



## Management of Children with Medical Needs

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## 1. Vision Statement

**Vision:** A school that everyone is proud of, offering an environment that allows young people to take risks and be brave with their learning.

**Mission:** Provide every child with the opportunity to experience an outstanding education academically, emotionally and socially; one that raises aspirations, expectations and educational achievements. To identify barriers to learning and effectively promote mental health, wellbeing and positive relationships amongst parents, carers, professionals and other organisations, enabling children to develop and reach their true potential.

Safe, Happy, Learning      Safe, Independent, Learning

## 2. Preface

The Government's current statutory guidance for governing bodies and proprietors of academies in England, 'Supporting pupils at school with medical conditions' (September 2014 revised December 2015) informs the update and any further updates from the Department of Education will be added as amendments.

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>

It also takes into account the requirements of the 'Code of Practice for children with special educational needs and disabilities (2014) and the information and guidance from the Health Conditions in Schools Alliance

<http://www.medicalconditionsatschool.org.uk/>.

### 3. Policy Statement

We are an inclusive community that aims to support and welcome children/young people with medical conditions.

We aim to support empowerment of children/young people with medical conditions to encourage the development of independence and self-management in a safe environment with appropriate support.

We aim to provide all pupils with all medical conditions the same opportunities as others at school, through:

1. Working with partners to achieve safe support of a child's/young person's medical needs.
2. Understanding the health conditions of our pupils.
3. Allowing staff adequate time to be trained, competent and confident about any children/young people they may be working with who have complex medical needs supported by an Individual Health Plan (IHP).
4. Ensuring staff understand the common medical conditions that affect children/young people at this school.
5. Understanding the importance of medication being taken as prescribed.
6. Ensuring all staff understand their duty of care to children and young people in the event of an emergency.
7. Supporting all staff to feel confident in knowing what to do in an emergency.
8. Promoting positive mental health and emotional well-being.

### 4. Introduction

LAs, schools and governing bodies are responsible for the health and safety of pupils in their care. Health authorities also have legal responsibilities for the health of residents in their area. The legal framework for schools dealing with the health and safety of all their pupils is based in health and safety legislation 2018. The law imposes duties on employers.

The statutory guidance, 'Supporting pupils at school with medical conditions 2014 revised 2015' requires '**governing bodies to ensure that all schools develop a policy for supporting pupils with medical conditions** that is reviewed regularly and is readily accessible to parents and school staff.'

The guidelines within this document are in line with the statutory guidance and provide additional advice for schools on the management of children with medical needs. This is important in order to ensure such children are able to access the curriculum when in school, their medical conditions are met and they are not excluded unnecessarily. It is key that children and young people (CYP) with medical needs are supported appropriately to ensure their physical and mental health is not adversely affected.

All schools will, at some time, have pupils on roll with significant medical needs; 'governing bodies should ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life.' DfE guidance

Schools may need to know about routine management of a child with a chronic condition or the emergency management of a child with a medical problem. Governing bodies should ensure that all school staff that are required to manage and support pupils with medical conditions are appropriately trained. There will be occasions where school staff may be asked to administer medication either in an emergency situation or to facilitate a child's attendance. **They cannot be**

**Management of children with medical needs in education directed to do so. The administration of medicines by school staff is voluntary and is not a contractual duty.**

For pupils who have serious medical conditions such as diabetes, epilepsy, severe allergies or severe asthma, or who need regular prescribed medication, for example Ritalin, an Individual Health Care Plan (IHP) (see the end of the relevant section and Appendix 2) should be drawn up. This should be done in collaboration with the child (if appropriate), the parents, school nurse/community nurse/ paediatrician, and the school staff. These should be reviewed annually or if there are changes to the child's medical needs.

Shenstone Lodge School has a policy regarding the management of children with medical needs based on the DfE's statutory guidance 'Supporting pupils at school with medical conditions' September 2014 revised December 2015 for the benefit of their children and to ensure the safety of school staff. This should be developed in collaboration with the school health service and should be communicated to parents.

## 5. Legal Framework

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

Some children with medical conditions may be considered disabled under the definition set out in the **Equality Act 2010**; where this is the case governing bodies **must** comply with their duties under that Act.

Some children may also have special educational needs (SEN) and may have a statement or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. A child's medical needs should be considered alongside their other needs, as required by the **Special educational needs and disability (SEND) code of practice 2014**.

Section 2 of the **Health and Safety at Work Act 1974**, and the associated regulations provides that it is the duty of the employer (the local authority, governing body or academy trust) to take reasonable steps to ensure that staff and pupils are not exposed to risks to their health and safety.

Under the **Misuse of Drugs Act 1971** and associated regulations, the supply, administration, possession and storage of certain drugs are controlled. Schools may have a child who has been prescribed a controlled drug.

The **Medicines Act 1968** specifies the way that medicines are prescribed, supplied and administered within the UK and places restrictions on dealings with medicinal products, including their administration.

**Regulation 5 of the School Premises (England) Regulations 2012 (as amended)**

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Provide that maintained schools must have accommodation appropriate and readily available for use for medical examination and treatment and for the caring of sick or injured pupils. It **must** contain a washing facility and be reasonably near to a toilet.

It **must not** be a teaching accommodation. (Also applies to independent schools and academies under School Standards [England] Regulations 2010.)

**Section 19 of the Education Act 1996** provides a duty on local authorities of maintained schools to arrange suitable education for those who would not receive such education unless such arrangements are made for them. This education must be full-time, or part-time as is in the child's best interests because of their health needs.

**Section 21 of the Education Act 2002** provides that governing bodies of maintained schools must, in discharging their functions in relation to the conduct of the school, promote the wellbeing of pupils at the school. (For a full list of safeguarding legislation see page 21 of the, 'Supporting pupils at school with medical conditions', statutory guidance 2014)

There is no legal or contractual duty on staff to administer medicine or supervise a child taking it. **This is a voluntary role.**

<https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities>

## 6. Roles and Responsibilities

### 6.1 Local Authorities and Academies

Local Authorities (LAs) are commissioners of school nursing for maintained schools and academies. Under section 10 of the Children Act 2004, they have a duty to promote cooperation between relevant partners such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and NHS England, with a view to improving the wellbeing of children with regard to their physical and mental health, and their education, training and recreation.

LAs should provide support, advice and guidance including suitable training for school staff, to ensure that the support within individual health care plans can be delivered effectively.

LAs should work with schools to support pupils with medical conditions to attend full time.

LAs have a duty to make arrangements for pupils who cannot attend fulltime because of their health needs when it is clear that a child will be away for 15 days or more across a school year, whether consecutive or cumulative. <https://www.gov.uk/government/publications/education-forchildren-with-health-needs-who-cannot-attend-school>

LA maintains appropriate insurance cover for staff in maintained schools who are appropriately trained, as set out in these guidelines. Proprietors of academies should arrange their own insurance cover for staff or ensure that the academy is a member of the DfE's Risk Protection Arrangements (RPA).

### 6.2 Governing Bodies/ Local Advisory Board

#### **The Governing Body / Local Advisory Board must:**

- make arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in schools is developed and implemented
- ensure that the policy is appropriately implemented and monitored within the school
- ensure that staff have the appropriate training to support pupils with medical needs; the policy should set out clearly how staff will be supported and how training needs will be assessed and how and by whom training will be commissioned and provided
- ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions
- liaise with the health services when necessary regarding the policy in general or its application to specific pupils
- ensure that the policy covers arrangements for children who are competent to manage their own health needs and medicine
- ensure that the school's policy is clear about the procedures for managing medicines
- ensure there are written records kept of all medicines administered to children
- ensure that the school's policy sets out what should happen in an emergency situation



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- ensure that their arrangements are clear and unambiguous about the need to actively support pupils with medical conditions to participate in school trips, visits and sporting activities and not to prevent them from doing so
- ensure that the appropriate level of insurance is in place that appropriately reflects the level of risk

### 6.3 The Head Teacher

#### **The Head Teacher should:**

- ensure the school's policy for management of medical needs is developed and effectively implemented with partners
- ensure that staff are appropriately insured and are aware that they are insured and (in maintained schools) sign the indemnity form with each employee administering medications in school (Appendix 5)
- ensure that there is awareness training so that all staff are aware of the school's policy in supporting pupils with medical conditions and their role in implementing that policy
- ensure that all staff who support children with medical needs are appropriately qualified, trained, and supported and that there are sufficient numbers of staff trained; this may involve recruiting a member of staff for the purpose
- ensure that Individual Health Care Plans are developed in agreement with healthcare professionals, school and parent considering appropriateness and evidence provided
- ensure that a school register is maintained of pupils who have Individual Healthcare Plans, including dates that these are to be reviewed.
- ensure procedures are followed and Individual Health Care Plans are reviewed as appropriate, including contingency and emergency situations
- ensure that all staff are familiar with the policy
- ensure that accurate records are kept regarding children with medical needs
- ensure there is liaison with the school health nurse or community children's nurses about the specific medical needs of children in the school including the need for Individual Health Plans and training for staff
- be responsible for making decisions about administering medication in school, guided by the school's policy
- share information with parents to ensure the best care for a pupil
- seek parents' agreement before passing on information about their child's health to other school/health service staff in line with general data protection regulations
- ensure that parents' cultural and religious views are respected

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- make sure that all parents are aware of the school's policy and procedures for dealing with medical needs

### 6.4 School Staff

#### **School staff responsible for the welfare of pupils should:**

- take part in training regarding a child's medical needs if they have volunteered to support the child or administer medication. No member of staff can be required to administer medicines, they have the right to refuse. (This includes supervising pupils who self-administer medication if the school has consented to do this within the guidelines.)
- understand the nature of the condition, where they have pupils with medical needs in their class and be aware of when and where the pupil may need extra attention
- be aware of the likelihood of an emergency arising and what action to take if one occurs
- be aware of the staff who have volunteered and are trained to support the child and the alternative arrangements if responsible staff are absent or unavailable
- be aware of the times in the school day where other staff may be responsible for pupils e.g. in the playground.
- Inform parents when the medication is due to be out of date or to run out. The parents will need at least one week's notice
- Report any incident or accident by recording it on the school reporting system, 'behavior watch' a copy should then be printed and sent home with the child. A follow up phone to report the incident should also be made.
- In the event of a child staying in residence becoming unwell, a phone call home is made to discuss the illness with either the parent or carer. The child depending on the illness is then either monitored by an RSW or sent home. When sending a child home, we request collection by either parent or carer or transport is arranged by staff on duty in accordance with on call staff member.

***NB: only the correct paperwork included in this document should be used when devising individual health plans and when administering medication etc. Staff should not devise their own paperwork but amend templates in order to make them compliant with the General Data Protection Regulations for Shenstone Lodge School.***

### 6.5 Health Commissioners (Clinical Commissioning Group CCG)

#### **Health services have a statutory duty to:**

- purchase services to meet local needs
- cooperate with LAs and school governing bodies to identify need, plan and coordinate effective local health provision within available resources

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- designate a medical / clinical officer with specific responsibility for children with SEN, some of whom will have medical needs

### The CCGs should:

- commission other healthcare professionals such as specialist nurses and specific health care packages
- ensure commissioning is responsive to children's needs, and the health services are able to cooperate with schools supporting children with medical conditions
- comply with their duty to cooperate under Section 10 of the Children Act 2004 i.e. with governing bodies and LAs, to improve the wellbeing of children with regard to their physical and mental health
- strengthen links between health services and schools
- consider how to encourage health services in providing support and advice

## 6.6 Health Service

### The health service should:

- provide information and communicate effectively with parents and schools to help them understand the child's medical condition
- provide advice and appropriate training to school staff to support pupils with medical needs
- confirm competence of school staff to carry out specific procedures/treatments
- provide guidance on medical conditions and specialist support for children with medical needs
- advise on the circumstances in which pupils with infectious diseases should not be in school, and the action to be taken following an outbreak of an infectious disease

### 6.6.1 School Health Nurse – Public Health Nursing

Shenstone Lodge School has a designated school health nurse/nursing team who should:

- be accessible as the school's first point of call for information about medical needs
- liaise with other health professionals if necessary to gather information about a child's medical needs
- Complete Individual Health Plans (IHP) for pupils with medical needs in collaboration with the parents, school, and if necessary other health professionals once notified by parents/school/other health professionals i.e discharge summaries.
- advise on training and support for school staff, who volunteer to support children with medical needs.

### **Management of children with medical needs in education**

- Accepting referrals throughout the academic year for children and young people who require a new care plan or require their care plan amending.
- give advice to parents and staff about health issues

#### **6.6.2 Community Children's Nurse – Special Educational Needs Team, Short Intervention and Chronic Care Team (SICC)**

The Community Children's Nurses provide support and care for children with medical conditions and their families in the community, in special schools and in some cases in mainstream schools, they:

- ensure that accurate records are kept regarding children with medical needs
- complete Individual Health Plans (IHP) for pupils with medical needs in collaboration with the parents, school and if necessary other health professionals once notified by parents/school/other professionals. i.e. discharge summaries, School Health Nurse
- provide expertise and advice to the school staff and other professionals about the child's medical needs
- provide and advise on training and support for school staff, who volunteer to support children with significant medical needs
- work closely with Consultant Paediatricians and other health professionals to ensure that the child receives the optimum care required to enable them to be in school
- provide advice in an emergency situation as agreed with the school, such as the gastrostomy button falling out

#### **6.6.3 Paediatrician**

A Paediatrician is available to advise schools and School Health Nurses about specific medical conditions/health care plans etc. They should:

- work closely with the School Health Nurse and notify them when a child is identified as having a medical condition that will require support in school, when they become aware of the child
- provide information about a child's medical needs
- assess/review children with medical needs in school, or in a paediatric clinic if necessary
- work with regard to the general data protection regulations

#### **6.6.4 Community Therapy Services**

Children's Therapy Services is an integrated team consisting of Occupational Therapists, Physiotherapists and Speech and Language Therapists. As an integrated service, single or multi-professional interventions maybe offered to children and young people who present with a physical disability; some of those children and young people may have additional medical needs.

## Speech and Language Therapy

Speech and Language Therapists provide assessment of swallowing for children who may have a physical difficulty with swallowing. For children who have dysphagia (swallowing difficulties), the Speech and Language Therapists will put together recommendations in liaison with the School Health Nurse or Community Children's Nurse.

## Occupational Therapy

Occupational Therapists provide assessment and intervention strategies for children with neurological and physical disabilities that affect their ability to participate in the everyday activities including school productivity.

## Physiotherapy

Children's Physiotherapists aim to promote children's function and independence using expert knowledge and skills of child development and disabilities.

### 6.6.5 General Practitioner GP

The pupil's GP will have an overview of their health needs. The School Health Nurse / Community Children's Nurse will be able to consult the GP about a pupil's medical needs.

#### The GP should:

- inform the school / School Health Nurse / Community Children's Nurse when asked about a child's medical condition, where consent has been given by the parent or the child
- liaise with the School Health Nurse / Community Children's Nurse (with the parent's consent) when they know of a child with a significant medical problem

### 6.7 Parents / Carers

#### Parents should:

- provide the head teacher with information about their pupil's medical condition and treatment or special care needed at school (when a child joins the school the parent/carer should be asked to complete form Medical Collection Form appendix 1; the form should then be completed on an annual basis).
- agree jointly with the head teacher and School Health Nurse / Community Children's Nurse on the school's role in helping with their child's medical needs
- complete consent forms detailing their child's medical needs

#### If medication is to be given in school, parents should:

- update the school in writing of any changes in their child's condition or medication
- provide sufficient medication and ensure that it is correctly labelled and in its original packaging; with the exception of insulin pens/pumps as this likely to be presented without original packaging.
- replace supplies of medication as required if this runs out or is out of date
- dispose of their child's unused medication by returning to the issuing pharmacy

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- give permission where their child is self-administering medication

## 6.8 Pupil

### **Pupils should:**

- provide information on how their medical condition affects them
- advise parents/carers or a staff member when they are feeling unwell
- adhere with the information and guidance in their Individual Health Plan • inform school staff of any self-administration

## 7. Consent

**Consent to treatment means a person must give permission before they receive any type of medical treatment, test or examination.**

This must be done on the basis of an explanation by a clinician.

It is good practice to explain to a child of any age what is going to happen and why to gain co-operation and an understanding of the “now and next” steps to support their health; emergency, urgent or routine care.

**People aged 16 or over are entitled to consent to their own treatment. This can only be overruled in exceptional circumstances.**

Like adults, young people (aged 16 or 17) are presumed to have sufficient capacity to decide on their own medical treatment, unless there's significant evidence to suggest otherwise.

Children under the age of 16 can consent to their own treatment if they're believed to have enough intelligence, competence and understanding to fully appreciate what's involved in their treatment. This is known as being Gillick competent.

Otherwise, someone with parental responsibility can consent for them.

This could be:

- the child's mother or father
- the child's legally appointed guardian
- a person with a residence order concerning the child
- a local authority designated to care for the child
- a local authority or person with an emergency protection order for the child

<https://www.nhs.uk/conditions/consent-to-treatment/children/>

### **Consent to share information**

Information gathered, stored and shared is done so following the General Data Protection Regulation (GDPR). Pupils have certain rights under GDPR, with parents exercising this right on their behalf if they are too young to do so. This right is transferred to the pupil once they reach the age of 16.

## 8. Children with personal Care needs:

Some pupils will not yet be independent with their personal care needs whilst at school. This could be due to a self-care developmental delay, physical disability or due to complex medical procedures to support personal care needs.

The family must share with school any support needs identified, and strategies used at home. This might require additional time, verbal prompts for developing self-care skills, extra room, specialist equipment or training in support techniques.

Other agencies or partners in care maybe required to support school staff in developing competency and confidence in specialist personal care support skills. Contact with the school nurse / community children's nurse maybe required.

Guidance on supporting all children with continence is available from the links below:

[Continence Support Flowchart](#)

[Toileting and Continence Policy](#)

[Moving and Handling](#)

## 9. Infection Control

Schools and nurseries are common places for infections to be transmitted and children and young people (CYP) are particularly susceptible because:

- They have immature immune systems
- They have close contact with other CYP
- Sometimes have no or incomplete vaccinations
- Have a poor understanding of hygiene practices

There is specific guidance from the Department of Education regarding infection control and best practice for this.

[DfE Health protection in schools and other childcare facilities](#)

Shenstone Lodge School encourages handwashing on a regular basis as indicated:

- after using the toilet
- before eating or handling food
- after blowing your nose, sneezing or coughing
- before and after treating a cut or wound
- after touching animals, including pets, their food and after cleaning their cages

Washing your hands properly removes dirt, viruses and bacteria to stop them spreading to other people and objects, which can spread illnesses such as food poisoning, flu or diarrhoea.

It can help stop people picking up infections and spreading them to others.

If you do not have immediate access to soap and water then use alcohol based hand rub if



available.

[Handwashing](#)

## 10. Management of medications

When dealing with medications in school head teachers must bear in mind the need for risk assessment as detailed in health and safety guidelines.

[Health and Safety](#)

### 10.1 Arrangements to give medication in school

- Medication should only be administered at school when it would be detrimental to a pupil's health or school attendance not to do so
- A parental request form should be completed each time there is a request for medication to be administered (Over counter Medication Appendix 3 and Prescribed Medication Appendix 4). The arrangement must be agreed by the head teacher.
- Where a child is self-administering medication there should still be a written request.
- If there is any doubt about the need to give a particular medication this should be discussed with the School Nurse / Community Children's Nurse.
- A confirmation form, signed by school and parent/carer must be kept on file, with a copy of the confirmation form retained by the parent/carer (Over counter Medication Appendix 3 and Prescribed Medication Appendix 4)
- Changes to instructions should only be accepted when received in writing. **Verbal messages must not be accepted.**

### 10.2 Receiving medication in school

No prescription medication should be accepted into school unless it is clearly labelled with:

- The child's name.
- The name and strength of the medication.
- The dosage and when the medication should be given.
- The expiry date.
- Any special storage arrangements
- The date the medication has been issued by a chemist
- The medicine must be in date

All prescription medication must come into school in the original, labelled container / box from the chemist. Where a child requires two types of medication each should be in a separate container. On arrival at school all medication should be handed to a member of staff.

If the pupil travels to school via education transport provision, all medication should be handed to the driver / escort NOT left in the pupil's school bags.

A few medicines may be needed by the pupils at short notice e.g. asthma inhalers. In most cases

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pupils must be allowed to carry inhalers with them to ensure easy access. Any medication kept by the child should be recorded (see 9.11 below).

Some medication is not prescribed, eg. Painkillers and Antihistamines, these should be received in the same manner and logged too.

### 10.3 Storage of medication

Any medication received into school must be stored in a locked wall mounted cabinet and the key kept in an accessible place known to designated members of staff.

The cabinet must be located in a designated area of the school e.g. school office.

**This is with the exception of medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens which should always be readily available to children and not locked away.**

Some medication may need to be refrigerated. This should be kept in a designated fridge. This must be in a restricted area of the school that children and young people cannot access. It is essential that staff involved with a child who may need access to medication are aware of the storage arrangements.

In the case of senior school pupils, it may be appropriate for them to carry emergency medication with them – schools should make such decisions based on individual circumstances in liaison with the family and school health team

In most cases pupils will be allowed to carry asthma inhalers with them to ensure easy access.

### 10.4 Administering medication

Teachers' conditions of employment do not include the administering of medication or the supervision of pupils who administer their own medication. This is also true of most non-teaching staff found in schools.

Some staff may, however, volunteer to administer medication.

Staff must not give prescription medicines or undertake healthcare procedures without appropriate training.

A pupil who has been prescribed a controlled drug may legally have it in their possession if competent to do so. However, passing it to another child for use is an offence.

A controlled drug will be clearly identified by the School Nurse / Community Child's Nurse on the IHP.

Schools should keep controlled drugs that have been prescribed for a pupil securely stored in a container and only staff should have access.

A first aid certificate does not constitute appropriate training in supporting children with medical conditions. (Para. 27. 'Supporting pupils at school with medical conditions', September 2014)

Children may self-administer medications e.g. asthma inhalers. It should be clear in the forms relating to medications in school whether the child needs supervision or not.

It is good practice to record when a child has a dose of medication even if he or she is self-administering (10.11 below).

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It is best practice for pupils who are self-administering to be supervised by a competent member of staff.

### 10.5 Emergency medication

This type of medication (e.g. Adrenalin auto-injector such as Epi-pen for anaphylactic reactions) must be readily available in an emergency. A copy of the consent form (appendix 4) must be kept with the medication and must include clear, precise details of the action to be taken.

The procedures should identify:

- where medication is to be stored
- who should collect it in an emergency
- who should stay with the child
- when to arrange for an ambulance/medical support
- recording systems
- supervision of other pupils nearby
- support for children witnessing the event

If the child is carrying their own emergency medication a copy of the procedure for administration should also be with the medication.

### 10.6 Analgesia (pain killers) – Over the Counter Medication

It is recognised that pupils may require analgesia at times (eg menstrual pain, headache, etc). This should be undertaken in consultation with parents/carers and/or pupil where appropriate. An IHP is not required for intermittent use of analgesics.

Where pupils regularly require analgesia (e.g. for migraine) it is advisable for them to have an Individual Health Plan detailing under what circumstances they may take analgesics.

An individual supply of their medication should be kept in school and the above guidelines on consent/record keeping etc. should be followed.

It is not good practice to keep general supplies of analgesia e.g. Paracetamol, in school. However, when an individual school feels it is necessary to do this they must have a clear policy in place regarding the circumstances under which they would use it.

Parental consent must always be obtained before giving non-routine doses of analgesic, and the administration should be recorded as below (10.11).

**Pupils under the age of 16 years should never be given aspirin or codeine, or any medicines containing aspirin or codeine.**

### 10.7 Generic bronchodilator inhaler for asthma

Since October 2014 the national guidance allows schools to purchase a salbutamol bronchodilator inhaler and spacer to use in an emergency in a severe asthma attack where a

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child is known to have asthma and use inhalers but does not have one available in school. It is up to the school to purchase these from a pharmacy should they feel it advisable for their school. Written agreement from the parent for the use of such medication is required.

**If emergency medication is administered, then school should inform parents / carers.**

### Inhalers Guidance

#### 10.8 Over the counter medicine (e.g hayfever remedies.)

These are kept in a secure cabinet away from student access. Administration of these medications is with prior consent from parents or carers and with immediate knowledge of last dose.

*(These should only be accepted in exceptional circumstances and be treated in the same way as prescribed medication, although these do not require a label from the pharmacy.)*

Parents must clearly label the container with the child's name, dose and time, and complete a consent form.

For Offsite visit arrangements, including residential trips, guidance is available from our Educational Visits Advisors via: [Gareth.lloyd@entrust-ed.co.uk](mailto:Gareth.lloyd@entrust-ed.co.uk)

Schools should ensure:

- a medication is in date
- manufactured dose matches dosage advised from parent / carer which has been transcribed on to medication record form
- Parental consent
- Schools to have specific list of medication
- Parents / carers need to inform of medication given prior to the visit
- Complete record of medication administration.

#### 10.9 Controlled drugs

Controlled drugs are sometimes prescribed for children; e.g. Methylphenidate and other similar for children with Attention Deficit Hyperactivity Disorder (ADHD).

The standard drug is short lasting, and children may need a dose at lunchtime in school. There is now a long acting version, but this is not suitable in all cases.

When administering these drugs, schools must follow the above guidelines re use with particular attention to locked container and only named staff should have access.

Careful recording of administration and amount of drug should be kept in school, stating what, how and how much was administered to the pupil, when and by whom, and the remaining tablet count.

Any side effects should also be noted, if relevant to school.

Although a child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so at school we will store them securely because passing it to another child for use is an offence.

For further guidance please see Royal Pharmaceutical Society (Safe and Secure Handling of Medicines)

A list of controlled drugs can be found in appendix 6

### 10.10 Homeopathic medicines

Many homeopathic medicines need to be given frequently during the day and often at short intervals. This is difficult to manage in a school situation.

It is strongly advised that schools only agree to administer medicines which have been prescribed by a general practitioner, paediatrician or non-medical prescriber

### 10.11 Record keeping

A parental request form should be completed each time there is a request for medication to be administered (Appendix 3 for non-controlled and Appendix 4 for Controlled drugs). This form must detail all valid information and **must be carried out by two members** of staff from checking through to administration include:

- child's name;
- reason for request;
- name and strength of medication provided;
- clear dosage instructions;
- date and time the medication should be given;
- up to date emergency contact names and telephone numbers.
- that the date of expiry and issue of medicine has been checked

A confirmation form, signed by school and parent/carer must be kept on file, with a copy of the confirmation form retained by the parent/carer (Appendix 3 for non-controlled and Appendix 4 for Controlled drugs).

A pupil medicine record must be kept, which includes the name of the medicine(s), the date received by the school and the quantity received. This record must also include the time(s) of the administration and the person responsible for the administration (Appendix 11 for controlled and Appendix 12 for Non-Controlled drugs).

Reasons for not administering regular medication should be recorded and parents informed as soon as possible. A child should never be forced to accept medication.

Changes to instructions should only be accepted when received in writing from the parent/carer. This can take the form of a text or email.

Where a child is self-administering medication there should still be a written request. Self-administration may require supervision and the child should always tell a designated member of staff when they are taking medication so that a record can be kept as above.

Records should be kept in a designated place in school and all staff should be aware of this. The school health nurse/Community Children's Nurses should also keep a copy with their records.

On off-site visits, the teacher in charge should carry copies of any relevant Individual Health Plan Plans/medication details.

### 10.12 Transcribing

Transcribing should not be confused with prescribing. Transcribing is the act of copying the details of a prescribed medication onto a Medication Log (Appendix 11 for controlled and Appendix 12 for Non-Controlled drugs).

This will need to be undertaken by school staff who are trained to give medication, and two members of staff should sign the Log sheet to agree it is correct.

It is important to note that although you are not prescribing, transcribing should be treated with the same vigilance as dispensing medication to a pupil. Errors can occur when transcribing if the medication information is not up to date or it is not checked thoroughly.

It is the responsibility of Parents / Carers to ensure that school have the most up to date medication information. Any changes **MUST** be reported to school by parents as soon as the change is made. Parents **MUST** provide written confirmation from the prescribing professional of the changes to the medication, before changes can be agreed with school.

When transcribing the following information **MUST** be included:

- Name of Pupil
- Date of Birth of Pupil
- Name of Medication
- Strength of the medication (e.g. 5mg/5mls or 5mg tablets)
- Dose (e.g. 5mgs = 5mls)
- Route – how is the medication taken, eg.Orally
- Time

A photograph of the pupil is also good practice.

### 10.13 Safe disposal of medicines

There should be a written procedure covering the return or disposal of a medicine. Medicines should be returned to the child's parents and a receipt obtained and filed when:

- the course of treatment is complete;
- labels become detached or unreadable;

- instructions are changed;
- the expiry date has been reached;
- the term or half-term ends.

At the end of every half-term a check should be made of the lockable medicine cabinet. Any medicine, which has not been returned to parents and is no longer required, out of date, or not clearly labelled should be disposed of safely by returning it to a pharmacy.

All medication returned, even empty bottles, must be recorded. If it is not possible to return a medicine to parents, it must be taken to a pharmacy for disposal and a receipt obtained and filed.

No medicine should be disposed of into waste systems or into refuse bags. Current waste disposal regulations make this practice illegal.

Schools can register as a low tier waste dispose. This is useful for disposal of emergency salbutamol medication.

[www.gov.uk/waste-carrier-or-broker-registration](http://www.gov.uk/waste-carrier-or-broker-registration)

### 10.14 Safe disposal of medicines requiring injection – Sharps

If Shenstone Lodge School has a child who requires injections it is the parents' responsibility to provide the equipment required in order that these can be given. Parents must also provide the school with an empty Sharps container, which must be used to dispose of any needles following use.

Sharps containers must be used for disposal of any sharp implements, which may have become contaminated with bodily fluid. Sharps containers must be kept in the designated medical area of the school.

- It is mandatory that schools have a policy on the correct procedure for disposal and collection of clinical waste.
- Clinical waste includes any items that have been soiled with bodily fluids. If this includes sharp items, a specific box for sharps needs to be maintained.
- When a sharps box is 3/4 full it should be sealed, and arrangements made for the container to be collected and replaced.
- Schools can make their own decision on who collects their clinical waste.

Schools should contact **Sandwell Contract Centre** regarding companies that provide a collection service for Sharps on 0121 507 3869 See also section 8 on infection

## 11 Medical Care Needs

### 11.1 Individual Health Plan (IHP)

Shenstone Lodge School uses an Individual Health Plan (IHP) for children/young people with complex medical needs to record important information about the individual children's medical

## Management of children with medical needs in education

needs at school, their triggers, signs, symptoms, medication and other treatments. Emergency Flowchart will be attached, with the exception of Anaphylaxis care plans. Further documentation can be attached to the Individual Health Plan if required.

The IHP will: -

- Inform the appropriate staff about the individual needs of a pupil with emergency health needs. Identify important individual triggers for pupils with medical needs at school that bring on symptoms and can cause emergencies. The school uses this information to help reduce the impact of triggers
- Ensure this school's emergency care services have a timely and accurate summary of a pupil's current medical management and healthcare in an emergency.

### 11.2 Writing an IHP

- a.** Not all children with a medical condition will need an IHP as it depends on the severity of their condition. Examples of medical needs which may generate an IHP are listed below:-
  - Diabetes Type 1
  - Enteral feeding
  - Tracheostomy
  - Anaphylaxis
  - Central line or other long term venous access
  - Difficult asthma
  - Epilepsy
- b.** IHPs will be sent to the relevant school by the school nurse / community children's nurse at the end of each academic year to be reviewed by the parent. Please see attached flow chart - Individual Health Care Plan Process Pathway (Appendix 10).
- c.** It is the parents/carers responsibility to complete the IHP with the School Nurse/Community Children Nurses and to ensure these are returned to the nursing service before the end of the academic year. If the school nurse / community children's nurse do not receive an IHP, all school staff should follow standard first aid measures in an emergency. The school will contact the parent/carer if health information has not been returned. If an IHP has not been completed, the school will contact the parents/carers and may convene an Early Help Assessment meeting or consider safeguarding children/young people procedures if necessary.
- d.** IHP will be completed prior to the start of the school year, when a relevant diagnosis is communicated to the school.
- e.** The finalised plan will be given to the parents/carers/pupil, where appropriate, school and school nurse / community children's nurse.

### 11.3 Review of IHP

- a.** Parents, carers and pupils are responsible for informing school/school nurse / community children's nurse of any changes so that the IHP can be updated. This would include if there have been changes to their symptoms or medication and treatment changes.



### **Management of children with medical needs in education**

- b.** The IHP will be reviewed by the school nurse service every academic year, however this will be a minimum of every 2 years or more frequently by other agencies i.e. Community Children's Nurses. In addition, the IHP will be reviewed more frequently if there are changes in the care required.
  
- c.** The parents/carers should have a designated member of school staff to direct any additional information, letters or health guidance to in order that the necessary records are altered quickly, and the necessary information disseminated.

## 11.4 Storing and Access to IHP

- a.** A central register will be kept by the school of pupils with complex medical needs needing an IHP. An identified member of staff has responsibility for the register at this school. The school will ensure that there is a clear and accessible system for identifying pupils with IHP and medication requirements.
- b.** A robust procedure should be in place to ensure that the pupil's record, contact details and any changes to the administration of medicines, condition, treatment or incidents of ill health in the school are updated on the schools record system.
- c.** The responsible member of school staff will follow up with parents/carers and health professional if further detail on a pupil's IHP is required or if permission or administration or medication is unclear or incomplete.
- d.** Parents/Carers and pupils (where appropriate) are provided with a copy of the pupil's current agreed IHP.
- e.** IHPs will be kept in a secure central location at the school.
- f.** Apart from the central copy, specified members of staff securely hold copies of pupils' IHP. These copies are updated at the same time as the central copy. The school must ensure that where multiple copies are in use, there is a robust process for ensuring that they are updated and hold the same information.
- g.** When a member of staff is new to a pupil group, for example, due to staff absence, the school makes sure that they are made aware of the IHP and the needs of the pupils in their care
- h.** The school ensures that all staff protect pupil confidentiality.
- i.** The information in the IHP will remain confidential unless needed in an emergency.

## 12 Information about Specific Conditions

Whilst we recognize that some of our students come from Local Authorities other than Sandwell for information specific to certain conditions we will continue to use the Sandwell contact numbers.

### 12.1 Allergies/Anaphylaxis

#### **What is it?**

Anaphylaxis (pronounced ana-fil-ax-is) is a severe and often sudden allergic reaction. It can occur when someone with allergies is exposed to something, they are allergic to (known as an allergen). Reactions usually begin within minutes and rapidly progress but can occur up to 2-3 hours later.

Some children and young people may have a mild reaction when exposed to an allergen requiring over the counter anti histamine medication, these symptoms may include flushing of the skin, rash/swelling of skin, complaining of abdominal pain. Severe symptoms requiring anti histamine and adrenaline may include persistent cough, swollen tongue/lips, difficulty speaking/swallowing.

Not all children with allergies/food sensitivities have severe reactions requiring anti histamines and/or

adrenaline injection. However, it remains appropriate to have an Individual Health Plan (IHP) documenting the type of reactions they experience and how to prevent and manage these.

### **Who gets this?**

- Anaphylaxis is the result of the immune system, the body's natural defense system, overreacting to a trigger.
- This is often something you're allergic to, but not always.
- Anyone can be affected at any age.
- In some cases, there's no obvious trigger. This is known as idiopathic anaphylaxis.

### **Management of a child/young person with allergies/anaphylaxis:**

- **Oral Antihistamines**  
e.g. Cetirizine (non-sedating), Loratidine (non-sedating), Chlorphenamine
- **Pre-loaded Auto Adrenaline Injectors (AAI's)**  
e.g. EpiPen, Emerade, JEXT
- **Inhaled bronchodilator.**

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/645476/Adrenaline\\_auto\\_injectors\\_in\\_schools.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf)

### **Who to contact for more information:**

Sandwell School Nurse Team – 0121 612 2974

## 12.2 Asthma/Difficult Asthma

### **What is it?**

Asthma is a common condition. It affects the airways – the small breathing tubes that carry air in and out of our lungs. The airways become inflamed and when they come into contact with “triggers” these is:

- Swelling of the airway wall
- An increase in mucus
- Tightening of the airway muscles.

A viral induced wheeze can be common if you have suffered from a viral infection and repeated episodes could result in wheeze occurring whenever a child/young person suffers from a cold. **This does not always result in an asthma diagnosis and would not require an Individual Health Plan (IHP)**

### **What is Difficult Asthma?**

**Difficult asthma** may be defined as being present in a patient with a confirmed diagnosis of **asthma** whose symptoms and/or lung function abnormalities are poorly controlled with treatment which experience suggests would usually be effective. i.e resulting in HDU/ITU admission or poor adherence despite Inhaled Corticosteroids / Long Acting Beta Agonists / Leukotriene Receptor Antagonists.

### **The school nurse service completes Individual Health Plan (IHP) for difficult asthmatics.**

All pupils with a diagnosis of asthma/viral induced wheeze should present a copy of the wheeze plan to the school and it is the responsibility of the school to complete their own or utilise Asthma UK wheeze/asthma care plans.

## **Who gets it?**

The cause of asthma is different to what *triggers* asthma. Causes can include:

- Asthma tends to run in families
- Children with allergies can go on to develop asthma
- Smoking increases the risk of a child developing asthma • Being born early
  
- Bronchiolitis
- Exposure to environmental triggers.
- Pollution

## **Management of a child/young person with Asthma/Difficult Asthma**

- Relievers and Preventer Inhalers
- Steroid Tablets
- Leukotriene Receptor Antagonists (LTRAs) (most commonly used LTRA, Montelukast)
- LABAs (long acting Beta 2 agonist), for example salmeterol and formoterol (commonly used to management of difficult asthma).
- Theophylline, which comes as a tablet or a capsule (commonly used in case of difficult asthma).

## **Who to contact for more information:**

Sandwell School Nurse Team – 0121 612 2974

## 12.3 Eczema

### What is it?

Atopic eczema (atopic dermatitis) is a chronic inflammatory itchy skin condition that develops in early childhood in the majority of cases. It is typically an episodic disease of exacerbation (flares, which may occur as frequently as two or three per month) and remissions. In some cases it may be continuous. Atopic eczema often has a genetic component that leads to the breakdown of the skin barrier. This makes the skin susceptible to trigger factors, including irritants and allergens, which can make the eczema worse.

### Who gets it?

Atopic eczema (AE) is a complex condition and a number of factors appear important for its development including patient susceptibility and environmental factors. Patients typically have alterations in their skin barrier, and overly reactive inflammatory and allergy responses. A tendency to atopic conditions often runs in families and is part of your genes and can be hereditary. If one or both parents have eczema it is more likely that children will develop it too. This makes the skin of patients with eczema much more susceptible to infection and allows irritating substances/particles to enter the skin, causing itching and inflammation. AE cannot be caught from somebody else.

Approximately one third of children with atopic eczema will also develop asthma and/or hay fever. Atopic eczema affects both males and females equally.

**\*Not all children diagnosed with eczema will require an Individual Health Plan (IHP), therefore guidance should be sought from the school nurse service, patient specialist consultant if eczema is having an impact on the child's/young person's learning.**

### Management of a child/young person with eczema:

'Topical' means 'applied to the skin surface'. Most eczema treatments are topical, although for more severe eczema some people need to take 'oral' medication (by mouth) as well.

- **Moisturisers (emollients):** These should be applied several times every day to help the outer layer of your skin function better as a barrier to your environment. The drier your skin, the more frequently you should apply a moisturiser.
- **Topical steroid creams or ointments**
- **Antibiotics and antiseptics**
- **Topical calcineurin inhibitors:** Calcineurin inhibitors, tacrolimus ointment and pimecrolimus cream, may be used when atopic eczema (AE) is not responding to topical steroids.
- **Antihistamines**
- **Bandaging (dressings):** Sometimes these may be applied as 'Wet wraps' which can be useful for short periods. It is important to be taught how to use the dressings correctly. Your doctor or nurse will advise you regarding the suitability of the various bandages and dressings available.
- **Ultraviolet light:**

- **Other treatments:** People with severe or widespread atopic eczema not responding to topical treatments may need oral treatments (taken by mouth). These medications would differ from antibiotics, antihistamines etc.

**Who to contact for more information:**

Sandwell School Nurse Team – 0121 612 2974

## 12.4 Diabetes Mellitus (Type 1)

### What is it?

Type 1 diabetes is when the levels of glucose (sugar) in your blood become too high. It happens because the body is no longer able to produce insulin which is the hormone that controls the amount of sugar in your blood stream

### Who gets this?

It is not known why this happens but it is not related to obesity or the age of the child. The child will need life-long treatment with dietary management and by replacing the insulin that they do not have. This is given in the form of injections 4 times a day, alongside their meals, or as continuous infusion of insulin via a pump. The child can use their arm, leg or stomach as injection sites.

The aim is to maintain the blood sugar at normal levels rather than having highs and lows. Hypoglycaemia (hypo) happens when the blood sugar is very low. Hypoglycaemia must be treated immediately because if untreated the child may become unconscious and may have a seizure. Hyperglycaemia (hyper) means that there is too much glucose in the blood.

It is NOT the same as Diabetes Type 2 which happens when the body has insulin but is not able to use it. This condition is related to obesity, familial diabetes and is managed by controlling the diet and/or taking daily oral medication.

### Management of a child with Type 1 Diabetes in school.

- School will need trained staff who are competent to support and supervise the child to manage their condition. Training must be updated every year or if there are changes
- Education staff will need to be trained to test the child's blood sugars and give insulin as prescribed.
- School will need to provide an appropriate environment to maintain the dignity and privacy of the child, access to soap and water, clean environment, storage of equipment and a lockable fridge. A bathroom is not an acceptable environment.
- Hypoglycaemia is **an emergency**, so the child will need their emergency box with them at all times.
- Education staff will need to work closely with the medical team and parents to manage the child's condition so that the child does not have significant disruption to their day.
- Education staff to work with the specialist team and dietician to write an individual care plan.
- Parents will need to provide equipment and medication on a daily/weekly basis and report any issues from the previous day.

**Who to contact for more information:**

Paediatric Diabetes Team at Sandwell Hospital – 0121 553 1831

## 12.5 Epilepsy

### What is it?

Epilepsy is a brain disorder that causes recurring seizures. Anyone can have a one off seizure, but the reoccurrence of seizures means that it is epilepsy. It is caused by the misfiring of electrical activity in the brain, depending on where this happens, and which part of the brain is affected determines the type of seizure. There are two main types of epilepsy:

#### **Generalised Seizures (tonic clonic)**

Generalised seizures affect the whole brain, there are two seizure types:

- Absence seizures last 5-20 seconds, the young person will stop what they are doing and look blank. They may roll their eyes, they may make chomping movements with their mouth. Absence seizures can be easily missed as they are so short especially in a large class. There is no intervention needed with an absence seizure. Staff will only need to note any seen and advise parents. The young person will have no recollection of the event.
- A Generalised seizure will last at least 1 minute but may last more than 5 minutes. The young person will drop to the floor and all four limbs may shake. The seizure may start as a focal seizure and spread into generalised seizure.

#### **Focal Seizures (partial seizures)**

Focal seizures affect one part of the brain, the seizure that is then observed depends on the part of the brain affected. Focal seizures can present in many different ways, signs to look out for are; *Jerking of one limb, rolling of eyes, eyes fixed and focused to one side, chomping of the mouth, making repetitive movements.*

### Who has it?

Anyone can have a seizure but someone who has 2 or more seizures is classed as having Epilepsy. However, some children and young people are more susceptible as a result of brain injury or an underlying condition.

### Management of a child with Epilepsy in school

- School must have appropriately trained staff. The training will include management of seizures and administration of emergency medication. Training must be updated every year.
- Education staff will need to work closely with the School Nurse / Community Children's Nurse (CCN) and parents to establish a suitable environment for the child/young person in school so that the child does not have significant disruption to their day.
- Education staff to work with School Health Nurse and/or CCN to write an individual Health plan.
- The child/young person can take part in sports. They should not climb higher than double their height without a rope or safety harness. If swimming the lifeguard should be informed of the young person's condition.
- The majority of children and young people will be treated with medication which is usually twice a day. Some children and young people will need medication during the school day.
- Some children will need emergency treatment if they have a generalised seizure lasting longer than 5 minutes.

- School need to call an ambulance in the following situations; if this is the young person's first seizure, if the seizure lasts 5 minutes and they do not have emergency treatment, if you are concerned about the young person's breathing or if the seizure continues after the administration of emergency medication.

**Who to contact for further information?**

School Health Nurse, 0121 612 2974. They will liaise as necessary with:  
Community Children's Epilepsy Nurse, 0121 507 2633



## **APPENDICES**

- 1 Medical Collection Form**
- 2 Individual Health Care Plan (IHP) for a child with medical needs**
- 3 Over the Counter medication consent**
- 4 Prescribed Medication Consent**
- 5 Staff Indemnity**
- 6 Emergency Buccolam Care Plan**
- 7 Individual Health Care Plan Process**
- 8 Medication Administration Flowchart**
- 9 Controlled Drugs UK List (Link)**
- 10 Medication Log Front sheet**
- 11 Controlled medication Log**
- 12 Non-controlled log**
- 13 School Health Nurse Referral form**



The Brades Lodge

## Section A – Child's Details:

This form should be completed by PARENT/S or persons with parental responsibility in respect of every student on entry to the school, and annually.

Surname:

Date of Birth:

Forenames:

Address:

Name of School:

Shenstone Lodge School

I understand that there may be curriculum based activities which may take my child off school premises in the neighbourhood of the school e.g. swimming, field trips, sports activities, local parks - they may walk or go in a mini-bus or coach, public or private transport. (See note below.)

I understand that there may be occasions when my child may be taken by a member of the staff in his/her car to hospital or home or sporting fixtures and other activities.

I agree that my child (name) \_\_\_\_\_ be allowed to take part in these activities as indicated above.

**If you do not agree, your child will not participate in any of the above activities or be taken in a member of staff's car.**

### Note:

In the event of certain other activities involving my child being away from school/home, I will be asked to complete an additional consent form.

## Section B – Medical Information

This information will be shared with the School Health Nursing Service (SHN) to ensure that any medical needs your child may have in school are dealt with appropriately. If you wish to discuss this further, please contact the SHN message taking service on 0121-612 2974.

### 1. Your Child's Family Doctor:

Name:

Address:

Tel:

Medical Card  
No:

2. Is your child on any regular medication? Yes  No

If yes, please give details:

3. Is your child under the care of any hospital, please give the Consultant's name and details:

4. Has your child had any of the following immunisations? (from your red book)

Age Due	Immunisation	Please tick the relevant boxes below and date as appropriate	
2 months	1st Diphtheria, Tetanus, Whooping Cough, Haemophilus Influenzae (Hib), Polio, Men C	<input type="checkbox"/>	
3 months	2nd Diphtheria, Tetanus, Whooping Cough, Haemophilus Influenzae (Hib), Polio, Men C	<input type="checkbox"/>	
4 months	3rd Diphtheria, Tetanus, Whooping Cough, Haemophilus Influenzae (Hib), Polio, Men C	<input type="checkbox"/>	
12-18 months	Measles, Mumps, Rubella (1st MMR) (2nd MMR – usually at 3-5 years)	<input type="checkbox"/>	
3-5 years	Diphtheria, Tetanus, Whooping Cough, Polio Booster	<input type="checkbox"/>	
10-14 years	<b>BCG (only for children with identified risk factors)</b>	<input type="checkbox"/>	
14 years	Tetanus, Polio and Diphtheria Booster	<input type="checkbox"/>	

5 Does your child suffer from any of the following problems?

	Yes	No		Yes	No
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Hearing Loss	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Poor Vision	<input type="checkbox"/>	<input type="checkbox"/>
Seizures	<input type="checkbox"/>	<input type="checkbox"/>	Serious allergic reaction e.g. to medicines/ foods	<input type="checkbox"/>	<input type="checkbox"/>
Heart Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Other significant conditions	<input type="checkbox"/>	<input type="checkbox"/>

If you have ticked any of the above please give details:

### 6 Personal Accident Insurance

The school does not provide Personal Accident Insurance for individual students. Personal Accident Insurance can be taken out by parents if they think it necessary. They should consult the school to check whether this cover has been taken out on behalf of all students before proceeding.

**Privacy Notice - Why do we need this information?**

The School has the legal right and a legitimate interest as a public organisation to collect and process personal data relating to your child. We process personal data to fulfil our obligations as a public organisation in order to:

- Provide appropriate pastoral care;
- Provide appropriate medical care;
- Protect welfare;
- Ensure safeguarding is maintained;

Signed: .....

(Parent or Guardian with parental responsibility)

Signed: .....

Student (Years 9,10 & 11)

Date: .....

## Appendix 2 - Individual Health Care Plan (IHP) for a child with medical needs

Photo
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Name:

Date of Birth:

Current Year/Class:

School:

NHS No:


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### Family/ carer Contact 1:

Name:

Home Telephone:

Work Telephone:

Relationship:


### Emergency Contact

2:

Name:

Home Telephone:

Work Telephone:

Relationship:


### Hospital Doctor/Paediatrician:

Name:

Telephone:


### School Health Nurse Cluster (where applicable) Name:

Telephone:


### Community

Children's Nurse or

Specialist Nurse

(where applicable) Name:

Telephone:

--

**Details of pupil's medical conditions**

**Triggers or things that make this pupil's condition worse**

**Regular requirements: (e.g. PE, dietary, therapy, nursing needs)**

**Does the pupil have regular medication?      Yes  No**

Name and type of medication	
What does the medication do?	
Dose and method of administration:	
Time:	
Are there any side effects?	

When should it be given?	
Can the pupil self-administer?	Yes / No / Supervised (delete)

If there is more than one medication taken regularly during school hours, please complete a "Request for School to Administer Medication" form.

**Does the pupil have emergency medication: Yes  No**

**FOR EMERGENCY PROCEDURES SEE ATTACHED EMERGENCY PLAN**

**Parental and Pupil Agreement**

I agree that the information contained in this plan may be shared with individuals involved with my child/young person's care and education. I understand that I must notify the school of any changes in writing.			
Signed (Pupil) (where appropriate)			
Print name			
Date			
Signed (parent/carer) (If pupil is below the age of 16)			
Print Name		Date	

**Healthcare Professional Agreement**

I agree that the information is accurate and up to date at the present time			
Signed			
Job Title			
Print Name		Date	

Review of care plan to be completed by (date) .....

**School to insert own Privacy Notice**

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To understand more about why we collect your information, what we do with your information, how you can access your information, your personal information rights, how and to whom to raise a complaint about your information, please visit our privacy notice page at <http://www.sandwell.gov.uk/privacynotices>

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**For School Health Nursing Team use only:**

	Name / Sign	Date
Nurse completing clinical information		
Nurse carrying out check with parent		
Team Leader checking MC / Record Keeping compliance		





# APP 3 : Shenstone Lodge School



## Non-Prescribed Medication Record

The Brades Lodge

Name of Student: .....

Date of Birth: .....

Only these medications are kept and used within the school.

### Orally Administered Medicine

Medication/Brand name	Dose	Frequency	Reason
Paracetamol Suspension	5mls to 10mls	Every four to six hours	Relief of pain and feverishness
Piriton	5mls to 10mls	Every four to six hours	Relief of allergic symptoms

### External Only Medicine

Medication/Brand name	Dose	Frequency	Reason
Antihistamine Cream	Apply directly to the bite or sting	Apply two to three times a day, up to three times.	To relieve itching or stinging.
E45 Cream	Apply to dry skin		To sooth sore dry skin
Burn Jel /Water Jel	Apply a generous layer to area follow instructions on package	Reapply as necessary But leave in contact with skin for a minimum of 30 mins	Minor Burns
Pharmagel Hydrogel Dressing	Apply directly to the area follow instructions on package		Minor Burns
Water Jel Burn Dressing	Apply directly to the area follow instructions on package		Minor Burns

The use of the above non-prescribed medication should under normal circumstances be safe. If any reaction should occur, then medication of any kind must be stopped and medical assistance obtained immediately.

Signed: .....

Name: ..... Date: .....

## Appendix 4 – Medication Consent



# Shenstone Lodge School



The Brades Lodge

## Confirmation of agreement for School to Administer Medication - on site and off site

I agree that (name of child): ....., with Date Of Birth.....will receive:

Quantity and name (as per dispensary label) of medicine

.....

Every day at (time(s) medicine to be administered):

.....

Known Side effects:

.....

Name of child: .....

Will be given/supervised while he/she takes their medicine by (named member of

staff): All designated staff.....

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

Signature of Parent/Carer: .....

Relationship to child: .....

Name (print): .....

Date: .....

*Authorised School Signature:* .....

*Position:* .....

*Name (print):* .....

*Date:* .....

A copy of this form should also be given to the parent.

## Appendix 5 – Staff Indemnity Form



### Indemnity form for the administration of medication in schools

You have agreed that you will, if called upon to do so, be prepared to administer medication to pupils in school in accordance with the guidance set out in the policy document “Management of children with medical needs”.

For the purposes of reassurance the School and Academy Trusts Insurance provider (RPA) will provide indemnity as follows for the administration of medication in school, in the course of school trips and other official school activities which may take place off school premises or out of school hours.

RPA will provide an indemnity if a Member becomes legally liable to pay for damages or compensation in respect of or arising out of personal injury occurring during the Membership Year within the Territorial Limits and in connection with the provision of medicines or medical procedures. Indemnity will also be provided to any member of staff (other than any doctor, surgeon or dentist while working in a professional capacity) who is providing support to pupils with medical conditions and has received sufficient and suitable training.

Cover provided by the RPA will be subject to adherence with the statutory guidance on supporting pupils at school with medical conditions, December 2015, link below.  
[Supporting pupils with medical conditions at school - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

In addition to the above if the school has insurance in place when carrying out medical provisions or medical procedures the insurance will take precedence over the RPA .

Please note the RPA does not provide medical negligent/medical mal practice cover.

Signed :

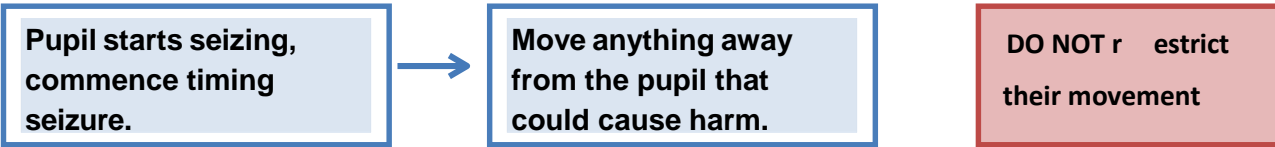
Name:

Date :

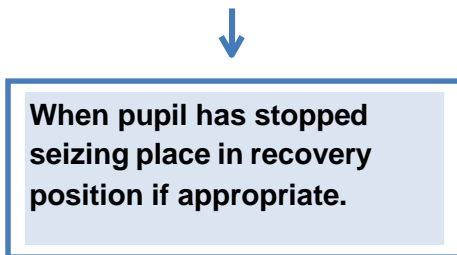
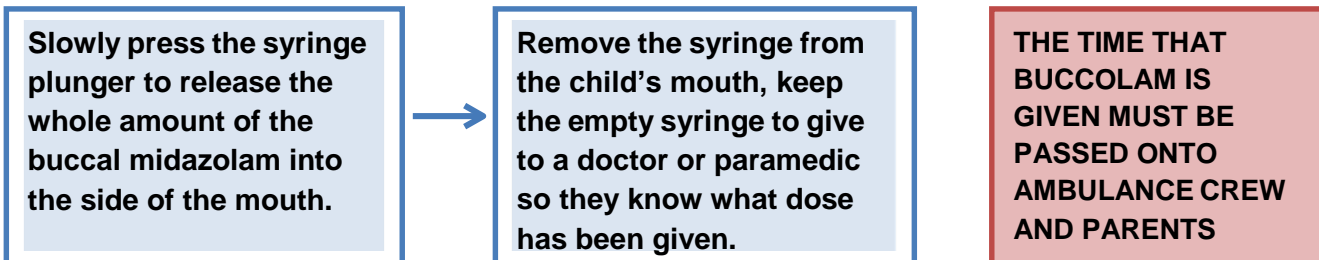
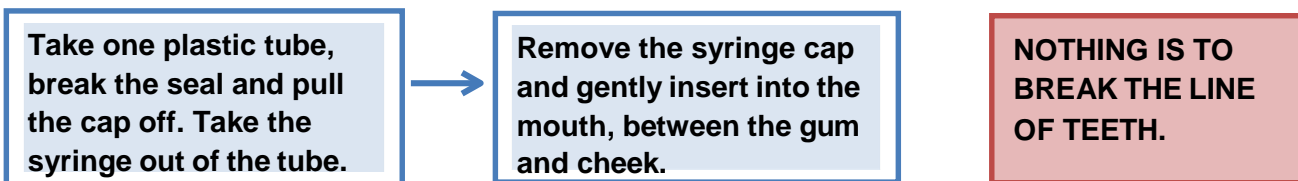


## Appendix 6 - EMERGENCY BUCCOLAM CARE PLAN

Pupils Name:	D.O.B
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ONE	MG	PRE-FILLED BUCCOLAM SYRINGE TO BE ADMINISTERED
MINUTES AFTER THE ONSET OF SEIZURE.		



**AN AMBULANCE MUST CALLED BE WHEN :**

IT IS THE FIRST DOSE GIVEN IN THE COMMUNITY (should this be school rather than community (Amy))

THE SEIZURE LASTS A FURTHER 5 MINUTES AFTER BUCCOLAM

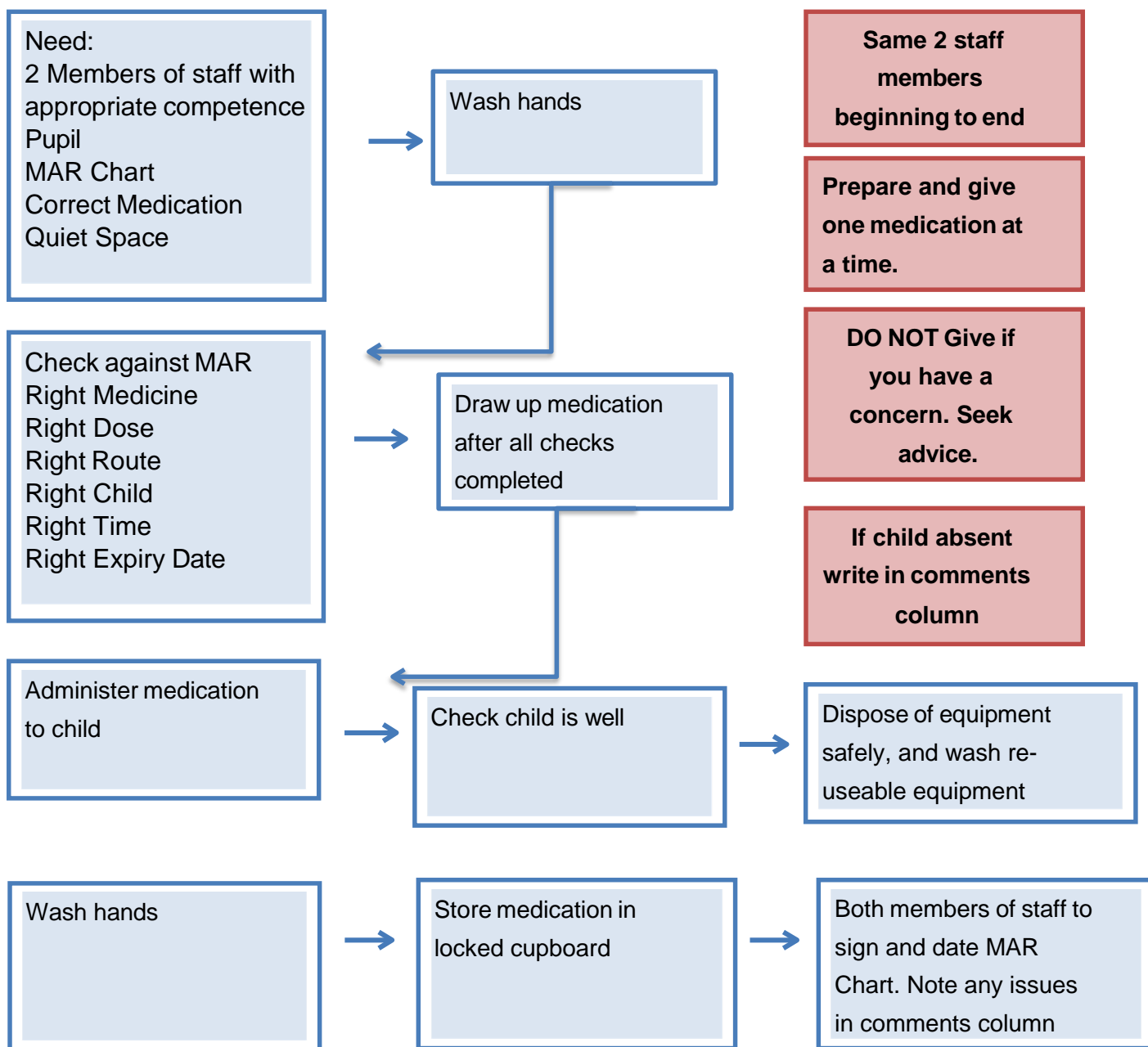
YOU ARE CONCERNED ABOUT THE PATIENTS BREATHING

## Appendix 7 - Individual Healthcare Plan Review Process

Pupils with medical conditions requiring Individual Healthcare Plans are: those who have diabetes, epilepsy with rescue medication, anaphylaxis, gastrostomy feeds, central line or other long term venous access, tracheostomy, difficult asthma. There may be other pupils with unusual chronic conditions who need an Individual Healthcare Plan, please liaise with the Nursing Teams as required.

<p>Medication Information Collection Form sent out asking parents / carers to identify any medical conditions:</p> <ul style="list-style-type: none"> <li>• Transition discussions</li> <li>• At start of school year</li> <li>• New enrolment (during the school year)</li> <li>• Parents / carers inform school of any new diagnosis</li> </ul> <p>→School inform School Health Nursing (SHN) / Community Children's Nursing (CCN)Team</p>	<p>School</p>
↓	
<p>School Health Nursing / Community Children's Nursing review information available and contact family</p> <ul style="list-style-type: none"> <li>• Identify if Individual Healthcare Plan (IHP) is indicated (NB not all children with a health condition will need an IHP, it depends on the severity of the condition)</li> </ul> <p>→SHN / CCN inform school of IHP to be completed</p>	<p>School Health Nursing / Community Children's Nursing</p>
↓	
<p>IHP completed in liaison with child / young person (where appropriate), parents / carers and review of available medical records:</p> <ul style="list-style-type: none"> <li>• Review emergency contact details</li> <li>• Record medical information; diagnosis, signs and symptoms, symptom management, including medication</li> <li>• Identify if Emergency Care Pan is indicated → complete</li> <li>• Sign agreement; pupil (where appropriate), parents / carers and nurse.</li> </ul> <p>→SHN / CCN to share IHP with designated person in school</p>	<p>School Health Nursing / Community Children's Nursing</p>
↓	
<p>Pupil to added to IHP register</p>	<p>School</p>
↓	
<p>All parties to ensure IHP is in place. If there are any difficulties in getting this finalised, School to discuss with SHC / CCN Team.</p>	<p>School &amp; School Health Nursing / Community Children's Nursing</p>

## Appendix 8 - Medication Administration Flow chart



**Same 2 staff members beginning to end**

**Prepare and give one medication at a time.**

**DO NOT Give if you have a concern. Seek advice.**

**If child absent write in comments column**

- DON'T**
- × Pour Medication into the lid of bottle
  - × Repeat if child vomits or spits it out
  - × Prepare medication to give later
  - × Leave medication in reach of pupils
  - × Get the MAR Chart covered in medication or water – it is a LEGAL document

## Appendix 9 - Link to controlled drugs UK register

<https://www.gov.uk/government/publications/controlled-drugs-list-2/list-of-most-commonly-encountered->

**Appendix 8 - Medication Administration Flow chart**  
[drugs-currently-controlled-under-the-misuse-of-drugs-legislation](#)


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## Appendix 10 - Medication Log Front sheet

Student :

	<p style="text-align: center;">PHOTO</p>
Date of birth	
NHS number	
Medicine Name	
Dosage	
Timings	
Method of administration	

Medicine Name	
Dosage	
Timings	
Method of administration	

Medicine Name	
Dosage	
Timings	
Method of administration	

Medicine Name	
Dosage	
Timings	
Method of administration	

## Appendix 11 – Controlled Drugs Log

Name:

Medication:

Dose:

Timings:

Date	Time	Signature 1	Signature 2	Amount sent home	Received into stock	Amount issued	Balance in stock per child

Page number:



# Appendix 13 – School Health Nurse Referral Form

Sandwell and West Birmingham Hospitals



NHS Trust

Referral to School

## Health Nursing Service

Surname:  Forer ame:   
DOB:  NHS No:   
F  School:  GP:   
M

Home Address:

Parent language Spoken / Written:  Contact Number:

Parental consent obtained: Yes  No  Parent/Carer Name:

Parental consent should be obtained on all referrals. If not, please clearly state the reasons why:

Other Agencies Involved With Contact Name And Numbers:

Do you wish the health visitor to be informed (i.e. if the child is a nursery child, or has a sibling in nursery)? Yes  No

Are there any additional needs identified? e.g. disability. If yes please state here:- Yes  No

Are there any known previous / current domestic abuse concerns known? Yes  No

**Reason for Referral** (please be specific about how you feel the school nurse service might be able to help):

--

<b>Referred By:</b>	<b>Designation:</b>	<b>Tel No:</b>
---------------------	---------------------	----------------

--	--	--

Base:

--

Date:

--

Email:

--

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**Sandwell School Nursing, Second Floor, Blackheath Library , 145 High Street  
Rowley Regis, B65 0EA**

**Email: [swbh.shnsandwell@nhs.net](mailto:swbh.shnsandwell@nhs.net)**

**Reply Slip**

Date

Plan of Action or Outcome:

Signed:

Print Name:

Designation:

Contact Number:

The information that you supply on this form will be used by the Children and Young Peoples Services for the purpose of maintaining and improving the level of service given for young people within Sandwell MBC. All information is regarded as confidential and any data collected via this form will be processed or disclosed only within the limits of the data protection notification.  
For further information visit: [Department for Children, Schools and Families \(Every Child Matters\)](#)

**Please Ensure that this Form is kept Confidential**