Thistly Meadow Primary School SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY (INCLUDING ADMINISTRATION OF MEDICINES)

THISTLY MEADOW PRIMARY SCHOOL

SUPPORTING PUPILS WITH MEDICAL CONDITIONS (INCLUDING ADMINISTRATION OF MEDICINES)

Thistly Meadow Primary School wishes to ensure that pupils with medical conditions receive appropriate care and support at school. All pupils have an entitlement to a full time curriculum as much as their medical condition allows. This policy has been developed in line with the Department for Education's statutory guidance released in April 2014 – "Supporting pupils at school with medical conditions" under a statutory duty from section 100 of the Children and Families Act 2014. The statutory duty came into force on 1st September 2014.

This policy should be read in conjunction with the *Special Educational Needs and Disability (SEND) policy* and the school's *Accessibility plan.*

Aim of the policy

To ensure pupils at school with medical conditions, in terms of both physical and mental health, are properly supported so they can play a full and active role in school life, remain healthy and achieve their academic potential.

To ensure the needs of children with medical conditions are effectively supported in consultation with health and social care professionals, their parents and the pupils themselves.

Procedure

The Head teacher is responsible for ensuring that whenever the school is notified that a pupil has a medical condition:

- sufficient staff are suitably trained
- all relevant staff are made aware of a child's condition
- cover arrangements in case of staff absence/turnover is available
- supply teachers are briefed
- risk assessments for visits and activities are carried out
- individual healthcare plans are monitored (at least annually)
- transitional arrangements between schools are carried out
- if a child's needs change, the above measures are adjusted accordingly

Where children are joining Thistly Meadow at the start of a new academic year, these arrangements should be in place for the start of term. Where a child joins mid-term or a new diagnosis is given, arrangements should be in place as soon as possible, ideally within two weeks.

Educational Health Care plan (EHCP)

A child may have an EHCP (the new statement of educational needs) that may incorporate the need for specialist medicines.

Individual Healthcare Plans (IHP)

An IHP is direction for managing emergency or specialist medicines.

Any pupil with a medical condition requiring medication or support in school should have an IHP drawn up with the parents and health professionals (Appendix B) . It is crucial that parents inform the school office about any particular medical needs before a child is admitted or when a child first develops a medical need.

If the parents, the healthcare professional (s) and school SENCO agree that an individual healthcare plan is inappropriate or disproportionate, a record of the child's medical condition and any implications for the child will be kept in the school's pupil record.

The following information should be considered when writing an individual healthcare plan:

- the medical condition, its triggers, signs, symptoms and treatments
- the pupil's resulting needs, including medication and other treatments, times, facilities, equipment,
- testing, dietary requirements and environmental issues
- specific support for the pupil's educational, social and emotional needs
- the level of support needed including in emergencies
- who will provide support, their training needs, expectation of their role, confirmation of their proficiency and cover arrangements
- who in school needs to be aware of the child's condition and the support required
- arrangements for written permission from parents and the head teacher for medication to be administered by a member of staff or self-administered (children who are competent should be encouraged to take responsibility for managing their own medicines and procedures, with an appropriate level of supervision)
- 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
- confidentiality
- what to do if a child refuses to take medicine or carry out a necessary procedure
- what to do in an emergency, who to contact and contingency arrangements
- where a child has SEND but does not have an EHCP, their special educational needs should be mentioned in their IHP

Roles and responsibilities

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. The school will work collaboratively with any relevant person or agency to provide effective support for the child.

The Governing Body

- must make arrangements to support pupils with medical conditions and ensure this policy is developed and implemented
- must ensure sufficient staff receive suitable training and are competent to support children with medical conditions

- must ensure the appropriate level of insurance is in place and appropriately reflects the level of risk

The Head teacher

- should ensure all staff are aware of this policy and understand their role in its implementation
- should ensure all staff who need to know are informed of a child's condition
- should ensure sufficient numbers of staff are trained to implement the policy and deliver IHPs, including in emergency and contingency situations, and they are appropriately insured
- is responsible for the development of IHPs with the school SENCO
- should contact the school nursing service in the case of any child with a medical condition who has not been brought to the attention of the school nurse

School Staff

- any staff member may be asked to provide support to pupils with medical conditions, including the administering of medicines (although this is on a voluntary basis)
- should receive sufficient and suitable training and achieve the necessary level of competency before taking on the responsibility of supporting children with medical conditions
- any staff member should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help
- Each term a nominated member in school will check emergency medicines (salbutamol and epipens/antihistamines) are in date and note the expiry date to avoid expired medication during the term. There will be a clear audit trail of this (Appendix J)

School Nurses

- are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school
- may support staff on implementing a child's IHP and provide advice and liaison

Other healthcare professionals

- should notify the school nurse when a child has been identified as having a medical condition that will require support at school
- may provide advice on developing healthcare plans specialist local teams may be able to provide support for particular conditions (eg. Asthma, diabetes)

Pupils

- should, wherever possible, be fully involved in discussions about their medical support needs and contribute to, and comply with, their IHP

Parents

- must provide the school with sufficient and up-to-date information about their child's medical needs; they are the key partners and should be involved in the development and review of their child's IHP

- should carry out any action they have agreed to as part of the IHP implementation
- If medicines are prescribed as part of an IHP, parents/carers are responsible for ensuring medication given to the school is in date and providing the school with replacements **prior** to the expiry date.

School illness exclusions guidelines

Parents / carers are asked to ensure their child knows how to wash his/her hands thoroughly to reduce risk of cross-infection. School attendance could be improved for all if children and families wash and dry their hands well 5 or more times a day.

Parents are expected to adhere to the guidelines in Appendix A Health Protection for schools, nurseries and other childcare facilities, issued by Public Health England, in the event of their child contracting particular illnesses / conditions and exclude their children from school where as stated.

Unacceptable practice

The following practice is considered not acceptable:

- preventing children from easily accessing their medication and administering it when and where necessary
- assuming children with the same condition require the same treatment
- ignoring the views of the child, their parents and ignoring medical advice or opinion
- sending children with medical conditions home frequently or prevent them from staying for normal school activities (unless specified in an IHP)
- penalising children for their attendance record if their absences are related to their medical condition that is recognised under this policy
- preventing children from drinking, eating or taking toilet breaks whenever they need to in order to manage their medical condition effectively
- to require parents to attend school to administer medication or provide medical support to their child, including toileting issues (no parent should have to give up working because the school is failing to support their child's medical needs)
- preventing children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips

Specific conditions

Asthma

Asthma is recorded on a pupil's record on the SIMS database. All staff will be made aware of children will asthma. An asthma record card will be kept in the pupil's classroom (Appendix D).

When parents notify the school that their child has asthma, their child's SIMS record will be updated and an asthma record card completed by the parent and the child's doctor or asthma nurse.

Inhalers are kept with the children so that they are accessible at all times. Children that require a spacer will have it kept with their inhaler.

Parents should notify the school of any changes in the child's asthma and patterns of attacks and triggers.

Emergency Salbutomol inhalers

From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 allowed schools to keep a stock of salbutamol inhalers, for use in emergencies. Thistly Meadow Primary school will keep a small emergency stock of inhalers in the school office in the event that a child's inhaler is not available or is unusable. Parental consent will be required for this to be used in the event of an emergency (Appendix I).

All staff have received training in asthma awareness. Staff are aware of what can trigger an asthma attack, how to recognise an attack and what to do.

Anaphylaxis

When a parent notifies the school that their child requires the administration of anti-allergy medicine and/or an adrenaline auto-injector (EpiPen, Jext or Emerade) to be used to manage a severe allergic reaction (anaphylaxis), an Emergency Action Plan is to be completed. This will be signed by the parents/carers, Head teacher, Healthcare professional (s) and the volunteers (staff) who agree to administer the medicines.

Parents are responsible for ensuring that their child's adrenaline autoinjectors kept at school, have not gone out of date. An expiry date alert can be sent to parents by email or text by registering at www.jext.co.uk, www.epipen.co.uk or http://www.emerade-bausch.co.uk.

Current guidance from the Medicines and Healthcare Products Regulatory Agency (MHRA) is that anyone prescribed an adrenaline auto-injector should carry two of the devices at all times. In line with this guidance, the pre-school will require a parent to provide two adrenaline auto-injectors, one to be kept in the classroom with the child in a named orange bag with the child's photograph and one in the pre-school office. This guidance does not supersede this advice from the MHRA, that any spare adrenaline auto-injector (s) held by a school should be in addition to those already prescribed to a pupil (see below).

Medication and adrenaline auto-injector pens are kept in the pupil's classroom in a named orange bag, with the child's photograph and a spare kept in the school office in the Medical room.

Emergency Auto-Adrenaline injectors

From 1 October 2017 the Human Medicines (Amendment) Regulations 2017 allowed schools to buy adrenaline auto-injector (AAI) devices without a prescription, for emergency use in children who are at risk of anaphylaxis but their own device is not available or not working (e.g. because it is broken, or out-of-date). Thistly Meadow Primary school will keep a small emergency stock of AAI devices in the school office in the event that a child's AAI is not available or is unusable. Parental consent will be required for this to be used in the event of an emergency (Appendix H).

Training for Anaphylaxis

Staff will complete the online training recommended by the Diana Community Service, Leicestershire Partnership NHS Trust and the Anaphylaxis Campaign at https://www.allergywise.org.uk/ at the start of their employment with Thistly Meadow, if their role requires it and every three years therafter. Anaphylaxis training is also part of the paediatric first aid certification.

Photo displays around the school detail children's medical conditions. These are in the following locations:

- The school office
- The staff room
- The medical room
- School kitchen

A list of medical conditions is provided to each class teacher.

A list of First Aiders including those who are asthma and epipen trained are in the following locations:

- The school office
- The staff room
- Classrooms
- The Medical room

The school will ensure all inhalers, epipens and other medications are taken on school trips and a trained member of staff is available.

Epilepsy

Children with epilepsy have repeated seizures that start in the brain. An epileptic seizure, sometimes called a fit, turn or blackout can happen to anyone at any time. Seizures can happen for many reasons.

Epilepsy is a very individual condition, and every pupil with the condition will display different patterns and types of symptoms. In fact, the majority of children with epilepsy never have a seizure during the school day. It is because of this that it is particularly vital that a detailed individual health care plan is drawn up for every pupil with the condition. This plan should be written by the child's consultant or lead specialist and must have been written within the last year for it to be valid. In consultation with parents: and medical staff, it should set out the particular pattern of the child's epilepsy:

- what type of seizures the child has
- how long they last and what they look like
- what first aid is appropriate and how long a rest the child may need
- common triggers for the child's seizureshow often is medication taken, and what the likely side effects are
- whether there is any warning prior to the seizure, and if so, what form it takes
- what activities might the parents or doctor place limits on
- whether the child has any other medical conditions
- to what extent the child understands their condition and its treatment

If a child does experience a seizure in a school or setting, details should be recorded and communicated to parents including:

- any factors which might possibly have acted as a trigger to the seizure – e.g. visual/auditory stimulation, emotion (anxiety, upset)
- any unusual "feelings" reported by the child prior to the seizure
- parts of the body demonstrating seizure activity e.g. limbs or facial muscles
- the timing of the seizure – when it happened and how long it lasted
- whether the child lost consciousness
- whether the child was incontinent

This will help parents to give more accurate information on seizures and seizure frequency to the child's specialist.

Most children with epilepsy take anti-epileptic medicines to stop or reduce their seizures. Regular medicine should not need to be given during school hours. Any emergency medications may require appropriate training and advice will be sought from health professionals.

Children with epilepsy will be included in all activities. Extra care may be needed in some areas such as swimming or PE.

Staff can seek further guidance from http://www.youngepilepsy.org.uk/for-professionals/education-professionals

Administering medicines

We believe it to be important that parents should not send a child to school if he or she is unwell. If we believe a child is not well enough to be at school, we will contact their parent/carer and request they collect them from school.

Thistly Meadow Primary School will only administer medicines that form part of an IHP. Thistly Meadow Primary School will not administer medicines required for an acute condition, unless considered necessary to avoid complications to a medical condition documented in an IHP for the pupil.

If medicines such as antibiotics are prescribed and need to be taken up to 3 or 4 times a day, the expectation is that parents or carers will give these medicines outside of school hours and timing for dosages can be discussed with the child's GP. Parents should give careful consideration as to whether their child is well enough to be at school if they require medicine 4 times a day.

Legal Position

Any staff who agree to administer medicines to pupils in school do so on an entirely voluntary basis: there is no obligation on staff to volunteer to administer medicines.

Thistly Meadow Primary School acknowledges that staff who do agree to administer medicines are acting within the scope of their employment.

Negligence

"A head teacher and teachers have a duty to take such care of pupils in their charge as a careful parent would have in like circumstances, including a duty to take positive steps to protect their wellbeing" (Gower v London Borough of Bromley, 1999).

Parents who allege that a member of staff has acted negligently in the administration of medicines may bring a civil action against the school, which is vicariously liable for a breach of duty by the head teacher, teachers, other educational professionals and support staff they employ. In the event of a civil claim for negligence being issued against a member of staff as well as against the school, then the school will indemnify such a member of staff against any claim or action for negligence, provided that the member of staff has acted responsibly and to the best of his or her ability and in accordance with any training received from and endorsed by the school.

Criminal Liability

In very rare circumstances criminal liability may arise if a member of staff were to be grossly negligent, and as a result of such gross negligence the pupil died. This situation would only arise if the member of staff were reckless or indifferent to an obvious risk or serious injury or harm.

Non-Prescribed Medication

The school will not store or give medicines that have not been prescribed to a child (e.g. Calpol, Piriton or cough medicines). Parents need to make arrangements to come into school and administer these medicines if they are to be given.

Prescribed Medication

Prescribed medicine will not be administered by staff unless required by an IHP, clear written instructions to do so have been provided from the child's parents or carers, using the Administration of Medicines consent form (Appendix F) and the school has indicated that it is able to comply with these.

It must be understood that staff who are administering prescribed medicines are acting voluntarily. Medication will only be administered by staff who have received appropriate training.

The parents or carers must take responsibility for updating the school, in writing, with any changes in administration for routine or emergency medication by completing an Administration of Medicines consent form to the school office. The IHP will be revised accordingly.

All medicines must be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions. They must be clearly labelled with:

- Name of child
- Name of medicine
- Dose
- Method of administration
- Time/Frequency of administration
- Any side effects
- Expiry date.

Parents are responsible for maintaining an in-date supply of medication at school. All medicines must be collected by parents/carers by the end of each term.

Children are encouraged to take responsibility for their own medicine from an early age. A good example of this is children keeping their own asthma reliever. Parents or carers must complete a School Asthma card noting that the child will self-administer. The school will store the medicine appropriately.

All children who require medication to be given during school hours will be given clear instructions on where to report and who will be administering their medication, in order to prevent any error occurring.

A strict recording system is in place for the administration of all medication (Appendix I).

If a child refuses medication or treatment to be administered by school staff, then the school will:

- NOT force the child to take the medicine treatment
- If considered necessary, call an ambulance to get the child to hospital
- Inform the child's parent/carers immediately

Long term medication

With parent/carer permission, it is sometimes helpful and necessary to explain the use of medication to a number of pupils in the class in addition to the affected child so that peer support can be given.

Storage of medication

Emergency medication and reliever inhalers must follow the child at all times, including to the sports field, swimming pool, etc. Children may carry their own emergency treatment, but if this is not appropriate the medication will be kept by the teacher in charge. The school may hold spare emergency medication, if it is provided by the parents/carers, for use in the event that the child loses their medication. Until it becomes the emergency treatment, the spare medication will be kept securely in accordance with the procedures for the storage of non-emergency medicines.

All other medicines except emergency medication and inhalers will be held stored in a locked cabinet or secure fridge, as necessary.

Disposal of medication

Any unused or time expired medication will be handed back to the parent /carer of the child for disposal.

Injections

There are certain conditions (e.g. Diabetes Mellitus, bleeding disorders, or hormonal disorders) which are controlled by regular injections. Children with these conditions are usually taught to give their own injections, or the injections are required outside of the school day. Where this is not the case an IHP will need to be developed before the child joins the school, and training provided to staff who agree to administer the injections. The IHP must include agreed back up procedures in the event of the absence of trained staff. Special arrangements may also need to be considered in the event of school trips.

Emergency treatment

No emergency medication should be kept in school except that specified for use in an emergency for an individual child where an IHP is in place. Emergency medications must be clearly labelled with the child's name, action to be taken, delivery route, dosage and frequency.

In the event of the absence of all trained staff, parents/carers will be notified immediately and agreement reached on the most appropriate course of action.

If it is necessary to give emergency treatment, a clear written account of the incident will be recorded on the Leicestershire County Council Assessnet Accident and Incident reporting system and a copy will be given to the parents/carers of the child.

In all circumstances, if the school feels concerned they will call an ambulance.

a) When specifically prescribed under an IHP, a supply of antihistamines or pre-prepared adrenalin injection should be used if it is known that an individual child is hypersensitive to a specific allergen (e.g. wasp stings, peanuts, etc). Immediate treatment will be given before calling an ambulance.

b) A supply of "factor replacement" for injections, if specifically prescribed under an IHP, should be kept in school where it is required for a child suffering from a bleeding disorder. If injection is necessary it is usual for the child to be able to self-inject. If this is not the case the parents / carers will be contacted immediately. If contact cannot be made emergency advice will be taken from the Bleeding Disorders Clinic at Leicester Royal Infirmary (0116 258 6500) or an ambulance will be called.

c) For children who have repeated or prolonged fits and require the administration of rescue medication, if specifically prescribed under an IHP, a small supply of Buccal Midazolam or Rectal Diazepam may be kept in school for administration to a specifically identified child. Further documentation relating to the administration of these rescue medications is available on request from then school. Where any of these rescue medicines have been administered an ambulance will be called to take the child to the nearest hospital receiving emergencies, unless the parent/carer or a healthcare professional indicates otherwise and this is acceptable to the school.

d) A supply of glucose (gel, tablets, drink, food etc) for treatment of hypoglycaemic attacks should be provided by parents/carers of any child suffering from diabetes mellitus. If, aft after an initial recovery, a second attack occurs within 3 hours, the treatment will be repeated and the child taken to the nearest hospital receiving emergencies.

Educational visits

Any medical problems must by highlighted by parent/carers prior to their child's participation in an educational visit. Reference to the IHP should be made prior to the visit and any issues raised with the parent/carer or health professional so appropriate support can be arranged.

Where insurance cover is obtained by or through the school, medical conditions must be disclosed, otherwise insurance cover may be refused or be invalid.

A named person will be identified to supervise the storage and administration of all medication.

Where medication needs to be kept refrigerated, parents/carers may be asked to supply a cool box /bag and ice packs for use on educational visits.

Wherever possible children should carry their own reliever inhalers or emergency treatment but it is important that the named person is aware of this.

In the event that emergency medication or treatment is required whilst transporting a pupil, it may be deemed appropriate to stop and park the vehicle in the first instance, for safety reasons. A “999” call will then be made to summon emergency assistance.

Please also see the policy *Educational Visits.*

Advice on medical conditions

The Community Paediatrician or Nurse may be asked to give advice regarding medical conditions to the school. Parents/carers of children suffering for medical conditions, who require general information, are advised to seek advice from the GP, school health professionals (contact details available on request), or from the bodies detailed in Appendix F. These bodies can also supply leaflets regarding the conditions.

This document has been reviewed in line with current up to date legislation and with the support of the Health and Safety team, Leicestershire County Council and Leicestershire partnership groups/healthcare professionals.

Concerns

Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If this does not resolve the issue, they may make a formal complaint via the school’s complaints procedure.

UK Health Security Agency

HPECS guidance: Exclusion table

Infection	Exclusion period	Comments
Athlete's foot	None	Children should not be barefoot at their setting (for example in changing areas) and should not share towels, socks or shoes with others.
Chickenpox	At least 5 days from onset of rash and until all blisters have crusted over.	Pregnant staff contacts should consult with their GP or midwife.
Cold sores (herpes simplex)	None	Avoid kissing and contact with the sores.
Conjunctivitis	None	If an outbreak or cluster occurs, consult your local health protection team (HPT).
Respiratory infections including coronavirus (COVID-19)	Children and young people should not attend if they have a high temperature and are unwell. Children and young people who have a positive test result for COVID-19 should not attend the setting for 3 days after the day of the test.	Children with mild symptoms such as runny nose, and headache who are otherwise well can continue to attend their setting.
Diarrhoea and vomiting	Staff and students can return 48 hours after diarrhoea and vomiting have stopped.	If a particular cause of the diarrhoea and vomiting is identified, there may be additional exclusion advice, for example E. coli STEC and hep A. For more information, see Managing outbreaks and incidents.

Infection	Exclusion period	Comments
Diptheria*	Exclusion is essential. Always consult with your UKHSA HPT.	Preventable by vaccination. Family contacts must be excluded until cleared to return by your local HPT.
Flu (influenza) or influenza like illness	Until recovered	Report outbreaks to your local HPT. For more information, see Managing outbreaks and incidents.
Glandular fever	None	
Hand foot and mouth	None	Contact your local HPT if a large number of children are affected. Exclusion may be considered in some circumstances.
Head lice	None	
Hepititis A	Exclude until 7 days after onset of jaundice (or 7 days after symptom onset if no jaundice).	In an outbreak of hepatitis A, your local HPT will advise on control measures.
Hepatitis B, C, HIV	None	Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact. Contact your UKHSA HPT for more advice.
Impetigo	Until lesions are crusted or healed, or 48 hours after starting antibiotic treatment.	Antibiotic treatment speeds healing and reduces the infectious period.
Measles	4 days from onset of rash and well enough.	Preventable by vaccination with 2 doses of MMR. Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife.
Meningococcal meningitis* or septicaemia*	Until recovered	Meningitis ACWY and B are preventable by vaccination. Your local HPT will advise on any action needed.

Infection	Exclusion period	Comments
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. Your UKHSA HPT will advise on any action needed.
Meningitis viral	None	Milder illness than bacterial meningitis. Siblings and other close contacts of a case need not be excluded.
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise spread. Contact your UKHSA HPT for more information.
Mumps*	5 days after onset of swelling	Preventable by vaccination with 2 doses of MMR. Promote MMR for all pupils and staff.
Ringworm	Not usually required	Treatment is needed.
Rubella* (German measles)	5 days from onset of rash	Preventable by vaccination with 2 doses of MMR. Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife.
Scabies	Can return after first treatment.	Household and close contacts require treatment at the same time.
Scarlet fever*	Exclude until 24 hours after starting antibiotic treatment.	A person is infectious for 2 to 3 weeks if antibiotics are not administered. In the event of 2 or more suspected cases, please contact your UKHSA HPT.
Slapped cheek/Fifth disease/Parvovirus B19	None (once rash has developed)	Pregnant contacts of case should consult with their GP or midwife.
Threadworms	None	Treatment recommended for child and household.

Infection	Exclusion period	Comments
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need or respond to an antibiotic treatment.
Tuberculosis* (TB)	Until at least 2 weeks after the start of effective antibiotic treatment (if pulmonary TB. Exclusion not required for non-pulmonary or latent TB infection. Always consult your local HPT before disseminating information to staff, parents and carers.	Only pulmonary (lung) TB is infectious to others, needs close, prolonged contact to spread. Your local HPT will organise any contact tracing.
Warts and verrucae	None	Verrucae should be covered in swimming pools, gyms and changing rooms.
Whooping cough (pertussis)*	2 days from starting antibiotic treatment, or 21 days from onset of symptoms if no antibiotics	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local HPT will organise any contact tracing.

APPENDIX B

INDIVIDUAL HEALTHCARE PLAN

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	
Address	
Phone no.	

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

Is School Asthma card or an Emergency Action Plan (Anaphylaxis) required?

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, Personal Emergency Evacuation (PEEP)

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 *(name of Healthcare professional)*

Staff training needed/undertaken – who, what, when

Form copied to (please tick):

Parents Healthcare professional Pupil file SENCO

Parents must notify the school of any changes to the child's condition, medication etc immediately.

Signed Parent/Carer.....Name.....

Head teacher.....Name.....

Date.....

For school use only:

SIMs record
Medical conditions report
Medical conditions displays

APPENDIX C

Pupil Personal Emergency Evacuation Plan

Personal Emergency Evacuation Plan for a Pupil
School Name: ……..……. **Pupil Name:……** **Date of Birth: ……..**
Locations
(e.g. classroom, dining hall, gym, ICT suite, pool, toilet)
Pupil awareness of emergency evacuation procedures
Please detail: Is the youngster able to understand and follow instructions to evacuate? Does the youngster need adult support, if so who are the nominated adult(s)?
Signage
Are the signs which mark the emergency routes and exits clear? If not state possible issues:
Emergency Alarm
Can the pupil hear the alarm? **If not, is a visual alarm in place?**
Designated support staff in the event of an evacuation
Name: ……Location: …… **Name: ……Location: ……** **Name: ……Location: ……**

Assistance pupil requires in the event of an evacuation
Please detail assistance required from all possible areas, include assistance required on stairs, for wheelchair users detail any transfers etc.
Has all appropriate staff been made aware of the procedures and how they will be implemented?
Evacuation Procedure
A step by step account beginning from the alarm to safe evacuation. **Document the place of safety, note any additional resources, e.g. if the youngster is taken to a safe place away from the rest of the class, mobile phone, walkie - talkie to liaise with staff.**
Safe routes of evacuation
Detail on separate sheet if necessary, e.g. from location when the fire alarm sounds to assembly point/place of safety

Equipment needed for pupil to assist in the evacuation
E.g. Evacuation chair, transfer board
Training
E.g. Back management training, Evac Chair training, specialist equipment training.
Signed: …….. (Head Teacher) **Print Name: ……..** **Signed: ……..... (Parent/Carer)** **Print Name: ……..**

APPENDIX D

School Asthma Card

To be filled in by the parent/carer

Child's name

Date of birth D D M M Y Y

Address

Parent/carer's name

Telephone – home

Telephone – mobile

Email

Doctor/nurse's name

Doctor/nurse's telephone

This card is for your child's school. **Review the card at least once a year and remember to update or exchange it for a new one if your child's treatment changes during the year.** Medicines should be clearly labelled with your child's name and kept in agreement with the school's policy.

Reliever treatment when needed

For shortness of breath, sudden tightness in the chest, wheeze or cough, give or allow my child to take the medicines below. After treatment and as soon as they feel better they can return to normal activity.

Medicine	Parent/carer's signature

Expiry dates of medicines checked

Medicine	Date checked	Parent/carer's signature

What signs can indicate that your child is having an asthma attack?

Parent/carer's signature Date

D D M M Y Y

Does your child tell you when he/she needs medicine?

☐ Yes ☐ No

Does your child need help taking his/her asthma medicines?

☐ Yes ☐ No

What are your child's triggers (things that make their asthma worse)?

Does your child need to take medicines before exercise or play?

☐ Yes ☐ No

If yes, please describe below

Medicine	How much and when taken

Does your child need to take any other asthma medicines while in the school's care?

☐ Yes ☐ No

If yes please describe below

Medicine	How much and when taken

Dates card checked by doctor or nurse

Date	Name	Job title	Signature

What to do if a child is having an asthma attack

1. Help them sit up straight and keep calm.
2. Help them take one puff of their reliever inhaler (usually blue) every 30-60 seconds, up to a maximum of 10 puffs.
3. **Call 999 for an ambulance if:**
   - their symptoms get worse while they're using their inhaler – this could be a cough, breathlessness, wheeze, tight chest or sometimes a child will say they have a 'tummy ache'
   - they don't feel better after 10 puffs
   - you're worried at any time.
4. You can repeat step 2 if the ambulance is taking longer than 15 minutes.

Health & care information you can trust

asthma UK

Any asthma questions?
Call our friendly helpline nurses
0300 222 5800
(9am – 5pm; Mon – Fri)
www.asthma.org.uk

APPENDIX E

ADMINISTRATION OF MEDICINES - Parent/Guardian/Carer CONSENT FORM

To: Head teacher of ……School / Academy

From: Parent/Guardian of……Full Name of Child

DOB: ……My child has been diagnosed as having:……

……(name of condition)

He/she has been considered fit for school but requires the following prescribed medicine to be administered during school hours:…….(name of medication)

I consent/do not consent for my child to carry out self-administration (delete as appropriate)

Could you please therefore administer the medication as indicated above

…….(dosage) at…..(timed).....(intervals) Strength of medication: …….

With effect from…….Until advised otherwise.

The medicine should be administered by mouth/in the ear/nasally/other…….(delete as applicable)

- I consent/do not consent for my child to carry the medication upon themselves (delete as appropriate)
- I undertake to update the school with any changes in medication routine use or dosage.
- I undertake to maintain an in date supply of the prescribed medication.
- I understand that the school cannot undertake to monitor the use of self-administered medication carried by the child and that the school is not responsible for any loss of/or damage to any medication.
- I understand that if I do not allow my child to carry the medication it will be stored by the School and administered by staff with the exception of emergency medication which will be near the child at all times
- I understand that staff will be acting in the best interests of ……..(child's name) whilst administering medicines to children.

Signed:……Date:……..

Name of parent (please print)……

Contact Details: Home…….Work:…….Mobile:…….....

APPENDIX F

SOURCES OF HELP

Asthma at school – a guide for teachers Asthma Campaign Summit House 70, Wilson Street London EC2A 2DB Asthma Helpline	National Asthma Campaign www.asthma.org.uk Tel: 0845 701 0203
Guidance for teachers concerning Children who suffer from fits www.epilepsy.org.uk Helpline No: Freephone 0808 800 5050 www.helpline@epilepsy.org.uk 9am – 4.30pm 4pm on Fridays. Children, schools and families	Epilepsy Action The New Anstey House Gateway Drive Yeadon Leeds LS19 7XY
Guidelines for Infections (e.g. HIV, AIDS and MRSA)	Health Protection Agency Tel: 0844 225 4524
Haemophilia info@haemophilia.org.uk Mon – Fri 10-4pm Helpline 0800 018 6068	The Haemophilia Society First Floor Petersham House 57a Hatton Garden London EC1 8JG Tel: 020 7831 1020 Fax: 020 7405 4824
Allergies Anaphylaxis Campaign www.anaphylaxis.org.uk	The Anaphylaxis Campaign PO Box 275 Farnborough Hampshire GU14 6SX Help line 01252 542029
Thalassaemia www.ukts.org email: information or office@ukts.org	UK Thalassaemia Society 19 The Broadway Southgate Circus London N14 6PH Tel: 020 8882 0011 Fax: 020 8882 8618

Sickle Cell Disease info@sicklecellsociety.org Helpline 0800 001 5660 (24hrs)	The Sickle Cell Society 54 Station Road Harlesden London NW10 4UA Tel: 020 8961 7795 Fax: 020 8961 8346
Cystic Fibrosis and School (A guide for teachers and parents) www.cftrust.co.uk	Cystic Fibrosis Trust 11 London Road Bromley Kent BR1 1BY Tel: 020 84647211
Children with diabetes (Guidance for teachers and school staff) www.diabetes.org.uk	Leicester Royal Infirmary 9 am – 5 pm Diabetes Office 0116 2586796 Diabetes Specialist Nurses 0116 2587737 Consultant Paediatric
Diabetes Careline	Tel: 0845 1202960
Insurance Section Leicestershire County Council • Additional insurance • Concerns	Contacts: - David Marshall-Rowan – 0116 305 7658 James Colford – 0116 305 6516
County Community Nursing Teams: • Information on School nurses East Region – Market Harborough/Rutland/Melton West Region – Hinckley/Bosworth/Charnwood	East Region – Contact: Hinckley based Penny Parry 01455 441883 Locality managers: Maureen Curley Jane Sansom West Region – Contact Barrow on Soar based Sally Kapasi 01509 410230 Locality managers: Chris Davies Teresa Farndon

APPENDIX G

THISTLY MEADOW PRIMARY SCHOOL

PARENT/CARER CONSENT FORM

USE OF EMERGENCY SALBUTAMOL INHALER

Child showing symptoms of asthma / having asthma attack

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler [delete as appropriate].

2. My child has a working, in-date inhaler, clearly 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: ……..

APPENDIX H

THISTLY MEADOW PRIMARY SCHOOL

PARENT/CARER CONSENT FORM

USE OF EMERGENCY ADRENALINE AUTO-INJECTOR

Child showing symptoms of anaphylaxis

1. I can confirm that my child has been diagnosed with anaphylaxis and has been prescribed an adrenaline auto-injector

2. My child has a working, in-date adrenaline auto-injector, clearly labelled with their name, which they will bring with them to school every day.

3. In the event of my child displaying symptoms of anaphylaxis, and if their adrenaline auto-injector is not available or is unusable, I consent for my child to receive an adrenaline auto-injector held by the school for such emergencies.

Signed: ……Date: …….

Name (print)……..

Child's name: ……..

Class: …….

APPENDIX I

Thistly Meadow Primary School

Medicines administered log

This log should be completed by the person administering medication according to parent instructions.

Name of pupil:…… Class……

Date	Time	Name of Medication	Tick when checked (√)				*Comments*	Name of staff *(Please print & initial)*
			Right Child	Right Medication	Right Dose	Right Route *(oral/inhaled)*		

APPENDIX J

Medicines check

Thistly Meadow Primary School

Each term a nominated member of staff will check emergency medicines are in date and note the expiry date to avoid expired medication during the term. Complete a separate sheet for each medication.

Name of pupil:…… Class……

Date	Name of Medication	Expiry date	Name of staff *(Please print & initial)*

Version	Date	Comment
V5	Date created: 7.5.2023 Review date: May 26	