



Four Lanes Community Junior School

<i>Date created</i>	<i>February 2023</i>
<i>Review Period</i>	<i>Annually</i>
<i>Governing Committee Responsible:</i>	<i>Full Governing Board</i>

Supporting Pupils with Medical Needs

Introduction

Section 100 of The Children and Families Act 2014 places a duty on the Governing Board of Four Lanes Community Junior School to make arrangements for supporting children at the school with medical conditions. Due consideration of the Department of Education statutory guidance 'Supporting Pupils with Medical Conditions' (2015) has been given when meeting this requirement.

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

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

Where children have a disability, the requirement of the Equality Act 2010 will apply.

Where children have an identified special need, the SEND Code of Practice will also apply.

The school recognises that medical conditions may impact social and emotional development as well as having educational implications.

Key Roles & Responsibilities

The Governing Board is responsible for ensuring:

- that arrangements are in place to support children with medical conditions in school;
- the school has an effective policy in place for supporting children with medical conditions;
- that children are supported to enable the fullest participation possible in all aspects of school life;
- that sufficient staff receive suitable training, have access to information and teaching support materials and are competent to take responsibility to support children with medical conditions;
- that national and local guidance is followed;
- there is a member of the school's leadership team identified as the responsible person.

The Headteacher is responsible for ensuring:

- that the school policy is developed and effectively implemented with partners;
- that all staff are aware of the policy and understand their role in the implementation;
- that relevant staff are aware of individual children's conditions;
- that relevant staff are appropriately trained to deliver against individual healthcare plans and are confident to cope in emergency situations;
- that the School Nursing Service (managed by Southern Health) are aware of all children with medical conditions that may require support in school.

Teachers and Support Staff are responsible for ensuring:

- that they take into account the needs of any child with medical conditions that they teach;
- they have received sufficient and suitable training and are competent and confident to take on the support of any child with a medical condition;
- what to do and how to respond to a child with a medical condition who needs help.

The School Nursing Team (managed by Southern Health) is responsible for:

- supporting the school on implementing a child's individual healthcare plan;
- provide support, advice, training and liaison on medical conditions;
- liaise with lead clinicians on appropriate support for individual children.

Identifying children with health conditions

The school will aim to identify children with medical needs on entry to the school by working in partnership with parents/carers. The induction process encourages parents to share any medical conditions and other concerns they might have so that the school is aware of individual needs and can put plans in place to support them. Parents / carers are asked to complete the School Accessibility form (Appendix 2) to ensure that appropriate arrangements are in place prior to the child starting school.

This information will be renewed annually to ensure that we hold accurate information on file. Any previous schools are encouraged to share any information concerning children who are transferring to school, in the child's best interest.

Asthma

If a child suffers with Asthma, parents will be asked to complete an 'Asthma School Card' with advice from their GP to share with school. This card will need to be reviewed annually. It is the responsibility of parents to inform school about any updates or changes to the plan if their child's treatment plan changes during the year. This form is available from school (Appendix 3.1) or via the Asthma & Lung UK website:

https://www.asthma.org.uk/e5335884/globalassets/health-advice/resources/children/school_asthma_card_may22_cc_editable.pdf

In addition, we will ask parents to complete a child-friendly 'My Asthma Plan' form in collaboration with their child and healthcare practitioner and a copy will be given to the school. This form is available from the school (Appendix 3.2) or via the Asthma & Lung UK website <https://www.asthma.org.uk/advice/child/manage/action-plan/>.

If an inhaler is administered at school, details will be recorded on the 'Record of Asthma Inhaler Given to a Child in School' form (Appendix 3.3) and parents will receive a summary on a 'Parent Information Slip' (Appendix 3.4).

The school has an 'open door' policy which encourages parents to talk to the school about any concerns or changes that affect their child. For children already attending the school, we ask that parents notify us of any change to their child's health during the school year which may require additional support in school. We will then work with the child, parents and any other appropriate health professionals to ensure that appropriate support is put in place for the child.

Staff are always vigilant and note any health concerns regarding children in the school. These are shared with the Headteacher and Deputy Headteacher and shared with parents. The school nurse may be consulted for advice.

If a child with a medical condition transfers from another school, contact is made with the other school to ensure that transfer is smooth and all needs and requirements are met.

For children transferring from other provision, contact will be made with the Local Authority to ensure that the correct plans and support are in place for successful reintegration.

If a formal diagnosis is awaited or is unclear, plans will be made to implement arrangements to support the child, based on the current evidence available for their condition. Every effort will be made to involve formal medical evidence and consultation with the parents.

Individual Health Care Plans

Individual Health Care Plans will be used particularly where conditions fluctuate, where there is a high risk that emergency intervention will be needed and where medical conditions are long-term and complex. However, not all children will require one. The school, healthcare professionals and parents will decide based on evidence if a healthcare plan would be inappropriate or disproportionate.

Where children require an individual healthcare plan it is the responsibility of the Headteacher to work with parents and relevant healthcare professionals to write the plan although this may be delegated to a member of the leadership team.

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

The flowchart 'Process for identifying children with a health condition' (Appendix 1) may be used for identifying and agreeing the support a child needs and developing the individual healthcare plan.

The individual healthcare plan template (Appendix 4) will be used to record the plan.

If a child is returning following a period of hospital education or alternative provision (including home tuition), the school will work with Hampshire Local Authority to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

Healthcare plans will be reviewed annually at school with input from the school, parent/carers and health professionals including any clinical specialists. They can be reviewed at any time if the child's circumstances change. Any changes will be recorded and the plan adapted to suit the new needs with the child's best interests in mind and ensure that risks to the child's education, health and social well-being are managed with minimum disruption.

Information to be recorded on individual healthcare plans

- the medical condition, its triggers, signs, symptoms and treatments,

- the child's resulting needs, including:
 - medication (dose, side effects and storage),
 - other treatments,
 - time,
 - facilities and or equipment,
 - testing,
 - access to food and drink where this is used to manage their condition,
 - dietary requirements,
 - environmental issues eg crowded corridors,
- specific support for the pupil's educational, social and emotional needs,
- how absences will be managed,
- requirements for extra time to complete tests,
- use of rest periods,
- additional support in catching up with lessons,
- counselling sessions,
- the level of support needed (some children will be able to take responsibility for their own health needs) including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring,
- named person/s who will provide 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; as well as cover arrangements for when they are unavailable,
- a list of people in the school who need to be aware of the child's condition and the support required,
- arrangements for written permission from parents for medication to be administered by a member of staff, or self-administered by the child during school hours,
- the separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, eg risk assessments,
- if confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition,
- what to do in an emergency, including whom to contact, and contingency arrangements,
- staff training.

All new staff will be inducted on the policy when they join the school as part of the school induction procedures. Records of this training will be stored in their personnel file.

All nominated staff will be provided awareness training on the school's policy for supporting children with medical conditions which will include what their role is in implementing the policy. This training will be carried out annually (or following a review of the policy).

The awareness training will be provided to staff by briefing sheet and staff meeting. Evidence of the training will be recorded on signature sheets which will be retained with other staff training notes in the school office.

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

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

A staff training record form will be completed to document the type of awareness training undertaken, the date of training and the competent professional providing the training.

The child's role

In some cases, and in discussion with parents, children that are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be recorded in their individual healthcare plan. The healthcare plan will reference what will happen should a child who self-administers refuse to take their medication (this will normally be informing the parent/carer at the earliest opportunity).

Where possible the school will endeavour to ensure that children will have easy access to allow for quick self-medication. The appropriate level of supervision required will be agreed with relevant healthcare professionals/parents and documented in the healthcare plan.

Managing medicines on School Premises

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

The school policy is to manage prescribed medicines (eg. antibiotics, inhalers) and non-prescribed medicines (eg, Calpol). A documented tracking system to record all medicines received in and out of the premises will be put in place. The tracking system used is The Children's Services Medication Tracking Form. (Appendix 5)

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

On occasions where a child refuses to take their medication the parents will be informed at the earliest available opportunity.

The school will only accept prescribed medicines that are in date, labelled, provided in the original container as dispensed by the pharmacist and include instructions for administration, dosage and storage. Insulin is the exception, which must still be in date but will generally be available to schools inside an insulin pen or a pump, rather than its original container.

Personal medical items such as inhalers, Epipens / Jextpens and Diabetes medication are stored in the classroom cupboards in a box on a high shelf, and are clearly marked with the child's name.

Controlled drugs will be securely stored in a non-portable container which only named staff will have access to. Drugs will be easily accessible in an emergency situation. A record will be kept of any doses used and the amount of the controlled drug held in school. There may be instances where it is deemed appropriate for a child to administer their own controlled medication. This would normally be at the advice of a medical practitioner. Where an individual child is competent to do so, and following a risk assessment, they will be allowed to do so under supervision.

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

Types of emergency medicines include:

Injections of Glucagon for diabetic hypoglycaemia - none currently in school;

Other emergency medication ie, Rectal diazepam or Buccal Midazolam for major seizures will be stored in accordance with the normal prescribed medicines procedures (see storage section) - none currently in school;

However the following emergency medicines are kept in classrooms (see below - Storage).

Injections of adrenaline for acute allergic reactions (Epipens or Jextpens)

Inhalers for asthmatics

Storage

All asthma and adrenaline medication will be stored safely in a medical box in teachers' cupboards in the classrooms.

Where medicines need to be refrigerated, they will be stored in a refrigerator and be clearly labelled.

Children will be made aware of where their medicines are at all times and be able to access them immediately where appropriate by asking a member of staff.

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

Copies of all forms in Appendix 3 will also be kept in the child's classroom medication box. This includes: Asthma Card, Consent Form, Asthma Action Plan, Record of Asthma Inhaler Given at School and parent information slips.

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

Disposal

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

Sharps boxes will be in place for the disposal of needles. Collection and disposal of these will be arranged locally through parents on request from the school.

Medical Accommodation

The medical room is available to be used for medical administration/treatment purposes.

Record keeping

A record of what has been administered including how much, when and by whom, will be recorded on a 'record of administration of medication to individual child form (appendix 6). The form will be kept on file. Any possible side effects of the medication will also be noted and reported to the parent/carers.

Emergency Procedures

Where a child has an individual healthcare plan (Appendix 4), this will clearly define what constitutes an emergency and provide a process to follow. All relevant staff will be made aware of the emergency symptoms and procedures. The school will ensure other children in the school know what to do in the event of an emergency ie, informing a teacher immediately if they are concerned about the health of another child.

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

Day trips/off site activities

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

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

Other issues

Parents provide school with specific regular medication such as Asthma inhalers and spacers (if required) and Epipens / Jext Pens which remain in the child's classroom for easy access.

Unacceptable practice

Staff are expected to use their discretion and judge each child's individual healthcare plan on its merits, it is not generally acceptable practice to:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents; or ignore medical evidence or opinion (although this may be challenged);
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;

- penalise children 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, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues (unless they have requested otherwise). No parent should have to give up working because the school is failing to support their child's medical needs;
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips eg, by requiring parents to accompany the child.

Liability and Indemnity

Staff at the school are indemnified under the County Council self-insurance arrangements.

The County Council is self-insured and has extended this self-insurance to indemnify school staff who have agreed to administer medication or undertake a medical procedure to children. To meet the requirements of the indemnification, we will ensure that staff at the school have parents' permission for administering medicines (Appendix 5) and members of staff will have had training on the administration of the medication or medical procedure.

Complaints

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

Linked Policies:

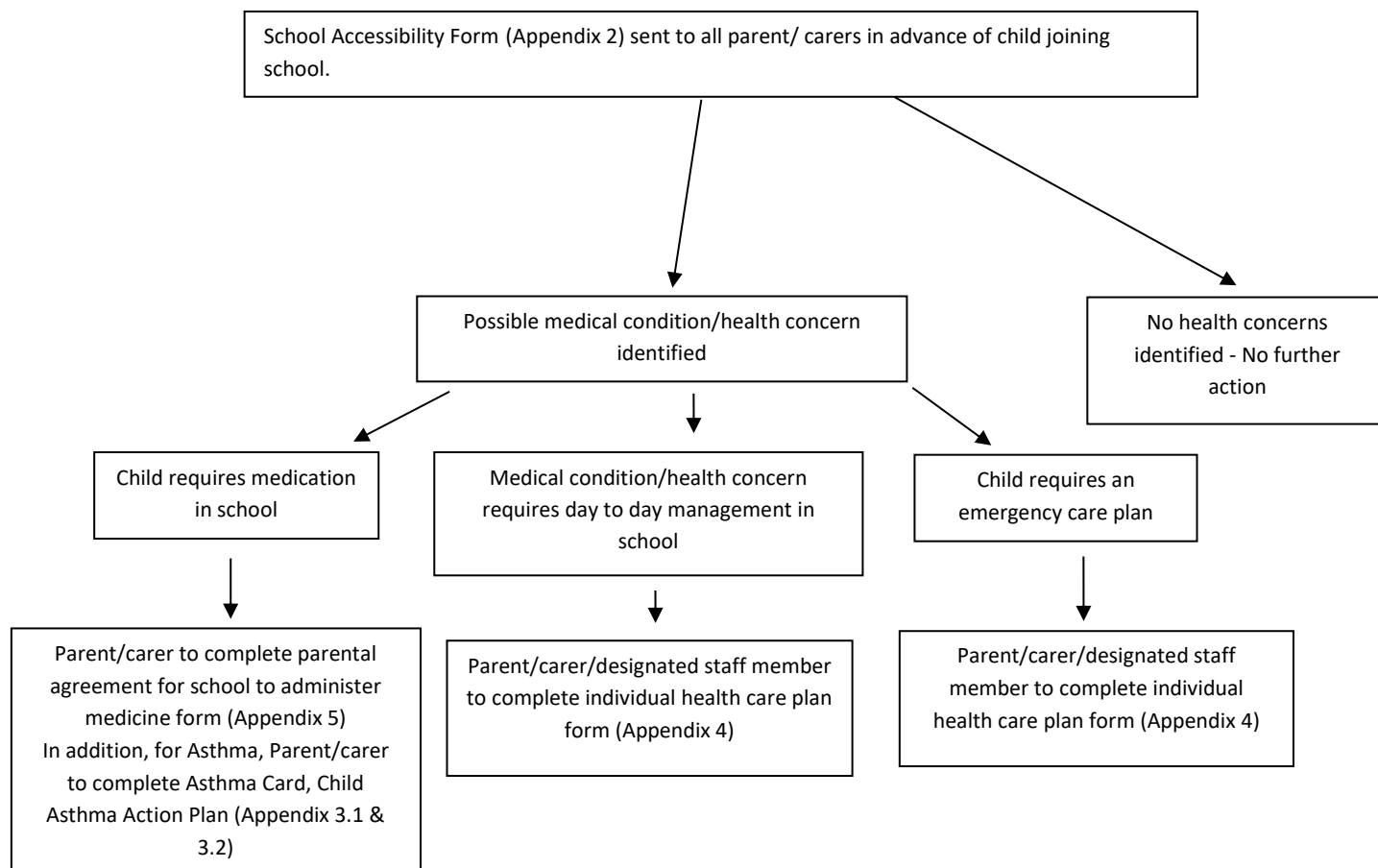
First Aid Policy

Child Protection Policy

Safeguarding Policy

Identification of children or young people with a medical condition that may require support in school.

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



Appendix 2 – School Accessibility Form



School Accessibility Form

Please complete the questionnaire below and return to school.

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

Name of child Date of Birth Class.....

Home Address

.....
.....

Please reference any medical needs including asthma, eyesight, hearing and allergies.

Does your child have a medical condition/ health concern?

YES

☐

NO

☐

If YES, please give details:

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

YES

☐

NO

☐

If YES, please give details:

Does your child take medication during the school day?

YES

☐

NO

☐

If YES, please give details:

Does your child have any food allergies/dietary requirements?

YES

☐

NO

☐

If YES, please give details:

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

YES

☐

NO

☐

If YES, please give details:

*Parents of children with a health care plan will be invited to come into school to discuss this in more detail with the class teacher and the first aid team.

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

Signature(s) _____ Print Name _____

[Parent/ Carer with parental responsibility]

Date _____ Contact number _____

School Asthma Card

To be filled in by the parent/carer

Child's name

Date of birth

Address

Parent / carer's name

Telephone - home

Telephone - mobile

Email

Doctor/nurse's name

Doctor/nurse's telephone

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

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

Does your child tell you when they need medicine?

Yes ☐ No ☐

Does your child need help taking their asthma medicines?

Yes ☐ No ☐

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

Pollen ☐ Stress ☐
Exercise ☐ Weather ☐
Cold/flu ☐ Air pollution ☐

If other please list

Reliever treatment when needed

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

Medicine	Parent/carer's signature
<input type="text"/>	<input type="text"/>

If the school holds a central reliever inhaler and spacer for use in emergencies, I give permission for my child to use this.

Parent/carer's signature Date

Expiry dates of medicines

Medicine	Expiry	Date checked	Parent/carer's signature
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Parent/carer's signature Date

ASTHMA QUESTIONS?

Ask our respiratory nurse specialists
Call **0300 222 5800**
WhatsApp **07378 606 728**
(Monday-Friday, 9am-5pm)
AsthmaAndLung.org.uk

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

Yes ☐ No ☐

If yes please describe

Medicine	How much and when taken
<input type="text"/>	<input type="text"/>

Dates card checked

Date	Name	Job title	Signature / Stamp
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

To be completed by the GP practice

Actions to take if a child is having an asthma attack

1. Help them to sit up – don't let them lie down. Try to keep them calm.
2. Help them take one puff of their reliever inhaler (with their spacer, if they have it) every 30 to 60 seconds, up to a total of 10 puffs.
3. If they don't have their reliever inhaler, or it's not helping, or if you are worried at any time, **call 999 for an ambulance.**
4. If the ambulance has not arrived after 10 minutes and their symptoms are not improving, repeat step 2.
5. If their symptoms are no better after repeating step 2, and the ambulance has still not arrived, **contact 999 again immediately.**



Administration of Medicines & Treatment Consent Form Asthma Inhalers

Name of Child	
Year Group / Class	

Please tick the appropriate box:

My child will be responsible for the self-administration of medicines as directed below	
I agree to members of staff administering salbutamol inhaler/providing treatment to my child as directed below or in the case of emergency, as staff may consider necessary	
I recognise that school staff are not medically trained	

Date of last asthma review	
I give permission for staff/my child to administer the emergency inhaler in school, if required Yes/No	
Signature of parent or carer	
Date of signature	

Name of Inhaler	Required Dose	Frequency	Medicine Expiry

Special Instructions	
-----------------------------	--

Allergies	
------------------	--

Other Prescribed Medicines	
-----------------------------------	--

The Asthma UK Helpline – Here when you need us. www.asthma.org.uk/helpline 0800 121 62 44

Appendix 3.2 Child Asthma Action Plan

My asthma triggers

List the things that make your asthma worse so you can try to avoid or treat them.



Always keep your reliever inhaler (usually blue) and your spacer with you. You might need them if your asthma gets worse.

Last reviewed and updated 2021; next review 2024.

Asthma and Lung UK, a charitable company limited by guarantee with company registration number 03863819, with registered charity number 2067330 (England and Wales, SC038855 in Scotland, and 1071176 in the Isle of Man)

I will see my doctor or asthma nurse **at least** once a year (but more if I need to)

Date my asthma plan was updated:

Date of my next asthma review:

Doctor/asthma nurse contact details:

Parents and carers – get the most from your child's action plan

- Take a photo and keep it on your mobile (and your child's mobile if they have one)
- Stick a copy on your fridge door
- Share your child's action plan with their school

Learn more about what to do during an asthma attack [asthma.org.uk/child-asthma-attacks](https://www.asthma.org.uk/child-asthma-attacks)

ASTHMA QUESTIONS?

Parents and carers ask our respiratory nurse specialists.
Call **0300 222 5800**
WhatsApp **07378 606 728**
(Monday-Friday, 9am-5pm over 16 only)



CHILD ASTHMA ACTION PLAN

Fill this in with your GP or nurse

Name and date:

1 My every day asthma care

I need to take my preventer inhaler every day.

It is called:

and its colour is:

I take _____ puff/s of my preventer inhaler in the morning and _____ puff/s at night. I do this every day even if my asthma's OK.

Other asthma medicines I take every day:

My reliever inhaler helps when I have symptoms.

It is called:

and its colour is:

I take _____ puff/s of my reliever inhaler when I wheeze or cough, my chest hurts or it's hard to breathe.



If I need my reliever inhaler (usually blue) when I do sports or activity, I need to see my doctor or my asthma nurse.

2 My asthma is getting worse if...

- I wheeze, cough, my chest hurts, or it's hard to breathe **or**
- I need my reliever inhaler (**usually blue**) three or more times a week **or**
- I'm waking up at night because of my asthma (this is an important sign and I will book a next day appointment with my GP or nurse).

If my asthma gets worse, I will:

- Take my preventer medicines as normal
- And also take _____ puff/s of my reliever inhaler (**usually blue**) every four hours if needed
- See my doctor or nurse within 24 hours if I don't feel better.

URGENT!

If your reliever inhaler is not lasting four hours, you need to take emergency action now (see section 3)

Remember to use my spacer with my inhaler if I have one.

If I don't have one, I'll check with my doctor or nurse if it would help me.

Other things my doctor or nurse says I need to do if my asthma is getting worse (e.g. check my peak flow)

3 I'm having an asthma attack if...

- My reliever inhaler isn't helping or I need it more than every four hours **or**
- I can't talk, walk or eat easily **or**
- I'm finding it hard to breathe **or**
- I'm coughing or wheezing a lot or my chest is tight/hurts.

If I have an asthma attack I will:

1. Call for help. Sit up – don't lie down. Try to keep calm.
2. Take one puff of my reliever inhaler (with my spacer, if I have it) every 30 to 60 seconds, up to a total of 10 puffs.
3. If I don't have my reliever inhaler, or it's not helping, or if I am worried at any time, **call 999 for an ambulance.**
4. If the ambulance has not arrived after 10 minutes and my symptoms are not improving, repeat step 2.
5. If my symptoms are no better after repeating step 2, and the ambulance has still not arrived, **contact 999 again immediately.**



Even if I start to feel better, I don't want this to happen again, so I need to see my doctor or asthma nurse today.

Appendix 3.3 Record of Asthma Inhaler Given to a Child in School

Record of Asthma Inhaler Given to a Child in School

Name of School	Four Lanes Junior School
Name of Child	
Date of Birth of Child	
Name of Medication	
Expiry Date of Medication	

***Please ensure you keep a running total of the number of puffs given. This is so we know when the inhaler is running out of medication.**

[illegible]

Appendix 3.4 Parent Information Slip

Name of child Date:

Your child required puffs of their blue / reliever inhaler today at (time)

This was triggered by
.....
.....

Please keep a record of this and take to your child's next asthma review with the Practice Nurse.

Further support and information regarding Asthma can be found at www.asthmauk.org.uk

Name of child Date:

Your child required puffs of their blue / reliever inhaler today at (time)

This was triggered by
.....
.....

Please keep a record of this and take to your child's next asthma review with the Practice Nurse.

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This was triggered by
.....
.....

Please keep a record of this and take to your child's next asthma review with the Practice Nurse.

Further support and information regarding Asthma can be found at www.asthmauk.org.uk

Appendix 4



Individual Healthcare Plan

Name of school/setting

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Phone no.

Who is responsible for providing support in school

--

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

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

Daily care requirements

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

Arrangements for school visits/trips etc

Other information

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

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

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

Medication Tracking Form

Appendix 5

NAME OF CHILD	MEDICATION	MEDICATION EXPIRY DATE	DATE RECEIVED IN SCHOOL	DATE RETURNED TO PARENT/OR MEDICATION FINISHED	STAFF NAME	SIGNATURE

Parental agreement for setting to administer medicine

Appendix 6

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]

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 _____

Record of administration of medication to individual child

Appendix 7

Name of school/setting

Name of child

Date medicine provided by parent

Group/class/form

Quantity received

Name and strength of medicine

Expiry date

Quantity returned

Dose and frequency of medicine

Staff signature _____

Signature of parent _____

Date	Time given	Dose given	Name of staff member	Staff initials

Appendix 8



Risk Assessment

Activity	Administration of Medicines	Date of Assessment	January 2022
Location	Four Lanes Community Junior School	Date of Review	December 2023
Name of Risk Assessor	T Neilson	Risk assessment subject to.	Management of Health and Safety at Work Regulations

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

This document should be filed with school risk assessments

Administration of Medicines Risk Assessment Guidance

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

The information should then be transferred onto the action plan at the end of the risk assessment form and used as a live document until all actions have been completed.

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

What are the hazards?	Who might be harmed and how?	What are you already doing?	Do you need to do anything else to manage this risk?	Action by whom?	Action by when?	Done
<u>Policy/Procedures</u>						
Lack of policy/procedures	Children	Local administration of medicines policy documented for premises.				✓
Lack of clarity and staff awareness of policy and procedures	Children	Administration of medicines policy provided to staff at induction and periodically thereafter. Investigation procedure in place in the event of failure e.g. refresher training, disciplinary procedures or review of policy.				✓
Failure to follow policy/procedures	Children					✓
<u>Training</u>						
Lack of awareness training to safely administer medicines e.g. asthmas, epi-pen etc.	Children & staff	Periodic awareness training provided for medical conditions such as asthma or epi-pen etc. by a competent person e.g. school nurse or other medical professional	✓ Refresher training to be arranged	TN	March 23	
Lack of awareness training in control and storage of medication	Children & staff	Induction awareness training on local storage procedures and periodic refresher information provided (annually) to relevant staff e.g. policy/procedures				✓
Lack of specific awareness training to meet individual needs of children on the premises	Children & staff	Medical form to be completed by parents/guardian for pupils on admission to school to ensure medical needs are identified				✓
		Periodic training provided for specific medical conditions by competent person e.g. school nurse or other medical professional				✓

What are the hazards?	Who might be harmed and how?	What are you already doing?	Do you need to do anything else to manage this risk?	Action by whom?	Action by when?	Done
<u>Administration</u>						
Incorrect dosage given	Children	Medication to be provided in the original container/labelled with the name of the appropriate pupil and dose required.				✓
Incorrect pupil given medication	Children	Staff will check name and dosage on medication prior to administration.				✓
Out of date medication administered	Children	Regular review of expiry dates prior to administering medication by staff.				✓
<u>Controlled Drugs</u>						
Any specific procedures	Children	Staff to administer medication.				✓
<u>Storage</u>						
No dedicated cabinet, refrigerator or room in use - available prescribed medicines and controlled drugs not stored in safe way.	Children	Non-emergency prescribed medicines are stored in office fridge. Asthma & adrenaline medications stored in classroom medical boxes. Access by adults only.				
No secure refrigerator available/in use	Children	Office refrigerator is used with medicine stored in a separate sealed bags or containers and clearly labelled.				✓
Medicines not in original containers or clearly labelled	Children	Medicines to be provided in the original container labelled with the name of the appropriate pupil.				✓
Emergency medicines locked away	Children	All emergency medicines (asthma inhalers, epi-pens etc.) readily available and not locked away.	Asthma & adrenaline medications to be kept in class.	NJ	February 23	

What are the hazards?	Who might be harmed and how?	What are you already doing?	Do you need to do anything else to manage this risk?	Action by whom?	Action by when?	Done
<u>Consent</u> Lack of parental consent. Inappropriate person providing consent. Limited information on consent form (leading to lack of clarity).	Children Children	Parental consent forms to be completed using standard template in Appendix 6 and fully completed by a parent or guardian of child only, providing all relevant information requested.	Consent forms to be completed by parents (Appendix 5).	School office staff	Ongoing	
<u>Health Care Plans</u> School unaware that child has health issues requiring monitoring in school. No health care plans in place. Lack of involvement of family and health care professionals. Lack of awareness of health care plan by relevant staff.	Children & staff Children Children Children	Process in place for identifying a child who has health issues that require monitoring in school i.e. School Accessibility form on starting school – Appendix 2 & School Asthma Plan (& consent form) – Appendix 3. A health care plan must be devised when required in conjunction with appropriate medical practitioner, parents, guardian and Headteacher / Deputy Headteacher using Appendix 4. Health care plans are provided to all relevant staff.				✓ ✓ ✓

Action Plan for Risk Assessment

Action Plan to be completed based on the findings of risk assessment. The following actions are to be undertaken to reduce the risk level as far as reasonably practical and to ensure that all of the standard controls and local arrangements are in place.

No	Hazard not fully controlled	Performance Status	Action required	Person Responsible	Target Date	Date of Completion
		Imminent				
		High				
		Medium				
		Low				
		Very low				
1.	Refresher training for staff on use of inhalers and adrenaline pens	High	Research CPD with medical trainers	H&S Coordinator (TN)	March 23	
2.	Asthma & allergy medications not readily available to children	High	Purchase & organisation of classroom medication boxes & forms	H&S Coordinator (TN)	February 23	
3.	Implementation of this new policy and procedures	High	Share with all staff and governors	Headteacher	March 23	
4.						
5.						
6.						
7.						
8.						

Signature of Responsible Manager.....



Mrs J Mallaby, Headteacher.....

Date.....6.3.23.....