



**Crumpsall**

## **Medical Policy**

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<b>Policy Created by;</b>	Emma Delves
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<b>To be reviewed;</b>	September 2024
<b>UNCRC (United Nation Convention of the Rights of a Child) Articles included in this policy;</b>	1, 2, 3, 4, 5, 6, 12, 15, 16, 17, 23, 24, 28, 34, 36 and 39

### **Our Mission Statement**

**At St Anne's RC Primary School, we work together, learn together, play and care together in God's love to enable each unique person to achieve their full potential.**

**We aim to meet the needs of every child through a challenging, enriched curriculum, where everyone feels valued and respected. Providing a safe, secure and stimulating learning environment through an inclusive partnership between children, parents, our school, our church and the wider community.**

# **St Anne's RC Primary School**

## **Supporting Pupils at School with Medical Conditions**

### **INTRODUCTION**

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

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

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

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

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

### **PURPOSE OF DOCUMENT**

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

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

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

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

All staff in schools and academies have a duty to maintain professional standards of care and to ensure that children and young people are safe. It is considered to be good practice that schools and academies will consider and review

cases individually and actively support pupils with medical conditions, including administering medicines or medical interventions in order to meet the all round needs of the child. However, there is no legal duty requiring individual staff to administer medication, carry out medical interventions or to supervise a child when taking medicines. Any member of staff may be asked to administer medicines or medical interventions but they cannot be required to do so. This is a voluntary role.

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

## 1. ROLES AND RESPONSIBILITIES

### 1.1 The Governing Body

The governing body is responsible for:

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

- ensuring that risk assessments relating to off-site visits, residential trips and extended school opportunities offered outside the normal timetable are in place, as appropriate, including consideration for actions to take in the event of emergency situations;
- ensuring that appropriate insurance is in place to support staff to undertake this role;
- ensuring that a complaints procedure is in place and is accessible.

## 1.2 The Head Teacher / Principal

The Head Teacher / Principal is responsible for:

- ensuring that the notification procedure is followed when information about a child's medical needs are received (Template A and Appendix 2);
- ensuring that parents/carers provide full and up to date information about their child's medical needs by completion of 'Parent/Carer Information about a Child's Medical Condition' form (Template A)
- deciding, on receipt of a "Parent/Carer Request and Agreement for School to Administer Medicines / Medical Interventions' form (Template B), on case by case basis, whether any medication or medical intervention will be administered, following consultation with staff;
- deciding, on receipt of a 'Parent/Carer Request for the Child's Self-administration of Medication/Medical Intervention (Template C), on a case by case basis, whether any medication will be carried by the child, will be self-administered by the child or any medical intervention will be self-administered by the child, following consultation with staff, if appropriate;
- ensuring that procedures are understood and implemented by all staff, volunteers and pupils.

## 1.3 Staff

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

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

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

## 1.4 Parents/carers Responsibilities

Parents/carers are required to:

- provide the school with sufficient and up to date information about their child's medical needs and to update it at the start of each school year or, if needs change, by completion of 'Parent/Carer Information about a Child's Medical Condition' form (Template A);
- complete, if appropriate, a 'Parent/Carer Request and Agreement for School to Administer Medicines / Medical interventions' form (Template B) to gain consent for medicines / medical interventions to be administered at school;

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

## 2 PUPIL INFORMATION

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

- a) Details of pupil's medical conditions and associated support needed at school
- b) Medicine(s), including any side effects
- c) Medical intervention(s)
- d) Name of GP / Hospital and Community Consultants / Other Healthcare Professionals
- e) Special requirements e.g. dietary needs
- f) Who to contact in an emergency
- g) Cultural and religious views regarding medical care

## 3 MANAGING MEDICINES / MEDICAL INTERVENTIONS ON SCHOOL PREMISES

### 3.1 Administration of Medicines / Medical Interventions

#### Non-prescribed medicines

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

#### Prescribed medicines

Medicine / medical interventions will only be administered at school when it would be detrimental to pupil's health or attendance not to do so.

It is expected that parents/carers will normally administer medication / medical interventions to their children during their time at home, where at all possible. In line with other schools' policies, if medicines are prescribed up to 3 times a day, the expectation is that parents or carers will give these medicines out of school hours (breakfast, after school at 3pm, bedtime).

If medicines are prescribed 4 times then a Parent/ Carer request must be completed (Template B). Parents or carers will be required to administer the first 24 hour does of any new prescription, for example antibiotics.

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

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

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

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

All medicines / medical interventions will normally be administered during school breaks and/or lunchtime.

If, for medical reasons, medicine has to be taken at other times during the day or a medical intervention delivered at a different time, arrangements will be made for the medicine / medical intervention to be administered at other prescribed times.

Pupils will be told where their medication / medical intervention equipment and resources are kept and who will administer them.

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

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

Any member of staff, on each occasion, will make a written record of medication / medical interventions administered on the 'Record of Administration of Medicines/Medical Intervention to an Individual Child' (Template D or E). Procedures for Administering Medicine, Appendix 1, must be followed.

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

### **3.2 Refusing Medication / Medical Intervention**

If a child refuses to take their medication / medical intervention, staff will not force them to do so. Refusal to take medication will be recorded and dated on the child's record sheet. Reasons for refusal to take medications / medical intervention must also be recorded as well as the action then taken by the member of staff.

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

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

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

#### **3.4a Controlled drugs**

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

Where controlled drugs are not an individual child's responsibility, they will be kept in a non-portable locked cabinet in a secure environment - the main office in a locked cabinet attached to the wall.

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

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

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

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

### **3.5 Records**

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

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

Record of Administration to an Individual Child (Template D) and Record of Medicine Administered to All Children (Template E) or Record of Asthma Medicines (Template E1) must be used.

## **4. TRAINING**

Staff must not give prescription medicines or undertake healthcare procedures without appropriate training. A First Aid Certificate does NOT constitute appropriate training in supporting children with medical conditions.

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

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

Training for all staff will be provided on a range of medical needs, including any resultant learning needs, as and when appropriate. Asthma and epipen training is completed by staff each September and is delivered by a school nurse.

Supporting a child with a medical condition during school hours is not the sole responsibility of one person.

Training will ensure that sufficient numbers of staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans. Induction training will raise awareness of school's policy and practice on supporting pupils with medical condition(s).

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

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

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

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

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

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

Appendix 2 is a Flow Chart to guide schools through deciding which elements of the IHCP are relevant to an individual child.

Individual Health Care Plans will be reviewed annually or sooner if needs change – it is the parents responsibility to notify school of changes and to ensure information is up to date and accurate.

### **Intimate and Invasive Care**

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

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



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

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

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

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

School will carry out a thorough risk assessment to ensure the safety of all pupils and staff. In the case of pupils with medical needs the risk assessment process will involve consultation with child, parents/carers and relevant healthcare professionals to ensure the pupil can participate safely. Please refer to Health and Safety Executive (HSE) Guidance on School Trips.

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

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

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

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

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

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

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

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

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

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

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

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

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

## 9. LIABILITY AND INDEMNITY

School insurance policies provide liability cover relating to the administration of medicines.

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

The expectation is that only appropriately trained and insured staff will be involved in supporting medical interventions.

The school's insurance arrangements are as follows:

Employers' Liability and Public/Products Liability - Insurer: QBE/Policy Number: Y087701QBE0118A

## 10. COMPLAINTS PROCEDURE

In the first instance parents/carers dissatisfied with the support provided should discuss their concerns directly with the SENDCO Emma Delves.

If, for whatever reason, this does not resolve the issue then a copy of schools complaints procedure will be made available. A formal complaint can be made in writing to the school's governing body.

## 11. UNACCEPTABLE PRACTICE

The school considers that the **following constitute unacceptable practice**:

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

- preventing children from eating, drinking or taking toilet / other breaks whenever they need to in order to manage their medical condition effectively.

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

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

### **Templates:**

- A. Parent/Carer Information about a Child's Medical Condition
- A1. Asthma Health Plan
- B. Parent/Carer Request and Agreement for School to Administer Medicines/Medical Interventions' form
- C. Parent/Carer Request for the Child's Self-Administration of Medication/Medical Intervention
- D. Record of Administration of Medicines/Medical Intervention to an Individual Child under an IHCP
- E. Record of Administration of Medicines Administered to an Individual Child without an IHCP
- E1. Record of Asthma Medicines
- F. Record of Staff Training
- G. Procedure for Contacting Emergencies Services

### **Appendices:**

- 1. Procedure for Administering Medicines
- 2. Sample Procedure following notification of a pupil's medical needs
- 3. Individual Healthcare Plan (IHCP) Flow Chart to Guide Schools on the Development of an IHCP for a Child
- 4. Medicines and Medical Interventions

Template A


Date

Child's Full Name

Group / Class / Form

Date of Birth

Child's Address

**Family Contact Information**


1. Name

Relationship to Child

Phone no. (work)

Phone no. (home)

Phone no. (mobile)


2. Name

Relationship to Child

Phone no. (work)

Phone no. (home)

Phone no. (mobile)

### Healthcare Professional Contact Information

#### GP (General Practitioner)


Name

Medical Practice / Health Centre

Phone no.

#### Hospital / Clinic Consultant / Specialist Nurse



1. Name

Position / Job

Based at

Phone no

2. Name

Position / Job

Based at

Phone no

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


1. Name

Position / Job

Based at

Phone no

2. Name

Position / Job

Based at

Phone no

### Child's Medical Information

#### Diagnosis / Condition(s)

Describe medical needs and give details of medical history, symptoms and actions.

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#### Regular Medicine


1. Name

Time administered

Side – effects

Contra-indications

Does the child require this medicine to be administered regularly e.g. every day during the school day?  
Y / N (please circle) Note: If yes then IHCP required.


2. Name

Time administered

Side – effects

Contra-indications

Does the child require this medicine to be administered regularly e.g. every day during the school day?  
Y / N (please circle) Note: If yes then IHCP required.

**Medical Emergency**

If applicable describe what constitutes an emergency and the action to take if this occurs

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**Medicine Administered in a Medical Emergency**




Name

Side - effects

Contra-indications

Does the child require this medicine to be administered in school?

Y / N (please circle) Note: If medical emergency applicable, then IHCP required.

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


Name of intervention

Time administered

Equipment used

Does the child require a medical intervention to be administered regularly e.g. every day during the school day?

Y / N (please circle) Note: If yes then IHCP required.

**Mobility – movement and walking**


Walking aids used

Support needs

Physiotherapy needs / programmes

**Personal Care**


Dressing needs

Eating / drinking needs

Bathroom / Toilet needs

**Other Information**

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**Parent / Carer Declaration and Signature**

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

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

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

Parent/ Carer's Full Name (Please print)

\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

<b>School Use Only</b>	
Date Received	
Action(s)	

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

Template A1

**ST ANNE'S RC PRIMARY SCHOOL  
PARENT/CARER INFORMATION ABOUT A CHILD'S MEDICAL CONDITION  
ASTHMA HEALTH PLAN**

**PART 1**

Child's Name:		
DOB:		
Address:		
Class:		
Parent/Guardians name:	1 <sup>st</sup> Contact:	2 <sup>nd</sup> Contact:
Telephone:	Home:	
	Work:	
	Mobile:	
GP:	Name:	
	Surgery:	
	Telephone:	

Does your child tell you when they need their inhaler?

Yes/No/Not always

Does your child need help taking their inhaler?

Yes/No

Does your child need to take their inhaler before physical activity?		Yes/No	
IF ONLY REQUIRED DURING A COMMON COLD PLEASE CIRCLE:		With colds only	
Activity e.g. PE/Sports:	Strength:	Dose:	When to be taken
			Before activity: May need before, during and/or after Staff to observe (Aim to get through activity without symptoms if possible)

My Child's Asthma triggers: (please tick the appropriate boxes of your child's triggers)

Cold air	<input type="checkbox"/>	Cold's/Viral Infections	<input type="checkbox"/>	Pollen	<input type="checkbox"/>	Stress/Anxiety	<input type="checkbox"/>
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Changes in weather		Exercise		Dust		Emotion/Excitement	
Damp/Mould		Night		Pets		Cigarette Smoke	
OTHER: OBSERVE FOR UNKNOWN TRIGGERS							

### RELIEF TREATMENT WHEN NEEDED

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

STEP 1 MEDICATION/EXPIRY DATE	STRENGTH	DOSE	WHEN TO BE TAKEN
			4 hourly/as and when required (if not helping/and/or not lasting 4 hours go to Step 2)

### STEP 2 – WHAT TO DO – NOTE: RELIEVER MEDICATION SHOULD LAST 4 HOURS. IF NOT LASTING: -

- . Continue to give the child 1 puff of reliever inhaler (blue) every minute for 4 minutes (4 puffs). Children under 2 years 2 puffs
- . After 5-10 minutes the child should feel better and be able to return to normal activities
- . If the reliever is not helping, go to Step 3
- . If at any step the reliever is not lasting 4 hours consider going to Step 3 and phone parents/carers

### STEP 3 – IN AN EMERGENCY

An emergency is when any of the following happen:

1. The reliever inhaler does not help
2. Symptoms of cough, wheeze, breathlessness or tight chest gets worse
3. The child is too breathless or exhausted to speak or is unusually quiet
4. The child's lips are blue

#### CALL 999 FOR AN AMBULANCE

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

**IF IN ANY DOUBT AT ANY STEP CALL 999**

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

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

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

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

Parent / carer request and agreement for school to administer medicine(s) as described in this asthma care plan

Parent/ Carers full name (please print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

You may also request for the child's self-administration of medicine as described in this asthma care plan.

Parent/ Carers full name (please print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

If your child has forgotten his/her reliever inhaler and is having an asthma attack, following advice given by our School Health Team, we will in these circumstances use the exact dosage inhaler belonging to another one of our children. If you have any questions regarding this, please contact either Mrs Delves or Mrs Peers who will be more than happy to speak with you.

**THIS WOULD ONLY HAPPEN IN AN EMERGENCY SITUATION**

<b>School Use Only</b>	
Date Received	
Action(s)	

Date Agreed by Head Teacher	
Date Review Due	

Template B

**ST ANNE'S RC PRIMARY SCHOOL  
PARENT/CARER REQUEST AND AGREEMENT FOR SCHOOL TO ADMINISTER MEDICINE(S)  
/ MEDICAL INTERVENTION(S)**

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

**MEDICINES MUST BE IN THE ORIGINAL CONTAINER AS DISPENSED BY PHARMACY**


Child's Name

Group / Class / Form

Date of Birth

Medical Condition(s)

Date

**Medicine**


1.Name of Medicine

Dosage

Method of Administration

Timing(s)

Side-effects

Other information

Potential Emergency Situations

Self – administration

Y / N (Please circle)

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



2.Name of Medicine

Dosage

Method of Administration

Timing(s)

Side-effects

Other information

Potential Emergency Situations

Self – administration Y / N (Please circle)

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

**Medical Intervention e.g. catheterisation, tracheostomy care** (IHCP also required)


Type of Intervention

Procedure

Timing(s)

Other Information

Potential Emergency Situations

Self – administration Y / N (Please circle)

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

**Parent/ Carer Contact Details**

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Name

Relationship to Child

Daytime contact no.

Address

### Parents/Carers Declaration and Signature

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

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

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

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

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

Parent/Carer's Full Name (Please print)

\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

School Use Only	
Date Received	
Action(s)	

Date Agreed by Head Teacher	
Date Review Due	





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**ST ANNE'S PRIMARY SCHOOL  
RECORD OF STAFF TRAINING**


Name of Staff Member

Type of Training Received

Date Training Completed

Training Provider

Name of Trainer

Profession and Title

**Trainer Declaration**

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

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

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

Date \_\_\_\_\_

**Member of Staff Declaration**

I confirm that I have received the training detailed above.

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

Date \_\_\_\_\_

School Use Only	
Date Review Due	

Template G

**ST ANNE'S RC PRIMARY SCHOOL  
PROCEDURE FOR CONTACTING EMERGENCIES SERVICES**

**Requesting an Ambulance**

**Dial 999.**

**Speak clearly and slowly.**

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

You will be asked for three key pieces of information:

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

1. School's telephone number is 0161 740 5995
2. School Name: St Anne's RC Primary School

School Address: Moss Bank Crumpsall

School Postcode for SAT NAV : M8 5AB

Best entrance to the school site : main entrance, bear right into small car park

Exact location of the patient within the school \_\_\_\_\_

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

3. Name of Child

Age of Child

Description of Child's Symptoms

Inform if underlying Medical Condition

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

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



## Appendix 1

### **Procedure for Administering Medicines**

1. Medicines to be received, stored, administered and recorded by Mrs Peers or Miss Garside – office staff
2. Parents to complete the necessary pro forma and to personally hand the form into the main office.
3. Medicines to be stored in the secure, locked medicines fridge.
4. Medicines to be administered at 12:00pm. There are to be no exceptions to this time. Where this does not meet the requirements of the prescription, parents will need to make alternative arrangements.
5. Children who are to receive medicines will be taken to the office by a member of the class team / Key Stage staff member
6. A visual check, against the name of the child on the medicine packet/bottle will be carefully checked with the name of the child who is attending the medicine administration.
7. A second member of staff will be present to ensure and verify that the correct dosage is given to the correct child.
8. A record will be made to certify that the name/visual check has been made (see point 6) and that the dosage has been checked. A record will also be made of the date and time of the administration (Appendix 2).
9. In the event that the office staff are absent from work the above duties will be undertaken by a member of staff appointed by the Headteacher.

**Sample Procedure following Notification of a Pupil's Medical Needs**

## Notification

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

## Initial Meeting

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

## Formal Request

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

## Multi-agency Meeting

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

## Staffing

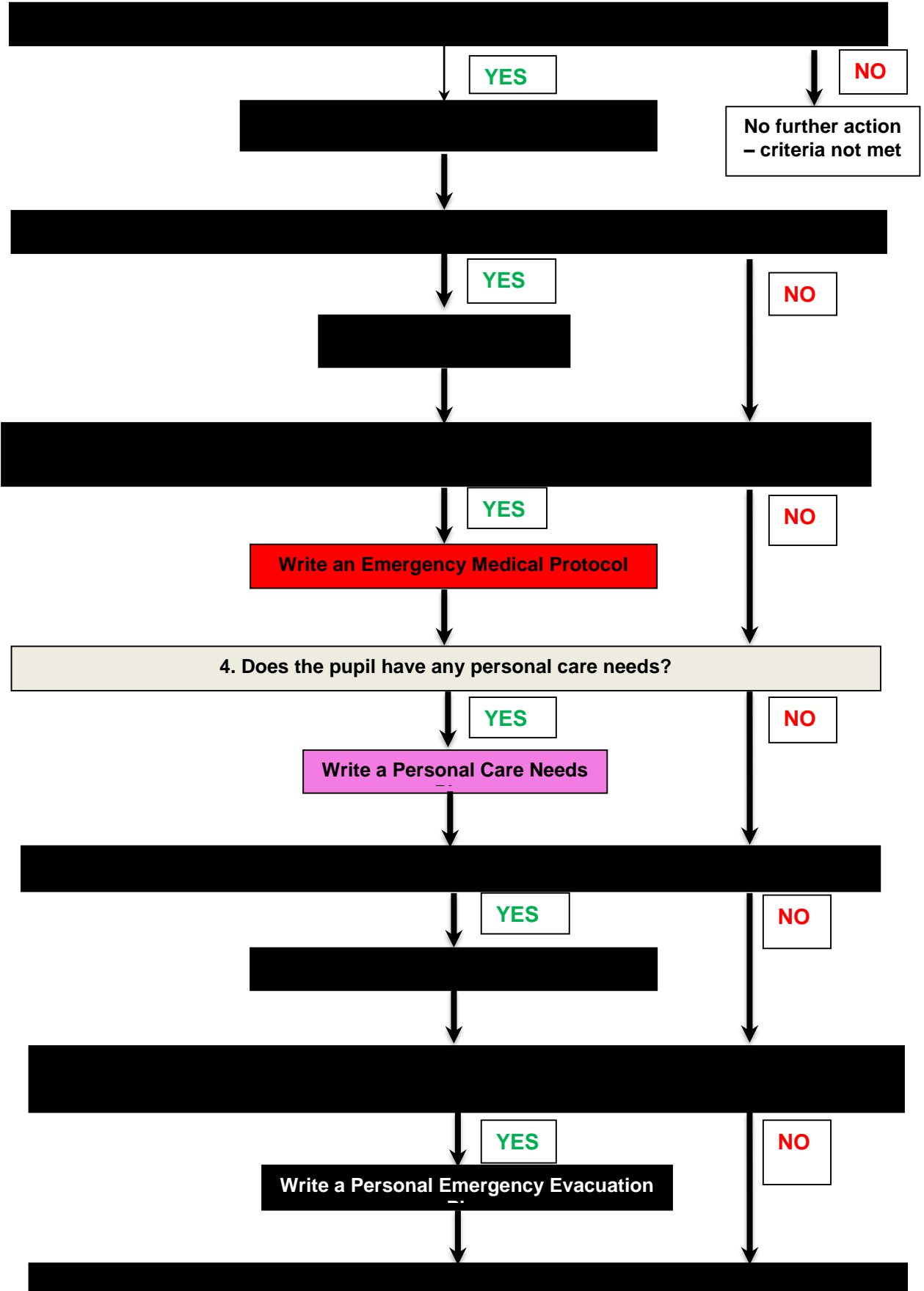
- School consults with staff to plan for the administration of any medication or medical intervention.
- Appropriate training is provided for staff and recorded on **'Record of Staff Training' form (Template E)**.

## IHCP

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

# Individual Healthcare Planning (IHCP) Flow Chart

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



## Appendix 4

# A SUMMARY OF THE UN CONVENTION ON THE RIGHTS OF THE CHILD



**ARTICLE 1 (definition of the child)**  
Everyone under the age of 18 has all the rights in the Convention.

**ARTICLE 2 (non-discrimination)**  
The Convention applies to every child without discrimination, whatever their ethnicity, gender, religion, language, abilities or any other status, whatever they think or say, whatever their family background.

**ARTICLE 3 (best interests of the child)**  
The best interests of the child must be a top priority in all decisions and actions that affect children.

**ARTICLE 4 (implementation of the Convention)**  
Governments must do all they can to make sure every child can enjoy their rights by creating systems and passing laws that promote and protect children's rights.

**ARTICLE 5 (parental guidance and a child's evolving capacities)**  
Governments must respect the rights and responsibilities of parents and carers to provide guidance and direction to their

child as they grow up, so that they fully enjoy their rights. This must be done in a way that recognises the child's increasing capacity to make their own choices.

**ARTICLE 6 (life, survival and development)**  
Every child has the right to life. Governments must do all they can to ensure that children survive and develop to their full potential.

**ARTICLE 7 (birth registration, name, nationality, care)**  
Every child has the right to be registered at birth, to have a name and nationality, and, as far as possible, to know and be cared for by their parents.

**ARTICLE 8 (protection and preservation of identity)**  
Every child has the right to an identity. Governments must respect and protect that right, and prevent the child's name, nationality or family relationships from being changed unlawfully.

**ARTICLE 9 (separation from parents)**  
Children must not be separated from their parents against their will unless it is in their best interests (for example, if a parent is hurting or neglecting a child). Children whose parents have separated have the right to stay in contact with both parents, unless this could cause them harm.

**ARTICLE 10 (family reunification)**

**ARTICLE 13 (freedom of expression)**  
Every child must be free to express their thoughts and opinions and to access all kinds of information, as long as it is within the law.

**ARTICLE 14 (freedom of thought, belief and religion)**  
Every child has the right to think and believe what they choose and also to practise their religion, as long as they are not stopping other people from enjoying their rights. Governments must respect the rights and responsibilities of parents to guide their child as they grow up.

**ARTICLE 15 (freedom of association)**  
Every child has the right to meet with other children and to join groups and organisations, as long as this does not stop other people from enjoying their rights.

**ARTICLE 16 (right to privacy)**  
Every child has the right to privacy. The law should protect the child's private, family and home life, including protecting children from unlawful attacks that harm their reputation.

**ARTICLE 17 (access to information from the media)**  
Every child has the right to reliable information from a variety of sources, and governments should encourage the media to provide information that children can understand. Governments must help protect children from materials that could harm them.

**ARTICLE 18 (parental responsibilities and state assistance)**  
Both parents share responsibility for bringing up their child and should always consider what is best for the child. Governments must support parents by creating support services for children and giving parents the help they need to raise their children.

**ARTICLE 19 (protection from violence, abuse and neglect)**  
Governments must do all they can to ensure that children are protected from all forms of violence, abuse, neglect and bad treatment by their parents or anyone else who looks after them.

**ARTICLE 20 (children unable to live with their family)**  
If a child cannot be looked after by their immediate family, the government must give them special protection and assistance. This includes making sure the child is provided with alternative care that is continuous and respects the child's

**ARTICLE 24 (health and health services)**  
Every child has the right to the best possible health. Governments must provide good quality health care, clean water, nutritious food, and a clean environment and education on health and well-being so that children can stay healthy. Richer countries must help poorer countries achieve this.

**ARTICLE 25 (review of treatment in care)**  
If a child has been placed away from home for the purpose of care or protection (for example, with a foster family or in hospital), they have the right to a regular review of their treatment, the way they are cared for and their wider circumstances.

**ARTICLE 26 (social security)**  
Every child has the right to benefit from social security. Governments must provide social security, including financial support and other benefits, to families in need of assistance.

**ARTICLE 27 (adequate standard of living)**  
Every child has the right to a standard of living that is good enough to meet their

physical and social needs and support their development. Governments must help families who cannot afford to provide this.

**ARTICLE 28 (right to education)**  
Every child has the right to an education. Primary education must be free and different forms of secondary education must be available to every child. Discipline in schools must respect children's dignity and their rights. Richer countries must help poorer countries achieve this.

**ARTICLE 29 (goals of education)**  
Education must develop every child's personality, talents and abilities to the full. It must encourage the child's respect for human rights, as well as respect for their parents, their own and other cultures, and the environment.

**ARTICLE 30 (children from minority or indigenous groups)**  
Every child has the right to learn and use the language, customs and religion of their family, whether or not these are shared by the majority of the people in the country where they live.

**ARTICLE 31 (leisure, play and culture)**  
Every child has the right to relax, play and take part in a wide range of cultural and artistic activities.

**ARTICLE 32 (child labour)**

**ARTICLE 36 (other forms of exploitation)**  
Governments must protect children from all other forms of exploitation, for example the exploitation of children for political activities, by the media or for medical research.

**ARTICLE 37 (inhumane treatment and detention)**  
Children must not be tortured, sentenced to the death penalty or suffer other cruel or degrading treatment or punishment. Children should be arrested, detained or imprisoned only as a last resort and for the shortest time possible. They must be treated with respect and care, and be able to keep in contact with their family. Children must not be put in prison with adults.

**ARTICLE 38 (war and armed conflicts)**  
Governments must not allow children under the age of 15 to take part in war or join the armed forces. Governments must do everything they can to protect and care for children affected by war and armed conflicts.

**ARTICLE 39 (recovery from trauma**

**and reintegration)**  
Children who have experienced neglect, abuse, exploitation, torture or who are victims of war must receive special support to help them recover their health, dignity, self-respect and social life.

**ARTICLE 40 (juvenile justice)**  
A child accused or guilty of breaking the law must be treated with dignity and respect. They have the right to legal assistance and a fair trial that takes account of their age. Governments must set a minimum age for children to be tried in a criminal court and manage a justice system that enables children who have been in conflict with the law to reintegrate into society.

**ARTICLE 41 (respect for higher national standards)**  
If a country has laws and standards that go further than the present Convention, then the country must keep these laws.

**ARTICLE 42 (knowledge of rights)**  
Governments must actively work to make sure children and adults know about the Convention.

The Convention has 54 articles in total. Articles 43–54 are about how adults and governments must work together to make sure all children can enjoy all their rights, including:

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Governments must respond quickly and sympathetically if a child or their parents apply to live together in the same country. If a child's parents live apart in different countries, the child has the right to visit and keep in contact with both of them.

**ARTICLE 11 (abduction and non-return of children)**

Governments must do everything they can to stop children being taken out of their own country illegally by their parents or other relatives, or being prevented from returning home.

**ARTICLE 12 (respect for the views of the child)**

Every child has the right to express their views, feelings and wishes in all matters affecting them, and to have their views considered and taken seriously. This right applies at all times, for example during immigration proceedings, housing decisions or the child's day-to-day home life.

culture, language and religion.

**ARTICLE 21 (adoption)**

Governments must oversee the process of adoption to make sure it is safe, lawful and that it prioritises children's best interests. Children should only be adopted outside of their country if they cannot be placed with a family in their own country.

**ARTICLE 22 (refugee children)**

If a child is seeking refuge or has refugee status, governments must provide them with appropriate protection and assistance to help them enjoy all the rights in the Convention. Governments must help refugee children who are separated from their parents to be reunited with them.

**ARTICLE 23 (children with a disability)**

A child with a disability has the right to live a full and decent life with dignity and, as far as possible, independence and to play an active part in the community. Governments must do all they can to support disabled children and their families.

Governments must protect children from economic exploitation and work that is dangerous or might harm their health, development or education. Governments must set a minimum age for children to work and ensure that work conditions are safe and appropriate.

**ARTICLE 33 (drug abuse)**

Governments must protect children from the illegal use of drugs and from being involved in the production or distribution of drugs.

**ARTICLE 34 (sexual exploitation)**

Governments must protect children from all forms of sexual abuse and exploitation.

**ARTICLE 35 (abduction, sale and trafficking)**

Governments must protect children from being abducted, sold or moved illegally to a different place in or outside their country for the purpose of exploitation.

**ARTICLE 45**

Unicef can provide expert advice and assistance on children's rights.

**OPTIONAL PROTOCOLS**

There are three agreements, called Optional Protocols, that strengthen the Convention and add further unique rights for children. They are optional because governments that ratify the Convention can decide whether or not to sign up to these Optional Protocols. They are: the Optional Protocol on the sale of children, child prostitution and child pornography, the Optional Protocol on the involvement of children in armed conflict and the Optional Protocol on a complaints mechanism for children (called Communications Procedure).

For more information go to [unicef.org/uk/crc/op](https://www.unicef.org/uk/crc/op)

## Medicines and Medical Interventions

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

### Medicines

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

### Medical Interventions

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

