

Supporting Pupils with Medical Needs

Policy

Children's Services and Safety Team

Version 2 – February 2016

Name of Unit/Premises/Centre/ School:	Scantabout Primary School
Name of Responsible Manager/Headteacher:	Mrs Tina Thomas
Date Policy approved and adopted:	January 2018 Renewed March 2019
Date Due for review:	March 2020

Introduction

Section 100 of The Children and Families Act 2014 places a duty on *the governing body of these schools* to make arrangements for supporting children at their premise with medical conditions. The Department of Education have produced statutory guidance 'Supporting Pupils with Medical Conditions' and we will have regard to this guidance when meeting this requirement.

We will endeavour to ensure that children with medical conditions are properly supported so that they have full access to education, including school trips and physical education. The aim is to ensure that all children with medical conditions, in terms of both their physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

It is our policy to ensure that all medical information will be treated confidentially by the Headteacher and staff. All administration of medicines is arranged and managed in accordance with the Supporting Pupils with Medical Needs document. All staff have a duty of care to follow and co-operate with the requirements of this policy.

Where children have a disability, the requirement of the Equality Act 2010 will apply. Where children have an identified special need, the SEN Code of Practice will also apply.

We recognise that medical conditions may impact social and emotional development as well as having educational implications.

Key Roles & Responsibilities

The Governing Body is responsible for:

Making arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented. They should ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life. Governing bodies should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. They should 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.

The Headteacher is responsible for:

Ensuring that their school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. Headteachers should ensure that all staff who need to know are aware of the child's condition. They should also ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose. Headteachers have overall responsibility for the development of individual healthcare plans. At Scantabout Primary School the Inclusion Leader/DHT has the aforementioned tasks delegated to them, which the Headteacher will monitor.

They should also make sure that school staff are appropriately insured (as a maintained school staff are insured through Hampshire County Council) and are aware that they are insured to support pupils in this way. They should 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.

Teachers and Support Staff are responsible for:

Providing support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach. School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

The Administration Team are responsible for:

Sending out an annual health questionnaire to parents/carers and ensuring the Headteacher & Inclusion Leader are formally informed of the medical needs of all pupils and updating information in SIMs, register packs and on relevant notice boards with current photographs. On starting school and where children join mid-year or out of phase they are responsible for gathering the above information and formally informing the Head Teacher and Inclusion Leader.

The School Link Nurse:

The School Link Nurse, may notify 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 would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training. School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs - for example, there are good models of local specialist nursing teams offering training to local school staff, hosted by a local school. Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition.

Local Arrangements

Identifying children with health conditions

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

We will aim to identify children with medical needs on entry to the school by working in partnership with parents/ carers and following the process outlined in the document 'Process for identifying children with a health condition' produced by the Southern Health School Nursing Team in conjunction with the Children's Services Health and Safety Team. We will use the 'Health Questionnaire for Schools' to obtain the information required for each child's medical needs to ensure that we have appropriate arrangements in place prior to the child commencing at the school to support them accordingly. From 2019, the school will move towards an electronic system for gathering information.

Procedures will be put in place to cover any transitional arrangements between schools, for reintegration of pupils to school following hospital admittance or when pupils' needs change. Arrangements will be made for any necessary staff training or support. For children who are starting at the school, arrangements should be in place in time for the start of the relevant school term. In other cases, such as a new diagnosis or children moving to a new school mid-term, every effort will be made to ensure that arrangements are put in place within two weeks of the child starting the school.

Where a formal diagnosis is awaited or is unclear, we will plan to implement arrangements to support the child, based on the current evidence available for their condition. We will ensure that every effort is made to involve some formal medical evidence and consultation with the parents.

Individual health care plans

Parents and carers 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 would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training. School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs - for example, there are good models of local specialist nursing teams offering training to local school staff, hosted by a local school. Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition

Other healthcare professionals, including GPs and paediatricians – should notify the school nurse when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing healthcare plans. Specialist local health teams may be able to provide support in schools for children with particular conditions (eg asthma, diabetes, epilepsy).

We recognise that Individual Healthcare Plans are recommended in particular where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and are likely to be helpful in the majority of other cases, especially where medical conditions are long term and complex. However, not all children will require one. The school, healthcare professional and parent will agree based on evidence when a healthcare plan would be inappropriate or disproportionate.

Where children require an individual healthcare plan it will be the responsibility of *the* Inclusion Leader/DHT to work with parents and relevant healthcare professionals to write the plan.

A healthcare plan (and its review) may be initiated in consultation with the parent/carer, by a member of school staff or by a healthcare professional involved in providing care to the child. The Admin/ healthcare team will work in partnership with the parents/carer, and a relevant healthcare professional eg. school, specialist or children's community nurse, who can best advise on the particular needs of the child to draw up and/or review the plan. Where a child has a special educational need identified in a statement or Educational Health Care (EHC) plan, the individual healthcare plan will be linked to or become part of that statement or EHC plan.

We may also refer to the flowchart contained within the document 'Process for identifying children with a health condition' for identifying and agreeing the support a child needs and then developing the individual healthcare plan.

We will use the individual healthcare plan template produced by the DfE to record the plan.

If a child is returning following a period of hospital education or alternative provision (including home tuition), that we will work with Hampshire County Council and education

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

The school will review all plans at least annually at the end of the summer term prior to transition to the new class and also if something changes prompting such a review. All plans will be monitored by the admin/ healthcare team to ensure they are up to date.

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

- *the medical condition, its triggers, signs, symptoms and treatments*
- *the pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues eg crowded corridors, travel time between lessons;*
- *specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;*
- *the level of support needed (some children will be able to take responsibility for their own health needs) including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;*
- *who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable; who in the school needs to be aware of the child's condition and the support required;*
- *arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours;*
 - *separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, eg risk assessments;*
- *where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and*
- *what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.*

Staff training

Staff must not administer prescription medicines or undertake any health care procedures without the appropriate training or competency briefings (updated to reflect any individual healthcare plans).

All new staff will be inducted on the policy when they join the school through the induction process. Records of this induction will be stored in staff personnel files and a note made of the schools training record.

All nominated staff will be provided awareness training on the school's policy for supporting children with medical conditions which will include what their role is in implementing the policy. This training will be carried out annually. Staff will be briefed on the policy annually.

We will retain evidence that staff have been provided the relevant awareness training on the policy by signature sheets and through a spreadsheet maintained by the office staff.

Where required we will work with the relevant healthcare professionals to identify and agree the type and level of training required and identify where the training can be obtained from. This will include ensuring that the training is sufficient to ensure staff are competent and confident in their ability to support children with medical conditions. The training will include preventative and emergency measures so that staff can recognise and act quickly when a problem occurs and therefore allow them to fulfil the requirements set out in the individual healthcare plan.

Any training undertaken will form part of the overall training plan for the school and refresher awareness training will be scheduled at appropriate intervals agreed with the relevant healthcare professional delivering the training.

A 'Staff training record– administration of medicines' form will be completed to document the type of awareness training undertaken, the date of training and the competent professional providing the training.

The child's role

Where possible and in discussion with parents, older children in Year 5 & 6, in preparation for secondary school, that are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be recorded in their individual healthcare plan. The healthcare plan will reference what will happen should a child who self-administers refuse to take their medication (this will normally be informing the parent/carer at the earliest opportunity). Where parents of younger children request that their child take responsibility for managing their own medicines and procedures, this will be discussed in conjunction with the school nursing team. As a general rule

Managing medicines on School Premises

The administration of medicines is the overall responsibility of the parents/carers. Where clinically possible we will encourage parents to ask for medicines to be prescribed in dose frequencies which enable them to be taken outside of school hours. However, the *headteacher* is responsible for ensuring children are supported with their medical needs whilst on site, therefore this may include managing medicines where it would be detrimental to a child's health or school attendance not to do so.

We will not give prescription or non-prescription medicines to a child under 16 without their parent's/carers written consent (a 'parental agreement for setting to administer medicines' form will be used to record this), except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, we will make every effort to encourage the child or young person to involve their parents while respecting their right to confidentiality.

The school holds a small stock of the following 'home remedies' :

- Calpol;
- Piriton Liquid

Where a child becomes ill during the day and would benefit from a home remedy, the Head Teacher or Deputy Head Teacher will ensure that parents are contacted and asked to give permission for a home remedy to be given. A consent form will be sent out annually and on joining the school, to ask parents' permission for the school to do so.

A documented tracking system to record all medicines received in and out of the premises will be put in place. The tracking system used is The Children's Services Medication Tracking Form could be used for this purposes.

The name of the child, dose, expiry and shelf life dates will be checked before medicines are administered.

On occasions where a child refuses to take their medication the parents will be informed at the earliest available opportunity. This will be recorded on the Medication Tracking Form.

We will only accept prescribed medicines that are in date, labelled, provided in the original container as dispensed by the pharmacist and include instructions for administration, their

dosage and storage. Insulin is the exception, which must still be in date but will generally be available to schools inside an insulin pen or a pump, rather than its original container.

Within the school, inhalers are kept in a labelled box within the classroom which will be readily accessible and clearly marked with the child's name. Year 5/6 children who are able to use their own inhalers themselves are encouraged to carry it with them. This will be discussed with parents/carers and documented in the child's care plan or asthma plan. A spare inhaler and spacer is available in a labelled non-locked box within the office.

Controlled drugs will be securely stored in a non-portable container which only named staff will have access to. We will ensure that the drugs are easily accessible in an emergency situation. A record will be kept of any doses used and the amount of the controlled drug held in school. There may be instances where it is deemed appropriate for a child to administer their own controlled medication. This would normally be at the advice of a medical practitioner. Where an individual child is competent to do so and following a risk assessment, we may allow them to have prescribed controlled drugs on them with monitoring arrangements in place.

We will only administer non-prescribed medicines on request from the parent if they are in clearly identifiable packaging and only on a short term basis (Where the school have concerns they will seek further guidance from their link School Nurse).

We will never administer aspirin or medicine containing Ibuprofen to any child under 16 years old unless prescribed by a doctor.

All other pain relief medicine will not be administered without first checking maximum dosages and when previously taken. We will always inform parents.

Any homeopathic remedies to be administered will require a letter of consent from the child's doctor and will be administered at the discretion of the Head teacher.

Emergency medicines will be stored in a safe location but not locked away to ensure they are easily accessible in the case of an emergency.

Types of emergency medicines may include:

- Injections of adrenaline for acute allergic reactions
- Inhalers for asthmatics
- Injections of Glucagon for diabetic hypoglycaemia

Other emergency medication ie. Rectal diazepam or Buccal Midazolam for major seizures will be stored in accordance with the normal prescribed medicines procedures (see storage section).

Storage

All medication other than emergency medication will be stored safely in a locked cabinet, where the hinges can not be easily tampered with and can not be easily removed from the premise.

Where medicines need to be refrigerated, they will be stored in *the staff refrigerator* in a clearly labelled container. There must be restricted access to a refrigerator holding medicines.

Children will be made aware of where their medicines are at all times and be able to access them immediately where appropriate. Where relevant they should know who holds the key to the storage facility.

Medicines such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to children and not locked away. We will also ensure that they are readily available when outside of the school premises or on school trips.

Storage of medication whilst off site will be maintained at steady temperature and secure. There will be appropriately trained staff present to administer day to day and emergency medication and copies of individual health care plans will be taken off site to ensure appropriate procedures are followed.

Disposal

It is the responsibility of the parents/carers to dispose of their child's medicines. It is our policy to return any medicines that are no longer required including those where the date has expired to the parents/carers. Parents/carers will be informed of this when the initial agreements are made to administer medicines. Medication returned to parent/ carers will be documented on the tracking medication form.

Sharps boxes will be in place for the disposal of needles; this will be stored in the school office. Collection and disposal of these will be arranged locally through the parents of the child who will remove them from site *on a regular basis (as agreed with the school)*.

Medical Accommodation

The main school Office area and library area will be used for all medical administration/treatment purposes. The room will be made available when required. If privacy is required, the music room or Deputy Head Teacher's office can be used for this purpose.

Record keeping

A record of what has been administered including how much, when and by whom, will be recorded on a 'record of prescribed medicines' form. The form will be kept on file. Any possible side effects of the medication will also be noted and reported to the parent/carers.

Emergency Procedures

The school will use template F: Contacting Emergencies Services form (Appendix D in the Supporting Pupils with Medical Conditions Guidance document)

Where a child has an individual healthcare plan, this will clearly define what constitutes an emergency and provide a process to follow. Relevant staff will be made aware of the emergency symptoms and procedures. We will ensure other children in the school know what to do in the event of an emergency ie. informing a teacher immediately if they are concerned about the health of another child.

Where a child is required to be taken to hospital, a member of staff will stay with the child until their parents arrives, this includes accompanying them to hospital by ambulance if necessary (taking any relevant medical information, care plans etc that the school holds).

Day trips/off site activities

We will ensure that teachers are aware of how a child's medical condition will impact on their participation in any off site activity or day trip, but we will ensure that there is enough flexibility for all children to participate according to their own abilities with in reasonable adjustments.

We will consider what reasonable adjustments we might make to enable children with medical needs to participate fully and safely on visits. Where needed, we will carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. We will consult with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely.

Unacceptable practice

It is not generally acceptable practice to:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents; or ignore medical evidence or opinion (although this may be challenged);
- 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 the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable (where it is not possible to escort a child, then the supervising adult will use the school's help card system to notify the school office; at lunchtimes staff will use the school's walkie-talkie's to contact an adult inside);

- penalise children for their attendance record if their absences are related to their medical condition, eg. hospital appointments; however the school may ask for copies of appointment letters/schedules
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- 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; or
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips eg. by requiring parents to accompany the child.

Liability and Indemnity

Staff at the school are indemnified under the County Council self insurance arrangements. The County Council's is self insured and have extended this self insurance to indemnify school staff who have agreed to administer medication or under take a medical procedure to children. To meet the requirements of the indemnification, we will ensure that staff at the school have parents permission for administering medicines and members of staff will have had training on the administration of the medication or medical procedure.

Complaints

Should parents or children be dissatisfied with the support provided they can discuss their concerns directly with the Headteacher. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

Signature of Responsible

Manager/Headteacher:

Chair of Governors:

Date:

March 2019

Standard Risk Assessment:

Appendix B

Activity	Administration of Medicines	Date of Assessment	31 st January 2018 initial
Location	Scantabout Primary School	Date of Review	16 th April 2018; then March 2019 – three yearly after that (unless required)
Name of Risk Assessor	Tina Thomas	Risk assessment subject to.	Management of Health and Safety at Work Regulations

This risk assessment template can be used for specialist areas where a model template does not exist. .

Instructions for Use: This blank risk assessment should be used for any area where there is not already a template risk assessment in place. You will need to ensure that you have identified the common hazards and recognised those people who could be at risk and whether they have any individual requirements. Consider all of the standard controls i.e. those things you need to do to reduce the risk and then confirm all of the standard controls are in place. Check if there is anything further that you may need to do. If all of these components are completed the level of risk for these hazards will have been reduced to the lowest acceptable level. An action plan should be completed if further mitigation is required following the assessment.

Original risk assessments must be kept for a period of 7 years. On completion a hard copy should be printed off and placed in your local/site health and safety folder.

This document should be filed under Hantsfile under Health and Safety Risk Assessment

Standard Risk Assessment:

Administration of Medicines Risk Assessment Guidance

The Supporting Pupils with Medical Needs document produced by the DfE and published in September 2014 for implementing into schools, includes the provision of administration of medicines to pupils.

The school Governors must ensure that a local policy on supporting pupils with medical needs is produced and implemented in the school.

This risk assessment should be completed as part of the process to assist in identifying the specific hazards and control measure that need to be put in place to ensure medication is administered, managed and stored safely and effectively in schools by competent staff.

The hazards and controls measures have been entered into the form however, schools must ensure that they complete the second box titled “Who Might be Harmed and How” by identifying who at the school may be harmed by the hazard, eg. children with medical needs and in same box you should be considering how they might be harmed, ie. what the risk is from the identified hazard and enter this information into the same box.

You must then review the control measures that have already been entered in to the third box and enter into the box titled “Do you need to do anything else to manage the risk” any further measures that need to be implemented locally to ensure that the control measures are met and therefore the risk reduced to a manageable level. If anything else is identified locally to manage the risk the following boxes “Action by Whom”, “Action by When” and “Done” must also be completed. The information should then be transferred onto the action plan at the end of the risk assessment form and used as a live document until all actions have been completed.

An example has been entered in it’s entirety to demonstrate how to completed the form correctly. If this process is followed for all the identified hazards correctly the level of risk should be reduced to lowest possible point.

Once the risk assessment is complete and to ensure that is effective it should be shared with all relevant staff and reviewed periodically.

Standard Risk Assessment:

What are the hazards?	Who might be harmed and how?	What are you already doing?	Do you need to do anything else to manage this risk?	Action by whom?	Action by when?	Done
<u>Policy/Procedures</u>						
Lack of policy/procedures	Pupils incorrect medical treatment, lack of treatment	Local administration of medicines policy documented for premises	Distribute revised risk assessment and policy to staff	HT	Completed by June 2018	Y
Lack of clarity and staff awareness of policy and procedures	Medication incorrect leading to long and short term effects	Administration of medicines policy provided to staff at induction and periodically thereafter	Refresher training provided for AO on Managing Needs of Pupils with Medical Conditions	AO	By March 2018	Y
Failure to follow policy/procedures		Investigation procedure in place in the event of failure e.g. refresher training, disciplinary procedures or review of policy Head teacher trained as Accident Investigator				

Standard Risk Assessment:

What are the hazards?	Who might be harmed and how?	What are you already doing?	Do you need to do anything else to manage this risk?	Action by whom?	Action by when?	Done
Training						
Lack of awareness training to safely administer medicines e.g. asthmas, epi-pen etc.	Pupils incorrect medical treatment, lack of treatment	Periodic awareness training provided for medical conditions such as asthma or epi-pen etc. by a competent person	Epipen training and Asthma training booked for the autumn term;	HT	November 2018 – renewal	Y
Lack of awareness training in control and storage of medication	Medication incorrect leading to long and short term effects	Induction awareness training on local storage procedures and periodic refresher information provided (annually) to relevant staff e.g. policy/procedures	4 members of staff are trained in Administration of Medicines;	AO	Completed April 2018	Y
Lack of specific awareness training to meet individual needs of children on the premises	Over dosing or underdoing	Questionnaire (provided by School Nursing Team) to be completed by parents/guardian for pupils on admission to school to ensure medical needs are identified	AO to set up training spreadsheet to be updated termly	AO	Updated January 2019	Y
	Pupils at risk of needle stick injuries and taking medicines/drugs that are not there's	Periodic training provided for specific medical conditions by competent person e.g. school nurse or other medical professional			By July 2018	

Standard Risk Assessment:

What are the hazards?	Who might be harmed and how?	What are you already doing?	Do you need to do anything else to manage this risk?	Action by whom?	Action by when?	Done
<p><u>Administration</u></p> <p>Incorrect dosage given</p> <p>Incorrect pupil given medication</p> <p>Out of date medication administered</p>	<p>Pupils over dosing or underdoing</p> <p>Pupils incorrect medical treatment, lack of treatment</p> <p>Medication incorrect leading to long and short term effects</p> <p>Over dosing or underdoing</p>	<p>Medication to be provided in the original container/labelled with the name of the appropriate pupil and dose required</p> <p>Local procedure for checking name and dosage on medication prior to administration</p> <p>Part of local procedure should be to review expiry date prior to administering medication</p>	<p>4 members of staff are trained in Administration of Medicines;</p>	<p>AO</p>	<p>Completed April 2018</p>	<p>Y</p>

Standard Risk Assessment:

What are the hazards?	Who might be harmed and how?	What are you already doing?	Do you need to do anything else to manage this risk?	Action by whom?	Action by when?	Done
<p><u>Controlled</u> <u>Drugs/drugs that may impact on wellbeing of others</u></p> <p>Dependent on drug</p>	<p>Pupils and adults through access to incorrect or drugs dangerous to them</p>	<p>Only trained staff to administer medication</p>	<p>Office staff/classroom to inform HT & DHT if controlled drug or drug which may cause issues for other are on site – risk assessment to be completed on arrival and consultation with school nursing team sought</p>	<p>Office staff/staff receiving medicine</p>	<p>On going</p>	

Standard Risk Assessment:

What are the hazards?	Who might be harmed and how?	What are you already doing?	Do you need to do anything else to manage this risk?	Action by whom?	Action by when?	Done
<p>Storage</p> <p>No locked cabinet or room in use/available prescribed medicines and controlled drugs not locked away e.g. stored in pigeonholes</p> <p>No secure refrigerator available/in use</p> <p>Medicines not in original containers or clearly labelled</p> <p>Emergency medicines locked away</p>	<p>Pupils may access medication;</p> <p>Medication not available if pupil needs</p> <p>Pupils incorrect medical treatment, lack of treatment</p> <p>Medication incorrect leading to long and short term effects</p> <p>Over dosing or underdoing</p>	<p>Locked cabinet (not easily removable) or lockable room for use of storing all medication</p> <p>Refrigerator is used medicine must be stored in a separate sealed container and clearly labelled</p> <p>Medicines to be provided in the original container labelled with the name of the appropriate pupil</p> <p>All emergency medicines (asthma inhalers, epi-pens etc.) readily available and not locked away.</p>	<p>Reminder to parents that all medication, including inhalers and epi-pens must be in original box and that parents must provide measuring spoon/device</p>	<p>AO/AA</p> <p>In newsletter and when parents bring in – SLT to be informed if this is not happening</p>	<p>In newsletter by May</p> <p>AO – then ongoing</p>	<p>Y</p>

Standard Risk Assessment:

What are the hazards?	Who might be harmed and how?	What are you already doing?	Do you need to do anything else to manage this risk?	Action by whom?	Action by when?	Done
<p>Consent</p> <p>Lack of parents consent</p> <p>Inappropriate person providing consent</p> <p>Limited information on consent form (leading to lack of clarity)</p> <p>Formal consent forms not used</p>	<p>Medication not available if pupil needs</p> <p>Pupils incorrect medical treatment, lack of treatment</p> <p>Medication incorrect leading to long and short term effects</p> <p>Over dosing or underdoing</p>	<p>Parental consent forms to be completed using standard template, provided by department and fully completed by a parent or guardian of child only, providing all relevant information requested</p>	<p>Template checked and updated if needed</p>	<p>AO by</p>	<p>by March 2018</p>	<p>Y</p>

Standard Risk Assessment:

What are the hazards?	Who might be harmed and how?	What are you already doing?	Do you need to do anything else to manage this risk?	Action by whom?	Action by when?	Done
<p>Health Care Plans</p> <p>School unaware that child has health issues requiring monitoring in school</p> <p>No health care plans in place</p> <p>Lack of involvement of family and health care professionals</p> <p>Lack of awareness of health care plan by relevant staff</p>	<p>Pupils receiving incorrect medical treatment</p>	<p>Process in place for identifying a child who has health issues that require monitoring in school i.e. identifying Children with Health Conditions questionnaire</p> <p>A health care plan must be devised when required in conjunction with appropriate medical practitioner, parents, guardian and Headteacher using standard forms provided by department</p> <p>Health care plans to be provided to all relevant staff</p>	<p>Questionnaire re-issued and SIMs updated;</p> <p>Issued annually to all parents</p> <p>(NB the school is moving to SIMs Lite so that parents can update HCPs electronically)</p>	<p>Office</p> <p>Office</p>	<p>By March 2018</p> <p>September 2018 then annually</p>	<p>Y</p>

Standard Risk Assessment:

What are the hazards?	Who might be harmed and how?	What are you already doing?	Do you need to do anything else to manage this risk?	Action by whom?	Action by when?	Done
<p><u>Record Keeping and Communication</u></p> <p>No record of medicines being administered</p> <p>No tracking system for medication received in and out of premise</p>	<p>Pupils receive incorrect medication</p>	<p>Recording forms to be used when medication is administered, which includes information such as parent consent forms, record of prescribed medicines given to a child, staff training awareness record forms</p> <p>Tracking system to be implemented to log when medication is received in and out of premises. This is to be used for every medication administered</p> <p>Tracking system should include the expiry date for medication to enable periodical checks to be carried out, unless another system has been implemented</p> <p>Procedure in place to check with parents when expiry dates are exceeded</p>	<p>Tracking system</p>	<p>AO</p>	<p>January 2018</p>	<p>Y</p>

Standard Risk Assessment:

What are the hazards?	Who might be harmed and how?	What are you already doing?	Do you need to do anything else to manage this risk?	Action by whom?	Action by when?	Done
		Reminder system in place for informing parents of their responsibility of ensuring medication is not expired e.g. newsletter	AO to add periodically to newsletter	AO	June 2018	Ongoing
<p><u>Disposal of Medication</u></p> <p>Medication not disposed of responsibly</p>	Pupils from out of date medication	<p>Office do periodic checks</p> <p>Parents responsibility to safely dispose of medication school has returned to parent</p>				

Standard Risk Assessment:



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APPENDIX D

Templates

**Supporting pupils with medical
conditions**

May 2014

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Introduction

In response to requests from stakeholders during discussions about the development of the statutory guidance for supporting pupils with medical conditions, we have prepared the following templates. They are provided as an aid to schools and their use is entirely voluntary. Schools are free to adapt them as they wish to meet local needs, to design their own templates or to use templates from another source.

Template A: individual healthcare plan

Name of school/setting

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Phone no.

Who is responsible for providing support in school

--

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

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

Daily care requirements

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

Arrangements for school visits/trips etc

Other information

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

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

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

Template B: parental agreement for setting to administer medicine

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

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

Medicine

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

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____

Date _____

Template C: record of medicine administered to an individual child

Name of school/setting	
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature _____

Signature of parent _____

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

C: Record of medicine administered to an individual child (Continued)

Date

Time given

Dose given

Name of member of staff

Staff initials

Date

Time given

Dose given

Name of member of staff

Staff initials

Date

Time given

Dose given

Name of member of staff

Staff initials

Date

Time given

Dose given

Name of member of staff

Staff initials

Template E: staff training record – administration of medicines

Name of school/setting

Name

Type of training received

Date of training completed

Training provided by

Profession and title

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____

Template F: contacting emergency services

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

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

1. your telephone number
2. your name
3. your location as follows [insert school/setting address]
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone

Template G: model letter inviting parents to contribute to individual healthcare plan development

Dear Parent

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 pupils at school with medical conditions for your information.

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

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

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

Yours sincerely



Department
for Education

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APPENDIX E

Please complete the questionnaire below and return it to school

It is important that all children with medical conditions are supported to make sure that they are able to access their education. Some children with medical conditions may need care or medication to manage their health condition and to keep them well during the school day. Could you please complete the questionnaire below and return it to school as soon as possible so that we are able to assess your child's health needs and make arrangements to support them if necessary. In order to ensure that any medical needs are appropriately met in school we may need to discuss your child's health with the School Nursing service or another health professional who is involved in your child's care.

Name of child Date of Birth

Home Address.....

Does your child have a medical condition/ health concern?

YES NO

If YES please give details

Does your child have a medical condition/health concern that needs to be managed during the school day?

YES NO

If YES please give details

Does your child take medication during the school day?

YES NO

If YES please give details

Does your child have a health care plan that should be followed in a medical emergency?

YES NO

If YES please give details

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the school to discuss this information with the School Nursing service or other health professionals who are involved in my child's care.

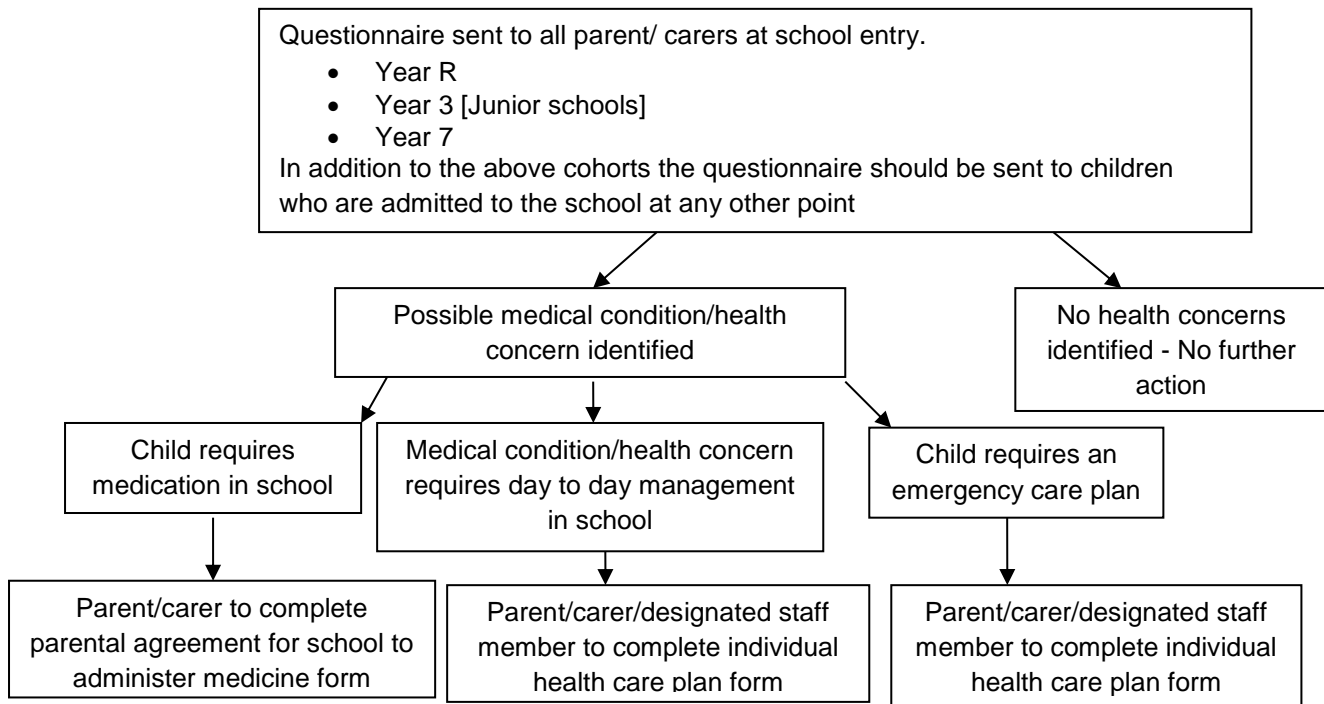
Signature(s) _____ Print Name _____
[Parent/ Carer with parental responsibility]

Date _____ Contact number _____

APPENDIX F

Suggested process for identifying children or young people with a medical condition that may require support in school

Not all children with a health condition will require a health care plan in school however the form will help schools to ascertain which children require support. In addition to this schools may be informed at any other point by a parent or health professional if a child is newly diagnosed with a health condition.



Please see sample flowchart below from the Supporting pupils with medical conditions guidance

