in					
out	Date	Date	Date	Date	Date
in					
out	Date	Date	Date	Date	Date
in					
out	Date	Date	Date	Date	Date
in					
out	Date	Date	Date	Date	Date
in					

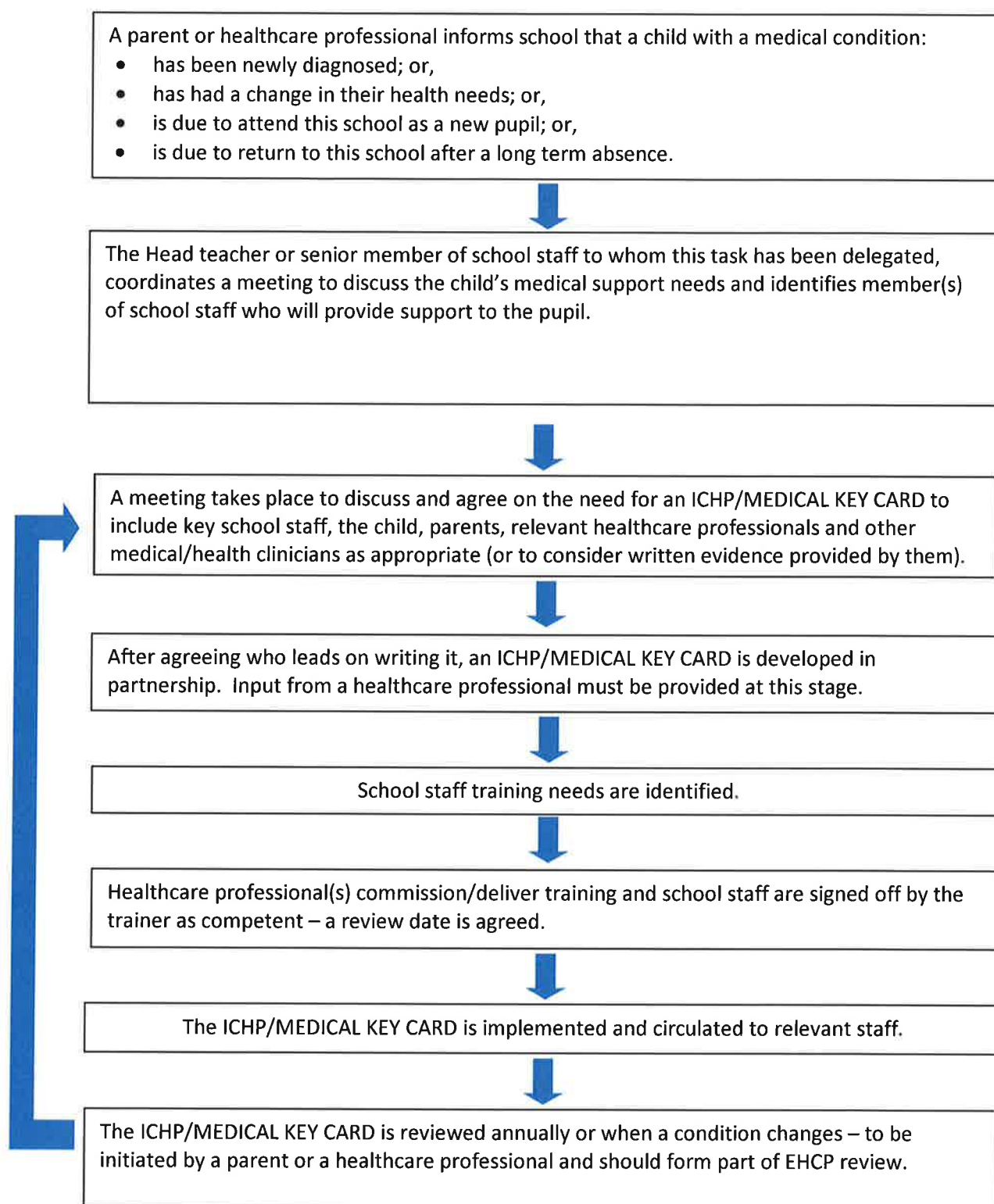
TRANSPORTATION OF MEDICATION

Complete and sign both forms - 1 to be sent home with medication, 1 to be placed in Shelley Crowe's office

RETURNING MEDICATION - SCHOOL / HOME			
Name of Pupil			
Medication Returned (specify amount)			
Name of Person Returning Medication	Name (Block Capitals)	Signature	Date
This has been witnessed by the following member of SLT	Name (Block Capitals)	Signature	Date

RETURNING MEDICATION - SCHOOL / HOME			
Name of Pupil			
Medication Returned (specify amount)			
Name of Person Returning Medication	Name (Block Capitals)	Signature	Date
This has been witnessed by the following member of SLT	Name (Block Capitals)	Signature	Date

Process for Developing an Individual Healthcare Plan (ICHP/MEDICAL KEY CARD)



Template Letter Inviting Parents to Contribute to the Development of Their Child's Individual Healthcare Plan

Dear Parent

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's Policy for supporting pupils at school with medical conditions for your information.

A central requirement of the Policy is for an Individual Healthcare Plan to be prepared, setting out what support your child needs and how this will be provided. Individual Healthcare Plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although Individual Healthcare Plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's Plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve the following people:

(State the names and relevant positions of people who will attend)

Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other information you would like us to consider at the meeting as soon as possible.

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

Yours sincerely



Mayfield School Asthma Card

This card is for your child's school. The card will be reviewed at least once a year and remember to update or exchange it for a new one if your child's treatment changes during the year.

Pupil name		Date of birth	
Doctor/ Nurse's name			
Doctor/ Nurse's contact and telephone number			
Name and contact details of any other specialist asthma professional			
What signs can indicate your child is having an asthma attack			
Using Reliever treatment (sent in from home)			
<u>Please read and consent below</u>			
For shortness of breath, sudden tightness in the chest, wheeze or cough, help or allow my child to take the asthma inhaler/ medication, which has been sent from home. After treatment and as soon as they feel better they can return to normal activity. If they do not recover well, parents will be informed and further medical assistance will be sought which could include contacting the emergency services.			
Name of medication and details			
Parental consent signature		Date	



Please list any additional asthma medication that your child may need to take whilst in the care of the school.

Please tick		YES	NO
Is your child aware of when they need their reliever asthma medication/ inhaler?			
Is your child independent in taking their reliever medication?			
Does your child require a spacer with their inhaler?			
Please indicate which things may make your child's asthma worse			
<input type="checkbox"/> Pollen	<input type="checkbox"/> Stress	<input type="checkbox"/> Cold/flu	
<input type="checkbox"/> Weather	<input type="checkbox"/> Exercise	<input type="checkbox"/> Air Pollution	

If other please list

Centrally Held School Reliever Inhaler

Please read and tick the appropriate box.

- ☐ I give my consent for my child to use the centrally held school emergency inhaler in the event of an emergency.
- ☐ I do not give my consent for my child to use the centrally held school emergency inhaler in the event of an emergency.

Parental Consent Signature

Date

To the best of my knowledge, this information is true and accurate and I will inform school of any changes in my child's condition or medication.

Signature of parent/ carer

Date