SUPPORTING CHILDREN AND YOUNG PEOPLE WITH MEDICAL NEEDS IN BRACKNELL FOREST

COLLEGE TOWN PRIMARY SCHOOL

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Statutory	No
Adopted from Bracknell Forest	Yes

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Acknowledgment

Aspects of this guidance were adapted from several sources including the following.

- Bedfordshire Borough Council: A Questions and Answers Guide to the Administration of medicines in schools & colleges (including over the counter (OTC) medicines, salbutamol and adrenaline auto injectors (not dated).
- Birmingham City Council: The Administration of Medicines in Schools and Settings (February 2018)
- Sandwell Metropolitan Borough Council: Management of children with medical needs in education (December 2020)
- Sheffield Children and Young People's Service: Managing Children and Young People's Identified Health Needs Guidance for Schools and Other Education Settings (January 2019)

Any omission from this list is not intentional.

1 Legal and policy context

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 Pupil Referral Units (PRUs) to make arrangements for supporting pupils/students in their schools with medical conditions.

In line with Part 3 of the Children and Families Act 2014, some children may have special educational needs and disabilities (SEND) and may have a statement of Education, Health, and Care plan (EHCP) which brings together health and social care needs, as well as their special educational provision. A child's medical needs should be considered alongside their other needs, as required by the Special Educational Needs and Disability Code of Practice.

Some children with medical conditions may be considered disabled under the definition set out in the Equality Act 2010. Where this is the case, governing bodies must comply with their duties under the Act.

Section 2 of the Health and Safety at Work Act 1974, and the associated regulations provides that it is the duty of the employer (the local authority, governing body or academy trust) to take reasonable steps to ensure that staff and pupils are not exposed to risks relating to their health and safety.

Under the Misuse of Drugs Act 1971 and associated regulations, the supply, administration, possession, and storage of certain drugs are controlled. Schools may have children who are prescribed controlled drugs - they should abide by the relevant legal provisions.

The Medicines Act 1968 specifies the way that medicines are prescribed, supplied and administered in the UK and places restrictions on dealings with medicinal products, including their administration.

Regulation 5 of the School Premises (England) Regulations 2012 requires maintained schools have accommodation appropriate and readily available for use for medical examination and treatment, and for the short-term care of sick and/or injured pupils. It must contain a washing facility and be reasonably near to a toilet. It must not be a teaching accommodation. Where a school caters for pupils with complex needs, additional medical accommodation must be provided which caters for those needs. These requirements also apply to independent schools and academies under Independent School Standards [England] Regulations 2010.

Section 19 of the Education Act 1996 puts a duty on local authorities of maintained schools to arrange suitable education for children of compulsory school age who, by reason of **illness**, exclusion from school or otherwise may not, for any period receive suitable education unless such arrangements are made for them. This education shall be full-time, or part-time based on child's best interests considering their physical and mental health needs.

Section 21 of the Education Act 2002 provides that governing bodies of maintained schools must, in discharging their functions in relation to the conduct of the school, promote the wellbeing of pupils at the school. For a full list of relevant safeguarding legislation see pages 26-27 of the Supporting Pupils at School with Medical Conditions Statutory Guidance 2015.

1.1 In loco parentis

Under the Children Act 1989, anyone caring for children and young people including teachers, other school staff and day care staff in charge of children, have a common law duty of care to act like any reasonably prudent parent/carer traditionally referred to as 'in loco parentis'. The Health and Safety at Work Act 1974 puts a further obligation on the school as a whole to safeguard the wellbeing and safety of pupils/students in its care. Legally, while not bound by parental responsibility, teachers/school staff must behave as any reasonable parent/carer would do in promoting the welfare, health, and safety of children and young people in their care.

In exceptional circumstances where parental consent is unobtainable, a member of staff acting "in loco parentis" should use their judgement to determine if a non-prescription medication should be given if a health care plan is not in place and this should be recorded in the child/young person's file.

This duty also extends to staff leading activities taking place off site, such as visits, outings, field trips and after-school/hours sessions/clubs that are running in schools/settings before or after the end of the school day.

2 Purpose

The purpose of this policy is to support schools comply with the legal provisions relating to supporting children with medical needs in schools to enable affected children and young people fully participate in all school activities and promote inclusivity.

3 Scope

The policy is applicable to both main-stream and special needs primary and secondary schools, and Pupil Referral Units (PRUs) in Bracknell Forest. It covers administration of prescription-only medicines (POM) prescribed by a doctor, dentist or a non-medical prescriber, and over-the-counter (OTC) medicines for short-term and/or intermittent use for pain relief and hay fever. It should be noted that these medications can only be administered in school when it would be detrimental to a child/young person's health or school attendance not to administer them.

It also covers appropriate medication support for short- and long-term medical needs including medical emergencies.

It excludes administration of any other types of medications and alternative medication and/or therapies including homeopathic medicines.

It also excludes management of medical conditions involving procedures that do not require administration of medicines e.g., intermittent catheterisation, management of tracheostomies and gastrostomies. Where a procedure is required to ensure a safe administration of medicines e.g., blood glucose testing, school should ensure staff are appropriately trained to do these.

This policy is a model one which can be modified with approval of their governing bodies, where appropriate, by state-funded schools, including Academies and Pupil Referral Units, in Bracknell Forest to meet their respective needs.

4 Indemnity

Employees of Bracknell Forest Council who are not medical healthcare professionals will be supported by their schools/settings and the Local Authority in carrying out duties relating to those arising out of this policy. They will be covered by the Local Authority's insurance arrangements provided they follow this policy, any care plan in place for the children and young people they support, and act in good faith and in accordance with their training.

Other school/settings not covered by Bracknell Forest Council indemnity cover must ensure appropriate indemnity cover for their staff.

****IF IN DOUBT OR IN AN EMERGENCY ALWAYS SEEK MEDICAL ADVICE****

5 Management of medications

When dealing with medications in the school the Headteacher and staff must consider the need for risk assessment as detailed in the schools health and safety guidelines.

5.1 Arrangements for administering medication in school

Medication should only be administered at school when it would be detrimental to a pupil's health or school attendance not to do so. For example, if medicines need to be taken routinely once a day, twice a day or thrice a day, they should not be administered in the school unless there are appropriate justifications for this to be done in the school.

A parental request and consent form should be completed when there is a need for medication to be administered in the school. Only one parent with parental responsibility needs to consent to medicines being administered.

The arrangement must be agreed by the Headteacher. The form must detail all relevant information relating to the request including:

- Child/young person's full name
- Child/young person's date of birth
- Child/young person's home address
- GP Practice name (if POM)
- Reason(s) for the request

- Name and strength of medication provided
- Dosage and when the medication should be given
- Up to date emergency contact names and telephone numbers
- Date of issue and expiry
- Any restrictions on administrations (e.g., with or before food)
- Required storage conditions.
- Any potential side effects of note

A confirmation form, signed by school and parent/carer must be kept on file, with a copy of the confirmation form retained by the parent/carer.

Where a child/young person is self-administering medication there should still be a written request from the parents/carers.

If there is any doubt about the need to give a particular medication this should be discussed with the School Nursing and/or Community Children's Nursing Teams.

A confirmation form, signed by school and parent/carer must be kept on file, with a copy of the confirmation form retained by the parent/carer.

Changes to instructions should only be accepted in writing - verbal messages must not be accepted. The written changes should also be kept on file.

The request and consent form should be updated and re-signed by the parent/carer at least annually.

5.2 Receiving medication into school

The school will only accept duly prescribed POM, and OTC medicines for hay fever and pain relief if not administering them to the pupil/student in the school would be detrimental to their health or school attendance.

POM and/or OTC medications shall be accepted into school only if they are clearly labelled as outlined in Section 5.1 above.

All medications, except for insulin pens/pumps as these may be presented without original packaging, must come into school in the original labelled container/packaging from the pharmacy (if they are POM) or from the store they are bought from (if they are OTC medications).

Where a child requires more than one type of medication, each should be in a separate container/packaging.

On arrival at school, all medications should be handed to a designated member of staff e.g., the Designated School Medical Needs Officer or the equivalent (see Section 9.1).

5.3 Storage of medication

Any medication received into the school must be stored in a locked cabinet located in a designated location (e.g., school office) and the key kept in an accessible place only known to designated members of staff.

This excludes medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens which should always be readily available to children and not locked away.

Labels on all medications should clearly specify the storage requirements. Those requiring to be stored in a refrigerator should be kept in a designated fridge in a restricted area of the school not accessible to children and young people.

Prescribed controlled drugs are regulated by the Misuse of Drugs Act 1971 and its associated regulations and must be securely stored in a locked cabinet[1] and only named staff should have access to them. Controlled drugs should be clearly identified by the prescriber or the School Nursing/Community Children Nursing Team on the Individual Healthcare Plan (IHCP). A designated member of staff should record the amount of medicine received, the name of the child for whom it is intended, the expiry date and the prescriber's instructions.

[1] The controlled drugs may be kept in the locked cabinet with the other medication

It is essential that staff involved in the care of children/young people who may need medications are aware of the storage arrangements.

In the case of senior school pupils/students, it may be appropriate for them to carry emergency medication with them – the school will make such decisions based on individual circumstances in liaison with the family and the clinical staff responsible for the child.

A few medicines (including emergency medication) may be needed by the pupils at short notice e.g., asthma inhalers, insulin pumps, adrenaline pens. These should be readily accessible.

In many cases pupils/students must be allowed to carry inhalers with them to ensure easy access. Any medication kept by the child should be recorded in their files.

5.4 Administering medication

Teachers' conditions of employment do not include the administering of medication or the supervision of pupils/students who administer their own medication. This is also true of most support staff. Some staff may, however, volunteer to administer medication.

The staff giving the medicine should check the prescribed dosage, and carefully measure the prescribed dose with an appropriate medicine spoon, medicine pot, or oral medicines syringe provided by the parent/carer if the medicine is in liquid form, otherwise the appropriate number capsules or tablets should be taken with a glass of water.

Staff must not give prescription medicines or undertake healthcare procedures without appropriate training for children/young people with **medical needs**.

Staff training needs should be determined by the school taking into consideration the training requirements specified in the IHCPs or by the specific requirements of those who do not have IHCPs.

Staff training should be recorded and kept on file and induction training should be part of the consideration.

A first-aid certificate does not constitute appropriate training in supporting children with medical conditions (see **page 18** of Supporting Pupils at School with Medical Conditions).

Children may self-administer medications e.g., asthma inhalers, adrenaline pens. It should be specified in the pupil's file relating to medications in school whether the child needs supervision or not.

It is good practice to record when a child has a dose of medication even if they are self-administering in their school's record/file and supervised by a competent member of staff.

5.4.1 Emergency medication

The most common types of emergency medication which schools may be asked to administer include:

- Adrenaline, under the brand names Epipen, Jext, Emerade, used to treat anaphylaxis caused by an allergic reaction;
- Inhalers, used to treat asthma (usually the blue 'reliever' inhaler).
- Midazolam (Buccolam), used to treat epilepsy.
- Fast-acting oral carbohydrates used to treat hypoglycaemia caused by diabetes.

Schools' policies and IHCPs should include procedures for storing and administering medications in an emergency. Emergency medications must be readily accessible in a location which, at least two staff and the individual pupil/student know about, because in an emergency, time is of the essence.

If an emergency medication is administered in school, the school should inform parents/carers.

5.4.1.1 Adrenaline autoinjectors in anaphylaxis

It is recommended that all children who have been prescribed an Adrenaline auto injector (AAI) (also referred to as Adrenaline pens earlier in this document) should always have two AAIs readily available to them. An anaphylaxis care plan, with parental consent, must be kept with the AAIs and should have details of the procedures to be followed in case of an anaphylaxis.

The procedure outlined in the plan should include:

- Where medication is to be stored
- Who should collect it in an emergency
- Who should stay with the child/young person
- When to arrange for an ambulance/medical support
- Recording systems
- Supervision of other pupils/students nearby
- Support for children/young people witnessing the event

If the child/young person is carrying their own emergency medication, a copy of the plan for administration should also be with the medication.

See "Guidance on the use of adrenaline auto-injectors" in schools for details. If a child/young person requires adrenaline injection, an ambulance should be called immediately (see Allergies/Anaphylaxis in Appendix 1 for further details)

The Human Medicines (Amendment) Regulations 2017 allows schools to obtain, without a prescription, "spare" AAI devices for use in emergencies, if they so wish. "Spare" AAIs are in addition to any AAI devices a pupil might be prescribed and bring to school and can be used if the pupil's own prescribed AAI(s) are not immediately available (for example, because they are broken, out-of-date, have misfired or been wrongly administered).

Frimley ICB AAI prescription policy can be found in this link.

5.4.1.2 Generic bronchodilator inhaler for asthma

The Guidance for schools in England on using emergency inhalers allows schools to purchase a salbutamol bronchodilator inhaler and spacer to use in an emergency in a severe asthma attack where a child/young person is known to have asthma and use prescribed inhalers but does not have one available in school when the attack happens.

It is up to the school to purchase these from a pharmacy should they feel it appropriate for their school.

Written agreement from the parent/carer for the use of such medication is required to administer it to their child or young person.

5.4.1.3 Midazolam (Buccolam) for treating epilepsy

Buccolam is an emergency treatment for epilepsy. It used for treating prolonged convulsions and clusters of seizure activity. It is administered via the mouth in the buccal cavity (between the gum and the cheek).

Buccolam can only be administered by a member of the school staff who are appropriately trained. Training of the designated staff will be provided by the school nurse and a record of the training undertaken should be kept by the Headteacher for the schools' records. Training must be updated annually.

To support the administration of Buccolam, IHCPs should reflect the specific requirements of each case and further advice should be sought from the specialist nurse/consultant/GP.

5.4.1.4 Managing hypoglycemia in diabetics using fast-acting carbohydrates

Fast-acting oral carbohydrates that can be used in managing hypoglycaemia (low blood sugar) in diabetics include[2] glucose tablets, glucose 40% gels (e.g. Glucogel®, Dextrogel®[3], or Rapilose®[4]), pure fruit juice, and sugar (sucrose) dissolved in an appropriate volume of water.

If the hypoglycaemia occurs just before a mealtime (when insulin is usually given) it should be treated first and once the blood glucose is 4mmol/l or above, insulin should be given as usual.[5] **Do not omit insulin**.

[2] NICE: Hypoglycaemia
[3] Product not suitable for use by children under 2 years.
[4] Product not suitable for children under 2 years of age.
[5] Milton Keynes NHS Hospital: Use of Glucogel

Fast-acting oral carbohydrates should not be used in children who are unconscious and unable to swallow. If this is the case call an ambulance immediately.

See Managing severe hypoglycaemias using oral fast-acting carbohydrates e.g., Glocogel (on Page 19) for further details.

5.4.2 Antibiotics

Parents/carers are encouraged to request GPs and other prescribers to prescribe antibiotics to be taken at frequencies that will eliminate the need for them to be given during the school hours where possible. It should normally only be necessary to administer antibiotics in school if the dose needs to be given four times a day, in which case a dose is needed at lunchtime. Antibiotics should always be administered in accordance with the prescriber's instructions.

It is the parents/carers responsibility to make arrangement for the antibiotic to be brought to the school in the morning and taken back home at the end of the school day.

Children/young people are most likely to show adverse reactions, including allergies, to a new antibiotic after the second dose. It is therefore recommended schools ask parents/carers to administer the first two doses of the treatment course and monitor their child/young person for the development of any such reactions before requesting antibiotics to be given by the school.

If there is any adverse reaction reported the medicine should not be accepted for administration in the school and parents/carers should contact their GPs.

5.4.3 Analgesics (pain killers)

For children who regularly need OTC analgesics, such as paracetamol (e.g., for migraine, menstrual pain), an individual supply of their analgesic could be kept in school, labelled for use by that child only. Where pupils regularly require analgesic, it is advisable for them to have IHCPs detailing under what circumstances they may take analgesics. They should be treated in the same way as prescribed medication, although these do not require a label from the pharmacy.

It is recommended that schools do not keep stock supplies of analgesics for potential administration to any child but if, in specific circumstances (e.g., for pain relieve following an injury), a school feels it is necessary to keep supplies, the school's policy must detail the circumstances in which pupils/students may be given the analgesic and ensure that the medicine will be safely stored, supported by a risk assessment.

Parental consent must be obtained to administer such medicines.

Pupils under the age of 16 years should not be given aspirin, ibuprofen or codeine, or any medicines containing these medicines unless prescribed by a doctor.

5.4.4 Over-the-counter medicine for hay fever

These medicines should only be accepted in exceptional circumstances and be **treated in the same way as POM**, although these do not require a label from the pharmacy.

5.4.5 Controlled drugs

Controlled drugs are sometimes prescribed for children, for example, Methylphenidate (Ritalin®) for children/young people with Attention Deficit Hyperactivity Disorder (ADHD).

When managing the administration of these drugs, staff must follow the guidance set out in this policy regarding securely locking them in non-portable container with only named staff having access to them (Section 5.3), and follow agreed care plans for managing these children.

Records of controlled medicines administered should be kept by the school, stating how much is administered and route of administration, when and by whom, and the remaining balance. Any side effects should also be noted in the child's record/file.

Any unused medications must be sent home to parents/carers and schools should record that the medication has been returned indicating the quantity returned. This will enable schools to make a full reconciliation of supplies received, administered and returned home.

5.4.6 Homeopathic medicines

Homeopathy is a "treatment" based on the use of highly diluted substances, which practitioners claim can cause the body to heal itself. Since 2017 homeopathy ceased to be funded on the NHS due to lack of evidence on its effectiveness. This was backed by a High Court judgement in 2018.[6]

Administration of homeopathic remedies is not covered by this policy.

They should not be administered by the school.

5.5 Record keeping

Pupil/student's medicine record must be kept up to date and must include the name of the medicine(s), the date received by the school and the quantity received. This record must also include the time(s) of the administration and the person responsible for the administration.

Please note that pupils/students' medical information are special category data under General Data Protection Regulation (GDPR). Schools' privacy notices should include how such information is shared with the relevant staff and partner agencies to ensure safe management of medical needs.

If it is not possible to give a medicine which should be given regularly, the reason(s) for not doing so should be recorded and parents/carers informed as soon as possible. If a child or young person declines to take their medicine, they should never be forced to take it.

Where a child/young person is self-administering medication, there should be a written request to support this. Self-administration may require supervision and the child should always tell a designated member of staff when they are taking medication so that a record can be kept as above.

5.6 Transcribing

Transcribing is copying the details of a POM and/or OTC onto a Medication Administration Record (MAR) and is different from prescribing. Transcribing should be done by school staff who are trained to give medication(s), and two members of staff should sign the MAR sheet to agree it is correct, especially if a controlled drug is involved.

It is important to note that although they are not prescribing, transcribing should be treated with the same vigilance as prescribing medication to a pupil. Errors can occur (with potential serious consequences) when transcribing if the medication information is not up to date or it is not checked thoroughly.

It is the responsibility of parents/carers to ensure that the school have the most up to date medication information.

Any changes **MUST** be reported to the school by parents/carers as soon as the change is made.

Parents/carers MUST provide written confirmation from the prescribing professional of the changes to the medication for changes to be agreed with school.

When transcribing the following information MUST be included:

- Full name of pupil/student
- Date of Birth of pupil/student
- Name of medication
- Strength of the medication (e.g., 5mg/5mls or 5mg tablets)
- Dose (e.g., 5mgs, 5mls)
- Route of administration
- Indication for giving the medicine
- Date and time of administration

It is good practice to have a photograph of the pupil associated with this record.

5.7 Medication Errors

A medication error is when the administration deviates from the instructions of the medical professional and parent/carer. Medication errors typically occur when schools have more than one pupil with the same or similar names or in the case of twins both attending the same school.

[6] NHS (2021). Homeopathy

Some examples of medication errors include:

- Administration of a medication to the wrong pupil,
- Administration of the wrong medication to a pupil
- Administration of the wrong dosage of medication to a pupil,
- Administration of the medication via the wrong,
- Administration of the medication at the wrong time

Each medication error must be reported to the Headteacher, and an Incident Report Form completed. This should be managed appropriately in accordance with the school's policy for managing such incidents. An example of sets of actions to be considered are below:

- The incident should be reported to the Headteacher or a designated Assistant immediately.
- The School Nurse must be contacted and guidance from the appropriate health professional sought.
- A senior member of staff should contact the Parents/Carers and disclose the incident/event.
- A formal investigation must be carried out and a Bracknell Forest Council's (BFC) Incident Report Form completed and sent to the BFC Health and Safety Team. It may be necessary to advise the BFC Insurance Department depending on the seriousness of the incident and degree of potential negligence involved.
- The outcomes of the investigation may result in disciplinary procedures, refresher medical training or a review of staffing and resources available.

Each school should have procedures in place to avoid any errors. For example, some schools put each pupil's medication and records in a sealed bag which includes a recent photograph of the pupil. Some schools ensure that when the medicine is administered it is witnessed and recorded by another member of staff.

5.8 Safe disposal of medicines

There should be a written procedure covering the return or disposal of medicines in the school.

Medicines should be returned to parents/carers and a receipt obtained and filed when:

- The course of treatment is completed
- Labels become detached or unreadable
- IHCP and instructions are changed
- They expire
- The term ends or during half-term.

All medication returned, even empty bottles, must be recorded in the child/young person's file. If it is not possible to return a medicine to parents/carers, it must be taken to the issuing pharmacy for disposal and a receipt obtained and filed. In exceptional circumstances, e.g., when a child has left the school/setting, it can be taken to a community pharmacy for disposal. A receipt supporting the disposal should be obtained and filed.

No medicine should be disposed of into waste systems or refuse bags. Current waste disposal regulations make this practice illegal. Schools can register as a low tier waste disposer. This is useful for disposal of emergency salbutamol medication. Further information on how to register or renew as a waste carrier, broker or dealer can be found in this link.

5.9 Safe disposal of sharps

If a school has a child/young person who requires injections, it is the parent/carer's responsibility to provide the equipment required, including sharps containers, in order that these can be given.

Sharps containers must be used for disposal of any sharp implements, which may have become contaminated with bodily fluid.

Sharps containers must be kept in the designated medical area of the school, within easy reach, so you do not have to stretch or carry the sharp to the bin, but they should be out of the reach of children.

Do not place sharps containers on the floor, window sills or above shoulder level. They should be stored above knee level and below shoulder level.[7]

- It is required that schools have a policy on the correct procedure for disposal and collection of clinical waste with the support of the School/Community Nursing Service.
- Clinical waste includes any items that have been soiled with bodily fluids. If this includes sharp items, a specific box for safe sharps disposal needs to be maintained.
- When a sharps box is ¾ full it should be sealed, and arrangements made for the container to be collected and replaced.
- Parents/carers should make arrangement to collect their children's sharp boxed when full.

Schools may contact Bracknell Forest Council if they require assistance with clinical waste collection.

5.10 Hygiene and infection control

All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures. They should have access to protective disposable gloves to avoid infection or risks of cross contamination when administering medicines/lotions and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment. Used needles and other sharps objects should be safely disposed in secured sharp bins.

Further information can be found in Health Protection In Children and Young People Settings, including Education.

6 Medical Needs

Children and young people with health and medical needs will have their own IHCPs with written guidelines to help staff identify the necessary safety measures to support such children and young people and ensure that they and others are not put at risk. However not all children with medical needs will have a plan and/or require medicines to be administered.

The IHCP clarifies for staff, parents/carers and the child/young person the support that can be provided. The IHCP should be jointly reviewed by staff parents/carers and health professional annually or more frequently if evidence is presented that the child/young person's needs have changed in the course of the year.

All staff involved with the child/young person should be informed of the IHCPs and they should be reviewed at least annually or earlier if evidence is presented that the child's needs have changed.

6.1 Individual Healthcare Plan (IHCP)

Governing bodies should ensure that the school's policy covers the role of IHCPs in managing pupils/students with health/medical conditions, and who is responsible for their development and supporting pupils/students at school with health/medical conditions.

The school, relevant health professional(s) and parent/carer should agree, based on evidence, when an IHCP would be required.

Suitable training needs should be identified during the development and/or review of IHCPs. Staff who provide support to pupils with medical conditions should be included in meetings where this is discussed.

For pupils who have long-term medical conditions such as diabetes, epilepsy, severe allergies, severe asthma, and Attention Deficit Hyperactive Disorder (ADHD), IHCPs should be drawn up and reviewed at least annually depending on the child/young person's medical needs.

The Department for Education recommended template for developing IHCP can be found in this link.

7 School Trips and Sporting Activities

Teachers should be aware of how a child's health/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.

[7] Health and Safety Executive: Avoiding sharps injuries

Some pupils/students may need to take precautionary measures on school trips and before or during exercise, and/or need to be allowed immediate access to their medication if necessary. Teachers supervising sporting activities should be aware of relevant medical conditions and emergency procedures.

Schools should consider what reasonable adjustments they might make to enable children with health/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.

During off-site visits, the teacher in charge should carry copies of all relevant IHCPs and medication details.

Details are set out in school's offsite visit policy, including residential trips (click on the link below):

[Schools to provide the link to their respective policies]

Schools should ensure:

- All medications are in date
- Manufactured dose matches dosage advised from parent/carer which has been transcribed on to medication record form
- They have parental consent
- They have list of medication with the name(s) of children/young persons they are for
- Parents/carers have provided information on medication to be given prior to the visit
- They have a complete record of medication to be administered, including dosage, frequency, restrictions (e.g., with or before food).

Health and safety should be given adequate considerations. See Health and safety on educational visits for details.

8 Manging emergency situations related to medical conditions

All staff (including supply teachers) must be aware of the likelihood of an emergency arising in a pupil/student with a medical condition, whom to contact and what action to take. Back-up cover should be arranged for when the member of staff is absent or unavailable.

Where a child/young person is in distress or has a need for an intervention and no one in the school is appropriately trained to undertake it, the ambulance should be called immediately following which parents/carers should be called.

In the event of a likely and/or suspected life-threatening condition (e.g., anaphylaxis), an ambulance should always be called immediately - parents/carers should be called after calling the ambulance. Staff should know how to call the emergency services.

Staff should administer an appropriate first aid and any emergency medications e.g., adrenaline pen, inhaler, while awaiting the ambulance to arrive.

A member of staff should accompany a pupil if taken to hospital by ambulance and should remain with the pupil until their parents/carers arrive.

****IF IN DOUBT OR IN AN EMERGENCY ALWAYS SEEK MEDICAL ADVICE****

9 Roles and Responsibilities

All staff have a responsibility to ensure that all pupils/students in the school have equal access to the educational opportunities to enable them to flourish and achieve to the best of their ability. Some e.g., designated staff, may have additional responsibilities which will require additional training.

9.1 Designated school medical needs officer or equivalent

This is a member of staff responsible for the management and delivery of both routine and emergency medicines, supporting other medical conditions needs and ensuring that pupils with health needs are supported to ensure they achieve optimum educational progress and attainment.

They are the person with whom parents/carers will discuss arrangements regarding the medical needs of a pupil/student. It is the officer's responsibility to pass on information to the relevant members of staff within the school.

The officer liaises with other agencies and professionals, as well as parents/carers, to ensure good communication and effective information sharing.

9.2 Parents/carers and pupils/students

Parents/carers hold key information and knowledge on their children/young people's health needs and have a crucial role to play. Parents/carers should keep the school informed about any changes in their children/young people's condition and/or in the treatment they are receiving, including changes in medication. Parents/carers should be informed about arrangements in school to support their children/young people's needs and about contacts made with outside agencies.

Parents/carers should:

- Provide the school with information about their children/young people's medical conditions and treatment and/or special care needed at school by completing a request and consent form. The form should then be completed at least annually. Changes to the form may be needed within the year – parents must inform the school of any such changes in writing.
- Agree jointly with the Headteacher and School Nursing/Community Children's Nursing Teams on the school's role in helping with their child's medical needs. These should be reflected in the IHCP
- Complete consent forms detailing their children/young people's medical needs when their children/young people are going on school trips.

If medication is to be given in school, parents/carers should:

- Update the school in writing of any changes in their children/young people's medical condition or medication
- Provide sufficient medication and ensure that it is correctly labelled and in its original packaging except for insulin pens/pumps as these are likely to be presented without original packaging
- Replace supplies of medication as required if this runs out or is out of date
- Dispose of their child/young person's unused medication by returning to the issuing pharmacy
- Provide appropriated equipment for administering medicines to their children and young people and dispose of sharp containers as may be required.
- Provide and update the school with the child/young person's GP Practice details and any other health services involved in the care of the child/young person.
- Give permission where their child is self-administering medication.

Pupils/students, where appropriate, should:

- Provide information on how their medical condition affects them
- Advise a staff member when they are feeling unwell
- Adhere to the information and guidance in their IHCPs where applicable
- Inform school staff of any self-administered medications

9.3 School staff

There may be occasions where school staff may be asked to administer medication either in an emergency or to facilitate a child/young person's attendance. **The administration of medicines by most school staff is voluntary and is not a contractual duty.**

Although this role is voluntary, designated staff member(s) must familiarise themselves with the medical conditions and needs of the pupils they work with as outlined within the IHCP. Training will be provided in connection with specific medical conditions and needs to enable staff to understand how to support the individual's medical condition and meet their needs appropriately, including emergencies.

If the school is unable to secure competent staff to administer medications, they should work with parents/carers and clinicians to find suitable arrangements to support these children.

9.4 The Headteacher

The Headteacher is responsible for ensuring that all staff are aware of this policy and understand their role in its implementation. The Headteacher will ensure that all staff who need to know are aware of a child/young person's medical condition(s). They will also ensure that enough trained staff

are available to implement the policy and deliver against all IHCPs and inform the School Nursing Team of pupils/students with medical needs not previously known to the School Nursing Service.

The Headteacher has overall responsibility for ensuring IHCPs are developed. They will also make sure school staff are appropriately insured to carry out their duties.

9.5 The Governing Body

The Governing Body is responsible for arrangements to support pupils with medical conditions in school, including ensuring that this policy is developed and implemented. They will ensure that all pupils with medical conditions at the school are supported to enable them to participate fully in all aspects of school life as much as possible.

The governing body will ensure that sufficient staff receive suitable training and are competent before they take on responsibility to support children/young people with medical conditions. They will also ensure that members of school staff who provide support to pupils/students with health/medical conditions are able to access information and other teaching support materials as needed.

Governing bodies should ensure that the school's policy sets out clearly how staff will be supported in carrying out their role to support pupils with medical conditions, and how this will be reviewed. This should specify how training needs are assessed, and how and by whom training will be commissioned and provided.

9.6 School Nursing Team

School Nursing teams are responsible for 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. They may support school staff in implementing an IHCP, providing advice, training and liaison to schools.

In Bracknell Forest each state-funded school has a designated School Nursing team.

The School Nursing Team should:

- Be accessible as the school's first point of call for information about children and young people's medical needs
- Liaise with other health professionals if necessary to gather information about a child/young person's medical needs
- Once notified by parents/carers/school/health professionals, support IHCP development for pupils/students with medical needs in collaboration with the parents/carers, school, and if necessary, other health professionals
- Advise on training and support for school staff who volunteer to support children and young people with medical needs.
- Accept referrals throughout the academic year for children and young people who require a new IHCP or require their IHCPs amending
- Give advice to parents/carers and school staff about children/young people's medical needs.

9.7 Other healthcare professionals

GPs and Paediatricians should notify the School Nursing Team when a child has been identified as having a health/medical condition that will require support at school. They may provide advice on developing IHCPs where appropriate.

9.8 Bracknell Forest Council

Bracknell Forest Council is responsible for commissioning School Nursing Service for maintained schools and academies. Under Section 10 of the Children Act 2004, the Council has a duty to promote cooperation between relevant partners such as governing bodies of maintained schools, proprietors of academies, management committees of PRUs, Integrated Care Board (ICB) and NHS England, with a view to improving the well-being of children relating to their physical and mental health, education, training and recreation.

Bracknell Forest Council will work with schools to support pupils/students with health/medical conditions to attend full time or part-time educational sessions as may be required based on the best interest of the children and young people in line with Section 19 of the Education Act 1996.

10 Staff training and support

In carrying out their role to support pupils with medical conditions, school staff will receive appropriate training and support. The school will ensure that training is sufficient to ensure that staff are competent and confident in their ability to support pupils/students with health/medical conditions, and to fulfil the requirements as set out in IHCP. Required training should be updated at least annually depending on need. All such trainings should be recorded and kept on file.

Regular, i.e., at least annual, training relating to emergencies, medication and relevant medical conditions should be provided; advice about training can be obtained from the school nurse.

Staff must not give prescription medicines or undertake health care procedures without appropriate training, updated to reflect any IHCP.

11 Complaint management

The Supporting Pupils at School with Medical Conditions statutory guidance requires Governing bodies ensure that the schools' policies sets out how complaints concerning the support provided to pupils with medical conditions may be made and will be handled.

12 Reviewing this policy

The statutory guidance (page 8) requires Governing Bodies to ensure that all schools develop a policy for supporting pupils with medical conditions that is reviewed regularly and is readily accessible to parents and school staff.

Though the regularity of the review has not been defined, schools may want to consider reviewing the policy every two years.

13 Appendices

****IF IN DOUBT OR IN AN EMERGENCY ALWAYS SEEK MEDICAL ADVICE****

13.1 Appendix 1: Information about management of selected conditions or situations

13.1.1 Allergies/Anaphylaxis

13.1.1.1 What is it?

Anaphylaxis (pronounced ***ana-fil-ax-is***) is a severe and often sudden allergic reaction. It can occur when someone with allergies is exposed to something they are allergic to (known as an allergen). Reactions usually begin within seconds and rapidly progress but can occur up to 2-3 hours later.

Some children and young people may have a mild reaction when exposed to an allergen requiring an over-the-counter antihistamine medication. Symptoms may include flushing of the skin, rash on skin or mild swelling, and abdominal pain. Severe symptoms requiring adrenaline and antihistamine may include persistent cough, swollen tongue/lips, difficulty speaking/swallowing.

Not all children with allergies/food sensitivities have severe reactions requiring antihistamines and/or adrenaline injection. However, it is appropriate to have an anaphylaxis emergency plan documenting the type of reactions they may experience and how to prevent and manage these.

13.1.1.2 Who gets this?

- Anaphylaxis is the result of the immune system, the body's natural defence system, overreacting to a trigger.
- This trigger is often something you're allergic to, but not always.
- Anyone can be affected at any age.
- In some cases, there's no obvious trigger. This is known as idiopathic anaphylaxis.

13.1.1.3 Management of a child/young person with allergies/anaphylaxis:

- Medicines used in managing allergies and anaphylaxis:
    - Oral Antihistamines: e.g., Cetirizine (non-sedating), Loratidine (non-sedating), Chlorphenamine (sedating)
    - Pre-loaded Auto Adrenaline Injectors (AAI's): e.g., Epipen, Emerade, JEXT - see "Guidance on the use of adrenaline auto-injectors in schools" for details
    - Inhaled bronchodilator
- Symptoms of anaphylaxis can come on very quickly, so school staff need to be prepared to administer medication if needed. It is recommended that spare adrenaline auto-injectors should be stored in a central location, not locked away, where they can be with the child within 5 minutes. All staff must know the location of the spare adrenaline auto-injectors. Click on this link for further details.
- **In case of an anaphylaxis call an ambulance, administer adrenaline while awaiting the ambulance to arrive**.

13.1.1.4 Who to contact for more information:

- Bracknell Forest School Nursing and Community Nursing Teams

13.1.2 Asthma

13.1.2.1 What is it?

Asthma is a common condition. It affects the airways the small breathing tubes that carry air in and out of our lungs. The airways become inflamed, as well as narrowing can occur when they come into contact with "triggers". Symptoms and signs include:

• Swelling of the airway wall

• An increase in mucus

• Tightening of the airway muscles.

A viral induced wheeze can be common if you have suffered from a viral infection and repeated episodes could result in wheeze occurring whenever a child/young person suffers from a cold. This does not always result in an asthma diagnosis and would not require an IHCP.

13.1.2.2 What is severe asthma?

Severe asthma is defined as being present in a patient with a confirmed diagnosis of asthma whose symptoms are poorly controlled with treatment which should usually be effective, resulting in hospital admissions.

It is good practice for all pupils with a diagnosis of asthma/viral induced wheeze should have an asthma care plan. The School Nursing Service complete care plans while Specialist School Nurses complete care plans and assessments if the child does not have an asthma plan from their clinician.

13.1.2.3 Who can get it?

The cause of asthma is varied and include the following:

- Asthma tends to run in families
- Children with allergies can go on to develop asthma
- Smoking increases the risk of a child developing asthma
- Being born prematurely
- Bronchiolitis
- Exposure to environmental triggers
- Pollution

13.1.2.4 Management of a child/young person with Asthma/severe Asthma

- Reliever e.g., Salbutamol.
- Preventor e.g., Beclomethasone, Budesonide
- Steroid tablets
- Leukotriene Receptor Antagonists (LTRAs)
- Long-acting Beta 2 agonists (LABAs), for example salmeterol and formoterol
- Theophylline, which comes as a tablet or a capsule

13.1.2.5 Who to contact for more information:

Specialist School Nursing Service

13.1.3 Eczema

13.1.3.1 What is eczema?

Atopic eczema (atopic dermatitis) is a chronic inflammatory itchy skin condition that develops in early childhood in most cases. It is typically an episodic disease of exacerbation (flares, which may occur as frequently as two or three per month) and remissions. In some cases, it may be continuous.

Atopic eczema often has a genetic component that leads to the breakdown of the skin barrier. This makes the skin susceptible to trigger factors, including irritants and allergens, which can make the eczema worse.

13.1.3.2 Who can get eczema?

Atopic eczema (AE) is a complex condition, and several factors appear important for its development including patient susceptibility and environmental factors. Patients typically have alterations in their skin barrier, and overly reactive inflammatory and allergy responses. A tendency to atopic conditions often runs in families and is part of your genes and can be hereditary. If one or both parents/carers have eczema it is more likely that children will develop it too. This makes the skin of patients with eczema much more susceptible to infection and allows irritating substances/particles to enter the skin, causing itching and inflammation. AE cannot be caught from somebody else.

Approximately one third of children with atopic eczema will also develop asthma and/or hay fever. Atopic eczema affects both males and females equally.

Note: Not all children diagnosed with eczema will require an IHCP, therefore guidance should be sought from the School Nursing Service and/or patient specialist consultant if eczema is having an impact on the child's/young person's learning.

13.1.3.3 Management of a child/young person with eczema

'Topical' means 'applied to the skin surface'. Most eczema treatments are topical, although for more severe eczema some people need to take 'oral' medication (by mouth) as well.

- Moisturisers (emollients): These should be applied several times every day to help the outer layer of your skin function better as a barrier to your environment. The drier your skin, the more frequently you should apply a moisturiser.
- Topical steroid creams or ointments
- Antibiotics and antiseptics
- Topical calcineurin inhibitors: Calcineurin inhibitors, tacrolimus ointment and pimecrolimus cream, may be used when atopic eczema is not responding to topical steroids.
- Antihistamines
- Bandaging (dressings): Sometimes these may be applied as 'Wet wraps' which can be useful for short periods. It is important to be taught how to use the dressings correctly.
- Ultraviolet light:
- Other treatments: People with severe or widespread atopic eczema not responding to topical treatments may need oral treatments. These medications (e.g., antibiotics, antihistamines) would differ depending on the individual's condition and treatment plan.

13.1.3.4 Who to contact for more information:

Specialist School Nursing Team.

13.1.4 Diabetes Mellitus (Type 1)

Click on the link below for details:

- About Type 1 diabetes

13.1.4.1 Non-severe hypoglycaemia[9]

In children who are conscious and able to swallow, non-severe hypoglycaemia is treated with a fast-acting carbohydrate by mouth, preferably in liquid form. Fast-acting carbohydrates include Lift® glucose liquid (previously Glucojuice®), glucose tablets, glucose 40% gels (e.g. Glucogel®, Dextrogel®, or Rapilose®), and sugar (sucrose) dissolved in an appropriate volume of water. Oral glucose formulations are preferred as absorption occurs more quickly. Glucose 40% gel may be given buccally (i.e., applied inside the cheek) in children who are uncooperative, but who are conscious and able to swallow.

Chocolates and biscuits should be avoided, if possible, because they have a lower sugar content, and their high fat content may delay stomach emptying.

Administration of fast-acting carbohydrates may need to be in frequent small amounts, because hypoglycaemia can cause vomiting. Blood-glucose concentrations should rise within 5–15 minutes; if hypoglycaemia persists after 15 minutes, repeat the fast-acting glucose. As symptoms improve or normal blood glucose level is restored, a long-acting carbohydrate snack (e.g., two biscuits, one banana) or a meal, can be given to prevent blood-glucose concentration from falling again.

13.1.4.2 Managing severe hypoglycaemias using oral fast-acting carbohydrates e.g., Glocogel[8]

Hypoglycaemia is a lower than normal blood-glucose concentration. Clinical hypoglycaemia is defined as a blood-glucose concentration low enough to cause symptoms or signs of impaired brain function. In clinical practice, a glucose value of ≤ 3.9 mmol/litre is used as the threshold value to initiate treatment for hypoglycaemia in children with diabetes.[9]

Severe hypoglycaemia outside of hospital may be treated with concentrated oral glucose solution, as long as the child is conscious and able to swallow.

Glucogel may be used in the treatment of "hypos". Each tube contains 10g of sugary gel and should be used when the child is refusing to take their usual oral hypo treatment.

This sugary gel is partially absorbed through the lining of the mouth. Should you need to administer Glucogel ideally place your child lying down on their left-hand side (in a recovery position).

[8] Use of Glucogel - Milton Keynes University Hospital (mkuh.nhs.uk)
[9] Hypoglycaemia | Treatment summaries | BNFC | NICE

Glucogel should not be used on children who are unconscious and/or unable to swallow. If this is the case call the ambulance immediately.

- Snap the lid off the tube of gel and squeeze gel into the child's lower cheek whilst at the same time gently but firmly massaging the outside of the cheek. It is this action that stimulates partial absorption of the Glucogel. **DO NOT** place gel on your own finger to rub inside your child's mouth.
- After 15 minutes (to allow absorption of the Glucogel) re-test blood glucose
- Once blood glucose level if 4mmol/l or above given 10-15g of slow acting carbohydrate (or their normal meal if it is a mealtime) to maintain the blood glucose level

If blood glucose level is still 3.9mmol/l or below when re-tested, repeat administration of Glucogel and re-test in another 15 minutes.

As symptoms improve or normal glucose level is restored, and the child/young person is sufficiently awake, an oral long-acting carbohydrate snack (e.g., two biscuits, one banana) or a meal should be given to maintain normal blood-glucose concentration. The blood-glucose concentration should be checked repeatedly in children and young people who have persistently reduced consciousness after a severe hypoglycaemic episode, to determine whether further glucose is needed.[9]

Staff with responsibility for supporting insulin-treated children and young people who have been prescribed Glucagon injection for managing hypoglycaemias if they are unconscious or unable to swallow, should be appropriately trained and equipped to give intramuscular glucagon for emergency use in severe hypoglycaemic attacks. The IHCPs should include these types of treatment.

13.1.4.3 Who to contact for more information:

- Community Diabetic Team

13.1.5 Epilepsy

13.1.5.1 What is it?

Click on the link below for details:

- Types of seizure

13.1.5.2 Management of a child with Epilepsy in school

- School must have appropriately trained staff to manage epilepsy seizures. The training will include management of seizures and administration of emergency medication and support of the medical condition (including post-seizure processes).
- Training must be updated every year.
- Education staff should work closely with the SSN/CCN and parents/carers to develop an IHCP and establish a suitable environment for the child/young person in school so that the child does not have significant disruption to their day.
- Education staff are to follow the emergency care plan agreed with the SSN and/or CCN Teams.
- The child/young person can take part in sports. They should not climb higher than double their height without a rope or safety harness. If swimming, the lifeguard should be informed of the child/young person's condition.
- Majority of children and young people suffering from seizures will be treated with medication
- Some children and young people will require the medication during school hours because seizures can be triggered if medication doses are missed.
- Some children will need emergency treatment if they have a generalised seizure lasting longer than 5 minutes
- School should call an ambulance in the following situations:
    - if this is the young person's first seizure,
    - if this is a new type/ presentation of seizure,
    - if the seizure lasts longer than it usual for the child/young person, lasts longer than 5 minutes if you do not know the child/young person, they have not regained full

consciousness, or seriously injured during the seizure and they do not have emergency treatment,

- if you are concerned about the young person's breathing or if the seizure continues after the administration of emergency medication.

General first aid advice

- Managing a Tonic Clonic Seizure

If a child has a generalized tonic clonic seizure (jerking or all four limbs) it is important to stay as calm as possible. Reassure the other children in the classroom. Ensure that the child having the seizure cannot harm themselves.

1. Check safety of the area
2. Move any potentially dangerous object which the child could hurt themselves on
3. Cushion head with something soft – such as a small jumper (especially if on concrete to avoid injury)
4. Stay with the child/young person throughout the seizure and calmly let them know you are there and keep talking to them so that they can hear your voice and be reassured they have support
5. After the seizure is over put the child/young person into recovery position until completely recovered
6. Check the child/young person for injury and maintain privacy and dignity throughout

DO NOT

1. Restrain the child
2. Move the child unless they are in direct danger
3. Put anything in their mouth
4. Give any food or drink

13.1.5.3 Who to contact for further information?

- Specialist School Nursing Team, Children's Community nursing team

13.2 Appendix 2: Contact details of services supporting children with medical needs and their commissioners

13.2.1 Services

- School Nurse: Bracknell Forest 0300 365 6000 Bracknellforest.SN@berkshire.nhs.uk; Click on the link to their website
- Children's Community Nursing: 0118 904 4724; ccneast@berkshire.nhs.uk
- Continence Team e-mail: continence@berkshire.nhs.uk
- Specialist Children's Services (Specialist School Nursing Team): Visit their website.

13.2.2 Commissioners

- School nursing service commissioner: Bracknell Forest Public Health Team. Website: https://health.bracknell-forest.gov.uk/. Email:
- Clinical/Medical services commissioner: Website: https://www.frimley.icb.nhs.uk/; Email: frimleyicb.public@nhs.net

13.3 Appendix 3: Resources

13.3.1 Example of Consent Form to Administer Medicines on School site and off-site activities

School staff will not give your child medication unless this form is completed and signed.

Dear Headteacher

I request and authorise that my child* be given/gives himself/herself the following medication: (*delete as appropriate)

Name of child		**Date of birth**	
Address **Daytime Tel no(s)**			
Group/Class/Form			
Medical Condition or Illness, and reason for medication			
Name of medicine:	**N.B Medicines must be in their original container, and clearly labelled**		
Special precautions e.g. take after eating			
Are there any side effects that the school needs to know about		**Dose**	
Time of Dose		**Maximum Dose** (if applicable)	
Start Date		**Finish Date**	

I confirm that:

- I have received medical advice stating that it is, or may be in an emergency, necessary to give this medication to my child during the school day and during off-site school activities;
- I agree to collect it at the end of the day/week/half term (delete as appropriate) and replace any expired medication as soon as possible, disposing of any unused medication at the pharmacy;
- This medicine has been given without adverse effect in the past/ I have made the school aware any side effects that my child is likely to experience, and how the school should act if these occur (delete as appropriate);
- The medication is in the original container labelled with the contents, dosage, child's full name and is within its expiry date; and
- The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy and my child's Care Plan. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signed (Parent/Carer)	
Date	
Based on the above information the Headteacher acknowledges that it is, or may be, necessary for your child to be given medication during school hours **Signed (Headteacher)**	

13.3.2 Example of School Record of Medication Administered

Name of child……..

Date of birth……..Class……

Home address:…….

GP contact details:……

Name and strength of medication…….

Dose and Frequency of medication……..

Time last dose given……..

Maximum dosage…….

Date		
Quantity received		
Quantity returned		
Staff name and signature		

Other medication being taken…….

Date									
Time Given									
Dose Given									
Staff Signature									
Print Name									
Additional notes, e.g. parent/carer notified									
Parents/carers signature and date									

B.2 – Special School Nurse Medicine Administration Form

Affix Childs ID Label	Pupil photograph

Birmingham Community Healthcare NHS
NHS Foundation Trust

Special School Medication Administration Record (MAR)

Sheet No ..... of ..... **Name Of Special School:..... Month:..... Year:.....**

Allergies .....

Name of Medication, Strength/dose to be given		Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Route																																	
Signature	Date																																
Checked By	Date																																
Route																																	
Signature	Date																																
Checked By	Date																																
Route																																	
Signature	Date																																
Checked by																																	

Missed dose Codes: 1 = Absent, 2 = Refused, 3 = Wasted, 4=Vomited

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P.T.O.

13.3.3 Example of personal alert card

Personal Alert Card

	Name: Class: Date of Birth: School:	

Emergency Contact Numbers		
Name:	Home:	Mobile:
Name:	Home:	Mobile:
GP:	Number:	
Nurse:	Work:	Mobile:
Specialist:	Work:	

Treatment of Syptoms:

Special request from parents:

Parent/Carer signature Print Name:	Date:
Nurse signature Print name:	Date:
Head Teacher signature Print Name:	Date:
Discused with parent where alert card will be displayed	☐ classroom, ☐ staffroom, ☐ kitchens, ☐ office, ☐ other

Medical Condition & Daily care requirements: Care Requirments: Special consideration for school trips:	
Symptoms:	
If subject to seizures:	
What does the seizure look like?	
Is there any warning signs?	
How long does the seizure usually last?	
Is there a pattern to the seizures?	
How long does the child take to recover?	
Is there a known trigger?	
Managment issues: eg special precautions needed, indications for swimming, when to notify parents.	
Management of Condition:	
Emergency medication prescribed ☐ Yes, ☐ No If Yes – what medication & how will this be administered?	
Date plan developed:	Date plan to be reviewed:

13.3.4 Example Training Record: staff training record – administration of medicines

Name of school/setting	
Staff Name	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

I confirm that the above named member of staff has received the training detailed above and is competent provide the treatment which was the subject of the training session outlined above.

Trainer's signature _____

Date _____

I confirm that I have volunteered for and received the training detailed above.

Staff signature _____

Date _____

Review date _____

13.3.5 Reviewing School's Provision

Key questions	School's Evidence		
	Achieved	In progress	Not achieved
• Do you ensure that parents/carers and pupils are consulted about, and made aware of, your arrangements for supporting pupils with medical conditions in school?			
• Do you promote pupils' confidence and self-care in managing their own medical needs?			
• Do you ensure that staff receive satisfactory training on supporting pupil's medical needs in school?			
• Do governors ensure that policies, plans, procedures and systems are properly prepared and implemented?			
• Does the school have a policy for supporting children with medical conditions in school?			
• Does the school have a contingency plan to cope if staff refuse to administer medication?			
• Is the policy reviewed regularly?			
• Is the policy easily accessible by parents/carers & staff, in particular the section which explains the schools procedures for dealing with medication in school?			
• Does a named individual have overall responsibility for implementation of the policy?			
• Are arrangements in place to ensure that the policy is implemented effectively?			
• Are Individual Healthcare Plans (IHCPs) reviewed at least annually?			
• Is there a named individual who is responsible for the development of IHCPs?			
• Is the school able to identify which staff in school need to be made aware of pupil's medical needs and are those staff aware of which children have health needs and what support is required?			
• Is written permission from parents/carers and the Headteacher obtained to allow administration of medication by a member of staff, or self-administration by the pupil, during school hours?			
• Are arrangements identified in the policy to allow children to manage their own health needs?			
• Do IHCPs contain appropriate prescription and dispensing information?			
• Are emergency contact details and contingency arrangements included within the IHCP?			
• Does the IHCP explain what arrangements or procedures should be in place during school trips or other school activities outside of the normal school timetable so that the child can participate and are these reviewed prior to each event?			
• Does practice reflect the policy?			
• Does the policy identify roles and responsibilities?			
• Are training needs regularly assessed?			

• Have sufficient staff received suitable training?			
• Is a record kept of training undertaken?			
• Are written records kept of all medicines administered to children?			
• Do **all staff** know what should happen in an emergency?			
• Is the appropriate level of insurance in place and does it reflect the level of risk?			
• Does the policy set out how complaints can be made?			