Title	Supporting Pupils with Medical Needs in School
Associated Policies	• Health and Safety (TPO/HS/03) • Safeguarding and Child Protection (TPO/HS/05) • Single Equality Policy (TPO/EO/01) • Children with Health Needs who Cannot Attend School Policy • Special Educational Needs & Disability (TPO/STU/05)

REVIEWED: April 2024 **NEXT REVIEW: April 2025**

1. Policy Statement

1.1 Brooke Weston Trust schools are committed to providing pupils with a high quality education whatever their health need, disability or individual circumstances and seek to remove any barriers to learning. We believe that all students should have access to as much education as their particular medical condition allows, so that they maintain the momentum of their learning whether they are attending school or going through periods of treatment and recuperation.

1.2 We promote inclusion and will make all reasonable adjustments to ensure that children and young people with a disability, health need or SEND are not discriminated against or treated less favourably than other pupils.

1.3 This policy sets out the duty on Brooke Weston Trust academies to make arrangements for supporting pupils at their schools with medical conditions under Section 100 of the Children and Families Act 2014. The policy is also based on the Department for Education's statutory guidance on supporting pupils with medical conditions at school.

2. Who does this policy apply to?

2.1 This policy applies to all Academy students, staff and parents.

3. Who is responsible for carrying out this policy?

3.1 Principal

The Principal is responsible for ensuring that all staff are aware of this policy and understand their role in its implementation. The Principal will ensure that all staff who need to know are aware of a child's condition. They will also ensure that sufficient numbers of trained staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. The Principal has overall responsibility for the implementation of individual healthcare plans but may delegate the management of these to a member of the senior leadership team. All partners and stakeholders should agree who will take the lead in the writing of Individual Health Care Plan's. They will also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. They will contact the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.

3.2 Staff

All staff have a responsibility to ensure that all pupils at all Brooke Weston Trust academies have equal access to the opportunities that will enable them to flourish and achieve to the best of their ability. In addition, designated staff have additional responsibilities as well as addition support and training needs.

3.3 Designated Staff

The member of staff responsible for ensuring that pupils with health needs have proper access to education will be named within each school's structure. They will be the person with whom parents/carers will discuss particular arrangements to be made in connection with the medical needs of

a pupil. It will be their responsibility to pass on information to the relevant members of staff within the school. This person will liaise with other agencies and professionals, as well as parents/carers, to ensure good communication and effective sharing of information. This will enhance pupils' inclusion in the life of the school and enable optimum opportunities for educational progress and achievement.

3.4 The day-to-day administration of this policy is the responsibility of recognised First Aiders, school nurses, Health Care Assistants, student care staff and other trained designated members of staff at the Academy.

4. What are the principles behind this policy?

4.1 This policy and any ensuing procedures and practice are based on the following principles.

- All children and young people are entitled to a high quality education;
- Disruption to the education of children with health needs should be minimised;
- If children can be in school they should be in school. Children's diverse personal, social and educational needs are most often best met in school. Our school will make reasonable adjustments where necessary to enable all children to attend school;
- Effective partnership working and collaboration between schools, families, education services, health services and all agencies involved with a child or young person are essential to achieving the best outcomes for the child;
- Children with health needs often have additional social and emotional needs. Attending to these additional needs is an integral element in the care and support that the child requires; and that
- Children and young people with health needs are treated as individuals, and are offered the level and type of support that is most appropriate for their circumstances; staff should strive to be responsive to the needs of individuals.

4.2 As a school we will not engage in unacceptable practice, as follows:

- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- if a child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments;
- require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; nor
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child.

4.3 For the purpose of this policy, pupils with health/medical needs may be:

- pupils with **chronic or short term health conditions or a disability** involving specific access requirements, treatments, support or forms of supervision during the course of the school day or
- **sick children**, including those who are physically ill or injured or are recovering from medical interventions, or
- children with **mental or emotional health problems**.
  This policy does not cover self-limiting infectious diseases of childhood, e.g. measles.

4.4 Some children with health/medical conditions may have a disability. A person has a disability if he or she has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities. Where this is the case, governing bodies **must** comply with their duties under the Equality Act 2010. Some may also have special educational needs and

disabilities (SEND) and may have an Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision.

4.5 The Brooke Weston Trust recognises the need to support students who may have short-term or long-term medical needs although the presumption is that medicines should only be administered at school when it would be detrimental to a student's health or school attendance not to do so. In some circumstances nominated, and appropriately trained, staff may need to administer medicines. A record of trained staff will be maintained by the Academy. This record will set out the training courses and dates of those courses attended by the staff at the Academy.

5. Procedures

5.1 Information about medical needs or SEN is requested on admission to the school. Parents and carers are asked to keep the school informed of any changes to their child's condition or treatment. Whenever possible, meetings with the parents/carers and other professionals are held before the pupil attends school to ensure a smooth transition into the class. When pupils enter the school, parents/carers are offered the opportunity of attending a personal interview with the person responsible for supporting students with medical conditions. At this meeting parents can seek advice on the health of their child.

5.2 Information supplied by parents/carers about their child's health/medical needs is maintained by the Academy where this can be referred to by the relevant members of staff.. This information will be kept up to date when informed of changes by the parents/carers.

5.3 Confidentiality is assured by all members of staff. The person responsible for supporting students with medical conditions has a regular meeting with the SENCo/Inclusion Manager/Wellbeing Team leader/ Unit Managers/ Mental Health Lead at which the list of students with medical needs is reviewed and health matters discussed.

5.4 Where the Academy suspects that a student has a possible health issue i.e. mental health problems an assessment will be carried out by the appropriate school personnel (i.e. SENCO or Mental Health Lead) of all of the identified factors to determine whether there are any causal factors such as undiagnosed learning difficulties, difficulties with speech and language or mental health issues. The Academy is well-placed to observe students day-to-day and identify those whose behaviour suggests that they may be suffering from a mental health problem or be at risk of developing one, through:

- **Effective use of data** so that changes in students' patterns of attainment, attendance or behaviour are noticed and can be acted upon
- **An effective student care system** - that knows every student well and can spot where poor or unusual behaviour may have a root cause that needs addressing

5.5 Any health/medical concerns the school has about a pupil will be raised with the parents/carers and discussed with the person responsible for supporting students with medical conditions. Most parents/carers will wish to deal with medical matters themselves through their GP. In some instances the school, after consultation with the parent/carer, may liaise with the school nursing team or in some cases write a letter to the GP (with a copy to the parents and documented on CPOMS) suggesting a referral to a specialist consultant where a full paediatric assessment can be carried out. Only medical professionals should make a formal diagnosis of a mental health condition.

5.6 Reference will be made by the school to the following documents/guidance:

- Mental Health and behaviour in schools, DfE, March 2016
- Promoting children and young people's emotional health and wellbeing, Public Health England, March 2015
- Supporting pupils at school with medical conditions, DfE, December 2015
- Ensuring a good education for children who cannot attend school because of health needs, DfE 2013
- List of most commonly encountered drugs currently controlled under the misuse of drugs legislation, Home Office, August 2022

6. Individual Healthcare Plans (IHP)

6.1 Not all children with health/medical needs will require an individual healthcare plan. The school, healthcare professional and parent/carer should agree, based on evidence, when an IHP would be inappropriate or disproportionate. Based on the information provided, the school, healthcare professional and parent/carer will assess whether, depending on the health/medical needs of the student, it would be appropriate for a risk assessment to be undertaken or whether an IHP should be put in place. The school will consider information provided by the parents/carers as well as information provided by medical professionals. If consensus cannot be reached, the Principal will take a final view. A model letter inviting parents to contribute to IHP development is provided at appendix 1.

6.2 IHPs will often be essential, such as in cases where there is a diagnosis of a physical or mental health condition, where health conditions fluctuate or where there is a high risk that emergency intervention will be needed. IHPs are also likely to be needed in cases where medical conditions are long-term and complex. A risk assessment will be in place to address short-term and less complex conditions. IHPs provide clarity about what needs to be done, when and by whom. A flow chart for identifying and agreeing the support a child needs, and developing an IHP is provided at appendix 2. A template risk assessment form is included in appendix 3.

6.3 IHPs should capture the key information and actions that are required to support the child effectively. The level of detail within IHPs will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support. This may include a summary of:

- the medical condition, its triggers, signs, symptoms and treatments;
- the pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons;
- specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
- the level of support needed (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 Principal 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; and
- 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.

A template for IHPs is provided at appendix 4.

6.4 IHPs, 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. IHPs will be drawn up in partnership between the school, parents, and a relevant healthcare professional, e.g. school, specialist or children's

community nurse, who can best advise on the particular needs of the child. Pupils will also be involved whenever appropriate.

6.5 Partners should agree who will take the lead in writing the IHP, but responsibility for ensuring that it is finalised and implemented rests with the school. IHPs are reviewed at least annually, or earlier if evidence is presented that the child's needs have changed. IHPs are 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.

6.6 Where a child has SEND but does not have an EHC plan, their special educational needs will be referred to in their IHP. Where the child has a special educational need identified in a statement or EHC plan, the IHP will be linked to or become part of that statement or EHC plan.

6.7 Where a child is returning to school following a period of hospital education, the school will work with the appropriate hospital school or the Hospital and Outreach Education to ensure that the IHP identifies the support the child will need to reintegrate effectively.

7. Pupils Too Ill to Attend School

7.1 When pupils are too ill to attend, the school will establish, where possible, the amount of time a pupil may be absent and identify ways in which the school can support the pupil in the short term (e.g. providing work to be done at home in the first instance). The school should make contact with the Hospital and Outreach Education team, if appropriate. Where children have long-term health needs, the pattern of illness and absence from school can be unpredictable, so the most appropriate form of support for these children should be discussed and agreed between the school, the family, Hospital and Outreach Education and the relevant medical professionals. Please also refer to BWT Children with Health Needs who Cannot Attend School Policy.

8. Pregnancy

8.1 Young women of compulsory school age who are pregnant are entitled to remain at school whenever and for as long as possible. The school will make reasonable adjustments to enable young pregnant women to remain in school. When there is medical evidence that continuing to attend school would be contrary to the young woman's or the unborn child's wellbeing, the school should make a referral to The Complimentary Education Academy. Following the birth of the baby, young mothers may benefit from home tuition for a temporary period before they return to school.

9. Medicines in School

9.1 Self-Management by Pupils

Wherever possible, children are allowed to carry their own medicines and relevant devices or are able to access their medicines for self-medication quickly and easily. Children who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant staff will help to administer medicines and manage procedures for them. Students within Unit Provisions should have medication administered to them by an appropriately trained, staff members.

If a child refuses to take medicine or carry out a necessary procedure, staff will not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents will then be informed so that alternative options can be considered.

9.2 Managing Medicines on school premises

9.2.1 Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours. Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.

9.2.2 No child under 16 will 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 will 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, particularly for residential visits. A template for obtaining parental agreement for the school to administer medicine is provided at appendix 5.

9.2.3 The school only accepts prescribed medicines that 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 inside an insulin pen or a pump, rather than in its original container.

9.2.4 All medicines are stored safely. Children are informed of where their medicines are at all times and are able to access them immediately. Where relevant, they know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens are always readily available to children and not locked away.

9.2.5 Medicines will be returned to parents to arrange for safe disposal when no longer required.

9.2.6 A child under 16 will never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, will never be administered without first checking maximum dosages on the administration of medication record, and when the previous dose was taken. Parents will be informed.

9.2.7 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. Otherwise, the school will keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container to which only named staff have access. Controlled drugs will be easily accessible in an emergency. A record is kept of any doses used and the amount of the controlled drug held in school. A template for recording medicine administered to an individual child is provided at appendix 5. A template for recording medicine administered to all children is provided at appendix 6.

9.2.8 School staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines will do so in accordance with the prescriber's instructions. The school keeps a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. When administering a controlled medicine, this must be countersigned by another staff member. All controlled medication must be counted when administering and the number of remaining tablets must be recorded. Any side effects of the medication to be administered at school should be noted. A list of commonly used controlled drugs can be found
https://www.gov.uk/government/publications/controlled-drugs-list--2
A template for recording staff training on the administration of medicines is provided at appendix 7.

9.2.9 Where possible within a primary school or SEND setting, two members of staff should be present when medication is administered. In all settings the member of staff administering the medicine will ask the child for their full name and check against the prescriber's instructions before administering it. For young children or those with significant SEND needs, a member of staff will verify the child's identity.

9.2.10 When no longer required, medicines will be returned to the parent to arrange for safe disposal. Sharps boxes will always be used for the disposal of needles and other sharps (please see separate guidance on schools health and safety webpage for advice on safe use and disposal of needles).

9.2.11 The school will maintain a central log of all medication held, which will be regularly reviewed.

10. Emergency Situations

10.1 Where a child has an IHP, this will clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school will be informed what to do in general terms, such as informing a teacher immediately if they think help is needed. If a child needs to be taken to hospital, staff will stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance.

10.2 If a child without an IHP has a medical emergency, the school will follow their emergency first procedures and first aid will be provided by a qualified member of staff until a paramedic arrives.

11. Day trips, Residentials and Sporting Activities

11.1 Pupils with medical conditions are actively supported to participate in school trips and visits, or in sporting activities. In planning such activities, teachers will undertake the appropriate risk assessment and will take into account how a child's medical condition might impact on their participation. Arrangements for the inclusion of pupils in such activities with any required adjustments will be made by the school unless evidence from a clinician such as a GP states that this is not in the child's best interests.

11.2 For residential visits, school staff may administer non-prescription medicines, provided that written consent and medication are provided by parents/carers in advance (see appendix 4).

12. Training

12.1 Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

12.2 The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed. The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the Principal. Training will be kept up to date.

12.3 Training will:

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

13. Record Keeping

13.1 The Academy will ensure that written records are kept of all medicine administered to pupils for as long as these pupils are at the school. These will be located in a secure and confidential place, accessible by staff who require access. IHPs are kept in a readily accessible place which all staff are aware of.

14. Liability and Indemnity

14.1 The school's insurance arrangements are sufficient and appropriate to cover staff providing support to pupils with medical conditions. Staff providing such support are entitled to view the school's insurance policies.

15. Complaints

15.1 If parents or pupils are dissatisfied with the support provided they should discuss their concerns directly with the school in the first instance. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

16. Policy Review

16.1 This policy will be monitored as part of the Trust's annual internal review and reviewed on a three year cycle or as required by legislature changes.

Document Control

Date of last review:	April 2024	**Author:**	MJU/JDO
Date of next review:	April 2025	**Version:**	7
Approved by:	Strategic Delivery Group	**Status:**	Ratified

V5. Summary of Changes

- Added reference to Department for Education's statutory guidance on supporting pupils with medical conditions at school at beginning of policy ***(paragraph 1.3)***
- Added requirement for two members of staff should be present when medication is administered and for full identity check of student to be completed prior to administering the medication ***(paragraph 9.2.8)***
- Added section on training requirements for staff responsible for supporting students with medical needs ***(section 12)***
- Added section on record keeping – all records to be kept secure and be confidential ***(section 13)***
- Added DOB, ID check confirmation and second staff member's initials onto '**Record of medication administered to an individual child'** ***(appendix 6)***

V6. Summary of Changes

- All references to school nurse removed and replaced with **'person responsible for supporting students with medical conditions'** ***(section 5)***
- Clarification about the school contacting the Hospital and Outreach Education team, if appropriate ***(paragraph 7.1)***
- Added requirement that the school will maintain a central log of all medication held, which will be regularly reviewed ***(paragraph 9.2.11)***

V7. Summary of changes

- Associated polices added to summary: Children with Health Needs who Cannot Attend School Policy
- Special Educational Needs & Disability (TPO/STU/05),
- Further clarification around Principal's responsibilities implementing this policy *(paragraph 3.1)*
- Added **Unit Managers/ Mental Health Lead** to the list of individual to conduct meetings *(paragraph 5.3)*
- Clarification about procedures to follow when concerns are raised *(paragraph 5.4)*
- Added documents that school will consult following procedures *(paragraph 5.6)*
- Added requirement that students in unit provision will have medication administer to them by trained staff *(paragraph 9.1)*
- Added requirement administration of controlled medication must be countersigned by another member of staff *(paragraph 9.2.8)*
- Added references to **controlled medication** to templates in policy appendixes

Appendix 1: Model letter inviting parents to contribute to individual healthcare plans

Dear parent/carer,

Developing an individual healthcare plan for your child

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

A central requirement of the policy is for an individual healthcare plan to be prepared, which will set out what support your child needs, and how this will be provided. The plan will be developed in partnership between yourselves, your child, the school and the relevant healthcare professional, who will be able to advise us on your child's case. The aim of this partnership is that the school are aware of how to support your child effectively, and provide clarity about what needs to be done, when and by whom.

The level of detail within the plan will depend on the complexity of your child's medical condition and the degree of support needed.

It may be that decision is made that your child will not need an individual healthcare plan, but we will need to make judgements about how your child's medical condition will impact on their ability to participate fully in school life, and whether an individual healthcare plan is required to facilitate this.

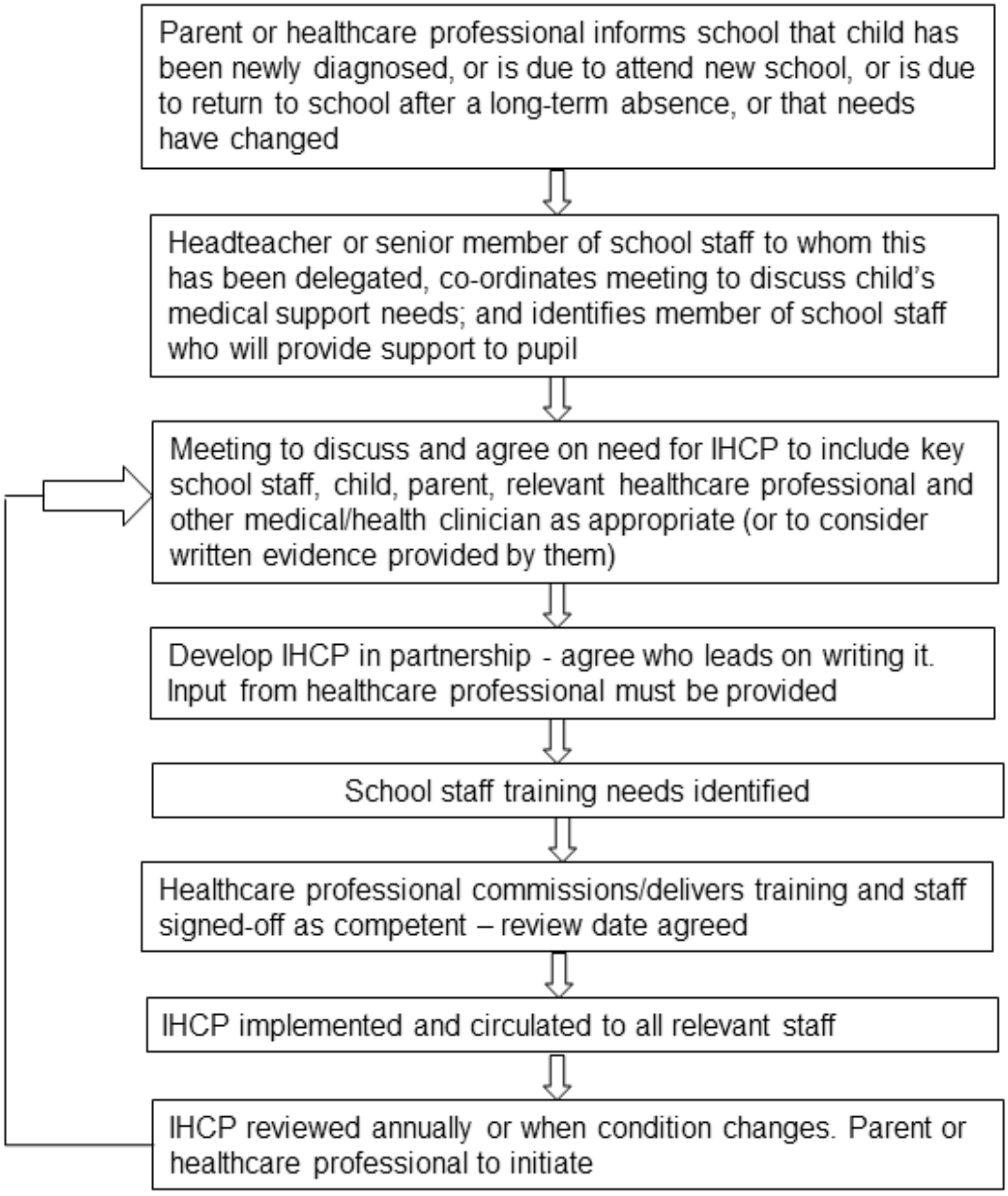
A meeting to discuss the development of your child's individual healthcare plan has been arranged for _____. I hope that this is convenient for you, and would be grateful if you could confirm if you are able to attend. The meeting will involve the following people: _____. Please let me know if you would like is to invite any other medical practitioners, healthcare professional or specialist that would be able to provide us with any other evidence which would need to be considered when developing the plan.
If you are unable to attend, please could you complete the attached individual healthcare template and return it, with any relevant evidence, for consideration at the meeting.

If you would like to discuss this further, or would like to speak to me directly, please feel free to contact me on the number below.

Yours sincerely,

Named person with responsibility for medical policy implementation

Appendix 2: Flow chart for developing an individual healthcare plan



Appendix 3: Risk Assessment template

Name	
DOB	
Date of Assessment	

Hazard/Behaviour	Opinion Known O/K	Deliberate Accidental Involuntary D/A/I	Seriousness Of Outcome A 1/2/3/4	Probability Of Hazard B 1/2/3/4	Severity Risk Score A x B
Harm to Self					
Harm to Peers					
Harm to Staff					
Damage to property					
Harm from Disruption					
Criminal Offence					
Harm from Absconding					
Other Harm					
Other Harm					

Seriousness	
4	Foreseeable outcome is loss of life or permanent disability, emotional trauma requiring psychological support/treatment, or critical property damage
3	Foreseeable outcome is hospitalisation, significant distress, extensive damage
2	Foreseeable outcome is harm requiring first aid, distress or minor damage
1	Foreseeable outcome is upset or disruption
Probability	
4	The Risk of Harm is persistent and constant
3	The 'Risk of Harm' is more likely than not to occur again
2	The 'Risk of Harm' has occurred within the last 12 months, the context has changed to make a reoccurrence unlikely
1	There is evidence of historical risk, but the behaviour has been dormant for over 12 months and no identified triggers remain

Brooke Weston Trust

Risk Management Plan

Name	Class	Date	Review Date

Photo	Potential Triggers / Key Themes

What we want to see	Strategies to maintain
First signs that things are not going well	Strategies to support
Where this behaviour leads next	Strategies needed
What we are trying to avoid	Interventions necessary

Signature of School rep…… Date ……..

Signature of Parent / Carer……Date ……..

Appendix 4: Individual healthcare template
Name of School/setting/academy

Pupil's name	
Group/class/form	
Date of birth	
Pupil's address	
Medical diagnosis or condition.	
Name of medication	
Is the medication a controlled drug?	
Date	
Review date	

Family contact information

First contact name	
Relationship to pupil	
Phone no (mobile)	
Phone no (home)	
Phone no (work)	
Second contact name	
Relationship to pupil	
Phone no (mobile)	
Phone no (home)	
Phone no (work)	

Clinic/Hospital contact

Name	
Phone no	

GP

Name	

Phone no	
Person(s) responsible for providing support in school	

Describe the medical needs of the pupil

Give details of the pupil's symptoms

What are the triggers and signs?

What treatment/intervention/support is required?

Name of medication and storage instructions (if applicable)

Is the medication a controlled drug? Yes/ No, If yes two staff members must be present when administering the drug.

Can pupil administer their own medication: YES/NO

Does pupil require supervision when taking their medication: YES/NO

Arrangements for monitoring taking of medication

Dose, when to be taken, and method of administration

Describe any side effects

Describe any other facilities, equipment, devices etc that might be required to manage the condition

Describe any environmental issues that might need to be considered

Daily care requirements

Specific support for the pupil's educational needs

Specific support for the pupil's social needs

Specific support for the pupil's emotional needs

Arrangements for school visits/trips/out of school activities required

Any other relevant information

Describe what constitutes an emergency and the action to be taken when this occurs

Named person responsible in case of an emergency

In school: For off site activities:

Does pupil have emergency healthcare plan? YES/NO

Staff training required/undertaken

Who: What: When Cover arrangements (see separate staff training form)

People involved in development of plan

Form to be copied to

Appendix 5: Parental agreement for school to administer medication

The school will not give your child medication unless you complete and sign this form. The school has a policy where staff can administer medication.

Name of pupil	
Date of birth	
Group/class/form	
Medical condition or illness	
Date	

Details of medication

Type of medication (please delete as appropriate)	Prescription Non prescription A prescribed controlled drug
Name/type of medication (as described on container)	
Expiry date	
Dosage and method of administration	
Timing of administration	
Any special precautions or other instructions	
Can pupil self administer medication?	YES/NO
Procedures to take in an emergency	

Note: medication must be stored in the original container as dispensed by the pharmacy

Contact details

Name	
Relationship to pupil	
Daytime phone no	
I understand I must deliver the medication personally to	

Date of review _____

The above information is, to the best of my knowledge, accurate at the time of writing, and I give my consent for the school staff to administer medication in accordance with their policy, and the instructions given with the medication.

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.

Signed: _____

Print name: _____

Date: _____

Appendix 6: Record of medication administered to an individual child
Name of school/setting/academy

Name of pupil	
Date of birth	
Group/class/form	
Date medication provided by parent	
Quantity received	
Name and strength of medication	
Expiry date	
Dose and frequency of medication	
Quantity returned	

Staff signature: _____

Parent/carer signature: _____

Date			
Time given			
Dose given			
Route administered e.g. oral, injection, inhale			
Name of staff member / members			
Staff initials			
2nd staff member initials (Required when administering a controlled drug, or in primary / SEND setting)			
Quantity of drug remaining			
Student ID checked			
Student signature			

Date			
Time given			
Dose given			
Route administered e.g. oral, injection, inhale			
Name of staff member			
Staff initials			
2nd staff member initials (primary schools)			

Student ID checked			
Student signature			

Date			
Time given			
Dose given			
Route administered e.g. oral, injection, inhale			
Name of staff member			
Staff initials			
2nd staff member initials (primary schools)			
Student ID checked			
Student signature			

Date			
Time given			
Dose given			
Route administered e.g. oral, injection, inhale			
Name of staff member			
Staff initials			
2nd staff member initials (primary schools)			
Student ID checked			
Student signature			

Date			
Time given			
Dose given			
Route administered e.g. oral, injection, inhale			
Name of staff member			
Staff initials			
2nd staff member initials (primary schools)			
Student ID checked			
Student signature			

Date			
Time given			
Dose given			
Route administered e.g. oral, injection, inhale			
Name of staff member			
Staff initials			
2nd staff member initials (primary schools)			
Student ID checked			
Student signature			

Date			
Time given			
Dose given			
Route administered e.g. oral, injection, inhale			
Name of staff member			
Staff initials			
2nd staff member initials (primary schools)			
Student ID checked			
Student signature			

Date			
Time given			
Dose given			
Route administered e.g. oral, injection, inhale			
Name of staff member			
Staff initials			
2nd staff member initials (primary schools)			
Student ID checked			
Student signature			

Date			
Time given			
Dose given			
Route administered e.g. oral, injection, inhale			
Name of staff member			
Staff initials			
2nd staff member initials (primary schools)			
Student ID checked			
Student signature			

Appendix 7: Staff training record
Name of school/setting/academy

Name of staff member	
Type of training received	
Training provided by	
Profession and title	
Date training completed	

I confirm that _____ (*insert staff members name)* has received the training detailed above and is competent to carry out any necessary treatment/to administer medication.

I recommend that this training is updated _____

Trainer signature: _____

Date: _____

I confirm that I have received the training detailed above:

Staff signature: _____

Date: _____

Suggested review date: _____

Appendix 8: Asthma Guidance

What is Asthma?

Asthma is a condition of the air passages, the small tubes that carry air in and out of the lungs. When a child or young person comes into contact with an asthma trigger the muscles around the small air passages tighten and the linings of the air passages become inflamed and irritated, making it difficult to breathe. Often thick sticky mucous is produced. Children and young people with asthma may have airways that are almost always sensitive and easily irritated.

Individual children are affected by asthma in different ways. Some children may have very occasional symptoms such as coughing, shortness of breath or a feeling of tightness in the chest, whereas others may suffer these symptoms more frequently and some may even have symptoms every day (or night). Children and young people with asthma that is not under control may cough at night which interrupts their sleep and can make them tired during the school day.

What is an Asthma Trigger?

A trigger is anything that irritates the airways and leads to asthma symptoms. There are many triggers and people may have different triggers because nobody's asthma is the same. Some common triggers are:-

- Viral infections
- Dust (house dust mite)
- Pollen and moulds
- Smoking (including second hand tobacco smoke)
- Furry and feathery animals
- Exercise
- Pollution
- Emotion (laughter, excitement, stress)
- Chemicals and fumes/perfumes
- Changes in temperature

Supporting students with asthma in school

At school most children will only need to take their inhaled medication. Every child with asthma should have their own named reliever inhaler in school, prescribed by their doctor or asthma nurse (with a prescribing qualification). In accordance with the Supporting Students with Medical Needs policy, the school will be made aware by parents of students' additional health needs and will maintain an asthma register. Children and young people with asthma should have their inhaler either on them or nearby at all times. Inhalers should never be kept in a locked cupboard or drawer.

In accordance with Guidance from the Department of Health, schools are to hold a spare salbutamol inhaler for emergency use, provided that parental consent has been given for its use in an emergency, should the child's own inhaler not be available. The emergency asthma inhaler should also be specified in a student's individual healthcare plan where appropriate.

The emergency inhaler should only be used by students:

- Who have been diagnosed with asthma, and prescribed a reliever inhaler;
- OR who have been prescribed a reliever inhaler
- AND for whom written parental consent for use of the emergency inhaler has been given.

Responding to asthma symptoms and an asthma attack

Common 'day to day' symptoms of asthma are:

- Cough and wheeze (a whistle heard on breathing out) when exercising
- Shortness of breath when exercising
- Intermittent cough

These symptoms are usually responsive to use of their own inhaler and rest (e.g. stopping exercise). They would not usually require the child to be sent home from school or to need urgent medical attention.

Signs of an asthma attack include:

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Being unusually quiet
- The child complains of shortness of breath at rest, feeling tight in the chest (younger children may express this feeling as a tummy ache)
- Difficulty in breathing (fast and deep respiration)
- Nasal flaring
- Being unable to complete sentences
- Appearing exhausted
- A blue/white tinge around the lips
- Going blue

If a child is displaying the above signs of an asthma attack, the guidance below on responding to an asthma attack should be followed.

Call an ambulance immediately and commence the asthma attack procedure without delay in the child:

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

Responding to signs 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 child while inhaler and spacer are brought to them
- Immediately help the child to take two separate puffs of the salbutamol via the spacer immediately
- If there is no immediate improvement, continue to give two puffs every two minutes up to a maximum of 10 puffs, or until their symptoms improve. The inhaler should be shaken between 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
- The child's parents or carers should be contacted after the ambulance has been called.
- A member of staff should always accompany a child taken to hospital by ambulance and stay with them until a parent or carer arrives.

Recording use of the inhaler and informing parents/carers

Use of the emergency inhaler should be recorded. This should include where and when the attack took place (e.g. PE lesson, playground, classroom), how much medication was given, and by whom. As outlined in the Supporting Students with Medical Needs policy, written records of medicines administered to children will be kept and shared with parents.

Staff

Schools will ensure there are a reasonable number of designated members of staff to administer medication and/or supporting students with medial conditions. These staff members will have volunteered to help the student use the emergency inhaler, and been trained to do this and identified within school as someone to whom all members of staff may have recourse in an emergency.

All staff will be made aware of the Supporting Students with Medical Needs policy and who the designated members of staff are.

Storage

The emergency asthma inhaler kit will be kept in a safe and suitably central location in the school which is known to all staff and to which all staff have access to at all times, but in which the inhaler is out of the reach and sight of children. The inhaler should be kept separate from any child's inhaler which is stored in a nearby location and the emergency inhaler should be clearly labelled to avoid confusion with a child's inhaler. An inhaler should be primed when first used (e.g. spray two puffs).

Participation in School Activities

The DfE advises that children with asthma should participate in all aspects of the school day, including physical activities. Having asthma should not normally prevent the sufferer from taking part in sports and games. Some children may need to take their reliever medicines before any physical exertion. Warm-up activities are essential before any sudden activity especially in cold weather. Particular care may be necessary in cold or wet weather. However, children who feel unwell should never be compelled to take part in physical activities. In all cases where a child's condition appears to be adversely affecting their school work, the issue should be discussed with the child's parents.

Further information

- Department of Health Guidance on the use of Emergency Salbutamol Inhalers in Schools can be found at: https://www.gov.uk/government/publications/emergency-asthma-inhalers-for-use-in-schools
- 'Supporting Pupils at School with Medical Conditions', can be found at: https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions.
- Asthma UK website:
- http://www.asthma.org.uk/