

ST JAMES' RC PRIMARY SCHOOL
SUPPORTING PUPILS IN SCHOOL WITH MEDICAL CONDITIONS POLICY

This policy has the School's Motto at its heart.

**Faith in action,
Growing together,
Walking in the footsteps of Christ.**

Purpose of the Policy

We are committed to ensuring that all children with medical conditions, in terms of both physical and mental health, are properly supported in our school so that they can play a full and active role in school life, remain healthy and achieve their academic potential. No child with a medical condition will be denied admission or prevented from taking up a place in our school because arrangements for their medical condition have not been made. We will ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases therefore we will not accept a child in school at times where it would be detrimental to the health of that child or others to do so. This policy outlines the correct procedures and protocols the schools will follow to support pupils with long-term and/or complex medical conditions, whilst safeguarding staff by providing clear and accurate guidance to which all staff can adhere to. This policy will be readily accessible to parents and all staff and will be reviewed by the Head teacher to keep up-to-date with statutory and non-statutory guidance and legislation.

Aims of the Policy

- To ensure arrangements are made for children with medical conditions to receive proper care and support whilst meeting our legal responsibilities;
- To provide guidance to all staff members, ensuring staff are fully supported in carrying out their role to support pupils with medical conditions, including the procedure in an emergency situation;
- To identify the areas of responsibility and roles for all parties involved in the arrangements made to support pupils at school with medical conditions, including pupils, parents and staff;
- To ensure procedures are followed to limit the impact of pupils' educational attainment, social and emotional wellbeing that can be associated with medical conditions, both on site and during off site trips;
- To ensure that pupils, staff and parents understand how the school will support pupils with medical conditions;
- To ensure that pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities.

The Governing Body will implement this policy by:

- Making sure sufficient staff are suitably trained;
- Making staff aware of a pupil's condition, where appropriate;
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions;
- Providing supply teachers with appropriate information about the policy and relevant pupils;
- Developing and monitoring individual healthcare plans (IHPs).

The named person with responsibility for implementing this policy is Lisa Weeks.

Legislation Framework

This document replaces previous guidance on Managing Medicines in schools and Early Years published in March 2005. It is based on the Department for Education's statutory guidance: [Supporting pupils at school with medical conditions](#). Section 100 of the Children and Families Act 2014 places a duty on Governing Bodies to make arrangements for supporting pupils with medical conditions at school. This is because pupils with long-term and complex medical conditions may require:

- On-going support, medicines or care whilst at school to help them manage their condition;
- Monitoring and intervention in emergency circumstances.

This policy also complies with our funding agreement and articles of association.

Equal Opportunities

The Governing Body must further comply with their duties under the Equality Act 2010 towards disabled children and adults. The school is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so. The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities. Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

Roles and Responsibilities

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. Collaborative working between staff, healthcare professionals, Local Authorities, parents and pupils will be critical to ensure that the needs of pupils with medical conditions are met effectively. Some of the most important roles and responsibilities at our school are listed below, however this is not an exhaustive list.

The Local Authority (LA) is responsible for:

- Promoting co-operation between relevant partners regarding supporting pupils with medical conditions.
- Notifying the school when a child has been identified as having a medical condition, which will require support. This should, where possible, be done before the child starts at the school.
- Providing support, advice and guidance, including suitable training for staff to ensure that the support specified within the IHPs can be delivered effectively.
- Working with the school to ensure that they support pupils with medical conditions to attend full time education or making alternative arrangements where pupils would not receive a suitable education in a mainstream school because of their health needs when it is clear that a child will be away from school for 15 days or more because of their health needs.

The Governing Body is responsible for:

- Ensuring arrangements are in place to support pupils with medical conditions, so that they have the same opportunities as others in school.
- Ensuring the policy is developed collaboratively across services, clearly identifies roles and responsibilities and is implemented effectively.
- Ensuring that the Supporting Pupils with Medical Conditions Policy does not discriminate on any grounds including, but not limited to protected characteristics: ethnicity/national/ origin, culture, gender or disability
- Ensuring the policy covers arrangements for pupils who are competent to manage their own health needs.

- Ensuring that all pupils with medical conditions are able to play a full and active role in all aspects of school life, participate in school visits, trips and sporting activities, remain healthy and achieve their academic potential
- Helping to ensure that relevant training is delivered to a sufficient number of staff who will have responsibility to support children with medical conditions and that they are signed off as competent to do so. Staff to have access to information, resources and materials. These will include manuals on any equipment in use and the name and telephone numbers of Parents and relevant professionals.
- Ensuring written records are kept of medicines administered to pupils.
- Ensuring the policy sets out procedures in place for emergency situations.
- Ensuring the level of insurance in place reflects the level of risk.
- Handling complaints regarding this policy as outlined in the school's complaints' policy.

The Head teacher is responsible for:

- Ensuring that the policy is developed effectively with partner agencies and then making staff aware of this policy.
- Implementing this policy effectively and ensuring that all relevant staff members are aware of how to support pupils with medical conditions including their role in its implementation.
- The development of individual healthcare plans (IHPs).
- Ensuring there are sufficient trained members of staff available to implement the policy and deliver against all IHP, including in contingency and emergency situations.
- Ensuring all staff who need to know are aware of the child's condition.
- Liaising with the Local Authority to inform them of a medical condition that has not yet been brought to their attention, which may require medical support at the school.
- Liaising with healthcare professionals regarding the training required for staff, including temporary and support staff.
- Liaising with healthcare professionals and parents in the case of any child who has or develops an identified medical condition.
- Ensuring confidentiality and data protection.
- Assigning appropriate accommodation for medical treatment/ care.
- Voluntarily holding 'spare' salbutamol asthma inhalers for emergency use.
- Making sure all staff are aware of this policy and understand their role in its implementation
- Taking overall responsibility for the development of IHPs
- Making sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- Ensuring that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.

Staff (teaching and non-teaching) should:

- Provide support to pupils with medical conditions. This can be any member of staff. All members of staff are able to give prescribed and over the counter medicines as long as they have written consent from the parent.
- Consider the needs of pupils with medical conditions that they teach.
- Receive sufficient and suitable training to achieve the necessary level of competency before they take on the responsibility to support children with medical conditions.
- Know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

- Knowing where medication is stored and allow inhalers, adrenalin pens and blood glucose testers to be held in an accessible location, following DFE guidance.

School nurses are responsible for:

- Collaborating on the development of an IHP in anticipation of a child with a medical condition starting school.
- Notifying the school when a child has been identified as requiring support in school due to a medical condition at any time in their school career.
- Supporting staff to implement an IHP and then participate in regular reviews of the IHP and giving advice on training needs.
- Liaising locally with lead clinicians on appropriate support. Assisting the Head teacher in identifying training needs and providers of training.

Pupils should:

- Provide adequate information about how their condition affects them
- Be fully involved in discussions about their medical support needs and contribute to their IHP
- Comply with their IHP and self-manage their medication or health needs including carrying medicines or devices, if judged competent to do so by a healthcare professional and agreed by parents.

Parents should:

- Sign the Parental Agreement Form to administer medicine
- Provide in date prescribed medicine and equipment and ensure they or another nominated adult are contactable at all times
- Provide sufficient and up-to-date information to the school about their child's medical needs
- Be involved and assist in drafting and developing their child's IHP
- Carry out any action they have agreed to as part of the implementation of the IHP e.g. provide medicines and equipment

Notification of a Medical Condition

When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHP. The school will make every effort to ensure that arrangements are put into place within two weeks, or by the beginning of the relevant term for pupils who are new to our school. When the school is notified that a child has been identified as having a medical condition that requires support, the following procedure is put in place:

The Head teacher should take the necessary steps to co-ordinate a meeting to discuss the child's medical support needs. The meeting will involve key staff, the pupil, parents and relevant healthcare professionals as appropriate. A decision will be made as to whether an IHP will be created for the child. For children new to the school, support arrangements must be in place before the child starts in school. In cases where the child moves to the school mid-term or receives a new diagnosis, the school will make every effort to ensure the arrangements are in place. Depending on the severity of the condition, medical opinion will be sought. The school will not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be made about what support to provide based on available medical evidence and through consultation with parents.

Medical Conditions Register

Schools admissions forms request information on pre-existing medical conditions. Parents must inform the school at any point in the school year if a condition develops or is diagnosed. Consideration could be given to

seeking consent from GPs to have input into the IHP and also to share information for recording attendance. A medical conditions list or register should be kept, updated and reviewed regularly by the nominated member of staff. Each class teacher should have an overview of the list for the pupils in their care, within easy access. Supply staff and support staff should similarly have access on a need to know basis. Parents should be assured data sharing principles are adhered to. For pupils on the medical conditions list key stage transition point meetings should take place in advance of transferring to enable parents, school and health professionals to prepare IHPs and train staff if appropriate.

Individual Healthcare Plans (IHPs)

The Head teacher has overall responsibility for the development of IHPs for pupils with medical conditions. Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is not a consensus, the Head teacher will make the final decision.

Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil has SEN but does not have an EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing body, the Head teacher and the SENCO will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments
- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons
- Specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions
- The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable
- Who in the school needs to be aware of the pupil's condition and the support required
- Arrangements for written permission from parents and the Head teacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments

- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact, and contingency arrangements

A pupil's IHP provides clarity about what needs to be done, when and by whom. When deciding whether an IHP is appropriate and proportionate, the school should follow the steps below:

Stage 1: Gathering the information

The Head teacher co-ordinates a meeting between the school, healthcare professional and parent to discuss the medical support needs of the pupil. Pupils should be involved when possible. The meeting should ascertain whether an IHP is appropriate, as not all children will require one. All parties should agree, based on the evidence, as to whether an IHP would be suitable. However, the Head teacher is best placed to take the final view if consensus cannot be reached. The decision should be based on:

- Whether there is a high risk that emergency intervention will be needed;
- Whether the medical condition is long-term and/or complex;
- Whether the child is returning to school following a period of hospital education or alternative provision (including home tuition);
- Whether medical conditions are likely to fluctuate.

A member of staff should be identified as being the person who will provide support to the pupil.

Stage 2: Developing an IHP

The purpose of an IHP is to capture steps, which the school will take to help the child manage their condition and overcome any potential barriers to getting the most from their education. Once the decision has been made to create an IHP the outlined process should be followed:

Refer to Forms for the IHP. The IHP should be developed in partnership. It should be agreed on who leads on writing it. Input from healthcare professional must be provided. Where a pupil has an Education, Health and Care plan or special needs statement, the IHP will be linked to it or become part of it. Where a child is returning from a period of hospital education or alternative provision or home tuition, collaboration between the provider and the school ensures that the IHP identifies the support the child needs to reintegrate. School staff training needs should be identified. Healthcare Professionals commissions and/or delivers training and school staff are signed-off as competent. A review date is agreed. An IHP is reviewed at least annually or when condition changes, whichever is sooner. A parent or healthcare professional initiates the review. The IHP is implemented and circulated to all relevant staff. Parental permission is granted to place a photograph and a summary of pupils' medical needs in the staffroom. This ensures that all staff and volunteers are aware of medication that needs to be administered quickly. Parents who had given permission agree that safety takes precedence over confidentiality in this instance.

Allocated School Transport

Where a pupil with an IHP is allocated school transport the school should invite a member of the Transport team to participate in the IHP meeting. A copy of the IHP will be copied to the Transport team and kept on the pupil record. The IHP must be passed to the current operator for use by the driver /escort and the Transport team will ensure that the information is supplied when a change of operator takes place. For some medical conditions the driver/ escort will require adequate training. For pupils who receive specialised support in school with their medical condition this must equally be planned for in travel arrangements to school and included in the specification to tender for that pupil's transport. When prescribed controlled drugs need to be sent in to school, parents will be responsible for handing them over to the adult in the car in a suitable bag or container. They must be clearly labelled with name and dose etc. Controlled drugs will be kept under the

supervision of the adult in the car throughout the journey and handed to a school staff member on arrival. Any change in this arrangement will be reported to the Transport team for approval or appropriate action.

Emergency Process

As part of general risk management processes, the school has the following arrangements in place for dealing with emergency situations. Refer to Contacting Emergency Services Form, this form should be completed by the school and displayed in the office. All pupils in the school should inform a teacher immediately if they think they require help. The IHP will clearly define what constitutes an emergency and will explain what to do, including ensuring that all relevant staff are aware of the emergency symptoms and procedures for the individual pupil. When contacting the emergency service, ensure clear and precise details are given regarding the location and condition of pupil. When a pupil needs to be taken to hospital, staff will stay with the child until the parent arrives. If a child is taken to hospital by ambulance, staff will accompany the pupil. If possible, relevant medication and child's paperwork should be provided. Parents will then be informed and arrangements made regarding where they should meet their child in the event that they are unable to accompany their child in the ambulance. It is vital therefore, that parents provide the school with up-to-date contact names and telephone numbers.

Staff Training and Support

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction. General posters about medical conditions such as diabetes, asthma and epilepsy are visible in the staffroom and school office. Full staff medical training plans will be retained by the school to evidence medical training completed by staff throughout the year. Staff are supported in carrying out their role to support pupils with medical conditions through appropriate training and any member of school staff providing support to a pupil with medical needs will have received suitable training. Staff must not undertake health care procedures without appropriate training. A first-aid certificate does not constitute appropriate training in supporting children with medical conditions. Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so. The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed. The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the Head teacher. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- Fulfil the requirements in the IHPs
- Help staff to understand the specific medical conditions they are being asked to deal with, their implications and preventative measures

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

Record Keeping

IHPs are kept in a readily accessible place which all staff are aware of. Written records of all medicines administered to individual children will be kept in the office detailing what, how and how much was administered, when and by whom. Refer to Record of Regular Medicine Administered to an Individual Child Form. These accurate records offer protection to staff and children, whilst providing evidence that agreed procedures have been followed. Parents will be informed when their child has been unwell at school by a member of staff.

Administering Medicines

Most prescribed medicines and over the counter medication can be taken outside normal school hours. Prescribed medicines and over the counter medicines may be administered in the school where it is deemed essential and only if written parental permission has been received. The written parental permission should outline the type of medicine, dosage and the time the medicine needs to be given. These forms are available from the office. Prescription medication is defined as any drug or device prescribed by a doctor, prescribing nurse or dentist and dispensed by a pharmacist with instructions for administration, dose and storage. We will only accept prescribed medicines if they are:

- Are in-date;
- Bare the original prescription label with the child's name;
- Are provided in the original container as dispensed by a pharmacist;
- Include instructions for administration, dosage and storage.

The exception to this is insulin, which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container.

The exceptions to administering over the counter medicine include:

- Where an over the counter medicine is outside of its marketing authorisation, also known as 'off-label use' or 'unlicensed use'.
- Where an over the counter medicine is being prescribed for a long-term (chronic) condition
- Where there are possible safeguarding concerns including, but not limited to, children where there might be concerns that treatment might otherwise not be provided.

Over the counter medication should never be administered without first checking maximum dosages and when the previous dose was taken. Aspirin should never be given to a child under 16 years old unless it has been prescribed by a doctor. Pupils may be competent to manage their own health needs and medicines. We will discuss individual competencies with parents and ensure the IHP reflects the pupil's competencies for managing their own medicines and procedures. Wherever possible, the pupil will administer their own medicine, under the supervision of a member of staff. In cases where this is not possible, the staff member will administer the medicine. If a child refuses to take their medication, staff will accept their decision and inform the parents accordingly. Schools must keep a written record each time a medicine is administered to a child and inform the child's parents on the same day or as soon as reasonably practicable. The school cannot be held responsible for side effects that occur when medicines are administered correctly, parents will be informed immediately if there is an adverse reaction or emergency services will be called if necessary.

Controlled Drugs

[Controlled drugs](#) are prescription medicines that are controlled under the [Misuse of Drugs Regulations 2001](#) and subsequent amendments, such as morphine or methadone. A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. All other controlled drugs are kept in a secure cupboard in the school office and only named staff have access. Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

Storage/Disposal of Medicines

Medications are stored in the School Office Medicine cabinet out of reach of children and are easily accessible to all staff. Children will not be allowed to carry their own medicines/ relevant devices, unless in exceptional circumstances that the office must be informed of, but will be able to access their medicines in the office and/or classroom for self-medication, quickly and easily. Pupils' medicine will not be locked away out of pupil's access. Pupils are never prevented from accessing their medication. It is the parents' responsibility to ensure all medication for their child is 'in date' and is replaced by the parent when nearing to its expiry date. It is not

the school's responsibility to remind parents when this is. It is not the responsibility of the school to remind parents to collect medicines that are no longer required or are out of date. It is the responsibility of the parent to collect all medicine if a child leaves the school or the medicine goes out of date. However, medications left over at the end of the course are returned to the child's parents and parents are asked to collect medication at the end of the school term, and provide new and in-date medication at the start of term. If a child leaves the school or the medicine goes out of date and it has not been collected, the school will dispose of the medicine appropriately, without contacting the parent. The school keeps children's Adrenaline Auto-injectors such as epipen, Jext and Emerade pens for Anaphalaxis securely stored in a container in the office. The school also keeps asthma inhalers that have been prescribed for individual pupils. These medicines are easily accessible in classrooms in green first aid bags on the back of doors and staff and pupils know where they are kept. Emergency salbutamol inhaler kits will be kept voluntarily by the school in the school office.

Off-site procedure

The school will assess what reasonable adjustments can be made to enable pupils with medical needs to participate fully and safely during off-site trips. All staff members should be aware of how the pupil's individual medical condition will impact their participation, but should allow enough flexibility for pupils to participate according to their own abilities, unless evidence from a GP states otherwise. A risk assessment will be carried out by the class teacher to ensure pupils with medical conditions can participate safely. This will require consultation with parents and pupils and advice from the relevant healthcare professionals.

Unacceptable Practice

Staff should use their discretion and judge each case on its merits with reference to the child's IHP. However, it is not acceptable practice to:

- Assume that every child with the same condition requires the same treatment;
- Prevent children from accessing their inhalers or medication easily, and administering their medication when and where necessary;
- If the pupil becomes ill, to send them to the office, unaccompanied or with someone unsuitable;
- Send pupils with medical conditions home frequently or prevent them from participating in normal school activities, unless specified in their IHP;
- Penalise pupils for their attendance record if absences relate to their medical condition i.e. hospital appointments – absence due to medical appointments will be marked with a code 'M' to indicate authorised absence;
- Ignore the views of the pupil or their parents; or ignore medical evidence or opinion, (although this may be challenged);
- Prevent children from drinking, eating or taking toilet breaks whenever they need to in order to manage their medical condition effectively;
- Create barriers to pupils participating in any aspect of school life, including off-site school trips;
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs;
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child;
- Administer, or ask pupils to administer, medicine in school toilets.

Insurance

The school provides the appropriate level of insurance to cover staff providing support to pupils with medical conditions. Those who wish to see the full written insurance policy documents should contact the Head teacher.

Emergency Procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do. If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives, or accompany the pupil to hospital by ambulance.

Complaints

Should parents have a complaint about how their child's medical condition is being supported in school they should contact the Head teacher in the first instance. If the concern cannot be resolved with the school directly, a Formal Complaint can be raised. The Complaints Policy is accessible from the school website.

Definitions

'Parent(s)' is a wide reference not only to a pupil's birth parents but to adoptive, step and foster parents, or other persons who have parental responsibility for, or who have care of, a pupil.

'Medical condition' for these purposes is either a physical or mental health medical condition as diagnosed by a healthcare professional which results in the child or young person requiring special adjustments for the school day, either ongoing or intermittently. This includes; a chronic or short-term condition, a long-term health need or disability, an illness, injury or recovery from treatment or surgery.

'Medication' is defined as any prescribed or over the counter treatment.

A 'staff member' is defined as any member of staff employed at St. James' RC Primary School.

Links to other policies

This policy links to the following policies:

- Accessibility plan
- Complaints
- Equality information and objectives
- First aid
- Health and safety
- Safeguarding
- Special educational needs information report and policy

Monitoring and Evaluation

This policy will be updated in line with any new developments in the school and/or any new government guidance. This policy will be reviewed annually.

It was last reviewed in summer 2023 and it will next be reviewed in summer 2024

This statement of policy was approved by the Governing Body at their meeting on: -

Date: _____

Signed: _____ (Chairperson)

_____ (Head teacher)

Contacting Emergency Services

Request for an Ambulance

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

1. Your telephone number:

2. Give your location as follows:

3. State
that the postcode is:

4. Give exact location in the school

5. Give your name: _____

6. Give name of child and a brief description of child's symptoms

7. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to the casualty.

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

Put a completed copy of this form by the telephone

Individual Healthcare Plan (IHP)

If any other medical condition were not captured by the Generic Care Plan, the school would use one of these plans in consultation with the parents and GP.

Academy/School	
Pupil Name & Address	
Date of Birth	
Class	
Medical Diagnosis	
Triggers	
Who Needs To Know About Pupils Condition & What constitutes and Emergency	
Action to Be Taken in Emergency and by whom	
Follow Up Care	
Family Contacts Names Telephone Numbers	
Clinic/Hospital Contacts Name Number	

GP Name Number	
Description of medical needs and signs and symptoms	
Daily Care Requirements	
Who is Responsible for Daily Care	
Transport Arrangements If the pupil has life threatening condition, specific transport healthcare plans will be carried on vehicles	
School Trip Support/Activities Outside School Hours (e.g. risk assessments, who is responsible in an emergency)	
Form Distributed To	

Date _____

Review date _____

This will be reviewed at least annually or earlier if the child's needs change.

Arrangements that will be made in relation to the child travelling to and from the school. If the pupil has life-threatening condition, specific transport healthcare plans will be carried on vehicles.

Parental agreement for St James' RC Primary School to administer medicine. (One form to be completed for each medicine)

The school will not give your child medicine unless you complete and sign this form.

Name of Pupil _____

Date of Birth _____/_____/_____

Medical condition or illness _____

Medicine: To be in original container with label.

Date commenced _____/_____/_____

Dosage and method _____

Time to be given _____

Special precautions _____

Are there any side effects that we should know about? _____

Self-administration Yes/No (delete as appropriate)

Procedures to take in an emergency _____

Parent/Carer Contact Details:

Name _____

Daytime telephone no. _____

Relationship to Pupil _____

Address _____

I understand that:

- I must deliver the medicine safely to the office
- I give consent to staff to administer spare medication (Auto Adrenaline Injectors - EpiPen/Emerade/Jext and asthma inhalers) held by the school if my child has already been prescribed any of these medicines/devices by their GP
- Children will not be allowed to carry their own medicines/ relevant devices, unless in exceptional circumstances, that the office must be informed of, but will be able to access their medicines in the office and/or classroom for self-medication, quickly and easily. Pupils' medicine will not be locked away out of pupil's access.
- It is the parents/carers responsibility to ensure all medication for their child is 'in date' and is replaced by the parent/carer when nearing to end of life and not the school's responsibility to remind parents when this is.
- It is not the responsibility of the school to remind parents to collect medicines that are no longer required or are out of date.
- It is the responsibility of the parent/carer to collect all medicine if a child leaves the school or the medicine goes out of date. If a child leaves the school or the medicine goes out of date and it has not been collected, the school will dispose of the medicine appropriately, without contacting the parent/carer.

The information I have provided is, to the best of my knowledge, accurate at the time of writing and I give consent to staff administering medicine in accordance with the Policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped. I give consent that any unused or out of date medication may be disposed of accordingly by the school office unless otherwise specified.

Parent's signature

Print Name

Date

INDICATION FOR ADMINISTRATION OF MEDICATION DURING SEIZURES

Pupil Name _____ D.O.B. _____

Initial medication prescribed: _____

Route to be given: _____

Usual presentation of seizures: _____

When to give medication: _____

Usual recovery from seizure: _____

Action to be taken if initial dose not effective: _____

This procedure is agreed with parents' consent. Only staff trained to administer seizure medication will perform this procedure. All seizures requiring treatment in school will be recorded. This procedure will be reviewed annually unless a change of recommendations is instructed sooner.

This information will not be locked away to ensure quick and easy access should it be required.

EpiPen® EMERGENCY INSTRUCTIONS FOR AN ALLERGIC REACTION-EpiPen



Allergy Action Plan



THIS CHILD HAS THE FOLLOWING ALLERGIES:

Name: _____
 DOB: _____

Photo

Emergency contact details:

1) _____
 2) _____

Child's Weight: _____ Kg

Mild-moderate allergic reaction:

- Swollen lips, face or eyes
- Itchy / tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

ACTION:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine: **CETIRIZINE 2.5mg**
- Phone parent/emergency contact

Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction)

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- AIRWAY:** Persistent cough, hoarse voice, difficulty swallowing, swollen tongue
- BREATHING:** Difficult or noisy breathing, wheeze or persistent cough
- CONSCIOUSNESS:** Persistent dizziness / pale or floppy, suddenly sleepy, collapse, unconscious

If ANY ONE (or more) of these signs are present:

1. **Lie child flat:** (if breathing is difficult, allow child to sit)
2. **Use Adrenaline autoinjector** (eg. EpiPen) **without delay**
3. **Dial 999** for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

***** IF IN DOUBT, GIVE ADRENALINE *****

After giving Adrenaline:

1. Stay with child until ambulance arrives, **do NOT stand child up**
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement after 5 minutes, **give a 2nd adrenaline dose** using a second autoinjector device, if available.

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

PARENTAL CONSENT: I hereby authorise school staff to administer the medicines listed on this plan, including a 'spare' back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAIs in schools.

Signed: _____

 (PRINT NAME) Date: _____

How to give EpiPen®



Additional instructions:
 If wheezy, give adrenaline FIRST, then asthma reliever puffer (blue inhaler) via spacer

This is a medical document that can only be completed by the child's healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017.

This plan has been prepared by:
 SIGN & PRINT NAME: _____
 Hospital/Clinic: _____
 Date: **20 Nov, 2017**

ALLERGIC REACTION- Emerade



Allergy Action Plan



THIS CHILD HAS THE FOLLOWING ALLERGIES:

Name: _____

DOB: _____

Photo

Emergency contact details:

1) _____

2) _____

Child's Weight: _____ Kg

Mild-moderate allergic reaction:

- Swollen lips, face or eyes
- Itchy / tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

ACTION:

- Stay with the child, call for help if necessary
- Give antihistamine:
- Contact parent/carer (if vomited, can repeat dose)

Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction):

AIRWAY: Persistent cough, hoarse voice, difficulty swallowing, swollen tongue

BREATHING: Difficult or noisy breathing, wheeze or persistent cough

CONSCIOUSNESS: Persistent dizziness / pale or floppy suddenly sleepy, collapse, unconscious

If ANY ONE of these signs are present:

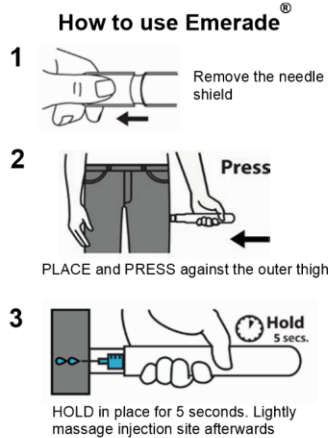
1. Lie child flat. If breathing is difficult, allow to sit
2. Give Emerade®
3. Dial 999 for an ambulance* and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

If in doubt, give Emerade®

After giving Emerade:

1. Stay with child, contact parent/carer
2. Commence CPR if there are no signs of life
3. If no improvement **after 5 minutes, give a further Emerade®** or alternative adrenaline autoinjector device, if available

*You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.



Emerade can be kept at any ambient temperature, but do not freeze. For more information and to register for a free reminder alert service, go to www.emerade-bausch.co.uk

Produced in conjunction with:



! The British Society for Allergy & Clinical Immunology www.bsaci.org
Approved Jan 2014

Additional instructions:
If wheezy, give 10 puffs salbutamol (blue inhaler) via spacer and dial 999

This is a medical document that can only be completed by the patient's treating health professional and cannot be altered without their permission.

This plan has been prepared by: _____

Hospital/Clinic: _____

Date: _____

THIS CHILD HAS THE FOLLOWING ALLERGIES:

Name: _____

DOB: _____

Photo

Emergency contact details:

1) _____

2) _____

Child's Weight: _____ Kg

Mild-moderate allergic reaction:

- Swollen lips, face or eyes
- Itchy / tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

ACTION:

- Stay with the child, call for help if necessary
- Give antihistamine:
- Contact parent/carer (if vomited, can repeat dose)



Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction):

- AIRWAY:** Persistent cough, hoarse voice, difficulty swallowing, swollen tongue
- BREATHING:** Difficult or noisy breathing, wheeze or persistent cough
- CONSCIOUSNESS:** Persistent dizziness / Pale or floppy
Suddenly sleepy, collapse, unconscious

If ANY ONE of these signs are present:

1. Lie child flat. If breathing is difficult, allow to sit
2. Give Jext®
3. Dial 999 for an ambulance* and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

If in doubt, give Jext®

After giving Jext:

1. Stay with child, contact parent/carer
2. Commence CPR if there are no signs of life
3. If no improvement after 5 minutes, give a further Jext® or alternative adrenaline autoinjector device, if available

*You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

Jext®: Instructions for use



Grasp the Jext® injector in your hand with your thumb closest to the yellow cap. Pull off the yellow cap.



Place the black tip against outer thigh, holding the injector at a right angle to the thigh.



Push the black tip firmly into your outer thigh until you hear a 'click' then keep it pushed in. Hold in place for 10 seconds (a slow count to 10) then remove.



Massage the injection area for 10 seconds. (dial 999, ask for an ambulance and say 'anaphylaxis')

Keep your Jext device(s) at room temperature, do not refrigerate.

For more information and to register for a free reminder alert service, go to www.jext.co.uk

Produced in conjunction with:



! The British Society for Allergy & Clinical Immunology
www.bsaci.org Approved Oct 2013

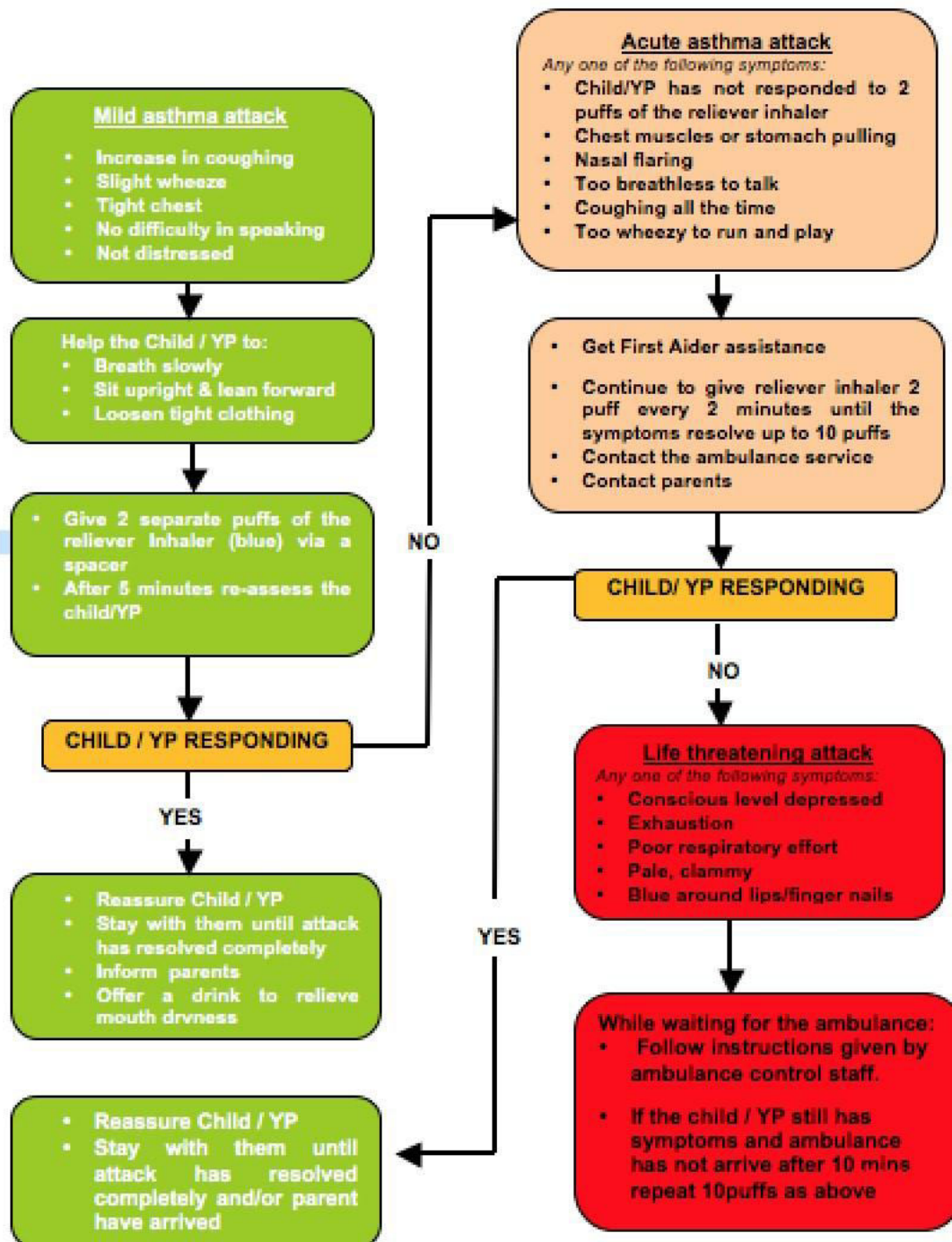
Additional instructions:
If wheezy, give 10 puffs salbutamol (blue inhaler) via spacer and dial 999

This is a medical document that can only be completed by the patient's treating health professional and cannot be altered without their permission.
This plan has been prepared by: _____
Hospital/Clinic: _____
Date: _____

Symptom and Action Flowchart for Asthma attack

Children are expected to administer their own asthma pump, but will be assisted if necessary

Flowchart for Asthma attack



School Asthma Card

School Asthma Card

To be filled in by the parent/carer

Child's name

Date of birth

Address

Parent/carer's name

Telephone - home

Telephone - mobile

Email

Doctor/nurse's name

Doctor/nurse's telephone

This card is for your child's school. **Review the card at least once a year and remember to update or exchange it for a new one if your child's treatment changes during the year.** Medicines should be clearly labelled with your child's name and kept in agreement with the school's policy.

Reliever treatment when needed

For shortness of breath, sudden tightness in the chest, wheeze or cough, give or allow my child to take the medicines below. After treatment and as soon as they feel better they can return to normal activity.

Medicine	Parent/carer's signature
<input type="text"/>	<input type="text"/>

Expiry dates of medicines checked

Medicine	Date checked	Parent/carer's signature
<input type="text"/>	<input type="text"/>	<input type="text"/>

What signs can indicate that your child is having an asthma attack?

Parent/carer's signature

Date

Does your child tell you when he/she needs medicine?

Yes No

Does your child need help taking his/her asthma medicines?

Yes No

What are your child's triggers (things that make their asthma worse)?

Does your child need to take medicines before exercise or play?

Yes No

If yes, please describe below

Medicine	How much and when taken
<input type="text"/>	<input type="text"/>

Does your child need to take any other asthma medicines while in the school's care?

Yes No

If yes please describe below

Medicine	How much and when taken
<input type="text"/>	<input type="text"/>

Dates card checked by doctor or nurse

Date	Name	Job title	Signature
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

What to do if a child is having an asthma attack

- 1 Help them sit up straight and keep calm.
- 2 Help them take one puff of their reliever inhaler (usually blue) every 30-60 seconds, up to a maximum of 10 puffs.
- 3 Call 999 for an ambulance if:
 - their symptoms get worse while they're using their inhaler - this could be a cough, breathlessness, wheeze, tight chest or sometimes a child will say they have a 'tummy ache'
 - they don't feel better after 10 puffs
 - you're worried at any time.
- 4 You can repeat step 2 if the ambulance is taking longer than 15 minutes.



Any asthma questions?

Call our friendly helpline nurses

0300 222 5800

(9am - 5pm; Mon - Fri)

www.asthma.org.uk

Some Useful Contacts

Allergy UK: Allergy Help Line: (01322) 619898 Website: www.allergyfoundation.com

The Anaphylaxis Campaign: Helpline: (01252) 542029 Website: www.anaphylaxis.org.uk

Shine Charity - Spina Bifida and Hydrocephalus

Tel: (01733) 555988 (9am to 5pm) Website: www.shinecharity.org.uk

Asthma UK Advice line: 0300 222 5800 Option 1 (Mon-Fri 9am to 5pm) Website: www.asthma.org.uk

Council for Disabled Children (020) 7843 6000 Website: www.ncb.org.uk/cdc

Contact a Family Helpline: (020) 7608 8700 Website: www.cafamily.org.uk

Cystic Fibrosis Trust Tel: (0300 373 1000) or (020) 3795 2184 Website: www.cftrust.org.uk

Diabetes UK Care line: 0345 123 2399 (Weekdays 9am to 5pm) Website: www.diabetes.org.uk

Department for Education and Skills Tel: 0870 000 2288 Website: www.dfes.gov.uk

Department of Health: Website: www.dh.gov.uk

Disability Rights Commission (DRC) Website: www.drc-gb.org

Epilepsy Action Freephone Helpline: 0808 800 5050 (Monday – Thursday 9am to 4.30pm, Friday 9am to 4pm) Website: www.epilepsy.org.uk

Health and Safety Executive (HSE)

HSE Infoline: 08701 545500 (Mon-Fri 8am-6pm) Website: www.hse.gov.uk

Health Education Trust Website: www.healtheducationtrust.org.uk

Hyperactive Children's Support Group

Tel: (01243) 539966 Website: www.hacsg.org.uk

MENCAP Telephone: (020) 7454 0454 Website: www.mencap.org.uk

National Eczema Society Helpline: 0800 089 1122 Website: www.eczema.org

National Society for Epilepsy

Helpline: (01494) 601400 (Mon-Fri 10am to 4pm) Website: www.epilepsysociety.org.uk

Psoriasis Association Tel: 01604 251 620 Website: www.psoriasis-association.org.uk

Supporting Policies

- Educational Visits Policy
- First Aid and Medicine Policy
- Health and Safety Policy

www.gov.uk - [Support pupils at school with medical conditions](#)