



**SUPPORTING PUPILS AT SCHOOL
WITH MEDICAL CONDITIONS**
Reviewed and amended July 2021

Broad Oak Primary School
Supporting Pupils at School with Medical Conditions

INTRODUCTION

We want all children and young people to have successful and fulfilling lives. Section 100 of the Children and Families Act 2014 places a statutory duty on all schools to effectively manage and meet the needs of pupils with medical conditions, medical needs and physical disabilities. The aim is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school. The outcome should be that they can play a full and active role in all aspects of school life including trips, educational visits, residential and extended school activities, such that they remain healthy and achieve their academic potential.

This policy document should be considered in conjunction with all other relevant duties, policies and guidance, for example, Health and Safety legislation, the SEND code of practice and the Equality Act 2010 that may impact on support I provision for pupils with medical conditions.

Some children with medical conditions may be disabled. Where this is the case the governing body must comply with the duties under the Equality Act 2010. For example, schools are required to make reasonable adjustments to minimise or remove barriers to access and participation and ensure that individuals are not subject to less favourable treatment because of their disability. Some children may also have special educational needs (SEN) and may have an Education, Health and Care Plan (EHC Plan) which brings together health and social care needs as well as their special educational provision. For children with SEN this policy should be read in conjunction with the school SEN/Inclusion policy.

Supporting a child with a medical condition during school hours is not the sole responsibility of one person and the school's ability to provide effective support will depend on co-operative working with other agencies including healthcare professionals, the local authority, parents/carers, the child and, where appropriate, social care or other outreach professionals. This type of partnership working aims to ensure that the needs of pupils with medical conditions are met effectively.

Medical conditions can sometimes result in short term, frequent or long term absence from school, which can impact on educational attainment. Schools are required to recognise and consider the potential social and emotional implications associated with a medical condition, as well as the educational impact, when planning to meet the pupil's needs.

PURPOSE OF DOCUMENT

The purpose of this policy is to put in place effective management systems, arrangements and practices to support children and young people with medical conditions to attend school.

This policy also aims to give confidence to parents/carers that school will provide effective support for their child's medical condition and support their child to feel safe.

This policy clarifies the range of medical needs that may result in a child requiring support, namely:

- children with long term and/or complex medical conditions who require support to manage their medical needs on a day to day basis to keep them healthy;
- children requiring monitoring and/or intervention in emergency circumstances;
- children whose health needs may change over time in ways that cannot always be predicted.

All staff in schools and academies have a duty to maintain professional standards of care and to ensure that children and young people are safe. It is considered to be good practice that schools and academies will consider and review cases individually and actively support pupils with medical conditions, including administering medicines or medical interventions in order to meet the all-round needs of the child. However, there is no legal duty requiring individual staff to administer medication, carry out medical interventions or to supervise a child when taking medicines. Any member of staff may be asked to

administer medicines or medical interventions but they cannot be required to do so. This is a voluntary role.

This policy aims to ensure that appropriate support is put in place to limit the impact on educational attainment in the event of a short or long term absence from school. Refer to school policy on managing attendance.

1. ROLES AND RESPONSIBILITIES

i. The Governing Body

The governing body is responsible for:

- ensuring the Head Teacher develops and effectively implements policy with partners and school staff, including regular policy review;
- ensuring the Head Teacher makes all staff aware of this policy on supporting pupils with medical conditions and all staff understand their role in its implementation;
- designating a named individual who is responsible for effective implementation of this policy (SENCO Thaley Clough);
- ensuring this policy clearly identifies how the roles and responsibilities of staff who are involved in the arrangements to support pupils at school with medical conditions are made clear to both staff, parents/carers and the child;
- ensuring that all relevant staff are aware of an individual child's medical condition and needs;
- ensuring that sufficient numbers of staff receive appropriate training to fulfil the roles and responsibilities of supporting children with medical conditions i.e. school is able to deliver against all Individual Healthcare Plans (IHCPs) and implement policy, including for example in contingency or emergency situations and management of staff absence;
- ensuring that a system is in place which identifies procedures to be followed on receipt of notification of a pupil's medical needs; procedures should cover any transitional arrangements or when pupil needs change (see Appendix 1);
- ensuring that cover arrangements are always available in the event of staff absence or staffing changes including briefing for volunteers, supply teachers and appropriate induction for new members of staff;
- ensuring that individual healthcare plans (IHCPs) are in place, where appropriate, and developed in consultation with parents/carers, healthcare professionals, relevant staff and (if appropriate) the child or young person;
- ensuring that individual healthcare plans (IHCPs) are monitored and are subject to review, at least annually, or sooner if needs change;
- ensuring that risk assessments relating to the school environment are in place, as appropriate, including consideration for actions to take in the event of emergency situations;
- ensuring that risk assessments relating to off-site visits, residential trips and extended school opportunities offered outside the normal timetable are in place, as appropriate, including consideration for actions to take in the event of emergency situations;
- ensuring that appropriate insurance is in place to support staff to undertake this role;
- ensuring that a complaints procedure is in place and is accessible.

ii. The Head Teacher

The Head Teacher is responsible for:

- ensuring that the notification procedure is followed when information about a child's medical needs are received (Appendix 1);
- ensuring that parents/carers provide full and up to date information about their child's medical needs by completion of '**Parent/Carer Information about a Child's Medical Condition' form (Template A)**
- deciding, on receipt of a "**Parent/Carer Agreement for School to Administer Medicines (Template B)**", on case by case basis, whether any medication or medical intervention will be administered, following consultation with staff;
- ensuring that procedures are understood and implemented by all staff, volunteers and pupils.

iii. Staff

Any member of staff may be asked to provide support for a child with a medical condition, including the administration of medicine(s) and medical intervention(s) although they cannot be required to do so; this is a voluntary role.

School staff will receive sufficient and suitable training and achieve competency before they take on responsibility for supporting children with medical conditions.

Where children have an Individual Healthcare Plan (IHCP) the roles and responsibilities of staff will be clearly recorded and agreed.

iv. Parents/carers Responsibilities

Parents/carers are required to:

- provide the school with sufficient and up to date information about their child's medical needs and to update it at the start of each school year or, if needs change, by completion of '**Parent/Carer Information about a Child's Medical Condition' form (Template A)**;
- complete, if appropriate, a '**Parent/Carer Agreement for School to Administer Medicines (Template B)**' to gain consent for medicines/medical interventions to be administered at school;
- provide up to date contact information so that parents/carers or other nominated adults are contactable at all times;
- carry out any action they have agreed to as part of the implementation of an Individual Healthcare Plan (IHCP);
- provide any medication in its original packaging, with the pharmacy label stating the following:
 - a) the child's name
 - b) the child's date of birth
 - c) name of medicine
 - d) frequency/time medication administered
 - e) dosage and method of administration
 - f) special storage arrangements
- ensure that medicines or resources associated with delivery of a medical intervention have not passed the expiry date;

- collect and dispose of any medicines held in school at the end of each term or as agreed;
- provide any equipment required to carry out a medical intervention e.g. catheter tubes;
- collect and dispose of any equipment used to carry out a medical intervention e.g. sharps box.

2. PUPIL INFORMATION

Parents/carers are required to give the following information about their child's medical condition and to update it at the start of each school year or sooner, if needs change, by completion of **'Parent/Carer Information about a- Child's Medical Condition' form (see Template A):**

- a) Details of pupil's medical conditions and associated support needed at school
- b) Medicine(s), including any side effects
- c) Medical intervention(s)
- d) Name of GP/Hospital and Community Consultants/Other Healthcare Professionals
- e) Special requirements e.g. dietary needs
- f) Who to contact in an emergency
- g) Cultural and religious views regarding medical care

3. MANAGING MEDICINES/MEDICAL INTERVENTIONS ON SCHOOL PREMISES

i. Administration of Medicines/Medical Interventions

Medicine/medical interventions will only be administered at school when it would be detrimental to pupil's health or attendance not to do so. School may agree to administer medicines on an occasional basis e.g. short term antibiotics/pain relief.

It is expected that parents/carers will normally administer medication/medical interventions to their children during their time at home, where at all possible.

No medication/medical intervention will be administered without prior written permission from the parents/carers. **'Parent/Carer Agreement for School to Administer Medicines' (Template B)**

The Head Teacher will decide whether and by whom any medication or medical intervention will be administered in school, following receipt of the above form and after consultation with staff.

No changes to administration method or dosage of medication or changes in procedures relating to medical interventions will be carried out without written authority from parents/carers and recorded amendment to the **'Parent/Carer Agreement for School to Administer Medicines' form (Template B)**

All medicines/medical interventions will normally be administered during school breaks and/or lunchtime.

If, for medical reasons, medicine has to be taken at other times during the day or a medical intervention delivered at a different time, arrangements will be made for the medicine/medical intervention to be administered at other prescribed times.

Pupils will be told where their medication/medical intervention equipment and resources are kept and who will administer them.

Any member of staff, on each occasion, giving medicine/medical intervention to a pupil should check:

- a) Name of pupil
- b) Written instructions provided by the parents/carers or healthcare professional or as agreed in an Individual Healthcare Plan (IHCP)
- c) Prescribed dose, if appropriate
- d) Expiry date, if appropriate

Any member of staff, on each occasion, will make a written record of medication/medical interventions administered on the '**Record of Administration of Medicines/Medical Intervention to an Individual Child' (Template C)**

No child under 16 will be given medicine containing aspirin unless prescribed by a doctor.

ii. Child's Role in Managing their own Medical Needs

After discussion with parents/carers, children who are competent will be encouraged to take responsibility for managing their own medicines and medical interventions under the supervision of named members of staff. This will need to be recorded (**Template C**) by parents/carers.

Children who can take medicines or manage medical interventions independently may still require a level of adult support e.g. in the event of an emergency. In this situation agreed procedures will be documented in an IHCP.

iii. Refusing Medication/Medical Intervention

If a child refuses to take their medication/medical intervention, staff will not force them to do so. Refusal to take medication will be recorded and dated on the child's record sheet. Reasons for refusal to take medications/medical intervention must also be recorded, as well as the action then taken by the member of staff.

Parents/carers will be informed as soon as possible. Where the child is potentially placing themselves at risk by refusal, parents/carers will be informed immediately.

iv. Storage of Medicines | Medical Intervention Equipment and Resources

All children will know where their medicines/medical intervention equipment/resources are at all times and will be readily available as required.

a) Controlled drugs

A child who is prescribed a controlled drug may legally have it in their possession if they are competent to do so but passing it to another child for use is an offence.

Where controlled drugs are not an individual child's responsibility, they will be kept in a non-portable locked cabinet in a secure environment e.g. either in the admin office or pupils classroom. Only named staff will have access.

Controlled drugs will be easily accessible in an emergency as agreed with parents/carers or described in the child's IHCP.

Where controlled drugs are not an individual child's responsibility, records will be kept of any doses used and the amount kept on the premises.

b) Non-controlled drugs and medical resources

All medicines and medical equipment/resources will be stored safely as agreed with parents/carers or described in the child's IHCP.

v. Records

School will keep a record of all medicines/medical interventions-administered to individual children on each occasion, including the following:

- a) Name of pupil
- b) Date and time of administration
- c) Who supervised the administration
- d) Name of medication
- e) Dosage

- f) A note of any side effects I reactions observed
- g) If authority to change protocol has been received and agreed.

Record of Administration to an Individual Child (Template C) and Record of Medicine Administered to All Children (Template D).

4. TRAINING

Staff must not give prescription medicines or undertake healthcare procedures without appropriate training. A First Aid Certificate does NOT constitute appropriate training in supporting children with medical conditions.

All staff will be made aware of the school's policy for supporting pupils with medical conditions and their role in implementing that policy through for example annual school awareness training, involvement in development of IHCPs, staff briefing sessions etc.

Specialist training and advice will be provided by appropriate healthcare professionals, e.g. specialist epilepsy nurse, asthma training by school nurse etc., for staff involved in supporting pupils with medical conditions including the administration of relevant medicines/medical interventions.

Training for all staff will be provided on a range of medical needs, including any resultant learning needs, as and when appropriate.

Supporting a child with a medical condition during school hours is not the sole responsibility of one person.

Training will ensure that sufficient numbers of staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans. Induction training will raise awareness of school's policy and practice on supporting pupils with medical condition(s).

Training will be sufficient to ensure staff are competent and have confidence in their ability to support pupils with medical conditions. School will make every effort to ensure that specialist training will be completed as quickly as possible to ensure that the child is able to attend school safely.

A record of staff training carried out will be kept, identifying the date review or refresher training will be required where appropriate. **'Record of Staff Training' (Template E)**

5. INDIVIDUAL HEALTH CARE PLANS (IHCP)

Where appropriate, an Individual Health Care Plan (IHCP) will be drawn up in consultation with the school, parents/carers, health professionals and any other relevant professionals.

The content of an individual child's IHCP will be dependent on the complexity of their needs and may include the following:

- a) an overview (Pen Portrait/One Page Profile) of the child's needs and provision in place in school to manage those needs;
- b) a description of the medical condition, its presentation (signs, symptoms, triggers etc.) and impact on access to the school environment and learning opportunities;
- c) arrangements around administration of medication(s)/medical intervention(s);
- d) arrangements around management of medical emergency situations;
- e) arrangements around management and support for personal care needs, including intimate and invasive care e.g. catheterisation, toileting support, gastro-tube feeding etc.;
- f) risk assessment for access to the school environment and curriculum;
- g) arrangements for evacuation in the event of an emergency;
- h) the level of support required in school, who will provide this support, their training needs and cover arrangements for when they are unavailable;

- i) how, if agreed, the child is taking responsibility for their own health needs;
- j) a reference to staff confidentiality.

Appendix 2 is a Flow Chart to guide schools through deciding which elements of the IHCP are relevant to an individual child.

Individual Health Care Plans will be reviewed annually or sooner if needs change.

Intimate and Invasive Care

Cases where intimate or invasive care is required will be agreed on an individual basis. Decisions made about procedure and practice will be recorded within the pupils Individual Healthcare Plan IHCP and take account of safeguarding issues for both staff and pupils.

Information about the types of training required for administration of medicines and medical interventions commonly found in schools is contained in **Appendix 3** (Medicines and Medical Interventions).

6. OFF-SITE AND EXTENDED SCHOOL ACTIVITIES

Pupils with medical conditions will be actively supported in accessing all activities on offer including school trips, sporting activities, clubs and residential holidays.

Preparation and forward planning for all off-site and extended school activities will take place in good time to ensure that arrangements can be put in place to support a child with a medical condition to participate fully.

School will consider what reasonable adjustments need to be put in place to enable children with medical conditions to participate safely and fully.

School will carry out a thorough risk assessment to ensure the safety of all pupils and staff. In the case of pupils with medical needs the risk assessment process will involve consultation with child, parents/carers and relevant healthcare professionals to ensure the pupil can participate safely. Please refer to Health and Safety Executive (HSE) Guidance on School Trips.

In some circumstances evidence from a clinician, such as a hospital consultant, may state that participation in some aspects offered is not possible. Where this happens school will make alternative arrangements for the child.

Arrangements will be in place to ensure that an IHCP can be implemented fully and safely when out of school. Risk assessment will identify how IHCPs will be implemented effectively off-site and where additional supervision or resources are required.

7. MANAGING EMERGENCIES AND EMERGENCY PROCEDURES

The Head Teacher will ensure that all staff are aware of the school's general risk management processes and planned emergency procedures.

Where a child has an IHCP this will clearly define what constitutes an emergency and describes what to do. This may include:

- a) an Emergency Medical Protocol that details the actions to be taken by staff and supported by specialist training where relevant e.g. seizure management and administration of rescue medication;
- b) a Personal Emergency Evacuation Plan (PEEP) that details the actions to be taken by staff to support the child's evacuation from the building, supported by specialist training where relevant e.g. use of an Evac chair; the Personal Emergency Evacuation Plan should also detail the actions to be taken by staff to support how staff will manage the child's medical needs during the evacuation e.g. ensuring appropriate medication is taken outside and is available whilst at the assembly point.

School has a procedure for contacting emergencies services (**Template F**) which is displayed in the appropriate places e.g. office, staff room etc.

8. CONFIDENTIALITY AND SHARING OF INFORMATION WITHIN SCHOOL

School is aware of the need to manage confidential information sensitively and respectfully, maintaining the dignity of the child and family at all time.

School will disseminate information to key members of staff involved in the child's care on a needs-to-know basis, as agreed with parents/carers.

Where the child has an Individual Healthcare Plan (IHCP) this will be shared with key staff with regular scheduled re-briefings.

School will ensure that arrangements are in place to inform new members of staff of the child's medical needs.

School will ensure that arrangements are in place to transfer information on a child's medical needs to staff during any transition.

9. LIABILITY AND INDEMNITY

School insurance policies provide liability cover relating to the administration of medicines.

In the case of medical interventions, individual cover may be arranged for any specific healthcare procedures, including information about appropriate staff training and other defined requirements of the insurance policy.

The expectation is that only appropriately trained and insured staff will be involved in supporting medical interventions.

The school's insurance arrangements are as follows:

School is a member of the Risk Protection Arrangements

Ref: AF321077920

Membership no: 105467

Expiry date: March 2022

10. COMPLAINTS PROCEDURE

In the first instance, parents/carers dissatisfied with the support provided should discuss their concerns directly with the Head Teacher/SENCO.

If, for whatever reason, this does not resolve the issue then a formal complaint can be made in writing to the school's governing body.

Complainant should refer to the school's Policy for resolution of concerns and complaints

11. UNACCEPTABLE PRACTICE

The school considers that the following constitute unacceptable practice:

- requiring parents/carers or otherwise making them feel obliged to attend school to administer medicines/medical interventions or provide medical support to their child, including around toileting issues - no parents/carer should have to give up working because the school is failing to support their child's medical needs;

Attitude

Behaviour

Courage

Determination

Enthusiasm

Friendship

Resilience

- preventing children from participating or creating unnecessary barriers to children participating in any aspect of school life, including trips, e.g. by requiring parents/carers to accompany the child.
- preventing children from easily accessing and administering their medicines as and where necessary;
- assuming that every child with the same condition requires the same treatment;
- ignoring the views of the child and/or their parents/carers (although this may be challenged);
- ignoring medical evidence or opinion (although this may be challenged);
- sending children with medical conditions home frequently;
- preventing children with medical conditions from staying at school for normal school activities, including lunch, unless this is specified in their IHCP;
- if the child becomes ill, sending them to the school office unaccompanied or with someone unsuitable;
- penalising children for their attendance record if their absences are related to their medical condition e.g. hospital appointments;
- preventing children from eating, drinking or taking toilet/other breaks whenever they need to in order to manage their medical condition effectively.

12. POLICY INFORMATION AND REVIEW

Information about ratification of policy, signatures and review dates below.

Named personnel with designated responsibility for (insert)

Academic year	Designated Lead Person(s)	Nominated Governor	Chair of Governors
2014-2015	Thaley Clough	Ann Johnson	Fergus Kilroy
2015-2018	Thaley Clough	Ann Johnson	John Janulewski
2019-2020	Thaley Clough	Ann Johnson	John Janulewski
2020-2021	Thaley Clough	Chris Pyle	Chris Pyle
2021-2022	Thaley Clough	Chris Pyle	Chris Pyle

Policy review dates (frequency of review: annually)

Review Date	Changes made	By whom
September 2014	Policy created	(insert name)
September 2015	Policy reviewed	John Janulewski
April 2016	Policy reviewed	Thaley Clough/AnnJohnson
May 2017	MCC model policy adopted	Thaley Clough/Ann Johnson
June 2019	Policy reviewed	Inclusion Team under leadership of Thaley Clough
July 2021	Policy reviewed and amended	Inclusion Team under leadership of Thaley Clough

Ratification by Governing Body



Academic year	Date of ratification	Chair of Governors
2014-2015	September 2014	Fergus Kilroy
2015-2018	September 2015	John Janulewski
2019-2020	September 2019	John Janulewski
2020-2021	July 2021	Chris Pyle
2021-2022		

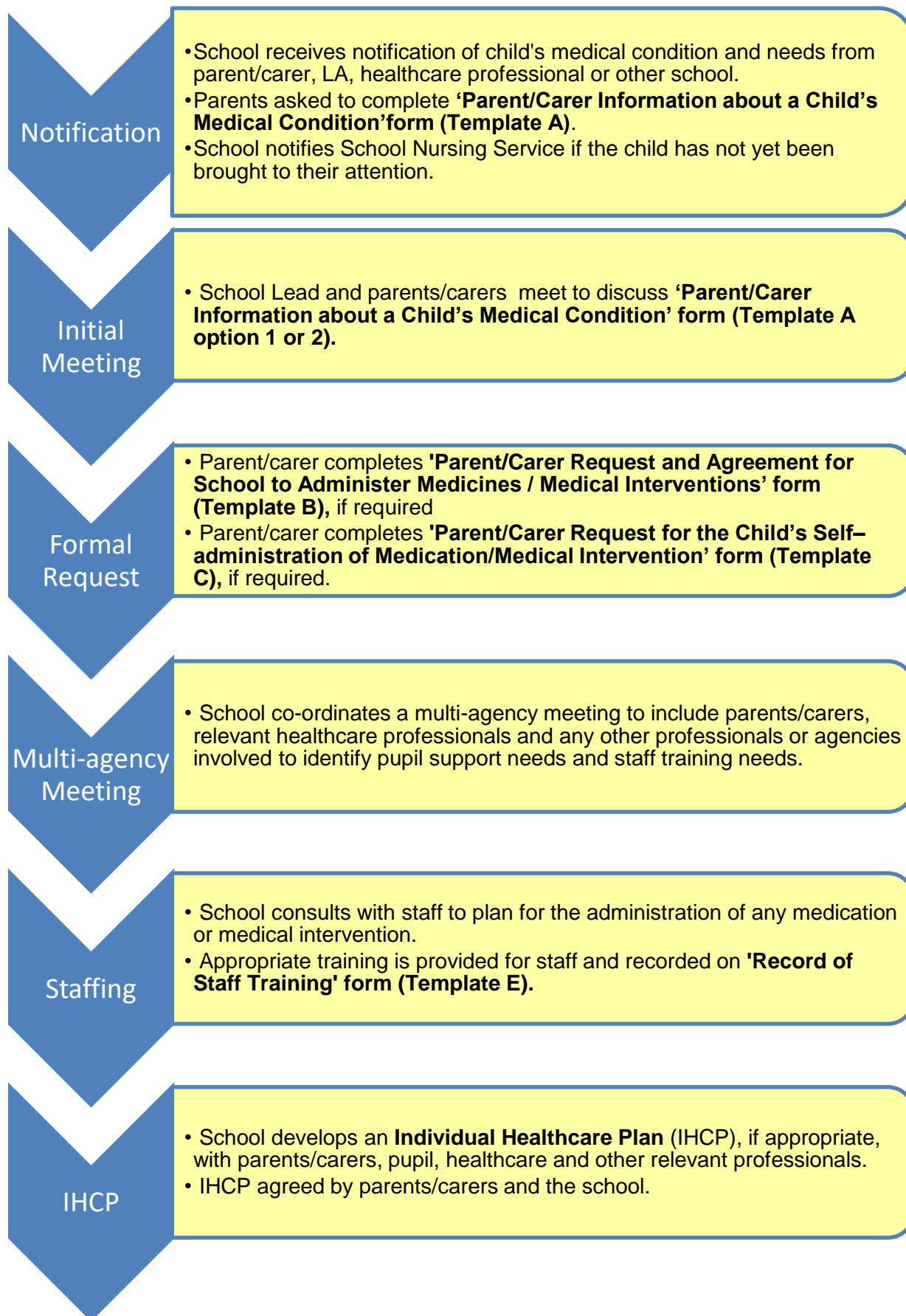
Templates:

- A. Parent/Carer Information about a Child's Medical Condition
- B. Parent/Carer Agreement for School to Administer Medicines/Medical Interventions' form
- C. Record of Administration of Medicines/Medical Intervention to an Individual Child
- D. Record of Administration of Medicines Administered to All Children
- E. Record of Staff Training
- F. Procedure for Contacting Emergencies Services
- G. Letter inviting parents to contribute to individual health care plan development

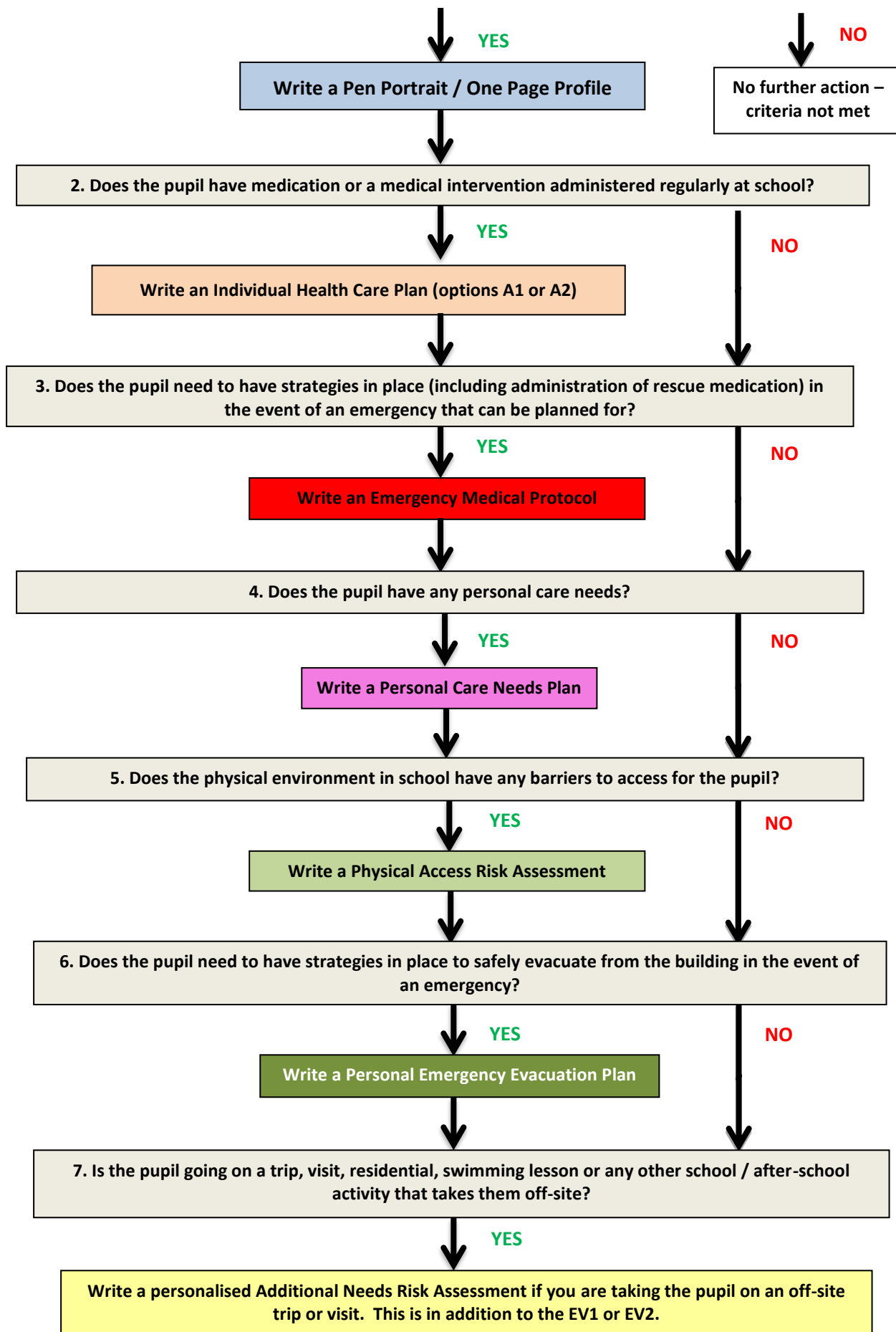
Appendices:

- 1. Sample Procedure following notification of a pupil's medical needs
- 2. Individual Healthcare Plan (IHCP) Flow Chart to Guide Schools on the Development of an IHCP for a Child
- 3. Medicines and Medical Interventions

Sample Procedure following Notification of a Pupil's Medical Needs



Individual Healthcare Planning (IHCP) Flow Chart



Appendix 3

Medicines and Medical Interventions

Some of the medicines and medical interventions commonly managed within special and mainstream schools are detailed below.

Medicines

Medical Needs	Medicine	Training Requirements
Adrenal Insufficiency	Hydrocortisone	
Diabetes Type 1	Insulin	Training by specialist nursing team required
Eczema	Topical corticosteroids Emollients (moisturising creams)	
Epilepsy (rescue medication in the event of a seizure)	Midazolam hydrochloride (Buccolam) Midazolam maleate (Epistatus)	Training by specialist nursing team required
Muscle spasm (Cerebral Palsy)	Baclofen	
Severe allergy / anaphylaxis	Adrenaline (EpiPen)	Training by specialist nursing team required

Medical Interventions

Situation	Medical Intervention	Training Requirements
Blood-Glucose (Sugar) Level Monitoring	<ul style="list-style-type: none"> Testing procedure includes taking a small blood sample 	Training by specialist nursing team required
Catheterisation	<ul style="list-style-type: none"> Clean Intermittent Catheterisation (CIC) Self – Catheterisation (CIC) Management of In-Dwelling Catheter 	Training by specialist nursing team required
Diabetes and Insulin management	<ul style="list-style-type: none"> Injection of insulin (insulin pen) Dose management 	Training by specialist nursing team required
Gastrostomy / Nasogastric feeding (tube feeding into the stomach)	<ul style="list-style-type: none"> Bolus (Gravity) feeding procedure Pump feeding procedure Management of stoma site 	Training by specialist nursing team required
Hickman (Central) Line	<ul style="list-style-type: none"> Awareness raising, management and monitoring 	Training by specialist nursing team required
Oxygen Therapy	<ul style="list-style-type: none"> Management of oxygen via cylinders 	Training required by suppliers and specialist nursing team
Tracheostomy	<ul style="list-style-type: none"> Trache and equipment care and management Suction Changing / replacing trache tube 	Training by specialist nursing team required

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A1: individual healthcare plan

Name of school/setting

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Phone no.

Who is responsible for providing support in school

Attitude

Behaviour

Courage

Determination

Enthusiasm

Friendship

Resilience

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

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

Daily care requirements

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

Arrangements for school visits/trips etc.

Other information

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

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

Plan developed with

Staff training needed/undertaken -who, what, when

Form copied to

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

Signature(s)

Date

Broad Oak Primary School

A2: Individual protocol for Mild Asthma

Please complete the questions below, sign this form and return without delay.

CHILD'S NAME.....

D.O.B.....

Class



Contact Information

Name					Relationship to pupil			
Phone numbers	Work		Home		Mobile		Other	

If I am unavailable please contact:

Name					Relationship to pupil			
Phone numbers	Work		Home		Mobile		Other	

1. Does your child need an inhaler in school? Yes/No (delete as appropriate)

2. Please provide information on your child's current treatment. (Include the name, type of inhaler, the dose and how many puffs?)

.....
Do they have a spacer?

.....

3. What triggers your child's asthma?

.....

4. It is advised that pupils have a spare inhaler in school. Spare inhalers may be required in the event that the first inhaler runs out is lost or forgotten. Inhalers must be clearly labelled with your child's name and must be replaced before they reach their expiry date. The school will also keep a salbutamol inhaler for emergency use.

Please delete as appropriate:

- My child carries their own inhaler YES/NO
- My child REQUIRES/DOES NOT REQUIRE a spacer and I have provided this to the school office
- I am aware I am responsible for supplying the school with in date inhaler(s)/spacer for school use and will supply this/these as soon as possible. YES/NO

5. Does your child need a blue inhaler before doing exercise/PE? If so, how many puffs?

.....

6. Do you give consent for the following treatment to be given to your child as recognised by Asthma Specialists in an emergency? - Yes/No (delete as appropriate)

- Give **6 puffs of the blue inhaler via a spacer**
- Reassess after 5 minutes
- If the child still feels wheezy or appears to be breathless they should have a further **4 puffs of the blue inhaler via a spacer**
- Reassess after 5 minutes
- **If their symptoms are not relieved with 10 puffs of blue inhaler, then this should be viewed as a serious attack:**
- **CALL AN AMBULANCE and CALL PARENT**
- **While waiting for an ambulance continue to give 10 puffs of the reliever inhaler every few minutes**

Please sign below to confirm you agree the following:

- I agree to ensure that my child has in-date inhalers and a spacer (if prescribed) in school.
- I give consent for the school to administer my child's inhaler in accordance with the emergency treatment detailed above.
- I agree that the school can administer the school emergency salbutamol inhaler if required.
- I agree that my child's medical information can be shared with school staff responsible for their care.

Signed: Print name Date
I am the person with parental responsibility

Please remember to inform the school if there are any changes in your child's treatment or condition.
 Thank you

<p>Parental Update (only to be completed if your child no longer has asthma)</p> <p>My child no longer has asthma and therefore no longer requires an inhaler in school or on school visits.</p>	
Signed <i>I am the person with parental responsibility</i>	Date

For office use:

	Provided by parent/school	Location (delete as appropriate)	Expiry date	Date of phone call requesting new inhaler	Date of letter (attach copy)
1st inhaler		With pupil/In classroom			
2nd inhaler Advised		In office/first aid room			
Spacer (if required)					
Record any further follow up with the parent/carer:					

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Template B: parental agreement for setting to administer medicine

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

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

Medicine

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

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

Contact Details

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

Attitude

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Friendship

Resilience

Broad Oak Primary School

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

Signature(s) _____ Date _____

Attitude

Behaviour

Courage

Determination

Enthusiasm

Friendship

Resilience

Broad Oak Primary School

Template C: record of medicine administered to an individual child

Name of school/setting

Name of child

Date medicine provided by parent

Group/class/form

Quality received

Name and strength of medicine

Expiry Date

Quantity returned

Dose and frequently of medicine

Staff signature _____

Signature of parent _____

Date

Time given

Dose given

Name of member of staff

Staff initials

Date

Time given

Dose given

Name of member of staff

Staff initials

Attitude

Behaviour

Courage

Determination

Enthusiasm

Friendship

Resilience

Broad Oak Primary School

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

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

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

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

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

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

Broad Oak Primary School

Template E: staff training record - administration of medicines and specialist training

Medical			
Training Delivered	Delivered by (Name and Designation)	Name of Staff Member	Date of Training
e.g. taking blood sugar levels and managing diabetes	Diabetes Nurse Specialist	Reina Gill	September 14
		Sandy Castell Abigail Trolley Maxine Wright Karen Slatford	September 15
		Maxine Wright Claire Kendall	September 16
e.g. Clean Intermittent Catheterisation	Urology Nurse Specialist		
e.g. Tracheostomy care	Complex Care Team		
e.g. Administration of epilepsy rescue medication	Epilepsy Nurse Specialist	Nicky Ali Olivia Namrood Ciler Collins Sue Thraves Thaley Clough	September 15
		Cait Burgum Julie Mitchell Lesley Holt	January 17
		Reina Gill Stephen Bush Lesley Holt	September 18
e.g. Administration of emergency epi pen	Trained School Nurse	Lesley Holt Dan Hoile Sarah Bruce Lesley Holt	September 16 September 18
e.g. Specialist naso-gastric feeding/ gastronomy feeding (PEG or Button)	Specialist Nursing Team		
e.g. CPR (Cardiopulmonary Resuscitation)	Cardiac Nurse Specialist		
Paediatric First Aid		Clare McCrory Natalie Dutton Jacob Everson Finley McCarthy Catherine Gee Cathy Child Claire Clahar Geri Vernon Julie Mitchell Julie Walmsley Lesley Holt Sarah Varachia Cherilee Ince Lucy Callow Ben Rowe	2021 2023
		Hafsa Osmany Azra Ahmed Jahanara Begum Linda Sheya	2023

Attitude

Behaviour

Courage

Determination

Enthusiasm

Friendship

Resilience

		Nargis Iqbal Diane Yaqub Aysha Bhatti Jill Blow	
First Aid at work		Carol McKrell Nicola Ali	2024 2022

Therapies			
Training Delivered	Delivered by (Name and Designation)	Name of Staff Member	Date of Training
e.g. Physiotherapy programme	Physiotherapist		
e.g. Occupational Therapy Programme	Occupational Therapist	Carol McKrell	September 16
e.g. Hydrotherapy Support for Evacuation	Physiotherapist		

Manual Handling			
Training Delivered	Delivered by (Name and Designation)	Name of Staff Member	Date of Training
e.g. Paediatric Manual Handling Course			
e.g. Team Teach		Cathy Childs Thaley Clough Lisa Bowers Lisa Walker Jake Everson Sarah Pierce Lynn Hardman Reina Gill Florida Bainbridge Catherine Robinson Gerry Vernon Charlotte Goodhall	April 17
		Lisa Bowers Lisa Walker Thaley Clough Geri Vernon Lynne Hardman Sarah Pierce Florida Bainbridge Jake Everson Cathy Childs Catherine Robinson	April 19
		Lisa Bowers Lisa Walker Charlotte Goodhall Vanessa Bridge Finely McCarthy Geri Vernon Cathy Child Florida Bainbridge Jake Everson Lynn Hardman Sarah Pierce	April 21

Broad Oak Primary School

Template F: contacting emergency services

Procedure for Contacting Emergencies Services

Requesting an Ambulance

Dial 999.

Speak clearly and slowly.

Be ready to repeat information if asked.

You will be asked for three key pieces of information:

1. your telephone number
2. the location you want the ambulance to be sent to
3. the reason for the call

1. School's telephone number is 0161 445 6577

2. School Name : Broad Oak Primary Schol

School Address: Broad Oak Lane East Didsbury

School Postcode for SAT NAV: M205QB

Best entrance to the school site: Main school gates or KS1 gates

Exact location of the patient within the school: classroom location and building

STATE THAT THE AMBULANCE WILL BE MET BY A MEMBER OF STAFF WHO WILL TAKE THE CREW TO THE PATIENT

3. Name of Child

Age of Child

Description of Child's Symptoms

Inform if underlying Medical Condition

Inform if any emergency rescue medication has been administered e.g. midazolam - epilepsy, epi-pen allergies, glucose- diabetes

Inform if any emergency procedures have been carried out e.g. suction/trache tube replacement- tracheostomy, button replacement- gastro feed

On Arrival of the Ambulance

- Member of staff to meet crew and escort crew to the patient
- Member of staff to pass over empty packaging of any rescue medication administered, if appropriate
- In the case of a child with complex needs, member of staff to pass over the child's IHCP or summary letter stating child's medical condition and medication
- Member of staff to travel in the ambulance with the patient

Attitude

Behaviour

Courage

Determination

Enthusiasm

Friendship

Resilience

Broad Oak Primary School

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

Dear Parent

re: The Healthcare Plan

Thank you for informing us of your child's medical condition. As part of accepted good practice and with advice from the Department for Children, Schools and Families, relevant voluntary organisations and the school's governing bodies, our school has recently established a new medical conditions policy for use by all staff.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support 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 would be happy for you contact me by email or to speak by phone if this would be helpful.

Yours sincerely

SENCO