

Original Date Written	Latest Review	Date for Review
January 2017	January 2025	January 2026

Marlborough St Mary's CE Primary School



MARLBOROUGH
ST MARY'S
PRIMARY SCHOOL

Medical Conditions Policy

Together we believe, learn and achieve

Marlborough St Mary's CE Primary School

Medical Conditions Policy

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1. Introduction

1.1. Statement

The Children and Families Act 2014 places a duty on schools to make arrangements for children with medical conditions. Children with medical conditions have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone.

The Department of Education have produced statutory guidance 'Supporting Children with Medical Conditions' and Marlborough St Mary's will have regard to this guidance when meeting this requirement.

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

It is our policy to ensure that all medical information will be treated confidentially. All staff have a duty of care to follow and co-operate with the requirements of this policy.

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

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

1.2. Aim and purpose

- To support children with medical conditions, so that they have full access to education, including physical education and educational visits
- To ensure that school staff & volunteers involved in the care of children with medical needs are fully informed and adequately trained by a professional in order to administer support or prescribed medication
- To comply fully with the Equality Act 2010 for children who may have disabilities or special educational needs.
- To write, in association with healthcare professionals, Individual Healthcare Plans where necessary
- To respond sensitively, discreetly and quickly to situations where a child with a medical condition requires support
- To keep, monitor and review appropriate records

1.3. Who it applies to

The policy applies to the individual children, their parent/carers, Head teacher, school staff, volunteers and governing body.

2. Policy

2.1. Description

Marlborough St Mary's School is an inclusive community that supports and welcomes pupils with medical conditions.

Marlborough St Mary's provides full access to the curriculum for every child wherever possible. We believe that children with medical needs have equal entitlement and must receive necessary care and support so that they can take advantage of this. However, we also recognise that employees have rights in relation to supporting children with medical needs, as follows:

Employees may:

- Choose whether or not they wish to be involved
- Receive appropriate training
- Work to clear guidelines
- Bring to the attention of Senior Leadership any concern or matter relating to the support of children with medical conditions

The prime responsibility for a child's health lies with the parent, who is responsible for the child's medication and must supply the school with all relevant information needed in order for proficient care to be given to the child. The school takes advice and guidance from a range of sources, including the School Nurse, Health professionals and the child's GP in addition to the information provided by parents in the first instance. This enables us to ensure we assess and manage risk and minimise disruption to the learning of the child and others who may be affected (for example, other children in class).

Some children may also have special educational needs (SEN), or have an Education, Health and Care (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 SEND code of practice. For children who have a medical condition that requires an EHC Plan, compliance with the SEND code of practice will ensure compliance with the statutory elements of this policy.

2.2. Expectations

It is expected that:

- Parents will inform school of any medical condition which affects their child;

- Parents will supply school with appropriately prescribed medication, where the dosage information and regime is clearly printed by a pharmacy on the container;
- Parents will co-operate in training their children to self-administer medicine if this is appropriate, and that staff members will only be involved if this is not possible;
- Medical professionals involved in the care of children with medical needs will fully inform staff beforehand of the child's condition, its management and implications for the school life of that individual;
- Marlborough St Mary's will ensure that all staff are aware of the Medical Conditions Policy and procedures for the administration of medicine; and sign to confirm they have read and understood the document. The policy will form part of the Induction pack sent to all new starters.
- Marlborough St Mary's will ensure that, where appropriate, children are involved in discussing the management and administration of their medicines and are able to access and administer their medicine if this is part of their Individual Healthcare plan (for example, an inhaler);
- School staff will liaise as necessary with healthcare professionals and services in order to access the most up-to-date advice about a child's medical needs and will seek support and training in the interests of the child;
- Transitional arrangements between schools will be completed in such a way that the school will ensure full disclosure of relevant medical information, Healthcare plans and support needed in good time for the child's receiving school to adequately prepare.

While school staff will use their professional discretion in supporting individual children, they must:

- Ensure easy access to inhalers and the administration of medication when and where necessary.
- Understands that all children with the same medical condition will not have the same needs and will focus on the needs of each individual child.
- Not ignore the views of the pupil or their parents
- Not ignore medical evidence or opinion (although this may be challenged)
- Ensure children with medical conditions are not sent 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 IHPs
- Ensure, if the pupil becomes ill, that they are not sent to the school office unaccompanied or with someone unsuitable
- Not penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Ensure pupils are able to manage their medical condition effectively e.g. drinking, eating or taking toilet or other breaks whenever they need.
- Not prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child

3. Roles and Responsibilities

3.1. Governing Body/Headteacher:

- Ensuring that this policy is regularly reviewed and complies with current government regulations
- Being aware of the roles and responsibilities of all those involved in the arrangements to support children with medical conditions;
- Evidencing that the policy is fully implemented and staff are fully trained

3.2. Medical Conditions Co-Ordinator (SENCO):

- Ensuring that this policy is regularly reviewed and complies with current government regulations
- Being aware of the roles and responsibilities of all those involved in the arrangements to support children with medical conditions;
- Ensuring that the policy is fully implemented and staff are fully trained
- Ensuring that all staff, including temporary or supply staff, are aware of the policy for supporting children with medical conditions and understand their role in its implementation;
- Ensuring that all staff who need to know are aware of the child's condition;
- Ensuring that sufficiently trained members of staff are available to implement the policy and deliver against all individual health care plans, including in contingency and emergency situations;
- Ensuring Health Care Needs Risk Assessments are completed and the development of individual health care plans;
- Ensuring that the School Nursing Service is contacted in the case of any child who has a medical condition that may require support at the school, but who has not yet been brought to the attention of the School Nurse;
- Ensuring that relevantly trained staff are aware that they may be asked to provide support for children with medical conditions, including administering medicines, assisting with intimate care and toileting issues.
- Ensuring that records are kept of all administration of medication.

3.3. Teachers and Support Staff:

- Knowing what to do and responding accordingly when they become aware that a child with medical conditions needs help;
- Receiving sufficient and suitable training and achieving the necessary level of competency before they take on the responsibility to support children with medical conditions.

3.4. School Nursing Service:

- Notifying the school when a child has been identified as having a medical condition which will require support;
- Creating and supporting school staff in implementing a health care plan;
- Liaising locally with lead clinicians, parents and school staff on appropriate support.

4. Procedures

4.1. Identifying children with health conditions

We will aim to identify children with medical needs on entry to the school by working in partnership with parents/carers. We will use the 'Pupil Registration Form' to obtain the information required for each child's medical needs in order to ensure that we have appropriate arrangements in place prior to the child commencing at the school to support them accordingly.

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

4.2 Health Care Needs Risk Assessment and Individual Health Care Plans (IHCP)

Some pupils/children have unusual or special specific medical needs which may require treatment in an emergency. Examples would be extreme allergic reaction (anaphylactic shock) to wasp stings or food such as peanuts; epileptic seizure, which may involve invasive medical procedures such as giving an injection. Other instances where children require special personal care involving intimate or invasive treatment include assistance with catheters or the use of equipment for children with tracheotomies.

Children and young people with a health care need requiring administration of medication (short or long term) will require a Wiltshire Children's Trust Health Care Needs Risk Assessment (see end of policy), and where this risk assessment identifies the need, a Health Care Plan should be developed in conjunction with the school nursing service.

The Health Care Needs Risk Assessment will be reviewed where appropriate or at least annually.

It should be undertaken with the support of the parent/carer and if appropriate a nursing representative.

The Health Care Needs Risk Assessment will identify:

- Any risk around the health care needs for the child;
- Any risk around the health care needs for those around them, including children, staff and visitors;
- Control measures to manage the risks, i.e. resources, environmental considerations;
- Training needs – who will need to be trained, and what support is needed for the child's care
- health care needs to be managed safely in the setting.

Some children and young people who need regular prescribed medication may not need an individual healthcare plan if it is determined, following the Health Care Needs Risk Assessment, that their care needs can be met under the existing policies and guidelines.

Any invasive treatments should be risk assessed and appropriate precautions implemented such as having a second member of staff present while the more intimate procedures are being followed and details of the appropriate personal protection to be worn (See Intimate Care policy). Staff should protect the dignity of the child as far as possible, even in emergencies.

For those children who require treatment including invasive medical procedures, only those who are both willing and appropriately trained will administer such treatment. Training in invasive procedures will be conducted by an appropriately qualified person.

Subject to parents'/carers' consent, all staff should be made aware of the pupil's condition and where to locate the trained staff in case of an emergency. There should be sufficient trained staff to cover for any absences. All staff should be made aware of the importance of respecting the confidentiality of medical information.

We recognise that Individual Healthcare Plans are recommended in particular where conditions fluctuate or where there is a high risk that emergency intervention will be needed and are likely to be helpful in the majority of cases, especially where medical conditions are long term and complex. The school, healthcare professional and parents/carers will agree based on evidence when a healthcare plan would be inappropriate or disproportionate. All children with asthma, epilepsy, diabetes and severe allergies will have an Individual Health Care Plan (IHCP).

All children with medical conditions where there is a high risk that emergency intervention will be required to have an individual healthcare plan (IHCP), which explains what help they need in an emergency. The IHCP will accompany a pupil should they need to attend hospital. Parental and school management permission will be sought and recorded in the IHCP for its use, and school will always share an Individual Health Care Plan as necessary within emergency care settings.

Where children require an individual healthcare plan it will be the responsibility of the Medical Conditions Co-Ordinator (SENCO) to work with parents and relevant healthcare professionals to write the plan.

A healthcare plan (and its review) may be initiated in consultation with the parent/carer, by a member of school staff or by a healthcare professional. The Medical Conditions Co-Ordinator (SENCO) will work in partnership with the parents/carer, and a relevant healthcare professional. Where a child has a special educational need identified in a statement or Educational Health Care (EHC) plan, this individual plan will be linked to or become part of that statement or EHC plan.

Please see appendix 1 for the process of developing a health care plan.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The Medical Needs Co-Ordinator (SENCO) responsible for developing IHPs, will consider the following when deciding what information to record on IHPs:

- 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 will 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 pupil'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 pupil's condition and the support required
- Arrangements for written permission from parents and the principal 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 pupil can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact, and contingency arrangements
- If a child is returning following a period of hospital education or alternative provision (including home tuition), we will work with the child's parents/carers and nurse to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

4.3 Medicines

- The school will generally only administer prescribed medication for children. In special circumstances unprescribed medicine may be given, e.g. painkillers, antihistamines or travel sickness medicine, but these instances will only be accepted on a case-by-case basis.
- No medication will be given to any pupil or child without the specific written consent of the parent/carer concerned and evidence of the need from an appropriate professional. Even then consideration will be given to the need for the medicine to be taken during school hours – most courses of medication can be taken satisfactorily before and after school and at night. Some older children may also be deemed capable of administering their own medication.
- A Wiltshire Children's Trust Health Care Needs Risk Assessment form and Wiltshire Council Standard forms 1 and 2 (see end of policy) should be completed. Form 1

(Form of Parental Consent) is required to be completed fully in all instances of medication being given. Form 2 (Record of Medicines given to child in school) is required to be completed by the responsible member of staff for each administration. The medicine, together with the completed and signed consent Form 1, should be delivered to the school, where possible by a parent, and should be handed personally to the school office.

- **In no circumstances should staff administer prescribed medication on their own initiative or without the written consent of parents/carers.**
- A written record will be kept of the administration of all medication to pupils, using Form 2. Such a record will be kept, together with the instructions, and be checked on every occasion and completed by the designated member of staff. The record should give the date and time of administration, the name of the medicine, the dose given, the name of the child and the name of the staff member administering the medication. Form 2 will be retained on the school premises with the school's and child's records respectively. It is recommended that Form 2 is printed on the reverse of Form 1 in order that the two documents do not become separated.
- 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
 - The receiving member of staff should check the accuracy of the name and date.
- All medication excluding inhalers/EpiPen's will be kept in a locked cabinet by the school office.
- Certain medicines such as inhalers and EpiPen's will need to be securely stored but where they can be quickly and easily accessed in the event of an emergency. These medicines will be placed in a suitable sealed container, e.g. plastic box and clearly marked "medicines". Inhalers will be stored in the appropriate classroom, EpiPen's will be stored in a red bumbag and carried around with the child at all times.
- The school has chosen to hold an emergency salbutamol inhaler and EpiPen for use by pupils who have been prescribed a reliever inhaler and for whom parental consent for its use has been obtained. (see appendix 2 for further information)
- Some medication such as liquid antibiotics or insulin may need to be kept in a refrigerator.
- When administering appropriate prescribed medication, this administrator will check the dosage and when the previous dose was given.
- This school disposes of needles and other sharps in line with local policies when relevant. Sharps boxes are kept securely at school and will accompany a child on off-site visits. They are collected and disposed of in line with local authority procedures
- **Under no circumstances should medicines be kept in first aid boxes.**
- Any medication which has passed its expiry date should be collected from school by parents within five days of the expiry date or it should be disposed of safely (e.g. by returning it to the local pharmacist). Medicines should not be disposed of in the sink, toilet or general waste.

- The school will make sure that a trained member of staff is available to accompany a pupil with a medical condition on an off-site visit, subject to an appropriate risk assessment including overnight stays.
- A list of named trained medicine administrators (EpiPen etc) will be put up with the list of First Aiders around the school (e.g KS1/KS2 Corridor, relevant classrooms, School office).

4.4. Controlled drugs

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

A child who has been 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.

All controlled drugs are kept in a secure cupboard and only named staff will have access to it.

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

4.5. 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, and it will be reflected in their IHPs.

Pupils will be allowed to carry 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 IHP and inform parents so that an alternative option can be considered, if necessary.

4.6 Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do. If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives, or accompany the pupil to hospital by ambulance.

4.7 Complaints

Parents with a complaint about their child's medical condition should discuss these directly with the Medical Needs Co-Ordinator (SENCO) in the first instance. In the second instance they should request a meeting with the headteacher. If in turn this does not resolve the matter the headteacher will direct parents to the school's complaints procedure.

5. Monitoring and Review

- Marlborough St Mary's will review the content of this policy on an annual basis in line with its policy review process and statutory requirements.

6. Links to other policies

This policy links to the following policies:

- Accessibility Plan
- Complaints
- Equality Information and Objectives
- First Aid
- Health and Safety
- Intimate Care Policy
- Safeguarding
- Special Educational Needs Information Report and Policy

7. Key information and definitions

Medicine is any substance or substances used in treating disease or illness

8. FAQs

Q. What training should staff receive?

A. Training must be suitable and adequate, this will depend on the nature of the medication and health condition. In some cases, training from a medical professional may be needed.

9. Success Criteria

A risk assessment and health care plan are in place for each child that requires one.
Written consent is obtained before any medication is administered to a pupil.
Written records of all administration of medication are kept and updated on each occasion.
All medication is safely and securely stored, with access restricted to authorised staff only.
The school has robust arrangements in place for the emergency administration of medicines.

DfE guidance

Governing bodies should ensure that all schools develop a policy for supporting pupils with medical conditions that is reviewed regularly and is readily accessible to parents and school staff. Governing bodies should ensure that the arrangements they set up include details on how the school's policy will be implemented effectively, including a named person who has overall responsibility for policy implementation.

Details should include:

- who is responsible for ensuring that sufficient staff are suitably trained,
- a commitment that all relevant staff will be made aware of the child's condition,
- cover arrangements in case of staff absence or staff turnover to ensure someone is always available,

- briefing for supply teachers,
- risk assessments for school visits, holidays, and other school activities outside of the normal timetable,
- monitoring of individual healthcare plans.

Wiltshire Children's Trust Health Care Needs Risk Assessment

Contents

Complete Section A to G only when relevant to the child. (Ctrl + click on list to go straight to section)

Medical Needs Risk Assessment (Setting based)

Action required to minimise risk - Summary and Action Plan

[To be read alongside the Health Care Plan](#)

Medical Needs Risk Assessment (Setting based)

To be used to identify the resources which need to be in place for a child (young person) with medical needs where these needs are complex and are not covered by the settings standard policies and guidelines.

This form should be completed by the setting representative in partnership with the appropriate health representative and the parents and/or the child/young person.

If completing this form electronically to fill in a place the cursor in the box and left click.

Child/Young person's Name:		Date of Birth:	
Setting:		Year Group:	

Key Worker / Teacher:	
Primary Health Contact: (name and contact details)	
Name and role of professionals involved in this Risk Assessment (i.e. Specialist Nurse, School Health Nurse or Community Children's nurse, Physio, OT, Community paediatrician):	
Parent/carer (name and contact details)	
Date of Assessment:	
Reassessment due:	
Which documents are available to support this risk assessment? (Underline item, if applicable) Healthcare Plan / Healthcare flow chart / Medical/Paediatric letter(s) / Other	
Outcome of Risk Assessment	
Is an individual health care plan required?	YES / NO
Are there outstanding actions?	YES / NO
Outstanding actions to be completed by date:	

Signatures

Setting manager/ Head teacher:		Date:	
Parents		Date:	
Young person		Date:	

Child Information Profile
The phrase 'child' is used throughout this document to represent child or young person.
Summary of Condition /Health Care Needs/ Disability:
Is the condition (Underline item, if applicable) Chronic / Progressive / Life threatening / Acute
Comments/Areas of Concern including measures needed to include this child safely / site visits / residential trips.
 Other considerations:
Medication
Does the child have any medication which may need to be administered? YES / NO If Yes, which section is this explained?:
Has appropriate storage of prescribed items such as medication, equipment been agreed? YES / NO Please record:
Communication, Understanding & Behaviour
What is the child's usual method of communication? <i>(e.g verbal, gesture, sign language)</i>
Does the child have any signs, gestures or phrases that are important for their safety and wellbeing? YES / NO If Yes please explain

Is the child generally cooperative?

YES / NO

If No please explain:

Does this child have any known mental health problems?

YES / NO

If Yes please explain

Does the child have a learning disability that effects their communication?

N/A

Please explain:

Manual Handling

Does this child have manual handling needs which may impact the administration of medication or treatment?

N/A / YES / NO

If No, ensure the manual handling plan is updated to include this risk.

Managing Pain

Does the child have any chronic/acute pain that is controlled with medication or any other intervention?

YES / NO

If Yes does the setting have a plan in place to manage this pain. Please explain:

Additional documents

Are there health care / other plans to support and advise in managing this child / young person's medical needs?

Underline item below, if applicable

Health Care Plans (provided by a nurse / health care professional

Health Care Flow Chart

Toileting plan

Manual handling plan

Behavioural support plan

Any additional information on child / young person's views and preferences?

Risk Assessment Outcomes	
Does this require additional care?	YES / NO
Reassessment of care provision needed.	YES / NO
Do they need adult assistance?	YES / NO
The Health Care Plan needs to be written / reviewed	YES / NO
Is this discussed in the Action Plan?	YES / NO
Staff training needs to be reviewed / actioned?	YES / NO
Current provision is promoting young person's independence / self management.	YES / NO

Action required to minimise risk - Summary and Action Plan

What are the Hazards and who might be affected?	What is already in place?	What action needs to be taken?	Who will do this by when?	Date completed	Risk rating To be completed prior to the child attending setting unaccompanied
<i>Example: David may have a seizure</i>	<i>All school staff have received initial training. Key staff have been trained to competency standard. Procedures in place to share between home and school when David last had medication.</i>	<i>Emergency plan needs to be updated. Agreement on what happens when.... (school trips, staff off work, medication out of date)</i>	<i>SENCO, alongside parent and School Nurse - by 2nd September</i>		<i>Currently Amber but Green when actions in place.</i>
Medication					
Communication, understanding, social & emotional and behaviour					
Manual handling, mobility					
Training needs					
Child Support needs					

Section A – Asthma / Anaphylaxis and other allergies

Does the child have asthma / anaphylaxis / other allergies? YES / NO
If No go to Section C
If Yes name of condition:

Asthma / Anaphylaxis

Does the child have any **allergies**? YES / NO
Please identify allergies / intolerances:
What measurers need to be put in place: (Underline item, if applicable)
Oral antihistamine
Inhaler: as required
Are adaptations required for any of these activities? (Underline / highlight item below, if applicable)
Science / Swimming / indoor PE / cooking /DT
outdoor PE / Outdoor activity / Transport / Residential trips

Emergency Medication

Does the child have emergency medication: (Underline item, if applicable)
i.e. **Emergency inhaler / EpiPen?**
other (Please explain)
This medication can be self administered / will be administered by setting staff (Underline item, if applicable)
Please explain.

Where will the medication be stored so that it is quickly and reliably accessible? : (Underline item, if applicable) . **Explain:**
Is this location secure? / locked?

Where will administration of the medication be recorded and by whom?

Please note any concerns re: the administration of medication including timing, any possible side effects or indications to not administer:

Other Breathing Difficulties

Does the child require support to maintain their own airway/breathing? YES / NO
If yes support required: (Underline item, if applicable)

Suction

Oxygen: Emergency only / Continuous

Ventilation: Invasive / Non-invasive

Tracheostomy:

Nebuliser: Regular / Occasional

Other medication / treatments related to airway / breathing

Are adaptations required for any of these activities? (Underline item below, if applicable)

Science / Swimming / indoor PE / cooking / DT

outdoor PE / Outdoor activity / Transport / Residential trips

Are there any activities which may need to be modified or monitored to ensure this child's safety?

Please explain:

(Underline item below, if applicable)

Is BLS / choke training recommended by healthcare professionals?

Risk Summary – To be recorded on Action Plan

Please see Health Care Plan

Section B – Heart Problems (cardiovascular)

Is the child known to have any heart or circulatory problems? YES / NO

If No go to Section D

If Yes, please explain:

Does the child have medication or technology based support for their heart problems?

YES / NO

If Yes please give details

Do the child's problems affect bleeding / clotting?

YES / NO

If Yes please give details:

Are there any activities which may need to be modified or monitored to ensure this child's safety?

YES / NO

If Yes please give details:

Risk Summary – To be recorded on Action Plan

Please see Health Care Plan

Section C – Endocrine / metabolic disorder (e.g. Diabetes, congenital adrenal hypoplasia)

Does the child have any endocrine / metabolic disorder? YES / NO

If No go to Section E.

If Yes please explain:-

Does the child require medication, monitoring / use of technology? YES / NO

If Yes please give details including route of administration and equipment required.

Can the child self administer the medication? YES / NO

If yes, please explain:

If self administering do they require supervision/support? YES / NO

If yes, please explain:

If not self administering will setting staff administer in accordance with setting policy?

YES / NO

Please explain how the child's medication needs are met.

How many staff require training to support this process?

Does the child require modification of activities or specific planning prior to undertaking any activities, i.e. PE, Swimming? YES / NO

If Yes please give details:

Does the child's food and drink intake require monitoring or are there any other specific care requirements? YES / NO

If yes please give details:

Does the setting have a plan / flow chart to support the child in an emergency?

YES / NO

If Yes please explain:

Please see Health Care Plan

Emergency Medication

In an emergency this child requires emergency medication to be administered by setting staff / Paramedic (Underline item, if applicable)

Please provide a brief summary:

Where will the medication be stored so that it is quickly and reliably accessible?

Explain:

(Underline item below, if applicable)

Is this location secure? / locked?

Where will administration of the medication be recorded and by whom?

Please note any concerns re: the administration of medication including timing, any possible side effects or indications to not administer:

Risk Summary – to be recorded on Action Plan

Section D – Gastrointestinal/ Bowel and Feeding needs

Does the child have any gastrointestinal/bowel or feeding needs? YES / NO

If No go to Section F.

If Yes, please explain:

Is the child able to feed and drink adequate quantities orally? YES / NO

If No please explain:

Is the child permitted to take food or drink orally? YES / NO

If Yes please explain:

Does the child require any support with eating or drinking (including use of thickening agents or supplements)? YES / NO

Please explain:

(Underline item below, if applicable)

This child has a NG / PEG / Gastrostomy button / Other

If Yes while attending the setting does the child require: (Underline item below, if applicable)

Water / Feeding / Medication / None

If Yes are they administered by **bolus / feeding pump**

Is there a risk of the child choking? YES / NO

If yes, please explain:

(Underline item below, if applicable)

Is BLS / choke training recommended by healthcare professionals?

Please identify medications related to gastrointestinal problems and also any medications administered enterally with relevant information:

Please see Health Care Plan

Does the child have problems such as vomiting, diarrhoea, constipation?

YES / NO

If Yes please explain:

Does the child have a colostomy or ileostomy?

YES / NO

If Yes please explain (including care and facilities needed)

Risk Summary – to be recorded on Action Plan:

Section E - Infection Control/ maintaining skin integrity

Does this child have an increased risk of infection related to these conditions? YES / NO
If no go to Section F

Is the child known to have an infection or been in recent contact with anyone with an infectious condition (i.e. MRSA, HIV, Hepatitis, Chicken Pox, Tuberculosis, Meningitis, Clostridium Difficile)? **YES / NO**
Please list:

Does the child have an **infection** which requires action to be taken to maintain the safety of the child or others around the child? **YES / NO**
If Yes explain:

Is the child particularly at risk of infection due to **low immunity** from immune disorder or treatment which has affected the immune system? **YES / NO**
If Yes please explain:

Does the child have any **skin conditions** which require regular treatment or management? (i.e. eczema, psoriasis, pressure areas, rashes) **YES / NO**
Please explain any skin problems:

Is there any treatment required? **YES / NO**
Please explain.

Risk Summary – to be recorded on Action Plan:

Section F – Neurological e.g. Seizures / Epilepsy

Is the child known to have any neurological problems (i.e. seizures, brain injury / damage, neurological disorder / syndrome) **YES / NO**
If no go to Section H
If Yes, please explain:

Does the child have any symptoms or problems (i.e. slurred speech, spasms, numbness, behaviour problems, mobility problems) related to this disorder **YES / NO**
If Yes please give details:

Seizures

Does the child have history of seizures? (Underline item below, if applicable)
Never / Occasional / Frequent
Please identify type(s) and frequency of seizure including date of last seizure?

Does the child have medication or treatment related to this problem (including rescue medication)? **YES / NO**
If Yes please explain

Are there any warning signs or triggers for a seizure for this child? **YES / NO**
If Yes please explain:

Is the child usually aware of when they are likely to have a seizure? **YES / NO**
If Yes please explain:

Following a seizure what is the child's usual recovery pattern?

Emergency Medication

Does the child have any medication which may need to be administered by setting staff? YES / NO

If Yes, please provide a brief summary:

Please provide a brief summary:

Where will the medication be stored so that it is quickly and reliably accessible?
Explain:

(Underline item below, if applicable)
Is this location secure? / locked?
Where will administration of the medication be recorded and by whom?

Please note any concerns re: the administration of medication including timing, any possible side effects or indications to not administer:

Risk Summary – to be recorded on Action Plan

Please see Health Care Plan

Section G - Urinary and Renal Needs

Does this child have urinary or renal needs? YES / NO
If no go to Section I

Does the child have urinary or renal problems which require monitoring? YES / NO
(e.g. liver problems)
Please explain:

Does the child require urinary catheterisation? YES / NO
Please underline appropriate type:
(i.e. suprapubic / intermittent catheterisation / Mitrofanoff)
Please explain

Can the child self catheterise? YES / NO

If self catheterising do they require supervision/support? YES / NO

If not self catheterising will setting staff require training in accordance with the health care plan?
YES / NO

How many staff require training to support this process?

Risk Summary – to be recorded on Action Plan
Please see Health Care Plan

ADMINISTRATION OF MEDICINES

FORM OF PARENTAL/GUARDIAN CONSENT (Form 1) - STRICTLY CONFIDENTIAL

Child's Name:		Year/Class:
Address:		
Date of Birth:		
Home Tel No:		Work Tel No:
GP Surgery		GP's Tel No:
Condition/Illness:		

Statement:

I hereby request that members of staff administer the following medicines as directed below. I understand that I must deliver the medicine personally to the school in the original container as dispensed by the pharmacy and accept that this is a service which the school is not obliged to undertake. I will inform the school/setting immediately, in writing, if there is any change required to the dosage or frequency of the medication required or if the medication is to cease.

Name (print): _____

Relationship: _____

Signed: _____

Date: _____

Name of Medicine	Dose	Prescribed by Medical Practitioner (Yes or No)	Frequency & Times for Administration	Date of Completion of Course (if known)
A				
B				
C				
D				
E				
Special Instructions/Precautions/Side Effects:				
Emergency Action:				

Other prescribed medicines child takes at home:

RECORD OF PRESCRIBED/ NON-PRESCRIBED MEDICINES GIVEN TO CHILD IN SCHOOL (Form 2)

Child's Name: _____ Date of Birth: _____

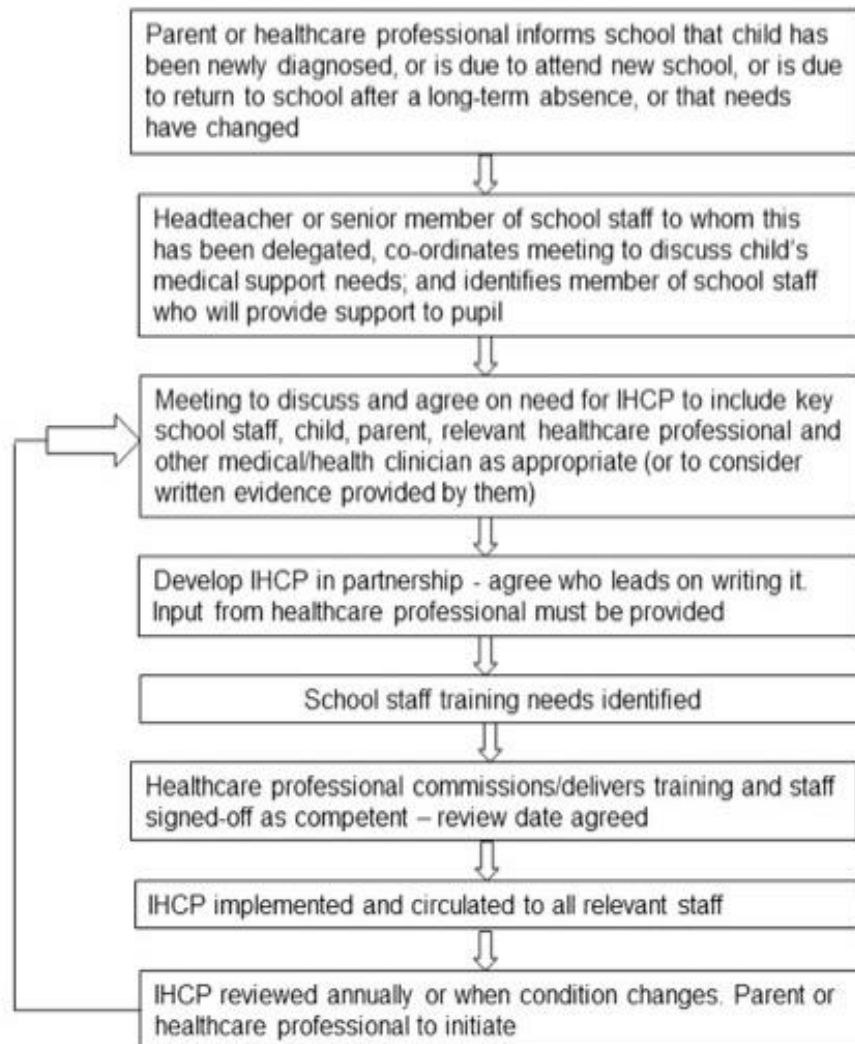
Year/Class: _____

STRICTLY CONFIDENTIAL

Date	Time	Name of Medicine Given	Dose	Any Reactions	Name and Signature	Signature of staff witnessing invasive treatment

Appendix 1

Process for developing individual healthcare plans



Appendix 2

Emergency salbutamol inhaler

The school has chosen to hold an emergency salbutamol inhaler for use by pupils who have been prescribed a reliever inhaler and for whom written parental consent for its use has been obtained.

The protocol for the use of this inhaler is detailed below, following the Department of Health Guidance on the use of emergency salbutamol inhalers in schools. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/360585/guidance_on_use_of_emergency_inhalers_in_schools_October_2014.pdf

The use, storage, care and disposal of the inhaler and spacers will follow the school's policy on supporting pupils with medical conditions. Specific guidance on storage and care is provided on page 12 of the Department of Health Guidance on the use of emergency salbutamol inhalers in schools.

The school hold a register of children prescribed an inhaler and this list is kept with the emergency inhaler.

Written parental consent is sought for the use of the emergency inhaler. Where consent is received the use of the emergency inhaler will be included in the pupils IHP.

Parents/carers will be informed if their child has used the emergency inhaler.

The school's two volunteers for ensuring this protocol is followed are (insert names) appropriate support and training has been provided in line with the school's policy on supporting pupils with medical conditions.