



# Policy for Supporting Children with Medical Conditions, Including Arrangements for Children with Health Needs Who Cannot Attend School

June 2023

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## 1 Introduction

Sacred Heart Catholic Primary School is committed to reducing the barriers for its pupils in taking a full and active part in school life. This policy sets out the steps which the school takes to ensure full access to learning for all its children who have medical needs and are able to attend school.

The following guidance and policy draw directly on advice contained within “Supporting pupils at School with medical conditions 2014”.

- 1.1. Pupils at school with medical conditions, including both physical and mental health conditions, should be properly supported so that they have full access to education, including school trips and physical education.

Some children with medical conditions may be disabled. Where this is the case schools must comply with their duties under the Equality Act 2010. For children with SEND, this guidance should be read in conjunction with the SEND code of practice.

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

No child with a medical condition should be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made. These arrangements must give parents and pupils confidence in the school’s ability to provide effective support for medical conditions in schools.

Every child should have the best possible start in life through a high-quality education, which allows them to achieve their full potential. A child who has health needs should have the same opportunities as their peer group, including a broad and balanced curriculum.

As far as possible, children with health needs and who are unable to attend school should receive the same range and quality of education as they would have experienced at their home school.

Children unable to attend school because of health needs should be able to access suitable and flexible education appropriate to their needs. The nature of the provision must be responsive to the demands of what may be a changing health status. Electronic devices can be provided by school in order for the pupil to access online learning.

The use of electronic media – such as ‘virtual classrooms’, learning platforms and so on – can provide access to a broader curriculum, but this should generally be used to complement face-to-face education, rather than as sole provision (though in some cases, the child’s health needs may make it advisable to use only virtual education for a time)

*(Ensuring a good education for children who cannot attend school because of health needs. January 2013)*

Individual Health Care plans can help staff identify the necessary safety measures to support children and ensure that they and others are not put at risk.

## **2 Definition**

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

- 2.1. Short-term, affecting their participation in school activities for which they are on a course of medication
- 2.2. Long-term, potentially limiting their access to education and requiring extra care and support.

## **3 Scope**

This Policy is designed to ensure that:

- 3.1. Pupils at school with medical conditions are properly supported so that they can play a full and active role in school life, remain healthy and achieve their academic potential;
- 3.2. To support Governing bodies in their duty to ensure that arrangements are in place in schools to support pupils at school with medical conditions; and
- 3.3. To support Governing bodies in their duty to ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported.

## **4 Responsibilities**

### **4.1. Governing Bodies**

It is the responsibility of Governing Bodies to ensure that arrangements are in place to support pupils with medical conditions. In doing so they should ensure that such children can access and enjoy the same opportunities at school as any other child. In order to do so they should ensure that,

- 4.1.1 They make available adequate resources in the implementation of the Policy;
- 4.1.2 There are suitable arrangements at school to work in partnerships and to generally adopt acceptable practices in accordance with the Policy;
- 4.1.3 They take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening;

- 4.1.4 The focus is on the needs of each individual child and how their medical condition impacts on their school life;
- 4.1.5 In making their arrangements they give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school;
- 4.1.6 The school demonstrates an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care;
- 4.1.7 That staff are properly trained to provide the support that pupils need; and
- 4.1.8 That written records are kept of all medicines administered to pupils
- 4.1.9 Governing bodies include proprietors in academies and management committees of Pupil Referral Units.

#### 4.2. Headteacher

The head teacher is responsible for implementing this policy and the developing of Individual Healthcare plans. The headteacher will ensure that relevant staff have sufficient resources, including training and personal protective equipment, to support pupils with medical conditions. In order to do so they should identify a named person who has overall responsibility for:

- 4.2.1 ensuring that sufficient staff are suitably trained;
- 4.2.2 that all relevant staff will be made aware of the pupils' medical condition including any requirement for the child to participate in outside the classroom activities where appropriate;
- 4.2.3 cover arrangements are in place at all times in case of staff absence or staff turnover to ensure someone is always available;
- 4.2.4 supply teachers are briefed;
- 4.2.5 risk assessments have been carried out for school visits, holidays, and other school activities outside of the normal timetable;
- 4.2.6 procedures are in place to cover any transitional arrangements between schools for any medical issues;
- 4.2.7 for children starting at the school, necessary arrangements are in place in time for the start of the relevant school term so that they start at the same time as their peers;
- 4.2.8 individual Healthcare plans (see appendix 'J') are monitored including identifying pupils who are competent to take their own medication;

- 4.2.9 the management of accepting, storing and administering any medication (see appendix 'B').
- 4.2.10 that appropriate protective equipment is made available to staff supporting pupils at school with medical conditions;
- 4.2.11 further to this Head teachers will need to ensure that there is effective coordination and communications with relevant partners, professionals, parents and the pupils;
- 4.2.12 in order to ensure that pupils' health is not put at unnecessary risk from infectious diseases, in line with safeguarding duties, Head teachers must inform parents that they should keep children at home when they are acutely unwell. They should not accept a child in school at times where it would be detrimental to the health of that child or others to do so. Also school staff should also not attend school if acutely unwell and must be clear of any vomiting and diarrhoea for 48 hours prior to returning to work;
- 4.2.13 in the event of an outbreak situation, the school must follow any guidance issued by Public Health England. For further information on infection control, please see the Public Health England - Guidance on Infection Control in Schools and Other Childcare Settings.

## 5 Administration of Medication

The administration of medication at school will minimise the time that pupils will need to be absent.

Some children may need to take medicines during the school day at some time during their time in a school or setting. Schools will need to be flexible in their approach and examples of circumstances under which schools may be requested to administer medicines:

- a) Cases of chronic conditions e.g., diabetes, asthma, epilepsy or anaphylactic shock;
- b) Cases where pupils recovering from short term illnesses may be well enough to attend school but need to finish a course of antibiotics.

However, medicines should only be taken to school where it would be detrimental to a child's health if it were not administered during the day. It should be noted that wherever feasible parents should administer medication outside of school hours.

### 5.1. Head Teacher's Responsibilities

In terms of the administration of medication, Head teachers are also responsible for the management of accepting, storing and administering any medication can be completed by ensuring that:

5.1.1 Monitoring arrangements are in place for the administration of medication to ensure:

- a) Consent must be obtained from parents (see appendix 'A' the same form is now completed online by parents / carers);
- b) As agreed with parents, any administration of medication must be recorded (see appendix 'D'); and
- c) Medication should always be stored appropriately, but must be easily accessible to the child in case of an emergency (see appendix 'D')

5.1.2 The instructions below are followed:

- a) As part of the signed agreement with parents, taking action to ensure that medication is administered;
- b) Ensuring that all parents and all staff are aware of the policy and procedures for dealing with medical needs;
- c) Ensuring that the appropriate systems for information sharing are followed;
- d) Staff managing the administration of medicines and those who administer medicines should receive training and support from health professionals or alternative training, to achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Appendix E could be used to record training or alternatively certificates stored in the training manual. This training includes induction arrangements for new staff and must be refreshed at suitable intervals as advised and a minimum requirement is every 3 years;
- e) Medicines should only be taken to school when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school 'day';
- f) schools should only accept medicines that are in date, labelled and have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber (see Non Prescribed Medication below);
- g) Medicines should always be provided in the original container as dispensed by a pharmacist or in a container as dispensed and labelled again by a pharmacist. It must include the prescriber's instructions for administration, child's name and dosage and storage;
- h) Schools should never accept medicines that have been taken out of the original container unless this has been done by a pharmacist and the medication is in packaging/container supplied and labelled by the pharmacist. An 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;

- i) Schools should never make changes to dosages on parental instructions;
- j) The school will not be responsible for administering medicines without having had written notification from the parents (see appendix 'A');
- k) Ensuring that medicines are stored securely, appropriately (for example refrigerated) and with restricted access, although all medication should be easily accessible in an emergency; and
- l) Taking account of circumstances requiring extra caution as per Individual Health Care Plans
  - Where the timing of administration is crucial;
  - Where serious consequences may occur through failure to administer;
  - Where technical or medical knowledge is needed;
  - Where intimate contact is necessary.

In these circumstances Head teachers should consider carefully what they are being asked to do. Even if it is within the interest of the child to receive the medication in school, staff cannot be instructed to administer, however the school still has a duty to ensure that arrangements are in place to support such pupils. In these cases it would be useful to speak to the school nurse.

## 5.2. School Staff

There is no legal or contractual obligation to administer medicines except in the case of below. Some support staff may have such a role in their contract of employment. Schools should ensure that they have sufficient members of support staff who are appropriately trained to manage medicines as part of their duties.

Anyone caring for children including teachers, other school staff and day care staff in charge of children, has a common law duty of care to act like any reasonably prudent parent. Staff need to make sure that children are healthy and safe. In exceptional circumstances the duty of care could extend to administering medicine and/or taking action in an emergency. This duty also extends to staff leading activities taking place off site, such as visits, outings or field trips.

School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

Their responsibilities include:

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- 5.2.1 All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures, as advised by health professionals. Staff should have access to and must use protective disposable aprons and gloves (not latex) and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment. See Sections 8 and 9.
- 5.2.2 The school shall have a request from the parent for the school to administer medicine to their child (see appendix 'A'). The administration of medication should only be conducted in accordance with parental agreement and as set out in the School's Policy (and Individual Health Care Plan if appropriate);
- 5.2.3 Long term conditions such as epilepsy, diabetes or asthma should be recorded in the pupil's file along with instructions issued by a doctor or specialised nurse as set out in the Individual Health Care Plan (see appendix 'I' , 'J' & 'F');
- 5.2.4 The school should check that the medicine has been administered without adverse effect to the child in the past and that parents have certified this is the case in writing;
- 5.2.5 Medicines should personally be handed over to the school by a responsible adult and not by a child;
- 5.2.6 Medicines must be in date and in the original container marked with a pharmacy label stating the child's name, the type of medicine, in date and the required dosage and storage instructions;
- 5.2.7 Medicines must be kept within a secured area, out of the reach of children and visitors. This is except in emergency situations, where children are competent to self-administer. For medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens, these should not be locked away and should always readily available to children;
- 5.2.8 Receipt of medicines must be logged and an entry made when returned to parents (see appendix 'B').
- 5.2.9 An entry should be made of the pupil's name, drug administered, dosage, date and time (see appendix 'D').
- 5.2.10 The directions of the pharmacy label must be strictly followed;
- 5.2.11 Another member of staff should act as witness to the administration;
- 5.2.12 Parents should be informed of a refusal to take medication on the same day. If a refusal to take medicines results in an emergency, the school or setting's emergency procedures should be followed; and

5.2.13 If the school becomes aware that a pupil has vomited or has had diarrhoea after taking the medication, they should notify the parents.

### 5.3. School Nurses

Schools have some access to school nursing services. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but can be responsible for:

- 5.3.1 notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school;
- 5.3.2 liaising with lead clinicians locally on appropriate support for the child and associated staff training needs;
- 5.3.3 supporting staff on implementing a child's individual healthcare plan; and
- 5.3.4 advise and liaison on training to local school staff
- 5.3.5 community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition.

### 5.4. Other Healthcare Professionals

This includes GPs, specialist healthcare teams and paediatricians and should:

- 5.4.1 notify the school nurse when a child has been identified as having a medical condition that will require support at school;
- 5.4.2 provide advice on developing healthcare plans; and
- 5.4.3 provide support in schools for children with particular conditions (eg asthma, diabetes).

### 5.5. Parents

Parents should:

- 5.5.1 provide the school with sufficient and up-to-date information about their child's medical needs;
- 5.5.2 be involved in the development and review of their child's Individual Healthcare Plan, and may be involved in its drafting; and
- 5.5.3 carry out any action they have agreed to as part of the implementation of their child's Healthcare Plan, eg provide medicines and equipment and ensure they or another nominated adult are contactable at all times. If they fail to provide sufficient medication, they should be contacted immediately and necessary arrangements made, e.g. provision of

medication, returning the child to the parent awaiting provision of the medication, etc.

## 5.6. Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their Individual Healthcare Plan. Other pupils will often be sensitive to the needs of those with medical conditions.

After agreement with parents it is good practice to support and encourage pupils, who are able, to take responsibility to manage their own medicines from a relatively early age (see appendix 'C'). Children develop at different rates and so the ability to take responsibility for their own medicines varies. If pupils can take their medicines themselves, staff may only need to supervise.

Inhalers for pupils with asthma need to be readily available. Pupils who are mature enough can look after their own inhalers. They should always be available during physical education classes and outdoor learning experiences.

## 5.7. Local Authorities

Local Authorities are responsible for;

- 5.7.1 commissioning school nurses;
- 5.7.2 promoting cooperation between relevant partners such as governing bodies of maintained schools, proprietors of academies, Clinical Commissioning Groups and NHS England, with a view to improving the well-being of children, so far as relating to their physical and mental health, and their education, training and recreation (Section 10 of the Children Act 2004);
- 5.7.3 providing support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively;
- 5.7.4 working with schools to support pupils with medical conditions to attend full time;
- 5.7.5 where pupils would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements; and
- 5.7.6 statutory guidance sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from schools for 15 days or more because of health needs (whether consecutive or cumulative across the school year).

## 5.8. Wirral Specialist Support Team for pupils with medical/physical needs (Children & Young People's Department)

A service provided by Wirral Council for pupils with medical/physical needs is available to all schools. The team offers the following service:

- 5.8.1 Advise and support schools in drawing up and developing individual health care plans (IHCP's);
- 5.8.2 coordinate key transitions for pupils with medical and physical needs;
- 5.8.3 coordinate the provision of specialist equipment for pupils with medical/physical needs;
- 5.8.4 coordinate IHCP funding requests, and monitor IHCP funded provision (Element Three);
- 5.8.5 liaise with lead clinicians locally on appropriate support for a pupils and associated training needs;
- 5.8.6 advice and liaison on training to local school staff;
- 5.8.7 provide ICT assessments for pupils who have been identified by the local Paediatric Occupational Therapy Service, as having significant difficulties with recording and accessing the curriculum, and who may need assistive technology.

## 5.9. Providers of Health Services

- 5.9.1 Should co-operate with schools that are supporting children with a medical condition, including appropriate communication, liaison with school nurses and other healthcare professionals such as specialist and children's community nurses, as well as participation in locally developed outreach and training.
- 5.9.2 Health services can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.

## 5.10. Clinical Commissioning Groups (CCGs)

Commission other healthcare professionals such as specialist nurses and have a reciprocal duty to cooperate under Section 10 of the Children Act 2004. They should ensure that:

- 5.10.1 commissioning is responsive to children's needs, and that health services are able to co-operate with schools supporting children with medical conditions; and

- 5.10.2 are responsive to local authorities and schools seeking to strengthen links between health services and schools, and consider how to encourage health services in providing support and advice, (and can help with any potential issues or obstacles in relation to this).

## 6 Individual Health Care Plans

It is not appropriate to send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless specified in their Individual Health Care plans (see appendices 'I' & 'J'). This will include requiring parents to provide up to date information about their child's medical needs, provide their child's medication to the school in the original container and also carry out any action they have agreed as part of their child's healthcare plan, where one is in place.

- 6.1. The aim of Individual Healthcare Plans should be to capture the steps which a school should take to help the child manage their condition and overcome any potential barriers to getting the most from their education.
- 6.2. Schools have responsibility for ensuring Individual Healthcare Plans are finalised and implemented. They should agree with partners who will take the lead in writing the plan. They need to be reviewed at least annually or earlier if evidence is presented that the child's needs have changed. Plans should be developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social well-being and minimises disruption
- 6.3. Individual Healthcare Plans, (and their review), may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child. Pupils should be involved whenever appropriate.
- 6.4. In deciding what information should be recorded on Individual Healthcare Plans the following should be considered:
- 6.4.1 the medical condition, its triggers, signs, symptoms and treatments;
  - 6.4.2 the pupil's resulting needs, including medication 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;
  - 6.4.3 specific support for the pupil's educational, social and emotional needs;
  - 6.4.4 the level of support needed including in emergencies;
  - 6.4.5 whether a pupil can self-manage their medication and the monitoring arrangements;
  - 6.4.6 who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support;

- 6.4.7 who in the school needs to be aware of the child's condition and the support required;
- 6.4.8 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;
- 6.4.9 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;
- 6.4.10 where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition;
- 6.4.11 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; and
- 6.4.12 Schools do 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, judgments will be needed about what support to provide based on the available evidence. If consensus cannot be reached, the Head teacher is best placed to take a final view.

## 7 Administration of Medication

### 7.1. Non Prescribed Medication

- 7.1.1 Only after parental advice should schools administer Paracetamol or other pain relief. For pupils under 16, parental consent must be obtained beforehand and a record of that consent and administration should be made.
- 7.1.2 The school **must not** keep its' own stock of medication; the parent must provide the school with a supply of appropriate pain relief tablets for use solely by their child.
- 7.1.3 A dose of paracetamol or pain relief should only be given after effort has been made to ease the pupil's pain. Before each dose of the medication is given, the school should obtain parental consent. The school must ask the parent how many doses of the pain relief have been administered in the previous 24 hours, and only administer pain relief if in line with the recommended dose. A record of that consent and any administration of medication should be made.
- 7.1.4 Staff should check that the medicine has been administered without adverse effect to the child in the past and that parents have certified this

is the case – a note to this effect should be recorded in the written parental agreement for the school/setting to administer medicine.

- 7.1.5 If a child suffers regularly from frequent or acute pain the parents should be encouraged to refer the matter to the child's GP. A child under 16 should never be given aspirin-containing medicine unless prescribed by a doctor.

## 7.2. Storing Medicines

The following must be followed in the storage of medication:

- 7.2.1 Medicines should be kept in a secure place with restricted access (see 11 below);
- 7.2.2 Controlled drugs should be stored securely with limited access, but should be easily accessible in an emergency. A record should be kept for audit and safety purposes (see appendix 'D');
- 7.2.3 Some medication, subject to the Individual Healthcare plan (see appendix 'J'), can be kept in a refrigerator alongside food but should be in an airtight container and clearly labelled ;
- 7.2.4 Large volumes of medicines should not be stored;
- 7.2.5 Children should know where their own medicines are stored, who holds the key and be able to access them;
- 7.2.6 Staff should only store, supervise and administer medicine that has been prescribed for an individual child;
- 7.2.7 Medicines should be stored strictly in accordance with product instructions (paying particular note to temperature) and in the original container in which dispensed;
- 7.2.8 Staff should ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine, storage instructions and the frequency of administration;
- 7.2.9 Where a child needs two or more prescribed medicines, each should be in a separate container;
- 7.2.10 Staff should never transfer medicines from their original containers; and
- 7.2.11 Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenalin pens should be always readily available to children and not locked away
- 7.2.12 The emergency inhaler and spacers for salbutamol inhalers (see below) must be kept in a safe and suitably central location in the school, such as



the school office, or staffroom, which is known to all staff, and to which all staff have access at all times, but in which the inhaler is out of the reach and sight of children. The inhaler and spacer should not be locked away.

- 7.2.13 Individual children's inhalers are to be kept securely in the classrooms and taken outside for P.E. to allow for them to be readily accessible.

### 7.3. Controlled Drugs

The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act and its associated regulations. Some may be prescribed as medicine for use by children, e.g. Ritalin, methylphenidate.

- 7.3.1 Any trained and competent member of staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicine should do so in accordance with the prescriber's instructions.
- 7.3.2 It is permissible for schools and settings to look after a controlled drug, where it is agreed that it will be administered to the child for whom it has been prescribed.
- 7.3.3 A controlled drug, as with all medicines, should be returned to the parent when no longer required to arrange for safe disposal (by returning the unwanted supply to the local pharmacy). If this is not possible, it should be returned to the dispensing pharmacist (details should be on the label).
- 7.3.4 Misuse of a controlled drug, such as passing it to another child or another person for use, is a criminal offence.

### 7.4. Regular Injection

- 7.4.1 The school has a duty to support children with medical conditions at school and as a result trained and competent staff may be required to administer injections to pupils who have diagnosed conditions such as diabetes, epilepsy, anaphylactic shock, etc. Only trained and authorised staff may be required to administer injections to pupils who have diagnosed conditions such as diabetes, epilepsy, anaphylactic shock etc., where the child is unable for whatever reason to do so themselves.
- 7.4.2 In the case of pupils with an individual Health Care Plan, the Plan must set out what to do in the case of an emergency. This response should be drawn up in consultation with the school health nurse, other medical professionals as appropriate and the child's parents.
- 7.4.3 The Governing Body must ensure that arrangements are in place to support pupils with medical conditions. In doing so they should ensure that such children can access and enjoy the same opportunity at school as any other child. When planning out of school activities such as educational visits, residential trips, etc, consideration and appropriate

planning must be given to meeting the needs of pupils with medical conditions.

#### 7.5. Self-Management

After agreement with parents it is good practice to support and encourage children, who are able and competent to do so, to take responsibility to manage their own medicines from a relatively early age and schools should encourage this. The age at which children are ready to take care of, and be responsible for, their own medicines, varies. As children grow and develop they should be encouraged to participate in decisions about their medicines and to take responsibility. This should be documented in the Individual Health Care Plan after discussion with health care professionals and parents.

#### 7.6. Children Requiring Emergency Medication

The Individual Healthcare Plans should detail the pupils and circumstances when emergency medication is required. All emergency medication must be readily available and located in an accessible place in a school, which has been communicated to staff and relevant pupils.

#### 7.7. Asthma

7.7.1 Asthma is the most common chronic condition, affecting one in eleven children. On average, there are two children with asthma in every classroom in the UK. Children should have their own reliever inhaler and spacer at school to treat symptoms and for use in the event of an asthma attack. If they are able to manage their asthma themselves they should keep their inhaler on them, and if not, it should be easily accessible to them.

7.7.2 School should have a register of children in the school that have been diagnosed with asthma or prescribed a reliever inhaler.

#### 7.8. Keeping Salbutamol Inhalers (Asthma Attack) for use in Emergencies

7.8.1 Asthma is the most common chronic condition, affecting one in eleven children. On average, there are two children with asthma in every classroom in the UK. Children should have their own reliever inhaler and spacer at school to treat symptoms and for use in the event of an asthma attack. If they are able to manage their asthma themselves they should keep their inhaler on them, and if not, it should be easily accessible to them.

7.8.2 From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 will allow schools to keep a salbutamol inhaler for use in emergencies.

7.8.3 The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has

been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty).

- 7.8.4 Salbutamol is a relatively safe medicine, particularly if inhaled, but all medicines can have some adverse effects. Those of inhaled salbutamol are well known, tend to be mild and temporary and are not likely to cause serious harm. The child may feel a bit shaky or may tremble, or they may say that they feel their heart is beating faster.
- 7.8.5 The main risk of allowing schools to hold a salbutamol inhaler for emergency use is that it may be administered inappropriately to a breathless child who does not have asthma. It is essential therefore that schools ensure that the inhaler is only used by children who have asthma or who have been prescribed a reliever inhaler, and for whom written parental consent has been given.
- 7.8.6 Keeping an inhaler for emergency use will have many benefits. For identifying an asthma attack and emergency procedures (see appendices 'F' and 'G'). It could prevent an unnecessary and traumatic trip to hospital for a child, and potentially save their life. Parents are likely to have greater peace of mind about sending their child to school. However, this is a discretionary power enabling schools to do this if they wish.  
  
In order to use schools should,
- 7.8.7 Have a register of children in the school that have been diagnosed with asthma or prescribed a reliever inhaler, a copy of which should kept with the emergency inhaler
- 7.8.8 Have written parental consent for use of the emergency inhaler included as part of a child's individual healthcare plan (see appendices 'F' & 'J')
- 7.8.9 Ensure that the emergency inhaler is only used by children with asthma with written parental consent for its use (see appendix 'F')
- 7.8.10 Ensure that appropriate support and training for staff in the use of the emergency inhaler in line with the schools wider policy on supporting pupils with medical conditions
- 7.8.11 Maintain records of use of the emergency inhaler and informing parents or carers that their child has used the emergency inhaler (see appendix 'G')
- 7.8.12 All staff are responsible for ensuring the protocol is followed.
- 7.8.13 Schools can buy inhalers and spacers (these are enclosed plastic vessels which make it easier to deliver asthma medicine to the lungs)

from a pharmaceutical supplier, provided the general advice relating to these transactions are observed. Schools can buy inhalers in small quantities provided it is done on an occasional basis and is not for profit. The supplier will need a request signed by the principal or head teacher (ideally on appropriately headed paper) stating:

- 7.8.14 The name of the school for which the product is required;
- 7.8.15 The purpose for which that product is required, and
- 7.8.16 The total quantity required.
- 7.8.17 Schools may wish to discuss with their community pharmacist the different plastic spacers available and what is most appropriate for the age-group in the school. Community pharmacists can also provide advice on use of the inhaler. Schools should be aware that pharmacies cannot provide inhalers and spacers free of charge and will charge for them.
- 7.8.18 With regard to care of the inhaler, the two named volunteers amongst school staff should have responsibility for ensuring that:
- 7.8.19 On a monthly basis the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available;
- 7.8.20 That replacement inhalers are obtained when expiry dates approach;
- 7.8.21 During an incident, spacers should be available for use for an individual child and must be replaced following use;
- 7.8.22 The plastic inhaler housing (which holds the canister) has been cleaned, dried and returned to storage following use, or that replacements are available if necessary.

## **8 Disposal of Medicines**

- 8.1. Staff should not dispose of medicines. Parents are responsible for ensuring that date-expired or unused medicines are returned to a pharmacy for safe disposal. They should also collect medicines held at the end of each term. If parents do not collect all medicines, they should be taken to a local pharmacy for safe disposal. A written record should be kept and parents informed.
- 8.2. Sharps boxes should always be used for the disposal of needles. Sharps boxes can be obtained from the Local Authority Asset Management Team through Statutory Management Services. Collection and disposal of the boxes is arranged with the contractor.

## **9 Hygiene and Infection Control**

- 9.1. All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures. Staff should have access to protective disposable gloves and aprons where appropriate and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment. Please refer to Jeanne Fairbrother Associates
- 9.2. The schools will ensure that any member of school staff providing support to a pupil with medical needs should have received suitable training. Training should be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans.
- 9.3. The relevant healthcare professional should normally lead on identifying and agreeing with the school, the type and level of training required, and how this can be obtained.
- 9.4. Staff must not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any individual healthcare plans). A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.

## **10 Day trips, residential visits and sporting activities**

- 10.1. Arrangements must be clear and unambiguous about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, including physical education lessons and not prevent them from doing so, unless it is otherwise stated in their Individual Health Care plan.
- 10.2. Teachers and/or other designated school staff should be aware of how a child's medical condition will impact on their participation, but there should be enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments. Schools should make arrangements for the inclusion of pupils in such activities with any reasonable adjustments as required; unless evidence from a clinician such as a GP states that this is not possible.
- 10.3. Schools should consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits. It is best practice to carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. This will require consultation with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely.

## **11 Emergency Procedures**

- 11.1. The Individual Healthcare Plan should clearly define what constitutes an emergency for that particular child and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures.
- 11.2. As part of general risk management processes all schools should also have arrangements in place for dealing with emergency situations. Schools should therefore take care not to solely focus on emergencies identified in the Individual Healthcare Plans and appreciate that other emergency situations may occur.
- 11.3. All staff should be aware of the likelihood of an emergency arising and what action to take if one occurs. Back up cover should be arranged for when the member of staff responsible is absent or unavailable, this includes out of class activities. At different times of the day other staff may be responsible for children, such as lunchtime supervisors. It is important that they are also provided with training and advice. Other children should know what to do in the event of an emergency, such as, telling a member of staff.

## **12 Transport to Hospital**

- 12.1. Where the Head teacher Manager considers that hospital treatment is required the school should contact the emergency services for advice and follow it. Parents must be contacted and informed of the situation.
- 12.2. If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. Schools need to ensure they understand the local emergency services cover arrangements and that the correct information is provided for navigation systems.
- 12.3. If, despite being fully appraised of the situation, the emergency service does not consider it necessary for transport by ambulance, but the school considers that further medical advice is required, the school should contact the pupil's next of kin. If the next of kin cannot be contacted and/or do not have access to own transport, the school can, only in these exceptional circumstances arrange to transport the injured person using their school staff transport. They must be accompanied by an additional responsible adult to support the injured person. If a child needs to be taken to hospital by ambulance a member of staff should accompany the child and stay with the injured child until their parents/guardians arrive. Please note: All staff who are likely to use their own vehicles for business travel must have the appropriate business insurance, a valid MOT certificate (if required). It is the responsibility of the Head Teacher/Manager to check these documents together with the individual's driving license making note of any endorsements on an annual basis and maintain appropriate records.

## **13 Insurance**

### **13.1 Schools buying into Wirral Council's insurance scheme:**

- 13.1.1 Where a member of staff acting in the course of employment supports pupils with medical conditions at schools, they will be indemnified by the Council's liability insurance for any claim for negligence relating to injury or loss through their action. The cover includes the administration or supervision of prescription and non-prescription medication orally, topically, by injection or by tube and the application of appliance or dressings, providing that the following criteria have been met.
- 13.1.2 They have received full appropriate training and are competent to carry out any medical interventions for that pupil
- 13.1.3 They have received refresher training at the required intervals
- 13.1.4 They have used the relevant protective equipment for that purpose
- 13.1.5 There is written parental instruction and consent
- 13.1.6 It is made clear to non-trained staff that they should not administer medication

## **14 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. 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.

## **15 Review and Evaluation**

In order to ensure that this policy continues to be effective and applicable, the policy will be reviewed biennially by the Health, Safety & Resilience Team and relevant stakeholders. Conditions which might warrant a review of the policy on a more frequent basis would include:

- a) Changes to legislation;
- b) Employee concern.

Following completion of any review, the program will be revised and/or updated in order to correct any deficiencies. Any changes to the program will be consulted through the relevant stakeholders.

## **16 List of Trained Staff at the School**

### **16.1. Lead Person for managing medicines at school**

---

- Mrs J Mullin

Accredited and designated persons for administration of prescribed medication (anti-biotics, Ritalin etc) and non-prescribed medication (paracetamol, ibuprofen, as per parental request):

- Miss A Fletcher-School Business Manager
- Miss J Curtis- Administrative Assistant
- Miss G Beckett – Administrative Assistant
- Mrs D Bennett – Midday Supervisor
- Mrs E Barker – Midday Supervisor
- Mrs N Satvrou – HLTA
- Miss A Elcome – SLT
- Miss K Wild – Teacher
- Mr K Ankers – SLT
- Mr F Smale – Teacher

Staff who have achieved the National College online training course for Administration of Medications (annual refresher required)

- Miss A Fletcher-School Business Manager
- Miss J Curtis- Administrative Assistant
- Miss G Beckett – Administrative Assistant
- Mrs D Bennett – Senior Midday Supervisor
- Mrs E Barker – Senior Midday Supervisor
- Mrs N Satvrou – HLTA
- Miss A Elcome – SLT
- Miss K Wild – Teacher
- Mr K Ankers – SLT
- Mr F Smale – Teacher

School First Aiders (full First Aid at Work Certificate):

- Mrs P Rice (TA KS1 – Infant building) - expires December 2025
- Mrs Y Murphy (1:1 Infant building) - expires December 2025
- Mrs D Bennett (Senior Midday Supervisor / Toast Club / After School Club) - expires December 2025
- Mr S Williams (Site Manager) – expires March 2026
- Miss A Buxton-Cook (EYFS Lead F1 Teacher Infant building) – expires December 2025
- Mrs K Hill (TA F2 Infant building) – expires December 2025
- Mr E Speke (TA F1 Infant building ) – expires December 2025
- Miss J Sawicki (F2 Teacher Infant building) – December 2025
- Miss B Williamson (F2 Teacher Infant building) – expires December 2025

## 16.2. School Paediatric first aiders:

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- Mrs P Rice (TA KS1 – Infant building) - expires December 2025
- Mrs Y Murphy (1:1 Infant building) - expires December 2025
- Mrs D Bennett (Senior Midday Supervisor / Toast Club / After School Club) - expires December 2025
- Mr S Williams (Site Manager) – expires March 2026
- Miss A Buxton-Cook (EYFS Lead F1 Teacher Infant building) – expires December 2025
- Mrs K Hill (TA F2 Infant building) – expires December 2025
- Mr E Speke (TA F1 Infant building ) – expires December 2025
- Miss J Sawicki (F2 Teacher Infant building) – December 2025
- Miss B Williamson (F2 Teacher Infant building) – expires December 2025

### 16.3. School Emergency Appointed Persons

Mrs M Jackson HT  
Mrs M Grealis DHT

### 16.4. Named people for administering medicines:

Daily administration of prescribed medication e.g., anti-biotic, Ritalin

Miss G Beckett  
Miss J Curtis  
Miss A Fletcher  
Mrs D Bennett

For children with medical conditions such as diabetes, epilepsy or other long term conditions staff will receive training to administer medication from a specialist nurse. The people responsible for the administration of this medication will be specifically named on the child's health care plan.

## 17 Further Sources of Medical Information

### 17.1. Anaphylaxis

The **Anaphylaxis Campaign** website contains Guidance for schools, which discusses anaphylaxis, treatment, setting up a protocol, and support for pupils and staff. It also includes a sample protocol. The Anaphylaxis Campaign Helpline is 01252 542 029. The Anaphylaxis Campaign has also published the **Allergy in schools** website which has specific advice for pre-schools, schools, school caterers, parents, students and nurses.

## 17.2. Asthma

**Asthma UK** has downloadable **school policy guidelines** that provide information on asthma, asthma in PE and sports, and what to do when a child with asthma joins the class. It provides comprehensive information on how to develop a school asthma policy and asthma register, with an example. Also available are **school asthma cards** and **information and posters** for young people to encourage them to be active with their asthma. To order copies of these resources call 020 7786 5000. To answer any questions about asthma call the Asthma UK Advice line on 08457 01 02 03 (Monday to Friday, 9am to 5pm) or use the **online form** to email your query to the experts.

Please also refer to Asthma Management of (School Nurse) Powerpoint Presentation 2012 available on WESCOM, Health & Safety SLA, Safety Policy & Guidance Documents, Medical Related Information.

Additional advice and support can be accessed through Asthma Nurse, Rebecca Bryson, 0151 604 7673, [claudine.bryson@nhs.net](mailto:claudine.bryson@nhs.net) and/or the Local Authority's Specialist Teachers for children with physical/medical Needs Coordinator, Jayne Catton, tel 0151 631 3313, [jaynecatton@wirral.gov.uk](mailto:jaynecatton@wirral.gov.uk) and/or Paediatric

## 17.3. Diabetes

**Diabetes UK** has information on **diabetes in school**, which discusses insulin injections, diet, snacks, hypoglycaemia reaction and how to treat it. It contains a downloadable version of their school pack, Children with diabetes at school — what all staff need to know. Copies of this can also be ordered from Diabetes UK Distribution, telephone 0800 585 088. Further information is available from Diabetes UK Care line, telephone 0845 120 2960 (Monday — Friday, 9a.m.-5p.m.) or see the **Diabetes UK** website for an enquiry form.

Additional advice and support can be accessed through Paediatric Diabetic Nurses Brenda Light and Jane Edmunds, tel 0151 678 5111, ext 7246, [jane.edmunds2@nhs.net](mailto:jane.edmunds2@nhs.net) [brenda.light@nhs.net](mailto:brenda.light@nhs.net) and/or the Local Authority's Specialist Teachers for children with physical/medical needs Coordinator, Jayne Catton, tel 0151 631 3313, [jaynecatton@wirral.gov.uk](mailto:jaynecatton@wirral.gov.uk)

## 17.4. Eczema

The National Eczema Society has produced an **activity pack**, available on TeacherNet, to encourage discussion about eczema in the classroom. The pack follows a lesson plan format and ties in with the National Curriculum and is tailored according to age group.

## 17.5. Epilepsy

**Epilepsy Action** (British Epilepsy Association) has information for schools in **Epilepsy — A teacher's guide**. This looks at classroom first aid, emergency care, medication, and school activities. For further information is available from the freephone helpline on 0808 800 5050 (Monday-Thursday, 9:00 am — 4.30 pm, Friday 9:00 am — 4:00 pm) or use the **email enquiry form**.

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**The National Society for Epilepsy (NSE)** has information on **education and epilepsy** which looks at epilepsy and learning, special needs examinations, practical activities, medication, the Disability Discrimination Act, and teaching pupils with epilepsy. Contact the UK Epilepsy helpline, telephone 01494 601 400 (Monday-Friday 10:00 am — 4:00 pm.)

Additional advice and support can be accessed through the Paediatric Epilepsy Nurse Jennifer O'Brien, tel 0151 604 7672, [jennifer.obrien1@nhs.net](mailto:jennifer.obrien1@nhs.net) and/or Local Authority's Specialist Teachers for children with physical/medical needs Coordinator, Jayne Catton, tel 0151 631 3313, [jaynecatton@wirral.gov.uk](mailto:jaynecatton@wirral.gov.uk).



# **Sacred Heart Catholic Primary School**

## **Medication Agreement**

# Medication Agreement

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## The Administration of Medicines in Sacred Heart Catholic Primary School

Schools are asked on a regular basis to administer medication to pupils. This activity is not a professional duty of Headteachers and school staff, but as a caring community, we recognise its crucial significance for individual pupils.

Each request for medications to be administered to a pupil in school will be considered on its individual merits. The Headteacher will take into consideration the best interests of the pupil, and any implications for the school and its staff.

Pupils requiring medication will need to go directly to the School Office to take medication at lunchtime (in special circumstances at an agreed time, which will be discussed with the Pastoral Team).

All medications brought into school will be kept in a secure place together with this completed Agreement.

If you have concerns or queries, please contact School Office.

1. Pupil Name:

.....  
.....

2. Parent/Carer

Name.....  
.....

3. Class.....

4. Date of Birth.....

5. Address.....

.....  
.....

6. Condition/Illness that requires medication:

.....

7. Allergies (if your child has an allergy, please also complete the allergy information form by clicking on the following link <https://forms.gle/or6N88xgcavPhGAR7>)

8. Name and strength of medication (e.g. 250mg/5ml)

.....  
.....  
.....

9. Expiry date: .....

10. Dosage (e.g. 5ml)

.....

11. Method (e.g. Orally. If medication is a cream, please provide the area to apply the cream).

.....  
.....

12. Time of day for the medication to be taken:

.....

13. Date medication to start in school:

.....

14. Last date medication to be administered in school.....

15. Any Side Effects/Special Precautions.....

.....  
.....

**Parent/Carer Agreement**

I understand that this form must be completed with any prescribed medication.

I understand that medication must be labelled with the child's name, dosage, administration method and ensure it is within the correct expiry date as dispensed from the pharmacy.

I understand that I must notify the school, via email, of any changes in medication immediately.

I understand that I must replenish medication on a regular basis and provide any new information, ensuring the medication does not exceed the expiry date.

I understand that I must ensure my child knows the correct time of day to take medication and is aware of his/her responsibility to go to the School Office at the agreed time each day.

I understand that any unused medication or expired medication must be collected from the school office.

16. As the Parent/Carer of the child above, I agree to the above conditions.

Yes

17. Date form completed .....

**Appendix 'B'**

# Medication Handover – Sign In

Name of Child.....

Class.....

<b>Date</b>	<b>Medication (Name)</b>	<b>Quantity</b>	<b>Parent Signature</b>	<b>Staff Signature</b>

# Medication Handover – Sign Out

Name of Child.....

Class.....

<b>Date</b>	<b>Medication (Name)</b>	<b>Quantity</b>	<b>Parent Signature</b>	<b>Staff Signature</b>



**Appendix 'C'**

**THIS FORM MUST BE COMPLETED BY PARENTS/GUARDIAN**

**If staff have any concerns discuss request with healthcare professionals**

Name of school	
Name of child	
Date medicine provided by parent	/ /
Group/class/form	
Name of medicine	
Procedures to be taken in an emergency	

**Contact Information**

Name	
Daytime telephone number	
Relationship to child	

I would like my son/daughter to keep his/her medicine on him/her for use as necessary.

Date \_\_\_\_\_

Signed \_\_\_\_\_ PRINT NAME \_\_\_\_\_

If more than one medicine is to be given a separate form should be completed for each one

## Appendix 'D'

### Record of Medicine Administered to an Individual Child

Child's name \_\_\_\_\_ D.O.B \_\_\_\_\_

Name and strength of medicine \_\_\_\_\_

Time, dose and frequency of medicine \_\_\_\_\_

Date provided by parent \_\_\_\_\_ Quantity \_\_\_\_\_

Expiry date \_\_\_\_\_ Start date \_\_\_\_\_

Staff signature (oversee) \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_

Date

/ /	/ /	/ /
-----	-----	-----

Time given

--	--	--

Dose given

--	--	--

Name of member of staff

--	--	--

Reducing quantity

--	--	--

Observer

--	--	--

Date

/ /	/ /	/ /
-----	-----	-----

Time given

--	--	--

Dose given

--	--	--

Name of member of staff

--	--	--

Reducing quantity

--	--	--

Observer

--	--	--

Date

/ /	/ /	/ /
-----	-----	-----

Time given

--	--	--

Dose given

--	--	--

Name of member of staff

--	--	--

Reducing quantity

--	--	--

Observer

--	--	--

Date

/ /	/ /	/ /
-----	-----	-----

Time given

--	--	--

Dose given

--	--	--

Name of member of staff

--	--	--

Reducing quantity

--	--	--

Observer

--	--	--

Date  
Time given  
Dose given  
Name of member of staff  
Reducing quantity  
Observer

/	/	/	/

Date  
Time given  
Dose given  
Name of member of staff  
Reducing quantity  
Observer

/	/	/	/

Date  
Time given  
Dose given  
Name of member of staff  
Reducing quantity  
Observer

/	/	/	/

Date  
Time given  
Dose given  
Name of member of staff  
Reducing quantity  
Observer

/	/	/	/

Date  
Time given  
Dose given  
Name of member of staff  
Reducing quantity  
Observer

/	/	/	/

## Appendix 'E'

Name of school/setting	
Name	
Type of training received	
Date of training completed	/ /
Training provided by (Company)	
Name of trainer	
Profession and title	

I confirm that [name of member of staff] has received the training detailed above. I recommend that the training is annually updated [please state how often].

Trainer's signature \_\_\_\_\_

Date \_\_\_\_\_

**I confirm that I have received the training detailed above.**

Staff signature \_\_\_\_\_

Date \_\_\_\_\_

Suggested review date \_\_\_\_\_

# Appendix 'F'

Headteacher: Mrs M. Jackson  
Deputy Headteacher: Mrs L. Smith



Sacred Heart Catholic Primary School  
Danger Lane  
Moreton  
Wirral  
CH46 8UG  
Tel: 0151 677 1091  
schooloffice@sacredheart.wirral.sch.uk  
www.sacredheartmoreton.co.uk

## USE OF EMERGENCY SALBUTAMOL INHALER

Child showing symptoms of asthma / having asthma attack

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler
2. My child has a working, in-date inhaler, clearly labelled with their name, which they have in school every day.
3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed: ..... Date: .....

Name (print).....

Child's name:  
.....

Class: .....

Parent's address and contact details:  
.....  
.....  
.....

Telephone home / work / mobile  
.....

E-mail:  
.....



**Appendix 'G'**

# Asthma Monitoring Form



Child:

Class:

Inhaler expiry date:

Date	Time	Number of puffs	Signed	Date	Time	Number of puffs	Signed

## Appendix 'H'

Name of school/setting

Child's name

Date of birth

Home address

GP

Hospital consultant


\_\_\_\_\_ (*name of child*) should be given Rectal Diazepam—mg.  
If he/she has a \*prolonged epileptic seizure over\_\_\_ minutes.

**OR**

\*serial seizures lasting over \_\_\_ minutes.

An ambulance should be called for \*at the beginning of the seizure

**OR**

If the seizure has not resolved \*after\_\_\_ minutes.

(\*please delete as appropriate)

Doctor's signature:

Parents signature:

Print name:

Date:


### **NB: Authorisation for the administration of rectal diazepam**

As the indications of when to administer diazepam vary, an individual authorization is required for each child. This should be completed by the child's GP, Consultant and/or Epilepsy Specialist Nurse and reviewed regularly. This ensures the medicine is administered appropriately.

The authorization should clearly state:

- When the diazepam is to be given e.g. after 5 minutes; and
- How much should be given

Included on the Authorization Form should be an indication of when an ambulance is to be summoned.

**Records of administration must be maintained (see appendix 'D')**

## Appendix 'I'

### HOW TO RECOGNISE AN ASTHMA ATTACK

#### The signs of an asthma attack are:

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
- Nasal flaring
- Unable to talk or complete sentences. Some children will go very quiet.
- May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache)

### **CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD**

- Appears exhausted
- Has a blue/white tinge around lips
- Is going blue
- Has collapsed

### **WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK**

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward
- Use the child's own inhaler – if not available, use the emergency inhaler
- Remain with the child while the inhaler and spacer are brought to them
- Immediately help the child to take two puffs of salbutamol via the spacer
- If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way.



**Appendix ‘J’**

**INDIVIDUAL HEALTH CARE PLAN**

**School must have regard to the following DFE Statutory Guidance Document: ‘Supporting Pupils at School with Medical Conditions’.**

<u>Name of Pupil:</u>	<u>School:</u>
<u>Medical/Physical Condition or Diagnosis:</u>	<u>Author of IHCP:</u>
<u>D.o.B:</u>	<u>Date of IHCP:</u>
<u>Year Group:</u>	<u>Date for IHCP Review:</u>
<p><u>A copy of the school policy for supporting pupils with medical needs can be obtained by: The named person at school with overall responsibility for policy implementation is:</u></p>	

<u>Contacts: Family and Professional</u>		
<u>Name</u>	<u>Contact Details: Telephone &amp; E-mail</u>	<u>Attended IHCP Meeting</u>
	<u>School Nurse Tel:</u>	
<u>Jayne Catton</u>	<u>Specialist Teacher for Children with MPN Tel: 666 4577 Email: jaynecatton@wirral.gov.uk</u>	

<u>Additional Support</u>			
<u>Additional support provided through: (please circle)</u>	<u>EHCP: Education, Health &amp; Care Plan</u>	<u>PFA: Pupil Funding Agreement: 7 Units</u>	<u>School Provision Only</u>
<u>Support Worker/s</u>			
<u>Name:</u>	<u>Designation:</u>	<u>Name:</u>	<u>Designation:</u>
<u>Hours: Full-time</u>		<u>Hours:</u>	

<u>Back-up Support Worker</u>	
<u>Name:</u>	<u>Name:</u>
<u>Designation:</u>	<u>Designation:</u>

<u>Important Information about the Pupil's Medical/Physical Condition or Diagnosis</u>
<u>Pupil's View of their Health Needs and Support for those Needs (Likes and Dislikes)</u>
<b><i><u>If the pupil currently has a Person Centred Plan, please attach it to this IHCP.</u></i></b>

<u>Medication</u>	
<b><u>Medication:</u></b>	<b><u>Medication:</u></b>
<u>Dose &amp; Method:</u>	<u>Dose &amp; Method:</u>
<u>Timing:</u>	<u>Timing:</u>
<u>Side Effects: None presenting</u>	<u>Side Effects: None presenting</u>
<u>Expiry Date:</u>	<u>Expiry Date:</u>
<u>Storage:</u>	<u>Storage:</u>
<u>Administered By:</u>	<u>Administered By:</u>
<u>Other Instructions:</u>	<u>Other Instructions:</u>
-----	
-----	
<b><u>Parental Agreement for School to Administer Medication to the Child Named in this IHCP</u></b>	
<u>The information contained in the above section 'Medication Administered in School' is, to the best of my knowledge, accurate at the time of writing. I give consent to school staff to administer the medication detailed above in accordance with 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 medication is stopped.</u>	
<u>I understand that I must deliver the medication personally to:</u>	
 <u>Parental Signature:</u>	

Print:

Date:

**Governing bodies should ensure that written records are kept of all medicines administered to children.**

Health Related Emergency Situations and Intervention

Fire – Personal Emergency Evacuation Plan (PEEP)

NO                       YES                      **If 'YES' has been ticked please attach PEEP to this IHCP.**

Wirral's Personal Emergency Evacuation Plan format can be found on Wescom.

Daily Management Issues/Summary of Additional Support

Specific Moving/Handling Advice

**School should make reference to Wirral Local Authority's Health & Safety Policy & Guidance Document HS/ECS/014 - 'Safer Lifting & Handling Techniques'. School should consider, in liaison with the pupil's occupational therapist and physiotherapist, the need to draw up a Manual Handling Plan to supplement this IHCP.**

Equipment Used in School

**New equipment may need to be set up by the occupational therapist who ordered it. School should liaise with the Occupational Therapy Department once the equipment has been delivered.**  
**Wheelchairs – staff involved in moving children in wheelchairs should have access to the wheelchair's user manual to familiarise themselves with the wheelchair's operation. This will be available from parents.**

Educational Needs

Yes   No

Is the pupil on the school's SEN Register?

Has advice been sought from external agencies to support learning?

If advice has been sought please detail:

Detail any identified barriers to learning and Advice to Subject Areas:

Exam Dispensation or Special Considerations:

Off Site Activities (School Trips, Residential and Work Experience)

**For advice about accessible transport contact Wirral Local Authority's Transport Department**

Social and Emotional Needs

Identified Training Implications for School Staff

**Wirral Training Directory**

Transition Planning

Any Other Issues

**A risk assessment/s may need to be carried out in support of this plan – for guidance and advice, School should contact Wirral Local Authority Health & Safety Department.**

Parents Declaration

I agree to provide school with sufficient and up-to-date information about my child's medical needs. I will, where possible, attend IHCP meetings and reviews for my child. I agree to the support outlined in this IHCP, and will carry out any action I have agreed to as part of its implementation.

Parental Signature: .....

Date: .....

Child or Young Person's Signature: .....  
(where appropriate)

## Appendix 'K'

**Request an ambulance - dial (9) 999, ask for an ambulance and be ready with the information below.**

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

1. your telephone number **1051 677 1091**
2. your name
3. your location as follows **Sacred Heart Primary School, Danger Lane, Moreton CH46 8UG**
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
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