



Supporting Children with Medical Conditions and Managing Medicines Policy

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Headteacher	Sign and Date	
Chair of Governing Board	Sign and Date	

Contents

1. Aims.....	4
2. Legislation and statutory responsibilities.....	4
3. Roles and responsibilities.....	5
4. Equal opportunities.....	6
5. Being notified that a child has a medical condition.....	6,7
6. Individual healthcare plans.....	8,9
7. Managing medicines.....	9,10,11
8. First Aid boxes.....	11
9. Emergency procedures.....	11
10. Training.....	11,12
11. Record keeping.....	13
12. Liability and indemnity.....	13
13. Complaints.....	13
14. Monitoring arrangements.....	13
Appendix 1: Basic 1 st Aid treatment guidelines.....	14
Appendix 2: Model process for developing IHCPs.....	15
Appendix 3: Individual Healthcare Plan (IHCP) Template.....	16,17
Appendix 4: Parental agreement for setting to administer medicine.....	17
Appendix 5: Record of Administration of Medicine to an Individual Child.....	18
Appendix 6: Contacting Emergency Services.....	20
Appendix 7: Model letter inviting parents to contribute to individual healthcare plan development.....	21
Appendix 8: Additional asthma information sheet	22, 23
Appendix 9: Bodily Fluid Spillage Guidance	24, 25
Appendix 10: Administration of non-prescribed hay fever remedies consent form.....	26,27

The Service/Committee/Group responsible for reviewing and maintaining this Policy is the: Education Health & Safety Panel.

1. Aims

Children with Medical Needs

Children with medical needs have the same rights of admission to a school or setting as other children. Most children will at some time have short-term medical needs, perhaps entailing finishing a course of medicine such as antibiotics. Some children however have longer term medical needs and may require medicines on a long-term basis to keep them well.

Others may require medicines in particular circumstances, such as children with severe allergies who may need an adrenaline injection. Children with severe asthma may have a need for daily inhalers and additional doses during an attack.

Most children with medical needs are able to attend school regularly and can take part in normal activities, sometimes with some support. However, staff may need to take extra care in supervising some activities to make sure that these children, and others, are not put at risk.

This policy aims to ensure that:

- Pupils, staff and parents/carers understand how our Partnership will support pupils with medical conditions
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities

The Governing Board will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of pupil's conditions, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- Providing supply teachers with appropriate information about the policy and relevant pupils
- Developing and monitoring individual healthcare plans (IHCPs)

The named person with responsibility for implementing this policy is Mrs C Bull, Headteacher.

2. Legislation and statutory responsibilities

This policy meets the requirements under Section 100 of The Children and Families Act 2014, which places a duty on Governing Boards to make arrangements for supporting pupils at their school with medical conditions. It is also based on the Department for Education's statutory guidance: 'Supporting pupils at school with medical conditions' (December 2015) can be found via the link below

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/306952/Statutory_guidance_on_supporting_pupils_at_school_with_medical_conditions.pdf.

As well as the [Statutory Framework for the Early Years Foundation Stage](#)

3. Roles and responsibilities

3.1 The Governing Board

The Governing Board has ultimate responsibility to make arrangements to support pupils with medical conditions. The Governing Board will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

3.2 The Headteacher

The Headteacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHCPs), including in contingency and emergency situations
- Take overall responsibility for the development of IHCPs
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- Contact the school nursing service in the case of any pupil who has a medical condition that may require support in the Partnership, but who has not yet been brought to the attention of the school nurse
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

3.3 Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

There is no legal or contractual duty on staff to administer medicine or supervise a child taking it. However in exceptional circumstances the duty of care could mean that staff have specific duties to provide medical assistance as part of their contract, or staff leading activities taking place off site such as visits, outings or field trips have a duty of care which extends to administering medicine and/or taking action in an emergency. Swift action may need to be taken by any member of staff to assist any child in an emergency.

Staff must use protective disposable gloves and take care when dealing with the spillage of blood or other body fluids and disposing of dressings or equipment. Staff must use practical and common sense hygiene precaution to minimise the risk of infections where contact with blood or other body fluid is unavoidable.

Where staff need to bring their medicine into school they have a clear personal responsibility to ensure their medicines are not accessible to children.

First aid trained staff will follow the basic first aid treatment guidelines in Appendix 1.

3.4 Parents/Carers

Parents/carers will:

- Provide the school with sufficient and up-to-date information about their child's medical needs
- Be involved in the development and review of their child's IHCP and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHCP eg. provide medicines and equipment, **and ensure they or another nominated adult are contactable at all times.**

3.5 Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHCPs. They are also expected to comply with their IHCPs.

3.6 School nurses and other healthcare professionals

The school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupils starts school, wherever possible. **They may also provide advice on developing IHCPs.**

Healthcare professionals, such as GPs and paediatricians, will liaise with the schools nurses and notify them of any pupils identified as having a medical condition. **They may also provide advice on developing IHCPs.**

4. Equal opportunities

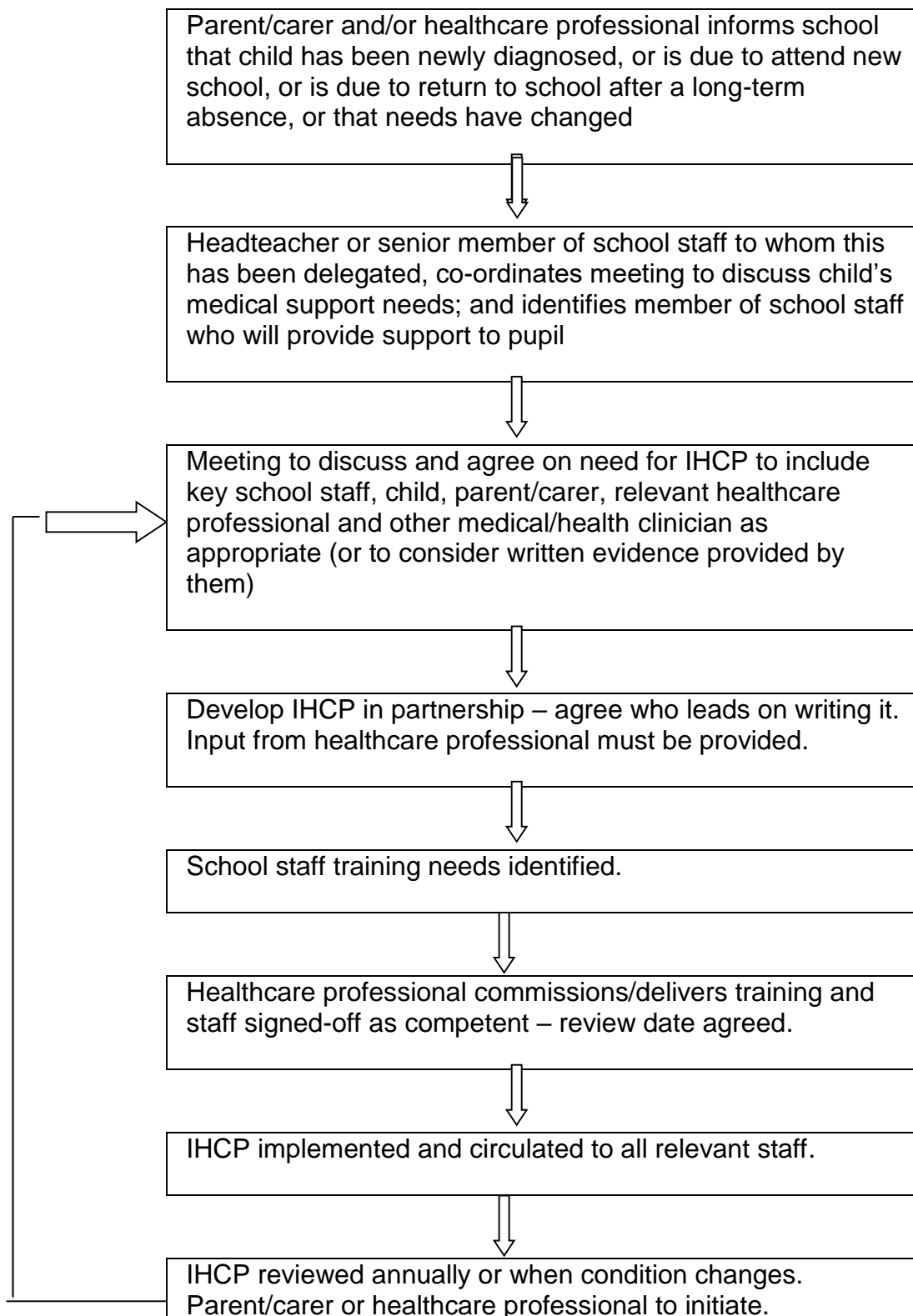
Our Partnership is clear about the need to actively support pupils with medical conditions to allow them to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

The Partnership will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities. Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

5. Being notified that a child has a medical conditions

When the Partnership is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires and IHCP.

The Partnership will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our Partnership.



6. Individual Health Care Plan (IHCP)

An IHCP can help staff identify the necessary safety measures to support children with medical needs and ensure that they and others are not put at risk.
See Appendix 2 for model process for development IHCPs.

The Headteacher has overall responsibility for the development of IHCPs for pupils with medical conditions.

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

Plans will be developed with the pupil's best interests in mind and set out:

- What needs to be done
- When
- By whom

See Appendix 3 for Individual Healthcare Plan Template.

Not all pupils with a medical condition will require an IHCP. It will be agreed with a healthcare professional and the parents/carers when an IHCP would be inappropriate or disproportionate. This will be based on evidence. If there is not a consensus, the Head teacher will make the final decision.

Plans will be drawn up together with the Partnership, parents/carers and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved where appropriate. See Appendix 7 for model letter inviting parents/carers to contribute to IHCP development.

IHCPs will be linked to, or become part of education, health and care (EHC) plan. If a pupil has SEN but does not have a EHC plan, the SEN will be mentioned in the IHCP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The Governing Board and the Headteacher, will consider the following when deciding what information to record on IHCPs:

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

- Where confidentiality issues are raised by the parent/carer/pupil, the designated individuals to be entrusted with information about the child's condition
- What to do in an emergency, including who to contact, and contingency arrangements

7. Managing medicines

Only prescribed medicines should be brought into the Partnership (this includes cough sweets and lozenges) and be administered when it would be detrimental to a child's health or school attendance not to do so. The Partnership will only accept prescribed medicines that are:

- In-date
- Labelled
- Provided in the original container (as dispensed by a pharmacist where relevant) and include instructions for administration, dosage and storage. The exception to this is insulin which will be inside an insulin pen or pump, rather than its original container, but it must be in date.

The Partnership will not accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions.

See Appendix 4 – Parental agreement for setting to administer medicine.

The Headteacher is responsible for making sure that medicines are stored safely. All medicines will be stored safely and securely either in the designated Medical Box/Boxes in the Hygiene Room or in the **secure lock box in the fridge in the staffroom**. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away. Pupils will be informed about where their medicines are at all times and be able to access them immediately, when required. Other non-emergency medicines will be kept in a secure place and not accessible to children.

Every time a member of staff administers medicine it must be witnessed by another member of staff. A record must be made of the time and dosage given which is signed by both members of staff. See Appendix 5 – Record of Administration of Medicines Form to an Individual Child and Appendix 10 – Record of Administration of Administration of non-prescribed hay fever remedies consent form.

Any medication error eg. administration of wrong medicine, wrong dosage, wrong child must be reported to the Headteacher and recorded on Crest under the relevant category.

If a child refuses to take medicine, staff should not force them to do so. The refusal must be noted on the record and the IHCP followed if there is one in place. The parents/carers must be informed of the refusal the same day.

Medicines will be returned to parents/carers to arrange for safe disposal when no longer required. Staff should not dispose of medicines. Parents/carers are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. They should also collect medicines held at the end of each term. If parents/carers do not collect medicines, they should be taken to a local pharmacy for safe disposal.

Sharps boxes should always be used for the disposal of needles. Sharps boxes can be obtained by parents/carers on prescription from their child's GP or paediatrician. Collection and disposal of boxes should be arranged with the Local Authority's Environmental Services.

Staff should **never** give a non-prescribed medicine to a child unless there is specific prior written permission from the parents/carers. Where the Headteacher agrees to administer a non-prescribed medicine it must be in accordance with the school's policy. Staff should check that

the medicine has been administered without adverse effect to the child in the past and that parents/carers have certified this is the case – by completing and signing the Administration of non-prescribed hay fever remedies consent form (Appendix 10).

The Partnership will administer non-prescribed hay fever treatments in exceptional circumstances where children are being prevented from participating in learning due to the barrier of needing medication. Parents/carers are encouraged to use once a day medication at home before their children come to school where possible.

First aid trained staff only must administer medication.

A child under 16 should never be given aspirin-containing medicine unless prescribed by a doctor.

7.1 Controlled drugs

Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments, such as morphine or methadone.

A pupil who has been prescribed a controlled drug may self-administer if they are competent to do so, but they must not pass it to another pupil to use. All controlled drugs are kept in a locked cupboard in the Hygiene Room and only named staff have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

7.2 Pupils managing their own needs

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents/carers and it will be reflected in their IHCPs.

Pupils will not be allowed access to their own medicines and relevant devices wherever possible. Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHCP and inform parents/carers so that an alternative option can be considered, if necessary.

7.3 Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the pupil's IHCP, but it is generally not acceptable to:

- Prevent pupils from easily accessing their inhalers and medication and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents/carers
- Ignore medical evidence or opinion (although this may be challenged)
- Send pupils with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHCPs
- If the pupil becomes ill, send them to either school office unaccompanied or with someone unsuitable
- Penalised pupils for their attendance record if their absences are related to their medical condition eg. hospital appointments

- 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/carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues. No parent/carer should have to give up working because the Partnership is failing to support their child's medical needs
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, eg. by requiring parents/carers to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

8. First Aid boxes

The main first aid containers are kept in the Hygiene Room, EYFS and in the Twilight area. Smaller first aid containers are kept near to hand-washing facilities in each classroom. Bum bags with supplies for immediate first aid response are used for school trips, lunchtimes and visits to Thatcham lakes. Allocated first aiders are appointed to regularly check the contents and restock the Partnership's first aid kits. The minimum requirement is that each main first aid container should be stocked with:

- 4 x medium sterile dressings
- 1 x large sterile dressing
- 2 x triangular bandages
- 40 x individually wrapped sterile adhesive dressings (assorted sizes)
- Adhesive tape
- 6 pairs x nitrile disposable gloves
- 2 x finger sterile dressing
- 1 x face Shield for resuscitation purposes
- 1 x foil blanket
- 1 x shears
- 1 x conforming bandage

9. Emergency procedures

Staff will follow the Partnership's normal emergency procedures (for example, calling 999). See Appendix 6 for template when contacting emergency services.

If a pupil has an IHCP, staff will follow the guidance documented in the IHCP which clearly sets out what constitutes an emergency and explains what to do. **If a PEEP (Personal Emergency Evacuation Plan) is in place, this should be followed.**

Where a child is in distress or has a need for intervention, and staff are not confident to undertake it, then the parent/carer should be called immediately.

In an emergency the best action is to call an ambulance. If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent/carer arrives, or accompany the pupil to hospital by ambulance.

10. Training

All staff will receive important policies to read upon joining the Partnership, this policy is included. Staff are told where the policy can be found and how to respond in an emergency.

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

The training will be identified during the development or review of the IHCPs. Staff who provide support to pupils with medical conditions will be included in meeting where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and agree this with the Headteacher. Training will be kept up to date.

Training will:

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

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

The Headteacher is responsible for assessing the Partnership's first aid arrangements. Staff first aid training will be regularly reviewed. The Headteacher will ensure that:

- Someone who is first aid trained on site at all times when pupils are present.
- There is someone who is first aid trained accompanying a school trip.

Staff who are trained in first aid will hold a valid certificate of competence.

Risk assessments will help to identify how many staff need to be trained across the Partnership specifically when relating to:

- Offsite activities and residential trips, taking into account any facilities which may be available at the venue
- School clubs

Minimum first aid training will last no less than 4 hours and will cover basic first aid:

- What to do in an emergency
- CPR
- 1st Aid for the unconscious casualty
- 1st aid for the wounded or bleeding.

First Aid at Work or emergency first aid courses are generally suitable for giving first aid to employees but will not cover resuscitation procedures for children (children are classed from the age of 1 – 12 yrs old). Hence the need for paediatric first aid training.

From September 2016 there is a change in requirements that says that all newly qualified staff with a childcare level 2 and 3 qualification must be paediatric first aid trained.

The Partnership will ensure that they have sufficient numbers of trained staff to cover for school visits, staff sickness, annual leave or for any other reason for absence from school.

Records of staff training will be retained in the Partnership's Health and Safety training records.

11. Record keeping

The Governing Board will ensure that written records are kept of all medicines administered to pupils. Records of medicines should be retained in accordance with the Partnership's retention schedule. See Record of Administration of Medicine to an Individual Child form.

Parents/carers will be informed if their pupil has been unwell at school.

A list of IHCPs are kept in the Staff Room and the full IHCP in the pupil's classroom in their own class planning folder.

12. Liability and indemnity

The Governing Board will ensure that the appropriate level of insurance is in place and appropriately reflects the Partnership's level of risk.

West Berkshire Council indemnifies its staff against claims for alleged negligence providing they are acting in good faith within the scope of their employment and training. This indemnity would include all School Governors and any volunteers assisting the school in their business activities.

The Council's liability insurance provides indemnity for the administration of most oral medication and most pre-assembled, pre-dosed medications. The indemnity would cover consequences that might arise where an incorrect dose is inadvertently given or where the administration is overlooked. In practice indemnity means that the Council and not the employee will meet the costs of any damages if a claim for alleged negligence were made, provided that the school has operated within guidance provided by the Department for Education, this policy and relevant staff have been appropriately trained etc.

13. Complaints

Parents/carers with a complaint about their child's medical condition should discuss these directly with the Headteacher in the first instance. If the Headteacher cannot resolve the matter, they will direct parents to the school's complaints procedure.

14. Monitoring arrangements

This policy will be reviewed and approved by the Governing Board every two years.

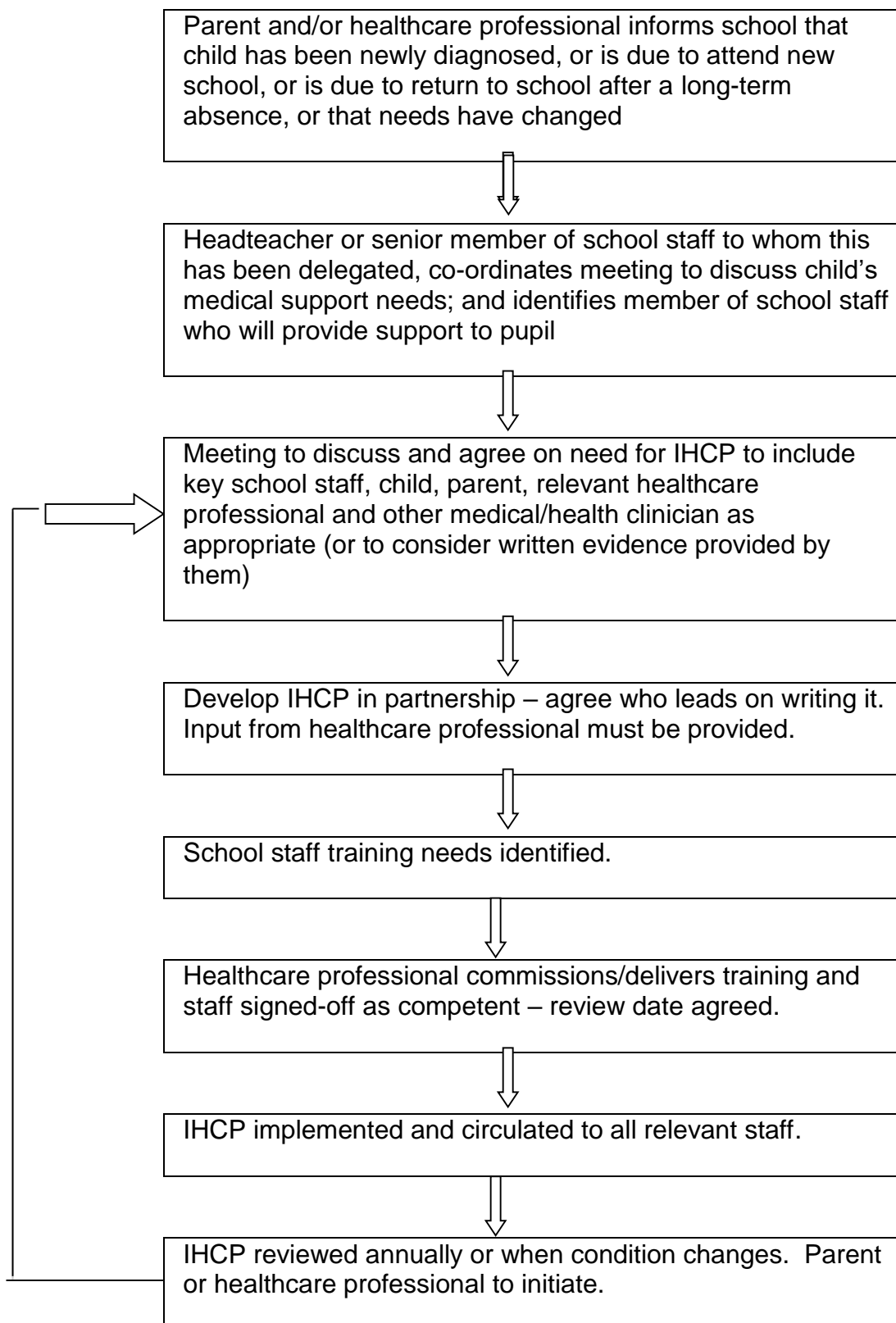
Please note that elements of the Asthma Policy have now been incorporated into this policy therefore a separate Asthma Policy is redundant. Please see Appendix 8 for general information about asthma and guidance on how Parsons Down Partnership supports asthma sufferers.

Appendix 1 Basic 1st Aid treatment guidelines

All staff should take precautions to avoid infection and must follow basic hygiene procedures. First aid boxes should have their own box of disposable gloves (latex-free) so that staff dealing with blood or other body fluids are protected. A face shield should also be available for use.

- Don't use anything other than alcohol free mediwipes or preferably water and paper towels, ice-packs, plasters and slings.
- Don't administer any medicines, creams or ointments without a parent/carer's signed consent (or at the very least speak to the parent/carer on the phone and make a note of it on the medicines administered log).
- Disposing of anything with blood or bodily fluid – use a clearly identified container or the sanitary disposal bin;
- When dealing with bodily fluids or blood staff must wear disposable gloves (latex free).
- **Suspected breaks/fractures**, should be attended to by the qualified first aiders. If you are unsure, never move a child who has fallen.
- **Cuts & grazes** should be cleaned with water or alcohol free mediwipe. If bleeding apply pressure with a sterile dressing until bleeding stops and then apply a plaster, but remember to check if child is allergic to plasters, and if a child is allergic use a gauze dressing and lint. (Major bleeds should have pressure applied with a sterile dressing until bleeding eases and a wound dressing applied. Parents should be advised in all instances of major bleeding in case shock occurs later).
- **Bumps** should have an ice pack applied (wrap in an ice pack cover, ice packs are in the medical fridges).
- **Bumps to the head area** should be treated with a cold compress, the child should be rested and class teachers and office staff informed. If the bump has a clear mark or has any redness then speak to the qualified first aiders. A 'Bump to the Head' text. If there is any cause for concern then phone the parent/carer.
- **Nosebleed** – ask child to pinch the end of their nose whilst holding a tissue or paper towel. They should lean slightly forward, not talk and not blow their nose. The bleeding should stop after ten minutes. If not then pinch again for a further ten minutes. If still bleeding, inform qualified first aiders. A form is filled in for the child to take home if they have had a significant nosebleed.
- **Splinters** – these must not be removed. Cover with a plaster to soften skin.
- **Sickness** – children who are feeling sick may need to sit in a quiet but supervised place with a bowl and staff should assess whether parent/carers are to be contacted. Children should not be left unattended so it may be appropriate to keep them in class. If a child is sick in the playground/school, there are bodily fluid spillage kits available in the Year 1 Building and Main Building to deal with this appropriately (see Appendix 9 Bodily Fluid Spillage Guidance).
- **Asthma** – younger children suffering from asthma usually have medication kept in the school. They should sit quietly, sitting on a chair backwards with their arms resting on the back helps to open the chest area and you should try and help them to keep calm until the tightness eases.
- **Bites & stings** – Cool the area with a covered ice pack for ten minutes. Don't apply any sort of cream. Call the child's parents/carers.
- **Seizures** (seizures can be caused by lots of reasons, e.g. head injuries, dehydration, epilepsy etc.) If a child is having a seizure you must make sure the area around them is safe, other children are to be removed from the area, don't leave them alone, don't interfere with them. It is essential that you time the duration of any seizure. You might want to cushion the area if you can. They will probably lay down on the floor at some point, once they have finished convulsing put them into a recovery position on the floor. Don't try and move them, they will probably be very tired and upset. Make sure you let their class teacher and the school office know. 999/112 should always be called in the case of a seizure unless you have a EHC plan for a particular child where other guidelines may need to be followed.
- **Auto Injector treatment for anaphylactic shock** – should only be given by trained staff. Details of those children with Auto Injectors are kept in the Staff Room and in the individual class' Planning Folder on their IHCP forms.

Appendix 2: Model process for developing IHCPs



Appendix 3: Individual Healthcare Plan (IHCP)

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				
Relationship to child				
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, contraindications, administered by/self-administered with/without supervision, storage of medication

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

Appendix 4: Parental agreement for setting to administer medicine



Parsons Down Partnership of Schools Administration of Medication Consent Form

Child's Name:	Class Teacher:
Address:	Child's Date of Birth:
Parent's Home Tel:	Work Tel / Mobile:
GP's Name:	GP Tel Number:

I understand that I am responsible for providing medication, **prescribed by the Doctor only**, in date, clearly labelled with contents, dosage, child's name and delivered personally to the school office and accept that this is a service, which the school is **NOT** obliged to undertake. I am also responsible for the collection and disposal of any medication supplied.

I understand that you **CANNOT** guarantee that the medication will be administered at the exact time specified, but every effort will be made to give it at the time indicated.

I agree to members of staff administering medicines / providing treatment to my child as directed below or in the case of an emergency, as staff consider necessary.

Disclaimer of Liability

I understand that neither the Headteacher nor any member of staff acting on their authority, nor the Governing Board will be liable for any illness or injury to my child arising from the administering of the medication unless caused by the gross negligence of the Headteacher or the member of staff acting on their authority as the case may be.

Medication will **NOT** be accepted by the school unless this form is completed and signed by the parent or legal guardian of the child and administration of the medicine is agreed by the Headteacher, who reserves the right to withdraw the service. Multiple medications will **NOT** be administered unless authorised by the Headteacher

Name of Medication	Dose	Time (approx.)

Parent/Carer Signed: _____ **Date:** _____

Under Data Protection Law and in line with our Records Management Policy, this form will be retained for 25 years from DOB and thereafter disposed of securely.

Appendix 6: Contacting emergency services

Get a copy of the child or adult's personal details form and IHCP (if they have one). You will need to give their date of birth and details of medical conditions.

First Aider is to take a mobile phone to the child/adult when calling for an ambulance.

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

Speak clearly and repeat information if asked.

Your name	
Your telephone number (delete appropriate telephone number)	01635 866700
Your location, address and postcode (delete appropriate address)	Hérons Way, Thatcham, Berkshire, RG19 3SR
The exact location of the patient within the school setting	
Provide the name of the child and a brief description of their symptoms	
Inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient	
Keep the completed copy of this form	
Date	
Signature	

Appendix 7: 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

Appendix 8: Additional Asthma Information Sheet

Understanding Asthma

Asthma is a condition that affects the airways – the tubes that carry air in and out of the lungs. A child with asthma has ‘sensitive’ airways that are inflamed and ready to react to things that can irritate them (**asthma triggers**). Some things can make asthma worse and it is important to be aware of these:

- pollen
- dust
- changes in weather e.g. cold air
- pollution
- stress
- perfume
- exercise, laughing
- colds and infections
- mould and damp
- some animals
- feathers
- food allergies
- fumes and cigarette smoke
- chemicals, glue, paint aerosols

When the airways react to these triggers they become narrower, even more irritated and can create more mucus. This causes the child to have asthma symptoms and means they find it harder to breathe.

The usual **symptoms** of asthma in children are as follows: (they may have some or all of these symptoms)

- Wheezing
- Coughing
- Finding it hard to breathe
- Tightness in the chest – sometimes children say ‘my chest hurts’ or ‘I have a tummy ache’.

It is difficult to say for sure **what causes asthma** however, according to Asthma UK someone is more likely to get it if they:

- Have a family history of asthma, eczema or allergies
- Have eczema or an allergy, such as hay fever (an allergy to pollen)
- Had bronchiolitis (a common childhood lung infection) as a child
- Were born prematurely and/or had a low birth weight

Also:

- Some research suggests the cleaner, more urban conditions we now live in mean we don’t come into contact with as many ‘bad’ or ‘good’ bacteria. This means fewer childhood infections, but also lower immunity and more chance of allergies and asthma.
- Smoking during pregnancy or children being around cigarette smoke increases their risk of asthma.
- Environmental air pollution, including traffic fumes and chemicals from traffic and industry power plants may play a part in causing asthma. Studies suggest that children living near very busy roads are more likely to get asthma.

- Carrying extra weight can increase a child's risk of getting asthma – the latest research suggests that between 10% and 29% of asthma cases in children are linked to being overweight.

Dealing with Asthma in School

Asthma symptoms can come and go depending on various factors and it is important to remember that even when a child is well, the asthma is there in the background. It is a long-term condition and as a school we realise it is widespread and serious, however it is controllable.

Parsons Down Partnership welcomes all pupils with asthma and aims to support these children in participating fully in everyday school life. We endeavour to do this by:

- Ensuring children have quick access to their inhalers as and when required including when they are playing, participating in sports or off site on school organised trips
- Keeping up to date records of all children with asthma and the medicines they take
- Making sure staff know what to do in the event of an asthma attack
- Annual asthma training for key staff
- Promoting asthma awareness within school
- Ensuring inhalers and any medical equipment are always checked and in date
- Ensuring staff are aware of individual pupil's IHCP (communicated and displayed in staff rooms and individual class Planning Folders)
- Supporting children with medical conditions in line with the Partnership 'Supporting Children with Medical Conditions and Managing Medicines' Policy

In line with the Partnership 'Supporting Children with Medical conditions and Managing Medicines' policy, parents / carers are required to provide the school with sufficient and up to date information about their child's medical needs and this includes asthma. The Partnership encourages parents / carers to share any relevant asthma information required including:

- The number of puffs of preventer inhaler the child needs to take and how often
- The things that make a child's asthma worse (their triggers)
- The symptoms that mean a child needs their reliever inhaler (usually blue)

Information about Asthma medication

Most asthma medicines come inside an inhaler. Generally, children with asthma are prescribed the two main types of asthma inhaler. A reliever inhaler (usually blue) helps stop symptoms immediately if they start – this is the usual type of inhaler we hold within school for children. A preventer inhaler reduces inflammation to protect the sensitive airways from reacting to triggers and setting off asthma symptoms in the first place.

Inhalers come in different types. Most children will be issued with a metered dose inhaler (also known as an MDI) with a spacer. Some older children may get a 'breath actuated' inhaler. Most children use a spacer to help make using an inhaler easier. These are empty containers with a mouthpiece at one end and a hole for their inhaler at the other end. They are used with a metered dose inhaler (an MDI).

Using a spacer means:

- It's easier for the child to get the correct dose of medicine
- The child may need to use less medicine
- The child is less likely to get side effects (such as a sore throat and a fungal infection called thrush) because spacers help the medicine get down into the airways, and stop it sticking to the back of your child's throat.

Appendix 9: Bodily Fluid Spillage Guidance

Blood and body fluids (e.g. faeces, vomit, saliva, urine, nasal and eye discharge) may contain viruses or bacteria capable of causing disease. It is therefore vital to protect everyone from the risk of cross infection. In order to minimize the risk of transmission of infection, both staff and pupils should practice good personal hygiene and be aware of the procedure for dealing with body spillages.

This document is to be used in conjunction with:

- Supporting Children with Medical Needs Policy
- Health and Safety Policy
- RA for dealing with Bodily Fluid Spillage
- HSE guidance

Initial Clean Up Procedure

- Act immediately and do not leave the area unattended.
- Ensure the Spillage Box is used – this contains everything required to clear up a bodily fluid spillage safely. These can be located as follows:
 - Hygiene Room
- Cordon off the area until a full clean-up is completed and use signage where possible (hazard signs can be found in the spillage box).
- The person dealing with the spillage must put on disposable gloves and other PPE as appropriate (an apron if required).
- The person dealing with the spillage should be the first aider or the ESA in that area. If this is not possible then the office should be contacted for further assistance.
- If the person clearing up the spillage has any cuts or grazes they must ensure that are covered by a waterproof dressing prior to clearing up the spillage.
- Place absorbent towels over the affected area and allow the spill to absorb.
- Wipe up the spill using these absorbent towels (ensuring gloves are worn) and then place in a disposal bag.
- Put more absorbent towels over the affected area.
- Use the bodily fluid spill granules for clearing up blood, urine and faeces always being careful to follow the instructions.
- Bicarbonate of soda can be used for vomit.
- Dispose of everything including the granules, if used, into a disposal bag (the scoop may be used to scoop up the granules / bicarb from the area).
- The disposal bag, that has the soiled paper towels and any other items, to be disposed of. This then needs to be tied up and placed in the nearest medical bin located as follows:
 - In the men's/ disabled toilet
- If the spillage has been quite extensive then the area may need to be closed off until the area can be cleaned correctly ensuring again the hazard sign is used.
- If the area needs to be closed then staff and pupils who use that area should be notified to ensure they do not go near it (especially during break / lunchtimes).
- If the carpet requires a clean then the vax should be used if possible. The vax can be located in the cleaner's cupboard in the hall.
- The area must be cleaned with disinfectant, which is also provided within the spillage box, following the manufacturer's instructions.
- An appropriate hazard sign from the spillage box needs to be put by the affected area until it is fully cleaned and ready for use again.
- The area should be ventilated and left to dry.

- All reusable cleaning equipment needs to be appropriately disinfected (including the Vax and scoop etc.) according to the manufacturer's instructions.
- Anyone involved in cleaning up the spillage must wash their hands thoroughly with soap and water.
- All PPE used should be also placed into the medical bin for disposal (in a bag).

Important please note that:

- The bag that has had the soiled paper towels put in needs to be tied up and placed in the medical bin or double bagged and put in an outside bin immediately.
- Any article of child's clothing that has been contaminated with the spill should be wiped cleaned and then put in a plastic bag and tied up for the parents to take home.
- Parents need to be clearly informed of what has happened and in line with the school medical policy
- Any child involved with the incident needs to ensure they have washed their hands thoroughly with soap and water alongside any person involved in clearing up the spillage.
- Any soiled wipes, tissues, plasters, dressings etc. must be disposed of in the medical waste bin (placed inside a bag first). Tissues and wipes can be put into a nappy sack and larger soiled items and granules etc must be placed in a disposal bag.
- Gloves being used need to be taken off inside out so that the soiled item is contained within them and also placed in a bag and put into the medical bin.
- Bi-monthly stock takes are in place to ensure that the spillage kits are kept stocked, however, it is the member of staff's responsibility who is dealing with the spillage to replace gloves and other PPE worn from central stocks and to alert main first aiders if they notice that any items of the kit are running low.

Appendix 10: Administration of non-prescribed hay fever remedies consent form



Parsons Down Partnership of Schools Administration of non-prescribed hay fever remedies consent form

Child's Name:	Class Teacher:
Address:	Child's Date of Birth:
Parent's Home Tel:	Work Tel / Mobile:
GP's Name:	GP Tel Number:

I understand that I am responsible for providing in date medication, clearly labelled with contents, dosage, child's name and delivered personally to the school office and accept that this is a service, which the school is **NOT** obliged to undertake. I am also responsible for the collection and disposal of any medication supplied.

I understand that you **CANNOT** guarantee that the medication will be administered at the exact time specified, but every effort will be made to give it at the time indicated.

I agree to members of staff administering medicines / providing treatment to my child as directed below or in the case of an emergency, as staff consider necessary.

Disclaimer of Liability

I understand that neither the Headteacher nor any member of staff acting on their authority, nor the Governing Board will be liable for any illness or injury to my child arising from the administering of the medication unless caused by the gross negligence of the Headteacher or the member of staff acting on their authority as the case may be.

Medication will **NOT** be accepted by the school unless this form is completed and signed by the parent or legal guardian of the child and administration of the medicine is agreed by the Headteacher, who reserves the right to withdraw the service. Multiple medications will **NOT** be administered unless authorised by the Headteacher

Name of Medication	Dose	Time (approx.)

Parent/Carer Signed: _____ **Date:** _____

Under Data Protection Law and in line with our Records Management Policy, this form will be retained for 25 years from DOB and thereafter disposed of securely.

RECORD OF ADMINISTRATION

Date	Quantity Given	Administered By	Time Given	Counter Signed By