



# Edith Cavell Primary School

## Supporting Pupils with Medical Needs

*This policy sets out the duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions under Section 100 of the Children and Families Act 2014 <http://www.legislation.gov.uk/ukpga/2014/6/section/100/enacted>*

*In meeting the duty, the governing body, proprietor or management committee **must** have regard to the most current guidance issued by the Secretary of State under this section (Supporting pupils at school with medical conditions, <https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>)*

**The Governing Body will review this policy statement annually and update, modify or amend it as considered necessary to ensure the health, safety and welfare of pupils.**

Signed: G. Bishop Chair of Governors

Signed: H.L. Cooke Headteacher

Date: January 2025

Review date: January 2028

## INDEX

- [Context](#)
- [Principles](#)
- [Definition of Health Needs](#)
- [Roles & Responsibilities](#)
- [Staff Training & Support](#)
- [Procedures](#)
  - o [Notification](#)
  - o [Individual Healthcare Plans](#)
  - o [Pupils too ill to attend school](#)
  - o [Pregnancy](#)
- [Medicines in School](#)
  - o [Self management by pupils](#)
  - o [Managing Medicines on school premises](#)
- [Emergency Situations](#)
- [Day trips, Residential & Sporting Activities](#)
- [Liability & Indemnity](#)
- [Complaints](#)
- Appendix 1 – Model letter inviting parents to contribute to healthcare plans
- Appendix 2 – Flowchart for developing Healthcare Plan.
- Appendix 3 – Individual Healthcare Template
- Appendix 4 – Parental Agreement for parents to administer medication
- Appendix 5 – Record of medication administered to individual child
- Appendix 6 – Staff training record
- Appendix 7 – Parental permission for administering emergency inhaler
- Appendix 7a - Parental permission for administering emergency Adrenalin Auto Injector
- Appendix 8 – Letter informing parents of emergency use of inhaler
- Appendix 9 – Flow chart to identify a severe allergic reaction
- Appendix 10 – Useful links

## Context

The staff at Edith Cavell Primary School are committed to providing pupils with a high-quality education whatever their health need, disability or individual circumstances. We believe that all pupils 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. We promote inclusion and will make all reasonable adjustments to ensure that children and young people with a disability, health need or SEN are not discriminated against or treated less favourably than other pupils.

## Principles

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.

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.

### Definition of health needs

For the purpose of this policy, pupils with health 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.

Some children with 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 (SEN) and may have a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision.

The school will follow the Special Education Needs & Disability (SEND) [Code of Practice](#) where pupils who have medical conditions requiring an Education, Health Care Plan (EHC)

### Roles and Responsibilities

All staff have a responsibility to ensure that all pupils at this school 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 additional support and training needs.

#### Named person in school with responsibility for medical policy implementation

The member of staff responsible for ensuring that pupils with health needs have proper access to education is Heather Cooke – Head teacher. She 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 her 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.

#### Parents/carers and pupils

Parents hold key information and knowledge and have a crucial role to play. Both parents and pupils will be involved in the process of making decisions. Parents are expected to keep the school informed about any changes in their children's condition or in the treatment their children are receiving, including changes in medication. Parents will be kept informed about arrangements in school and about contacts made with outside agencies.

### **School staff**

Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help. Staff must familiarise themselves with the medical needs of the pupils they work with. Training will be provided in connection with specific medical needs so that staff know how to meet individual needs, what precautions to take and how to react in an emergency.

### **The Head teacher**

The head teacher is responsible for ensuring that all staff are aware of this policy and understand their role in its implementation. The head teacher will ensure that all staff who need to know are aware of a child's condition. She 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 head teacher has overall responsibility for the development of individual healthcare plans. She will also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. She 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.

### **The Governing body**

The governing body is responsible for making 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 this school are supported to enable the fullest participation possible in all aspects of school life. The governing body will ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. They will also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

### **School health teams**

Where the school health team is made aware by the school or the parent that a child has a medical condition which will require support in school, they are able to support the school in the production of the individual Healthcare Plan, this may be done in conjunction with a specialist nurse, G.P other specialist.

### **Other healthcare professionals**

GPs and Paediatricians may also notify the school nurse when a child has been identified as having a medical condition that will require support at school

Hospital and Outreach Education works with schools to support pupils with medical conditions to attend full time.

### **Staff training and support**

In carrying out their role to support pupils with medical conditions, school staff will receive appropriate training and support. Training needs will be identified during the development or review of individual healthcare plans. The relevant healthcare professional will lead on identifying and agreeing with the school, the type and level of training required, and how this can be obtained. The school will ensure that training is sufficient to ensure that staff are competent and confident in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans.

Staff will not give prescription medicines or undertake health care procedures without appropriate training. **A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.**

This policy will be publicised to all staff to raise awareness at a whole school level of the importance of supporting pupils with medical conditions, and to make all staff aware of their role in implementing this policy. Information on how this school supports children with health needs is included in our induction procedure for all new staff.

## Procedures

### Notification

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.

Note: The School Nursing Service offer all year R & Year 6 pupils health screening. Any medical concerns the school has about a pupil will be raised with the parents/carers. 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 write a letter to the GP (with a copy to the parents) suggesting a referral to a specialist consultant where a full paediatric assessment can be carried out.

### Individual Healthcare Plans

Not all children with medical needs will require an individual healthcare plan. The school, healthcare professional and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the head teacher will take a final view. *A model letter inviting parents to contribute to individual healthcare plan development is provided at appendix 1.*

Individual healthcare plans will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. Plans are also likely to be needed in cases where medical conditions are long-term and complex. Plans 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 individual healthcare plan is provided at appendix 2.*

Individual healthcare plans should capture the key information and actions that are required to support the child effectively. The level of detail within plans 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. *A template for individual healthcare plans is provided at appendix 3.*

Individual healthcare plans, and their review, may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child. Plans 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.

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

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

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 individual healthcare plan identifies the support the child will need to reintegrate effectively.

### **Pupils too ill to attend school**

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 a referral to the PRU medical needs Team as soon as they become aware that a child is likely to be or has been absent for 15 school days. 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, the medical needs team and the relevant medical professionals.

## **Medicines in school**

### **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.

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.

### **Managing medicines on school premises**

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.

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.



## **Non-Prescription Medication**

Where possible, the school will avoid administering non-prescription medicine. However, we may do so, if requested by the parent, if it will facilitate the child attending school and continuing their learning. This will usually be for a short period only, perhaps to finish a course of antibiotics, to apply a lotion or the administration of paracetamol for toothache or other pain. However, such medicines will only be administered in school where it would be detrimental to a child's health if it were not administered during the day.

If non-prescription medication is to be administered, then the parent/carer must complete an Administration of Medicine Consent form, and the same procedure will be followed as for prescription medication. In exceptional circumstances, the parent will be asked for verbal consent on the phone if the child needs paracetamol and they are not able to get into school to sign the permission form. The school office will record this phone call on CPOMs.

The medicine must be provided in its original container, with dosage information on it. The parent's instructions will be checked against the dosage information, and this will not be exceeded. Any medicines administered will be recorded on Meditracker. *A template for obtaining parental agreement for the school to administer medicine is provided at appendix 4. A template for recording medicine administered to all children is provided at appendix 5.*

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.

## **Prescribed Medication**

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.

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.

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. Any medicines administered will be recorded on Meditracker. *A template for recording medicine administered to an individual child is provided at appendix 4. A template for recording medicine administered to all children is provided at appendix 5.*

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, on Meditracker, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted. *A template for recording staff training on the administration of medicines is provided at appendix 6.*



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. *(If you require advice on disposal of sharps or clinical waste such as nappies contact Bedford Borough Council 01234 718011 or email [tradewaste@bedford.gov.uk](mailto:tradewaste@bedford.gov.uk)).*

## Emergency Situations

Where a child has an individual healthcare plan, 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.

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

## Emergency Asthma Inhaler

Where parental consent has been given for the use of an emergency asthma inhaler as per the “[Emergency Inhalers in Schools Guidance](#)”, emergency asthma inhaler(s) is kept in the school office and may be used if the pupil’s prescribed inhaler is not available (e.g. if broken or empty).

The following members of staff are responsible for ensuring the protocol is followed Karen Griffin, Roisin Galton and Deborah Cherry:

- The school has a register of children in the school that have been diagnosed with asthma or prescribed a reliever inhaler, a copy of which is kept with the emergency inhaler
- Written parental consent for use of the emergency inhaler will be included as part of a child’s individual healthcare plan (Appendix 7)
- The emergency inhaler will only be used by children with asthma with written parental consent for its use
- Appropriate support and training will be provided for staff in the use of the emergency inhaler in line with the schools wider policy on supporting pupils with medical conditions
- Parents or carers will be notified that their child has used the emergency inhaler (Appendix 8)

The emergency asthma inhaler kit includes: -

- A salbutamol metered dose inhaler;
- At least two plastic spacers compatible with the inhaler;
- Instructions on using the inhaler and spacer;
- Instructions on cleaning and storing the inhaler;
- Manufacturer’s information;
- A checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded;
- A note of the arrangements for replacing the inhaler and spacers (see below);
- Guidance on the use of emergency salbutamol inhalers in schools
- A list of children permitted to use the emergency inhaler as detailed in their individual healthcare plans;

- A record of administration (i.e. when the inhaler has been used)

## Storage and care of the inhaler

Roisin Galton is responsible for maintaining the emergency inhaler kit.

- a monthly check will be conducted to ensure the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available;
- replacement inhalers will be obtained when expiry dates approach;
- replacement spacers are available following use;
- the plastic inhaler housing (which holds the canister) will be cleaned, dried and returned to storage following use, replacements are available if necessary.
- The inhaler and spacer will be easily accessible to staff and not be locked away.
- The inhaler should be stored at the appropriate temperature (in line with manufacturer's guidelines), usually below 30C, protected from direct sunlight and extremes of temperature.
- The inhaler and spacers will be kept separate from any child's inhaler which is stored in a nearby location and the emergency inhaler will be clearly labelled to avoid confusion with a child's inhaler.
- The inhaler should be primed when first used (e.g. spray two puffs). As it can become blocked again when not used over a period of time, it will be regularly primed by spraying two puffs.
- Used inhalers will be returned to a pharmacy for disposal.

## Emergency Adrenaline Auto Injector

Schools may administer their "spare" adrenaline auto-injector (AAI), if available, but only to a pupil at risk of anaphylaxis, where both medical authorisation and written parental consent for use of the spare AAI has been provided according to <http://www.sparepensinschools.uk/> .

The school's AAI is stored in the school office in the same box as the Emergency Asthma Inhaler.

A flow chart which outlines the signs and symptoms of a severe allergic reaction can be found at Appendix 9.

The following members of staff are responsible for ensuring the protocol is followed Karen Griffin, Roisin Galton and Deborah Cherry:

- The school has a register of children in the school that have been diagnosed with severe allergies that may require the use of AAI, a copy of which is kept with the emergency AAI
- Written parental consent for use of the emergency AAI will be included as part of a child's individual healthcare plan (Appendix 7a)
- The emergency AAI will only be used by children with diagnosed severe allergies with written parental consent for its use
- Appropriate support and training will be provided for staff in the use of the emergency AAI in line with the schools wider policy on supporting pupils with medical conditions
- Parents or carers will be notified that their child has used the emergency AAI (Appendix 8a)

The emergency anaphylaxis kit includes

- 1 or more AAI(s).
- Instructions on how to use the device(s).
- Instructions on storage of the AAI device(s).
- Manufacturer's information.

- A checklist of injectors, identified by their batch number and expiry date with monthly checks recorded.
- A note of the arrangements for replacing the injectors.
- A list of pupils to whom the AAI can be administered.
- An administration record.

AAIs can be used through clothes and should be injected into the upper outer thigh in line with the instructions provided by the manufacturer.

If someone appears to be having a severe allergic reaction (anaphylaxis), you **MUST** call 999 without delay, even if they have already used their own AAI device, or a spare AAI.

In the event of a possible severe allergic reaction in a pupil who does not meet these criteria, emergency services (999) should be contacted and advice sought from them as to whether administration of the spare emergency AAI is appropriate.

Any person who has been given an AAI must be transferred to hospital for further monitoring. The pupil's parents should be contacted at the earliest opportunity. The hospital discharge documentation will be sent to the pupil's GP informing them of the reaction.

### Storage and care of the AAI

Roisin Galton is responsible for maintaining the emergency AAI kit.

- a monthly check will be conducted to ensure the AAI is present and in working order, and the;
- replacement AAI will be obtained when expiry dates approach;
- The AAI will be easily accessible to staff and not be locked away.
- The AAI should be stored at the appropriate temperature (in line with manufacturer's guidelines), usually below 30C, protected from direct sunlight and extremes of temperature.
- The AAI will be kept separate from any child's inhaler which is stored in a nearby location and the emergency AAI will be clearly labelled to avoid confusion with a child's inhaler.

### Defibrillator

The Defibrillator will be used in line with the DFE guidance [“Automated external defibrillators Guide” for schools.](#)

The Defibrillator is kept in the school office and should only be used by staff who have been trained in CPR, a list of authorised staff is kept in the school office.

### Day trips, Residentials and Sporting Activities

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.

Any regular or preventative medication required by children on the Educational visit will be taken on the visit, carried by the group leader/class teacher/first aider, adult who will be with the child for most of the visit. Paperwork for administration of medicines will be completed as if in school, if any medicines are administered while out on a visit.

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*).

### **Home-to-School Transport Arrangements for children with Medical Needs**

Where required the school will develop transport healthcare plans for pupils with life-threatening conditions. Relevant information will be shared with the local authority/ transport provider to ensure that risks are managed and all staff involved in the transportation of the child are informed.

### **Liability and Indemnity**

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.

### **Complaints**

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.

### **Links to other policies**

This policy is to be read in conjunction with our:

- Accessibility plan
- Complaints Procedure
- Equality Information and Objectives
- First Aid policy
- Health and Safety policy
- Child Protection and Safeguarding policy
- Special Educational Needs information report and policy

## 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 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.

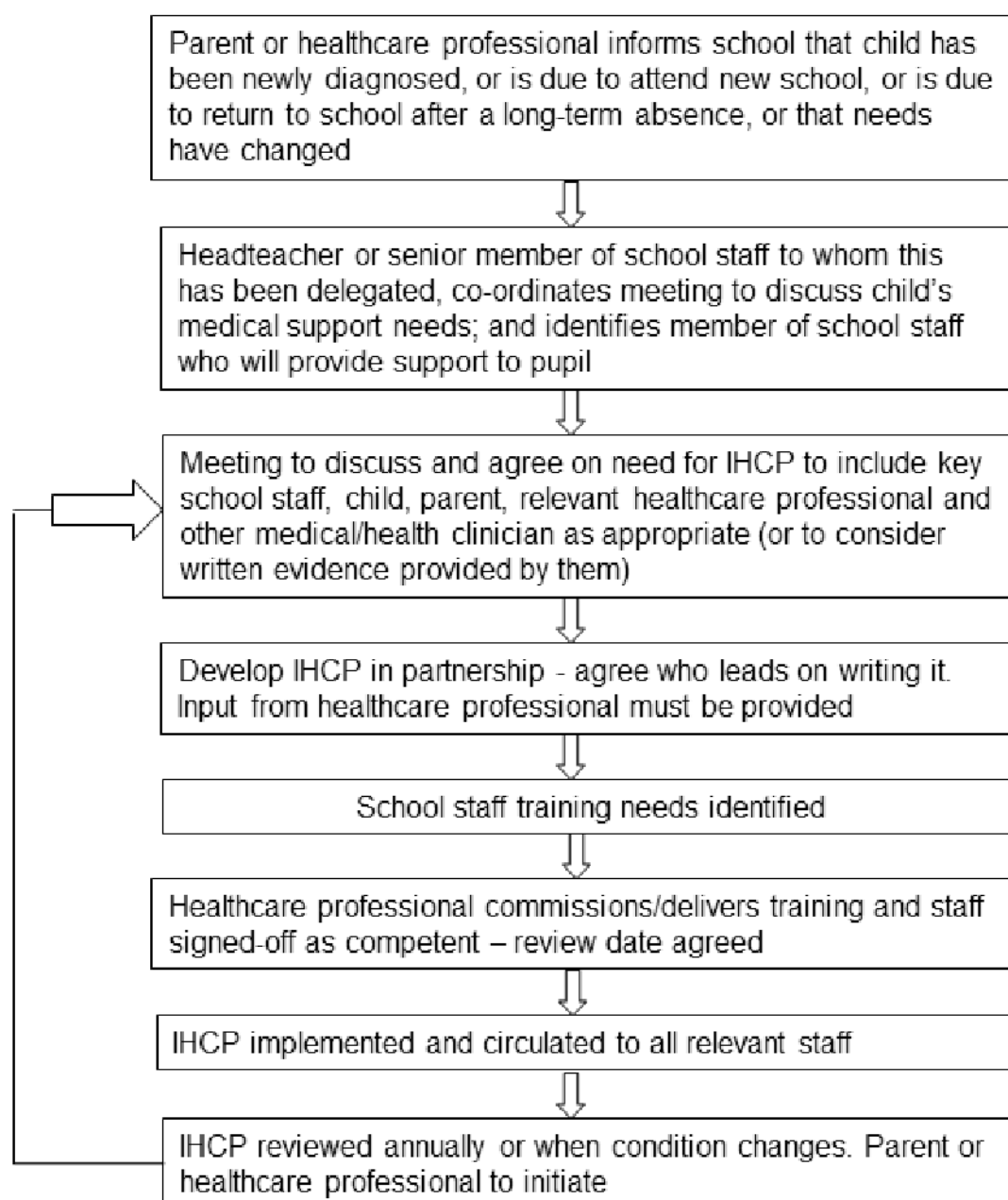
If you are unable to attend, please could you complete the attached individual healthcare template and return it, with any relevant evidence, for consideration at the meeting.

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: Individual healthcare template

#### *Edith Cavell Primary School*

|                                |  |
|--------------------------------|--|
| Pupil's name                   |  |
| Group/class/form               |  |
| Date of birth                  |  |
| Pupil's address                |  |
| Medical diagnosis or condition |  |
| 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 is required?

|  |
|--|
|  |
|--|

Name of medication and storage instructions (if applicable)

|  |
|--|
|  |
|--|

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 4: 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 |  |

#### Details of medication

|                                                      |                                  |
|------------------------------------------------------|----------------------------------|
| Type of medication<br>(please delete as appropriate) | Prescription<br>Non-prescription |
| 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 5: Record of medication administered to an individual child**

**Edith Cavell Primary School**

|                                    |  |
|------------------------------------|--|
| Name of pupil                      |  |
| 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: \_\_\_\_\_

**PLEASE ADD TO MEDITRACKER WHEN INHALOR IS ADMINISTERED  
SO PARENTS ARE INFORMED**

|                           |  |  |  |
|---------------------------|--|--|--|
| Date                      |  |  |  |
| Time given                |  |  |  |
| Dose given                |  |  |  |
| Given by, staff signature |  |  |  |
| Witness staff signature   |  |  |  |
| Observations,<br>comments |  |  |  |

|                           |  |  |  |
|---------------------------|--|--|--|
| Date                      |  |  |  |
| Time given                |  |  |  |
| Dose given                |  |  |  |
| Given by, staff signature |  |  |  |
| Witness staff signature   |  |  |  |
| Observations,<br>comments |  |  |  |

|            |  |  |  |
|------------|--|--|--|
| Date       |  |  |  |
| Time given |  |  |  |



|                           |  |  |  |
|---------------------------|--|--|--|
| Dose given                |  |  |  |
| Given by, staff signature |  |  |  |
| Witness staff signature   |  |  |  |
| Observations,<br>comments |  |  |  |

|                           |  |  |  |
|---------------------------|--|--|--|
| Date                      |  |  |  |
| Time given                |  |  |  |
| Dose given                |  |  |  |
| Given by, staff signature |  |  |  |
| Witness staff signature   |  |  |  |
| Observations,<br>comments |  |  |  |

|                           |  |  |  |
|---------------------------|--|--|--|
| Date                      |  |  |  |
| Time given                |  |  |  |
| Dose given                |  |  |  |
| Given by, staff signature |  |  |  |
| Witness staff signature   |  |  |  |
| Observations,<br>comments |  |  |  |

|                           |  |  |  |
|---------------------------|--|--|--|
| Date                      |  |  |  |
| Time given                |  |  |  |
| Dose given                |  |  |  |
| Given by, staff signature |  |  |  |
| Witness staff signature   |  |  |  |
| Observations,<br>comments |  |  |  |

|                           |  |  |  |
|---------------------------|--|--|--|
| Date                      |  |  |  |
| Time given                |  |  |  |
| Dose given                |  |  |  |
| Given by, staff signature |  |  |  |
| Witness staff signature   |  |  |  |
| Observations,<br>comments |  |  |  |

|                           |  |  |  |
|---------------------------|--|--|--|
| Date                      |  |  |  |
| Time given                |  |  |  |
| Dose given                |  |  |  |
| Given by, staff signature |  |  |  |
| Witness staff signature   |  |  |  |
| Observations,<br>comments |  |  |  |

|      |  |  |  |
|------|--|--|--|
| Date |  |  |  |
|------|--|--|--|

|                           |  |  |  |
|---------------------------|--|--|--|
| Time given                |  |  |  |
| Dose given                |  |  |  |
| Given by, staff signature |  |  |  |
| Witness staff signature   |  |  |  |
| Observations,<br>comments |  |  |  |

|                           |  |  |  |
|---------------------------|--|--|--|
| Date                      |  |  |  |
| Time given                |  |  |  |
| Dose given                |  |  |  |
| Given by, staff signature |  |  |  |
| Witness staff signature   |  |  |  |
| Observations,<br>comments |  |  |  |

### Appendix 6: Staff training record

#### ***Edith Cavell Primary School***

|                           |  |
|---------------------------|--|
| 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: \_\_\_\_\_

## **CONSENT FORM**

USE OF EMERGENCY SALBUTAMOL INHALER

EDITH CAVELL PRIMARY SCHOOL

### **Child showing symptoms of asthma / having asthma attack**

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

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

Name (print) .....

Child's name: .....

Class: .....

Parent's address and contact details:

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

Telephone: .....

Email .....

## Appendix 7a: Parental Permission for administering emergency Adrenalin Auto Injector

### CONSENT FORM

USE OF EMERGENCY ADRENALIN AUTO INJECTOR

EDITH CAVELL PRIMARY SCHOOL

#### Child showing symptoms of a severe allergic reaction/anaphylaxis

1. I can confirm that my child has been diagnosed with a severe allergy to \_\_\_\_\_ and has been prescribed an emergency Adrenalin Auto Injector (AAI)
2. My child has a working, in-date labelled AAI with their name, which they will bring with them to school every day.
3. In the event of my child displaying symptoms of a severe allergic reaction, and if their AAI is not available or is unusable, I consent for my child to receive an emergency AAI held by the school for such emergencies.

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

Name (print) .....

Child's name: .....

Class: .....

Parent's address and contact details:

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

Telephone: .....

Email .....

**LETTER TO INFORM PARENTS OF EMERGENCY  
SALBUTAMOL INHALER USE**

Child's name: .....

Class: .....

Date: .....

Dear .....,

This letter is to formally notify you that ..... has had problems  
with his / her breathing today. This happened when .....

.....

☐ They did not have their own asthma inhaler with them, so a member of staff helped them to use  
the emergency asthma inhaler containing salbutamol.

They were given .....puffs, equivalent to .....mcg. of salbutamol. (1 puff = 100mcg)

☐ Their own asthma inhaler was not working, so a member of staff helped them to use the  
emergency asthma inhaler containing salbutamol.

They were given..... puffs equivalent to .....mcg. of salbutamol. (1 puff = 100mcg).

*(delete as appropriate)*

Although they soon felt better, we would strongly advise that you have your child seen by your own  
doctor as soon as possible

Yours sincerely

H.Cooke

Headteacher

|                                                                                          |
|------------------------------------------------------------------------------------------|
| <b>Appendix 8a: Letter to inform parents of use of emergency Adrenalin Auto Injector</b> |
|------------------------------------------------------------------------------------------|

**LETTER TO INFORM PARENTS OF EMERGENCY ADRENALIN  
AUTO INJECTOR USE**

Child's name: .....

Class: .....

Date: .....

Dear .....,

This letter is to formally notify you that ..... has had a severe allergic reaction today. This happened when .....

.....

☐ A member of staff helped them to use their own AAI.

☐ Their own AAI was not sufficient, so a member of staff helped them to use the emergency AAI.

As

Although they soon felt better, we would strongly advise that you have your child seen by your own doctor as soon as possible

Yours sincerely

H.Cooke

Headteacher



## Appendix 9: Recognition and management of an allergic reaction/anaphylaxis

Signs and symptoms include:

### Mild-moderate allergic reaction:

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

### ACTION:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine according to the child's allergy treatment plan
- Phone parent/emergency contact



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

#### **AIRWAY:**

Persistent cough  
Hoarse voice  
Difficulty swallowing, swollen tongue

#### **BREATHING:**

Difficult or noisy breathing  
Wheeze or persistent cough

#### **CONSCIOUSNESS:**

Persistent dizziness  
Becoming pale or floppy  
Suddenly sleepy, collapse, unconscious

### **IF ANY ONE (or more) of these signs are present:**

1. Lie child flat with legs raised:  
(if breathing is difficult, allow child to sit)
2. Use Adrenaline autoinjector\* **without delay**
3. Dial 999 to request ambulance and say ANAPHYLAXIS



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

### **After giving Adrenaline:**

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

Anaphylaxis may occur without initial mild signs: **ALWAYS use adrenaline autoinjector FIRST in someone with known food allergy who has SUDDEN BREATHING DIFFICULTY** (persistent cough, hoarse voice, wheeze) – even if no skin symptoms are present.

## Appendix 10: Useful links

Spare Pens in Schools <http://www.sparepensinschools.uk>

- Official guidance relating to supporting pupils with medical needs in schools: – Supporting pupils at school with medical conditions.

Statutory guidance for governing bodies of maintained schools and proprietors of academies in England (Department for Education, 2014).

<https://www.gov.uk/government/publications/supporting-pupils-at-school-withmedical-conditions--3>

- Allergy UK <https://www.allergyuk.org/>

Whole school allergy and awareness management (Allergy UK)

<https://www.allergyuk.org/schools/whole-school-allergy-awareness-andmanagement>

- Anaphylaxis Campaign <https://www.anaphylaxis.org.uk>

AllergyWise training for schools

<https://www.anaphylaxis.org.uk/information-training/allergywise-training/forschools/>

AllergyWise training for school nurses (Anaphylaxis Campaign)

<http://www.anaphylaxis.org.uk/information-resources/allergywise-training/forhealthcare-professionals/>

- Education for Health

<http://www.educationforhealth.org>

- Food allergy quality standards (The National Institute for Health and Care Excellence, March 2016)

<https://www.nice.org.uk/guidance/qs118>

- Anaphylaxis: assessment and referral after emergency treatment (The National Institute for Health and Care Excellence, 2011)

<https://www.nice.org.uk/guidance/cg134?unlid=22904150420167115834>