

West Bridgford Infant School



Supporting Pupils with Medical Conditions and Administration of Medicines Policy

Developed by	Gayle Cutts (HoS)
Date of latest review	11th February 2025
Statutory	Yes
LA Policy	No
On Website	No
Governors Committee allocated to	Strategic
Application monitored by	Gayle Cutts (HoS/SENCO)
Next Review date	February 2026

Rationale

West Bridgford Infant School is an inclusive community that aims to support and welcome pupils with medical conditions. We aim to provide all pupils with all medical conditions the same opportunities as others at school. We wish to ensure that pupils with medical conditions receive appropriate care and support at school. All pupils have an entitlement to a full time curriculum or as much as their medical condition allows. This policy has been developed in line with the Department for Education's statutory guidance *Supporting pupils at school with medical conditions*

The school will have regard to the statutory guidance issued. We take account of it, carefully consider it and make all efforts to comply.

LA's and schools have a responsibility for the health and safety of pupils in their care. The Health and Safety at Work Act 1974 makes employers responsible for the health and safety of employees and anyone else on the premises. In the case of pupils with special medical needs, the responsibility of the employer is to make sure that safety measures cover the needs of all pupils at the school. This may mean making special arrangements for particular pupils who may be more at risk than their classmates. Individual procedures may be required. The employer is responsible for making sure that relevant staff know about and are, if necessary, trained to provide any additional support these pupils may need.

Pupils with special medical needs have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone. However, teachers and other school staff in charge of pupils have a common law duty to act in loco parentis and may need to take swift action in an emergency. This duty also extends to teachers leading activities taking place off the school site. This could extend to a need to administer medicine.

The prime responsibility for a child's health lies with the parent who is responsible for the child's medication and should supply the school with information.

This school understands that certain medical conditions are serious and can be potentially life threatening, particularly if ill managed or misunderstood.

Such medical conditions identified under the Children and Families Act 2014 are:

- Asthma
- Cancer
- Diabetes
- Epilepsy

This school understands the importance of medication being taken as prescribed.

Definition

Pupils' medical needs may be broadly summarised as being of two types:

- (a) Short-term affecting their participation in school activities while they are on a course of medication.
- (b) Long-term potentially limiting their access to education and requiring extra care and support (deemed **special medical needs**).

- Where children have a disability, the requirement of the Equality Act 2010 will apply.
- Where children have an identified special need, the SEN Code of Practice will also apply.
- We recognise that medical conditions may impact social and emotional development as well as having educational implications.

Key roles and responsibilities

The Governing Body:

The Governing Body will ensure that pupils in school with medical conditions are supported. It will ensure that a policy is developed, implemented and monitored. The Governing Body will ensure that staff receive suitable training and that they are competent before they take on the responsibility to support children with a medical condition.

The Headteacher:

- 1) Ensuring the policy is developed effectively with partner agencies and then making staff aware of this policy.
- 2) The day-to-day implementation and management of the Supporting Pupils with Medical Conditions Policy and Procedures of West Bridgford Infant School.
- 3) Liaising with healthcare professionals regarding the training required for staff.
- 4) Identifying staff who need to be aware of a child's medical condition.
- 5) Developing Individual Healthcare Plans (IHPs). (The SENCo will be responsible for managing and developing the plans.)
- 6) Ensuring a sufficient number of trained members of staff are available to implement the policy and deliver IHPs in normal, contingency and emergency situations.
- 7) If necessary, facilitating the recruitment of staff for the purpose of delivering the promises made in this policy. Ensuring more than one staff member is identified, to cover holidays / absences and emergencies.
- 8) Ensuring the correct level of insurance is in place for teachers who support pupils in line with this policy.
- 9) Continuous two way liaison with school nurses and school in the case of any child who has or develops an identified medical condition.
- 10) Ensuring confidentiality and data protection
- 11) Assigning appropriate accommodation for medical treatment/ care
- 12) Voluntarily holding 'spare' salbutamol asthma inhalers for emergency use.

Staff members are responsible for:

- 1) Taking appropriate steps to support children with medical conditions and familiarising themselves with procedures which detail how to respond when they become aware that a pupil with a medical condition needs help. A first-aid certificate is not sufficient.
- 2) Knowing where controlled drugs are stored and where the key is held.
- 3) Taking account of the needs of pupils with medical conditions in lessons.
- 4) Undertaking training to achieve the necessary competency for supporting pupils with medical conditions, with particular specialist training if they have agreed to undertake a medication responsibility.
- 5) Allowing inhalers, adrenalin pens and blood glucose testers to be held in an accessible location, following DfE guidance.

Parents and carers are responsible for:

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- 1) Keeping the school informed about any new medical condition or changes to their child/children's health.
- 2) Participating in the development and regular reviews of their child's IHP.
- 3) Completing a parental consent form to administer medicine or treatment before bringing medication into school.
- 4) Providing the school with the medication their child requires and keeping it up to date including collecting leftover medicine.
- 5) Carrying out actions assigned to them in the IHP with particular emphasis on, they or a nominated adult, being contactable at all times.

Pupils are responsible for:

(Children at West Bridgford Infant School are not old enough to be responsible for the administration of their own medication. However, where appropriate they may be responsible for the following.)

- 1) Providing information on how their medical condition affects them.
- 2) Contributing to their IHP
- 3) Complying with the IHP and self-managing their medication or health needs including carrying medicines or devices, if judged competent to do so by a healthcare professional and agreed by parents.

Identifying Children with Medical Conditions

The Governing body will ensure that this policy sets out the procedures to be followed whenever a school is notified that a pupil has a medical condition.

- We will aim to identify children with medical needs on entry to the school by working in partnership with parents/ carers / other settings.
- Our school's admissions forms request information on pre-existing medical conditions.
- Parents must have an easy pathway to inform school at any point in the school year if a condition develops or is diagnosed.
- Where a formal diagnosis is awaited or is unclear, we will plan to implement arrangements to support the child, based on the current evidence available for their condition. We will ensure that every effort is made to involve some formal medical evidence and consultation with the parents.
- A medical conditions list or register will be kept, updated and reviewed regularly by the nominated member of staff. This is kept on Medical Tracker and a brief summary on our MiS system, Arbor.
- Each Class Teacher will have an overview of the list for the pupils in their care, within easy access. (A list is provided for staff at the start of each new school year. This is also recorded and displayed on Medical Tracker and Arbor our MiS system which can be accessed by all Teachers.)
- Supply staff and support staff should similarly have access on a need to know basis. All children's details are displayed in the locked medical room and any new supply staff will be directed to view this at the start of the day. Parents should be assured data sharing principles are adhered to.

- For pupils on the medical conditions list key stage transition points meetings should take place in advance of transferring to enable parents, school and health professionals to prepare IHP and train staff if appropriate.

Intimate Care and Health Plans

West Bridgford Infant School will complete the Personal Intimate Care and Health Plan with the parents/carers, the child or young person (wherever possible), together with supporting written information from a medical professional and Special Educational Needs Coordinator (SENCO), when a child or young person requires regular support or monitoring in school for a medical condition or may require intervention in an emergency arising from an existing medical condition. Intimate Care and Health Plans are not usually required for short term illnesses.

The Children's Community Nursing Team (Nottinghamshire Healthcare NHS Foundation Trust) will provide support to co-ordinate obtaining the information required to develop an Intimate Care and Health Plan and assess the training need requirements to undertake delegated health care task(s) to meet the health needs identified

The Personal Intimate Care and Health Plan should include the following information.

- Details of a child's condition
- Special requirements e.g. dietary needs, pre-activity precautions and any side effects of the medication
- What constitutes an emergency
- What action to take in an emergency
- What not to do in the event of an emergency
- Who to contact in an emergency
- The role the staff can play

A Personal Intimate Care and Health Plan template can be found in the appendices.

Personal Intimate Care and Health Plans will be reviewed on at least an annual basis and sooner if the condition, or support required, changes in any way. Intimate Care and Health Plans can be appended to or incorporated into an EHC Plan.

Individual Healthcare Plans (IHPs)

- Where necessary (Head teachers will make the final decision) an Individual Healthcare Plan (IHP) will be developed in collaboration with the pupil, parents/carers, Headteacher, Special Educational Needs Coordinator (SENCO) and medical professionals.
- IHPs will be easily accessible to all relevant staff, including supply/agency staff, whilst preserving confidentiality. Staffrooms are inappropriate locations under Information Commissioner's Office (ICO) advice for displaying IHP as visitors /parent helpers etc. may enter. If consent is sought from parents a photo and instructions may be displayed.
- ***However, in the case of conditions with potential life-threatening implications the information should be available clearly and accessible to everyone.***
- IHPs will be reviewed at least annually or when a child's medical circumstances change, whichever is sooner.
- 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.
- We may also refer to the flowchart contained within the document 'Process for identifying children with a health condition' for identifying and agreeing the support a child needs and then developing the individual healthcare plan.

- We will use the individual healthcare plan template produced by the DfE to record the plan. (See Appendices). These will be scanned and uploaded to Medical Tracker.
- Where a child is returning from a period of hospital education or alternative provision or home tuition, collaboration between the LA /AP provider and school is needed to ensure that the IHP identifies the support the child needs to reintegrate.

When deciding what information should be recorded on individual healthcare plans, the school will consider the following:

- 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.
- The level of support needed (some children will be able to take responsibility for their own health needs) including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring.
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child'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 child's condition and the support required?
- Arrangements for written permission from parents and the Headteacher 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 child can participate, e.g. risk assessments.
- Where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition.
- What to do in an emergency, including whom to contact, and contingency arrangements.
- Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan

Staff Training

- The school policy is clear that any member of school staff providing support to a child with medical needs should have received suitable training.
- Staff must not administer prescription medicines or undertake any health care procedures without the appropriate training (updated to reflect any individual healthcare plans)
- All new staff will be inducted on the policy when they join the school through their Staff Induction process. Records of this training will be stored in the individual's personnel file.
- All nominated staff will be provided awareness training on the school's policy for supporting children with medical conditions which will include what their role is in implementing the policy. This training will be carried out annually.
- Significant information will be shared with all staff at the start of the year on an INSET day to ensure everyone is informed of children with serious medical conditions.
- Where required we will work with the relevant healthcare professionals to identify and agree the type and level of training required and identify where the training can be obtained from. This will include ensuring that the training is sufficient to ensure staff are competent and confident in their ability to support children with medical conditions. The training will include preventative and emergency measures so that staff can recognise and act quickly when a problem occurs and therefore allow them to fulfil the requirements set out in the individual healthcare plan.

- Any training undertaken will form part of the overall training plan for the school and refresher awareness training will be scheduled at appropriate intervals agreed with the relevant healthcare professional delivering the training.
- A staff training record will be completed to document the type of awareness training undertaken.

Emergencies

- a) Medical emergencies will be dealt with under the school's emergency procedures which will be communicated to all relevant staff so they are aware of signs and symptoms.
- b) Pupils will be informed in general terms of what to do in an emergency such as telling a teacher.
- c) If a pupil needs to be taken to hospital, a member of staff will remain with the child until their parents arrive.

Day trips, residential visits and sporting activities

- a) Unambiguous arrangements should be made and be flexible enough to ensure pupils with medical conditions can participate in school trips, residential stays, sports activities and not prevent them from doing so unless a clinician states it is not possible.
- b) To comply with best practice risk assessments should be undertaken, in line with H&S executive guidance on school trips, in order to plan for including pupils with medical conditions. Consultation with parents, healthcare professionals etc. on trips and visits will be separate to the normal day to day IHP requirements for the school day.

Avoiding unacceptable practice

Each case will be judged individually but in general the following is not considered acceptable.

The following behaviour is unacceptable at West Bridgford Infant School:

- a) Preventing children from easily accessing their inhalers and medication and administering their medication when and where necessary.
- b) Assuming that pupils with the same condition require the same treatment.
- c) Ignoring the views of the pupil and/or their parents or ignoring medical evidence or opinion.
- d) Sending pupils home frequently or preventing them from taking part in activities at school
- e) Sending the pupil to the medical room or school office alone or with an unsuitable escort if they become ill.
- f) Penalising pupils with medical conditions for their attendance record where the absences relate to their condition.
- g) Making parents feel obliged or forcing parents to attend school to administer medication or provide medical support, including toilet issues.
- h) Creating barriers to children participating in school life, including school trips.
- i) Refusing to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.

Insurance

- a) Teachers who undertake responsibilities within this policy will be assured by the Headteacher that are covered by the LA/school's insurance.
- b) Full written insurance policy documents are available to be viewed by members of staff who are providing support to pupils with medical conditions. Those who wish to see the documents should contact the Headteacher.

Complaints

- a) All complaints should be raised with the school in the first instance.
- b) The details of how to make a formal complaint can be found in the School Complaints Policy.

Definitions

- a) '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.
- b) '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. Being 'unwell' and common childhood diseases are not covered.
- c) 'Medication' is defined as any prescribed or over the counter treatment.
- d) '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.
- e) A 'staff member' is defined as any member of staff employed at West Bridgford Infant School.

Administration of Medicines

Parents should not send a child to school if they are unwell. West Bridgford Infant School is **not** an extension of local medical practices. If your child sustains an injury it is your duty of care to ensure you take your child to their local A + E, Walk-in Centre or GP. We can only deal with first aid issues that occur on site.

- medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so
- no child under 16 should be given prescription or non-prescription medicines without their parent's written consent – except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality. Schools should set out the circumstances in which non-prescription medicines may be administered
- a child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed
- where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours
- schools should only accept prescribed medicines if these are in-date, labelled, provided in the original container as dispensed by a pharmacist and 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

- all medicines should be stored safely. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to be administered to children and not locked away. This is particularly important to consider when outside of school premises, e.g. on school trips.
- when no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps
- a child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Monitoring arrangements may be necessary. Schools should otherwise keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held using Medical Tracker.
- school staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions. School will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom on Medical tracker. Any side effects of the medication to be administered at school should be noted in school.
- where staff are concerned about the complexity of administering the medication or where extreme accuracy is required they may wish to have a second member of staff present to act as a check.

RESPONSIBILITIES

Parents and Carers

If the school staff agree to administer medication on a short term or occasional basis, the parent(s) are required to complete a Consent Form **Verbal instructions will not be accepted.**

If it is known that pupils are self-administering medication in school on a regular basis, a completed Consent Form is still required from the parent(s).

For administration of emergency medication, a Care Plan must be completed by the parent(s) in conjunction with the school nurse and school staff. Minor changes to the Care Plan can be made if signed and dated by the parent(s). If, however, changes are major, a new Care Plan must be completed. Care Plans should be reviewed annually.

The parent(s) need to ensure there is sufficient medication and that the medication is in date. The parent(s) and carer(s) must replace the supply of medication at the request of relevant school/health professional. Medication should be provided in an original container with the following, clearly shown on the label:

- Child's name, date of birth;
- Name and strength of medication;
- Dose;
- Expiry dates whenever possible;
- Dispensing date/pharmacists details.

School Staff

Some teaching unions advise school staff not to administer medication to pupils, the unions also accept that sometimes it is done; if so they advise that the teacher has access to information, training and that appropriate insurance is in place. In practice, head teachers may agree that medication will be administered or allow supervision of self-administration to avoid children losing teaching time by missing school. Each request should be considered on individual merit and school staff have the right to refuse to be involved. It is important that school staff who agree to administer medication understand the basic

principles and legal liabilities involved and have confidence in dealing with any emergency situations that may arise. Regular training relating to emergency medication and relevant medical conditions should be undertaken.

STORAGE

When items need to be available for emergency use, e.g. asthma pumps and Epipens, they may be kept in the Medical Room or area designated, or with the pupil, as appropriate. It is not necessary for a locked cupboard to be used, but such items should be easily available for the use of pupils and/or staff. When prescription items are held by the school for administration by school staff they should be stored in a fixed lockable cupboard/cabinet, with restricted access to keys.

At West Bridgford Infant School inhalers are kept in the medical room.

Epipens are kept on hooks in the child's classroom next to the door & a second one on hooks just inside the school office near the dinner hall.

All other medicines are kept in the medical room.

To safeguard all children, the medical room has a key code lock which is labelled for speed of opening. In addition medicines are stored in a fridge in the medical room or school office.

CLASS 1 and 2 DRUGS

When Class 1 and 2 drugs (primarily "Ritalin" prescribed for Attention Deficit Syndrome) are kept on school premises, a **written stock record is also required** in order to comply with the Misuse of Drugs Act legislation. This should detail the quantities kept and administered, taken and returned on any educational visit, and returned to the parent/carer, e.g. at the end of term. These drugs should be kept in a locked cabinet in the medical room which has a key code and restricted access (staff only).

ANTIBIOTICS

Parent(s) should be encouraged to ask the GP to **prescribe an antibiotic which can be given outside of school hours wherever possible**. Most antibiotic medication will not need to be administered during school hours. Twice daily doses should be given in the morning before school and in the evening. Three times a day doses can normally be given in the morning before school, immediately after school (provided this is possible) and at bedtime. If there are any doubts or queries about this please contact your health practitioner.

It should normally only be necessary to give antibiotics in school if the dose needs to be given four times a day, in which case a dose is needed at lunchtime.

Parent(s) must complete the Consent Form and confirm that the child is not known to be allergic to the antibiotic. The antibiotic should be brought into school in the morning and taken home again after school each day by the parent. Whenever possible the first dose of the course, and ideally the second dose, should be administered by the parent(s).

All antibiotics must be clearly labelled with the child's name, the name of the medication, the dose and the date of dispensing. In school the antibiotics should be stored in a secure cupboard or where necessary in a refrigerator. Many of the liquid antibiotics need to be stored in a refrigerator – if so; this will be stated on the label.

Some antibiotics must be taken at a specific time in relation to food. Again this will be written on the label, and the instructions on the label must be carefully followed. Tablets or capsules must be given with a glass of water. The dose of a liquid antibiotic must be carefully measured in an appropriate medicine spoon, medicine pot or oral medicines syringe provided by the parent.

The appropriate records must be made. Record keeping. If the child does not receive a dose, for whatever reason, the parent must be informed that day.

ANALGESICS (PAINKILLERS)

In certain circumstances where analgesia would allow a child to attend school (e.g. following dental work, ear infection etc.) or where a pupil regularly needs analgesia (e.g. for migraine), it may be possible for school to administer the analgesic. An individual supply of their analgesic should be kept in school. These should be accepted only in exceptional circumstances, and be treated in the same way as prescribed

medication. Parent(s) must clearly label the container with child's name, dose and time of administration and complete a Consent Form.

It is recommended that school does **not** keep stock supplies of analgesics e.g. paracetamol (in the form of soluble), for potential administration to any pupil. Parental consent must be in place. **CHILDREN SHOULD NEVER BE GIVEN ASPIRIN OR ANY MEDICINES CONTAINING ASPIRIN.**

DISPOSAL OF MEDICINE

Parents are responsible for ensuring that date expired medicines are returned to a pharmacy for safe disposal. They should collect medicines held by the school at the end of each term.

RESIDENTIAL VISITS

On occasion it may be necessary for the school to administer an "over the counter" medicine in the event of a pupil suffering from a minor ailment, such as a cold, sore throat while away on an Educational Visit. In this instance the parental consent form (EV₄) will provide an "if needed" authority, which should be confirmed by phone call from the Group Leader to the parent/carer when this is needed, and a written record is kept with the visit documentation. This action has been agreed by the Council's Insurance and Legal Sections.

REFUSING MEDICINE

When a child refuses medicine the parent should be informed the same day and be recorded accordingly. Staff cannot force a child to take any medicine.

RECORDING MEDICINE ADMINISTERED

Any medicine administered will be recorded on Medical Tracker on the laptop in the Medical Room. This will log the

- Date
- Time
- Medicine administered
- Dose given
- Name of person administering

SELF MANAGEMENT

Children are encouraged to take responsibility for their own medicine from an early age where appropriate.

TRAVEL SICKNESS

In the event of a pupil suffering from travel sickness (by coach or public transport) the following procedure may apply:

DAY VISITS (e.g. to a museum or exhibition)

The pupil should be given the appropriate medication before leaving home, and when a written parental consent is received he/she may be given a further dose before leaving the venue for the return journey (in a clearly marked sealed envelope with child's details, contents, and time of medication). Medication is to be kept in the charge of a named member of staff, and the parental consent is signed by that staff member before inclusion in the visit documentation.

GUIDELINES FOR THE ADMINISTRATION OF EPIPEN BY SCHOOL STAFF

An EpiPen is a preloaded pen device, which contains a single measured dose of adrenaline (also known as epinephrine) for administration in cases of severe allergic reaction. An EpiPen is safe, and even if given inadvertently it will not do any harm. It is not possible to give too large a dose from one dose used correctly in accordance with the Care Plan. An EpiPen can only be administered by school staff that have Volunteered and have been designated as appropriate by the head teacher and who has been assessed as competent by the school nurse/doctor. Training of designated staff will be provided by the school doctor/nurse and a record of training undertaken will be kept by the head teacher. Training will be updated at least once a year.

1. There should be an individual Care Plan and Consent Form, in place for each child. These should be readily available. They will be completed before the training session in conjunction with parent(s), school staff and doctor/nurse.
2. Ensure that the Epipen is in date. The Epipen should be stored at room temperature and protected from heat and light. It should be kept in the original named box.
3. The Epipen should be readily accessible for use in an emergency and where children are of an appropriate age; the Epipen can be carried on their person.
4. Expiry dates and discoloration of contents should be checked by the school termly. The Epipen should be replaced by the parent(s) at the request of the school staff.
5. The use of the Epipen must be recorded on the child's Care Plan, with time, date and full signature of the person who administered the Epipen.
6. Once the Epipen is administered, a 999 call must be made immediately. If two people are present, the 999 call should be made at the same time of administering the Epipen. The used Epipen must be given to the ambulance personnel. It is the parent's responsibility to renew the Epipen before the child returns to school.
7. If the child leaves the school site e.g. school trips, the Epipen must be readily available.

GUIDELINES FOR MANAGING ASTHMA

People with asthma have airways which narrow as a reaction to various triggers. The narrowing or obstruction of the airways causes difficulty in breathing and can usually be alleviated with medication taken via an inhaler. Inhalers are generally safe, and if a pupil took another pupil's inhaler, it is unlikely there would be any adverse effects.

1. If school staff are assisting children with their inhalers, a Consent Form from parent(s) should be in place. Individual Care Plans need only be in place if children have severe asthma which may result in a medical emergency.
2. Inhalers **MUST** be readily accessible when staff need to administer them to children.
3. All inhalers should be labelled with the child's name.
4. Some children, particularly the younger ones, may use a spacer device with their inhaler; this also needs to be labelled with their name.
5. Parent(s) should be responsible for renewing out of date and empty inhalers.
6. Parent(s) should be informed if a child is using the inhaler excessively.
7. Physical activities will benefit pupils with asthma, but they may need to use their inhaler 10 minutes before exertion. The inhaler **MUST** be available during PE and games. If pupils are unwell they should not be forced to participate.
8. If pupils are going on offsite visits, inhalers **MUST** still be accessible.
9. It is good practice for school staff to have a clear out of any inhalers at least on an annual basis. Out of date inhalers, and inhalers no longer needed must be returned to parent(s).

GUIDELINES FOR MANAGING HYPOGLYCAEMIA (HYPO'S OR LOW BLOOD SUGAR) IN PUPILS WHO HAVE DIABETES

Diabetes is a condition where the person's normal hormonal mechanisms do not control their blood sugar levels. In the majority of children the condition is controlled by insulin injections and diet. It is unlikely that injections will need to be given during school hours, but some older children may need to inject during school hours. All staff will be offered training on diabetes and how to prevent the occurrence of hypoglycaemia. This might be in conjunction with paediatric hospital liaison staff or Primary Care Trust staff.

Staff who have volunteered and have been designated as appropriate by the head teacher will administer treatment for hypoglycaemic episodes.

To prevent "hypo's"

1. There should be a Care Plan and Consent Form in place. It will be completed at the training sessions in conjunction with staff and parent(s). Staff should be familiar with pupil's individual symptoms of a "hypo". This will be recorded in the Care Plan.
2. Pupils must be allowed to eat regularly during the day. This may include eating snacks during class time or prior to exercise. Meals should not be unduly delayed e.g. due to extra-curricular activities at lunchtimes. Off-site activities e.g. visits, overnight stays, will require additional planning and liaison with parent(s).

To treat "hypo's"

1. If a meal or snack is missed, or after strenuous activity or sometimes even for no apparent reason, the pupil may experience a "hypo". Symptoms may include sweating, pale skin, confusion and slurred speech.
2. Treatment for a "hypo" might be different for each child, but will be either dextrose tablets, or sugary drink, chocolate bar or hypostop (dextrose gel), as per Care Plan. Whichever treatment is used, it should be readily available and not locked away. Many children will carry the treatment with them. Expiry dates must be checked each term, either by a member of school staff or the school nurse.
3. It is the parent's responsibility to ensure appropriate treatment is available. Once the child has recovered a slower acting starchy food such as biscuits and milk should be given. If the child is very drowsy, unconscious or fitting, a 999 call must be made and the child put in the recovery position. Do not attempt oral treatment. Parent(s) should be informed of "hypo's" where staff have issued treatment in accordance with Care Plan.

If Hypostop has been provided

The Consent Form should be available.

Hypostop is squeezed into the side of the mouth and rubbed into the gums, where it will be absorbed by the bloodstream. The use of Hypostop must be recorded on the child's Care Plan with time, date and full signature of the person who administered it. It is the parent's responsibility to renew the Hypostop when it has been used.

DO NOT USE HYPOSTOP IF THE CHILD IS UNCONSCIOUS.

GUIDELINES FOR MANAGING CANCER

Children and young people with cancer aged 0–18 are treated in a specialist treatment centre. Often these are many miles from where they live, though they may receive some care closer to home. When a child or young person is diagnosed with cancer, their medical team puts together an individual treatment plan that takes into account:

- the type of cancer they have
- its stage (such as how big the tumour is or how far it has spread)
- their general health.

The three main ways to treat cancer are:

- chemotherapy
- surgery
- radiotherapy.

A treatment plan may include just one of these treatments, or a combination. Children and young people may be in hospital for long periods of time, or they may have short stays and be out of hospital quite a bit. It depends on the type of cancer, their treatment and how their body reacts to treatment.

Some can attend school while treatment continues. When cancer is under control, or in remission, children and young people usually feel well and rarely show signs of being unwell. If cancer comes back after a period of remission, this is known as relapse.

Treatment for cancer can also have an emotional and psychological impact. Children and young people may find it more difficult to cope with learning, returning to school and relationships with other pupils. They may have spent more time in adult company, having more adult-like conversations than is usual, gaining new life experiences and maturing beyond their peers.

Treatment for cancer can last a short or a long time (typically anything from six months to three years), so a child or young person may have periods out of school, some planned (for treatment) others unplanned (for example, due to acquired infections).

When they return to school your pupil may have physical differences due to treatment side effects. These can include:

- hair loss
- weight gain/loss
- increased tiredness

There may also be longer term effects such as being less able to grasp concepts and retain ideas, or they may be coping with the effects of surgery.

Falling behind with work

Children and young people with cancer can worry that they have slipped behind their peers, especially older children doing exam courses. Young children may also worry more than they want to say. The school, and the child or young person's parents, should be able to reassure them and if necessary arrange extra teaching or support in class.

Teachers may need to adjust their expectations of academic performance because of the child or young person's gaps in knowledge, reduced energy, confidence or changes in ability.

Staff may need to explicitly teach the pupil strategies to help with concentration and memory, and the pupil may initially need longer to process new concepts.

Wherever possible the child should be enabled to stay in the same ability sets as before, unless they specifically want to change groups.

Regularly revise the pupils' timetable and school day as necessary.

Having a 'key' person at school

It's helpful to have one 'key' adult that the pupil can go to if they are upset or finding school difficult, plus a 'Plan B' person for times the usual person is not available

Physical activity

Make arrangements for the child or young person to move around the school easily e.g. allow them to leave lessons five minutes early to avoid the rush. Arrange for the pupil to have a buddy to carry their bags and for them to have access to lifts.

Some pupils may not want to be left out during PE despite tiredness or other physical limitations. Include the pupil as far as possible e.g. allow them to take part for 20 minutes rather than the full session, or find other ways for them to participate e.g. as referee or scorer. Their family will be aware if there are specific restrictions on them doing PE due to medical devices or vulnerability.

Briefing staff

Ensure that all staff, including lunchtime supervisors have been briefed on key information

If staff are concerned about the pupil, it's important that they phone the parents/carers to discuss the significance of signs or symptoms. Parents can collect the child and seek further medical advice if necessary.

It would be rare for there to be an acute emergency, but if this occurs (as with any child) call a 999 ambulance, and ensure that the crew are aware that the child or young person is on, or has recently finished, cancer treatment

Circulate letters about infection risks when requested by the child's family or health professionals
Inform other school staff about long-term effects, such as fatigue, difficulty with memory or physical changes.

Complaints

- Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school.
- If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure. This can be found on our website.
- Making a formal complaint to the Department for Education should only occur if it comes within scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted.

Further Information and Guidance

Asthma UK

18 Mansell Street, London, E1 8AA

Tel: 020 7786 4900

www.asthma.org.uk

Diabetes UK

Macleod House, 10 Parkway, London, NW1 7AA

Tel: 0345 123 2399*

www.diabetes.org.uk

Epilepsy Action

New Anstey House, Gate Way Drive, Yeadon, Leeds, LS19 7XY

Tel: 0113 210 8800

www.epilepsy.org.uk

CLIC Sargent (Cancer)

Horatio House, 77-85 Fulham Palace Road, London, W6 8JA

Tel: 0300 330 0803

www.clicsargent.org.uk

See Also:

DFE Guidance on the use of Adrenaline Auto Injectors in Schools

DFE Guidance Automated External Defibrillators in Schools

Health & Safety Policy



West Bridgford Infant School

INDIVIDUAL PERSONAL AND INTIMATE CARE PLAN					
Name		Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
D.O.B		Year/Class			
Condition					
Child or young person's preferred method of communication?					
Does the child or young person have any allergies or sensitivity? (Refer to health care plan)					
Does the child or young person require assistance with mobility or transfers (refer to manual handling assessment and subsequent safe systems of work)					
Does the child or young person have any religious or cultural needs?					
PROCEDURE				Named / trained staff e.g. 1:1 / departmental staff	
Eating and drinking	Assistance required at mealtimes	<input type="checkbox"/>			
	Supervised at meal times	<input type="checkbox"/>			
	Nasal gastric tube feed	<input type="checkbox"/>			
	Gastronomy feed	<input type="checkbox"/>			
	Continuous pump feed	<input type="checkbox"/>			
	Periodic pump feed	<input type="checkbox"/>			
	Manual feed	<input type="checkbox"/>			
	Other specialist feed	<input type="checkbox"/>			
Airways / suction	Oral	<input type="checkbox"/>			
	Tracheotomy	<input type="checkbox"/>			
Medication: Emergency and/or routine	Epipen	<input type="checkbox"/>			
	Oral	<input type="checkbox"/>			
	Supervised medication	<input type="checkbox"/>			
	Administered	<input type="checkbox"/>			
	Supervised	<input type="checkbox"/>			
	Dressings	<input type="checkbox"/>			

INDIVIDUAL PERSONAL AND INTIMATE CARE PLAN

Toileting	Catheterisation	<input type="checkbox"/>	
	Supervised catheterisation	<input type="checkbox"/>	
	Nappy change	<input type="checkbox"/>	
	Pull-up change	<input type="checkbox"/>	
	Assistance with toileting	<input type="checkbox"/>	
	Supervised toileting	<input type="checkbox"/>	

Personal care	Washing	<input type="checkbox"/>	
	Dressing	<input type="checkbox"/>	
	Cleaning	<input type="checkbox"/>	
	Lotions / creams	<input type="checkbox"/>	

Behavioural	Social/emotional	<input type="checkbox"/>	
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SAFE SYSTEM OF WORK

IT IS ASSUMED THAT THE NAMED STAFF FOLLOWING THESE SYSTEMS OF WORK HAVE BEEN TRAINED TO CARRY OUT ALL TECHNIQUES DOCUMENTED

PROCEDURE:

Pupil's level of ability:

Independent	<input type="checkbox"/>	Fully assisted 1 carer	<input type="checkbox"/>
Independent / supervised	<input type="checkbox"/>	Fully assisted 2 carers	<input type="checkbox"/>
Partially assisted 1 carer	<input type="checkbox"/>	Fully assisted more than 2 carers	<input type="checkbox"/>

Environment required:

e.g. changing room, medical room, dining area

INDIVIDUAL PERSONAL AND INTIMATE CARE PLAN

Equipment required:

e.g. gloves, toiletries, special crockery / cutlery

Detailed description of procedure:

Date assessed:

Assessor's signature:

Parent / Guardian's signature:

Proposed review dates:



Individual healthcare plan

Name of school/setting

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Phone no.

Who is responsible for providing support in school

--

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc.

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities?*)

Plan developed with

Staff training needed/undertaken – who, what, when

Signed Parent/Carer..... Member of staff.....



Parent/carer agreement for school staff to administer medicine Long Term Medical Conditions

The school will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

N.B. All medicines MUST be in the original container, clearly labelled with the dosage and the child's full name.

Date for review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff to administer medicine in accordance with the school 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.

Signature(s) _____ Date _____



Parent/carer agreement for school staff to administer medicine

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

N.B. All medicines MUST be in the original container, clearly labelled with the dosage and the child's full name.

Name of child	
Date of birth	
Class	
Medical condition or illness	
GP/medical practice that prescribed the medication	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Start administering medicine on (date)	
Stop administering on (date)	
Time at 12:15pm before food	
at 1:30pm after food	
Any special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	

I give consent to school staff to administer medicine in accordance with the school policy. I will inform the school immediately if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____

Date



Contacting emergency services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

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

USE A SCHOOL PHONE OR MOBILE THAT CAN BE TAKEN TO WHERE THE PATIENT IS BEING CARED FOR SO THAT UPTO DATE INFORMATION CAN BE GIVEN TO THE EMERGENCY SERVICES DIRECTLY BY THE FIRST AIDER AND SO THAT THEY CAN ACT ON ADVICE IMMEDIATELY.

1. If using the school phone your telephone number **0115 974 7885**
2. Your name.....
3. your location as follows – **West Bridgford Infant School, Avon Gardens, George Road, West Bridgford NG2 6BP**
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code **NG2 6BP**
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone



Ringling 999 for an ambulance, a guide for education

It is always better if someone who is with the patient can ring 999, so you will need to get a telephone to the patient or get the patient to a telephone.

This is important for a variety of reasons, if the call is about an illness the call handler may want to know if there is a rash, what their breathing sounds like, any rapid swelling of the lips, face, throat or tongue, does their skin feel a normal temperature etc. If the call is about an injury the call handler may ask questions like, is the limb cold, pale or blue, can the patient weight-bear, are there pins and needles in the limb, any bleeding etc. It is essential that the caller provides accurate timely information about what they can see and hear this loses quality if the caller is reliant on a third person.

When you first ring 999 you will go through to an emergency operator who will ask you what service you require (Police, Fire, **Ambulance** or Coastguard) if you do not state you want an ambulance you will be transferred to the police.

The East Midlands Ambulance Service uses a triage tool called Advances Medical Priority Dispatch System (AMPDS). AMPDS is an International Academy of Emergency dispatch computer based operating system that provides a suite of clinical protocols for triaging 999 calls based on the symptoms reported when calling. Calls are prioritised so that patients are provided with the right level of care in the fastest time possible. The ambulances are only sent on lights and sirens to the most serious conditions, thus minimising the risk to other road users and the public.

When you are connected to the ambulance service you will initially be asked if the patient is breathing, you will then be asked if they are conscious. If the patient is awake & breathing you will be asked what the problem is, at this point we only want to know a brief summary of what is happening, i.e. "they have injured their ankle", "they have breathing difficulties" etc. and how this has happened.

You will then be asked to confirm the address of the emergency including the postcode. You will be asked to repeat this.

The call will then be triaged; in order to do this effectively we need to speak to either the patient or someone with the patient and we will also want to know the name and age of the child.

The call handler will carry out a safe effective assessment of the symptoms reported, as the clinical assessment progresses; each answer determines the next question to be asked.

The question set will vary depending on the symptoms and condition of the patient so it really requires the patient or someone with the patient to answer these questions.

By answering these questions it enables us to prioritise the response required. EMAS may get a clinician (paramedic, nurse or doctor) to call you back who will further assess the clinical presentation of the patient and also might ask you if the school or the parents are able to transport the patient to the hospital, a Doctors surgery or a Minor Injury Unit (MIU) following the assessment.

If, when asked if the patient is conscious and breathing, you answer no to either then this could potentially be life threatening and will be triaged appropriately in line with AMPDS.

You may be requested to fetch defibrillator if there is one available. Ensure that someone other than the caller goes to fetch this and returns as soon as possible.

If someone is not breathing the call handler will talk you through what you can do to help, this will include instructions on how to commence Cardio Pulmonary Resuscitation (CPR). This will require you and the phone to be next to the patient. You will be asked to put the phone on loudspeaker and will be asked to shout out the chest compressions as you give them, so the call handler knows what is happening.

Do not stop CPR as soon as the Paramedics arrive as they will require a few seconds to assemble any equipment required. Continue until the paramedics actively take over from you.

Important

You don't need to be First Aid trained, all instructions will be given by the call handler. It is important that CPR is started as soon as possible to give that patient the best opportunity for a positive outcome.



DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Dear Parent/Carer,

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

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

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

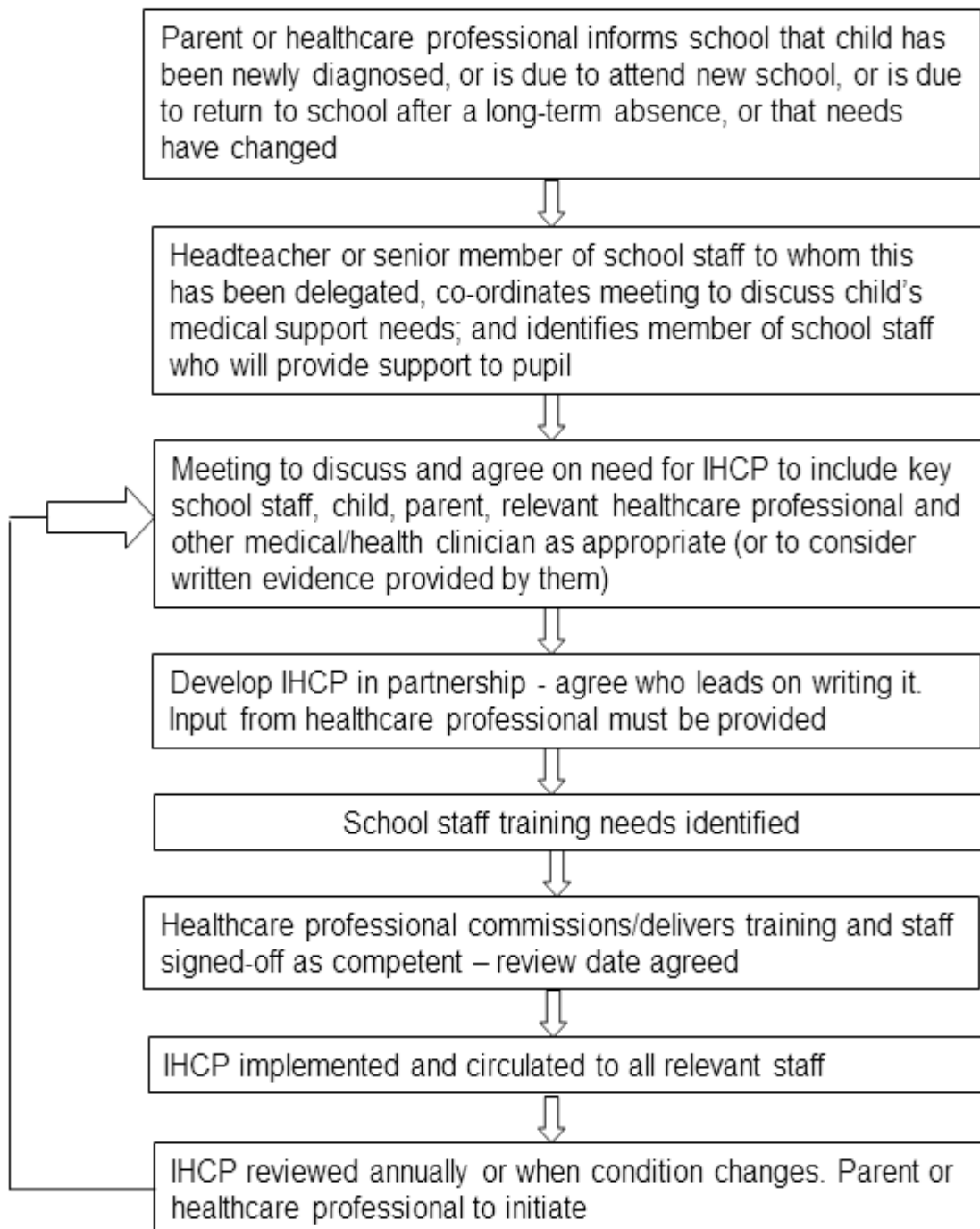
If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for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

Yours sincerely

Gayle Cutts

Head of School

Flowchart for completion of IHCP



Consenting to the administration of long term medication



Dear Parent/Carer,

Our policy on the administration of medicines requires us to update healthcare plans/medical permission forms each year. This is to ensure that we have up to date information on your child's medical conditions and the medication they require.

I would be grateful if you could complete the attached permission form and return it as soon as possible. If your child no longer requires medication, please inform school of this too.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Gayle Cutts', written in a cursive style.

Gayle Cutts

Head of School