WEST WIMBLEDON PRIMARY SCHOOL

Managing Medicines and Medical Needs Policy

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Date: Date

Contents

1. Aims

This policy aims to ensure that:

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

The governing body and senior leadership team will implement this policy by:

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

The named person with responsibility for implementing this policy is Paul Lufkin, Executive Headteacher.

2. Legislation and statutory responsibilities

This policy meets the requirements under Section 100 of the Children and Families Act 2014, which places a duty on governing bodies to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education's statutory guidance: Supporting pupils at school with medical conditions.

3. Roles and responsibilities

3.1 The governing body

The governing body has ultimate responsibility to make arrangements to support pupils with medical conditions. The governing body should ensure that its arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school. The arrangements should show an understanding of how medical conditions impact on a child's ability to learn, as well as increase confidence and promote self-care. The governing body will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

3.2 The headteacher

The headteacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Make sure that the medical conditions policy is in line with local and national guidance and frameworks

- Ensure this policy is put into action, with good communication of the policy to all stakeholders
- Ensure all supply teachers and new staff know about arrangements under this policy
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all Individual Healthcare Plans ('IHPs'), including in contingency and emergency situations
- Take overall responsibility for the development of IHPs
- Appoint a member of staff as the coordinator for medical needs at the school
- Make sure that the school is appropriately insured to support pupils under this policy
- Ensure that the school nursing service is involved in the case of any pupil who has a medical condition that may require support at school, but which has not yet been brought to the attention of the school nurse
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

3.3 Other School Staff

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

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

All staff have a responsibility to:

- be aware of the potential triggers, signs and symptoms of common medical conditions and know what to do in an emergency
- understand the school's medical conditions policy
- know which pupils in their care have a medical condition and be familiar with the content of the pupil's IHP
- know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help
- maintain effective communication with parents including informing them if their child has been unwell at school

Medical Needs Coordinator

The **Office Manager, Liz Gage, is the school's Medical Needs Coordinator** with responsibility to:

- Liaise and coordinate with parents about medical needs information and medicines
- Liaise with and seek advice from healthcare professionals/school nurse as appropriate
- Ensure that information held by the school is accurate and up to date and that there are good information sharing systems in place using pupils' IHPs
- Annually check the expiry date of medicines kept at school
- Oversee safe and secure storage of medicines
- Maintaining the school medical conditions photographic register
- Oversee record keeping for medicines in school

Teaching staff

Teachers have a responsibility to:

- take into account the needs of pupils with medical conditions that they teach
- be aware that medical conditions can affect a pupil's learning and provide extra help when pupils need it
- liaise with parents, the pupil's healthcare professionals, special educational needs coordinator and welfare officers if a child is falling behind with their work because of their condition

3.4 Parents

Parents will:

- Provide the school with sufficient and up-to-date information about their child's medical needs
- Be involved in the development and review of their child's IHP and help ensure the school has a complete and up-to-date IHP for their child
- Carry out any action they have agreed to as part of the implementation of the IHP e.g. provide medicines and equipment
- Inform the school of any medication their child requires while taking part in visits, outings or field trips and other out-of-school activities
- Tell the school about any changes to their child's condition or medication, what they take, when, and how much
- Ensure that their child's medication is within expiry dates

3.5 Pupils

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

3.6 School nurses and other healthcare professionals

Our school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible.

Healthcare professionals, such as GPs and paediatricians, will liaise with the schools nurses and notify them of any pupils identified as having a medical condition.

Our school nursing service will help update the school's medical conditions policy including recommending training, as well as provide regular training for school staff in managing the most common medical conditions at school and advising training on less common conditions.

4. Equal opportunities and inclusion

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

The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits, sporting activities and have access to extra-curricular school activities and wrap around care.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

We ensure that teachers and sports coaches make appropriate adjustments to lessons, PE and other activities to make physical activity accessible to all pupils. We ensure that all pupils have the appropriate medication or food with them during physical activity and that pupils take them when needed.

5. Notification that a child has a medical condition

There are several ways that a school might be notified that a child has a medical condition

- On enrolment, parents are asked if their child has any health conditions or health issues on the registration forms before starting school
- Parent or healthcare professional telling the school that the child has a new diagnosis or medical needs that have changed

When notified of a medical condition, the Headteacher or other senior member of staff will review the child's medical needs and discuss and agree with parents, school nurse or other relevant healthcare professionals whether there is a need for an Individual Healthcare Plan (Appendix A).

IHPs will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

A photographic register of pupils in school with severe medical conditions or allergies is maintained and regularly updated. A copy of this register is available in every classroom and other locations around the school to support all staff in identifying pupils who may be at risk.

Supply teachers are also given a copy of the photographic register (and shown the photographic register in the classroom), and informed about any particular medical conditions in the class(es) they are covering.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil has SEND but does not have an EHC plan, the SEND will be mentioned in the IHP. The Headteacher and Medical Needs Coordinator will identify and commission any staff training needs from new IHPs.

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

6. Individual healthcare plans (IHPs)

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. The implementation and coordination of this has been delegated to the Medical Needs Coordinator.

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is not a consensus, the headteacher will make the final decision. Plans will be developed with the pupil's best interests in mind. The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed but will generally set out:

- 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
- Which staff will provide support for the pupil (and cover arrangements for when they are unavailable)
- Staff training required
- Arrangements for medication to be administered during school hours
- Other care requirements during school hours, including arrangements for school trips
- What to do in an emergency, including who to contact, and contingency arrangement

The Medical Needs Coordinator is responsible for ensuring that a central file of IHPs is maintained centrally in the school office and relevant staff informed of these:

- Teachers hold copies of pupils' IHPs.
- All members of staff who work with groups of pupils have access to the IHPs of pupils in their care via the school office or teacher copy.
- When a member of staff is new to a class, for example due to staff absence, the Headteacher, Medical Needs Coordinator other senior member of staff makes sure that they are made aware of (and have access to) the IHPs of pupils in their care.

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

7. Managing medicines

Prescription medicines will only be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so **and**
- Where we have parents' written consent **and**
- Under adult supervision

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 school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

If a pupil has a short-term medical condition that requires prescription medication during school hours, parents are asked to complete a Parental Consent to Administer Medicine form (Appendix B) Only the prescribed/ recommended dose will be administered; this cannot be changed unless written instructions are given from a medical professional. The Parental Consent to Administer Medicine form should be signed by the parent or guardian and retained in the school office for reference by staff involved. If the instructions have not been given in writing, it will not be possible for the school to accept responsibility for administering the medication.

All staff are aware that there is no legal or contractual duty for any member of staff to administer medication or supervise a pupil taking medication unless they have been specifically contracted to do so.

Members of staff are happy to take on the voluntary role of administering medication where this policy's guidelines have been met. All school staff have been informed through training that they are required, under common law duty of care, to act like any reasonably prudent parent in an emergency situation. This may include taking action such as administering medication.

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.

The School Office make all staff attending off-site visits aware of any pupils with medical conditions on the visit. They receive information about the type of condition, what to do in an emergency and any other additional support necessary, including any additional medication or equipment needed.

Any member of staff giving medicines to a child should check: the child's name, prescribed maximum dose, expiry date, when the previous dosage was taken, and written instructions provided by the prescriber on the label or container. If there is any doubt about any procedure staff should not administer the medicine but check with the parents or a health professional before taking further action.

Staff should never give a non-prescribed medicine to a child unless as part of an IHP. Parents can make arrangements for themselves or an appointed adult to come into school to administer non-prescribed medicines. If a child suffers regularly from frequent or acute pain the parents should be encouraged to refer the matter to the child's GP. A child under 16 should never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.

If a pupil with a long term medical condition requires regular prescribed or non-prescribed

medication at school, parents are asked to provide consent on their child's IHP giving the pupil or staff permission to administer medication on a regular/daily basis, if required.

All parents of pupils with a medical condition who may require medication in an emergency are asked to provide consent on the IHP for staff to administer medication. Pupils are encouraged to administer their own medication, when their parents and health specialists determine they are able to start taking responsibility for their condition.

7.1 Record Keeping

On every occasion that a pupil takes medication in school (whether given or supervised taking and whether in class or the medical room), a written record must be made of the pupil name, the date and time, the dose/medication taken and the supervising member of staff.

If a pupil refuses to have medication administered, this is also recorded and parents are informed as soon as possible. Written records are kept in the medical room either in the Central Medication Log for ad hoc medication (Appendix C) or in an Individual Medication Log for regular/daily medication as part of the IHP (Appendix D).

Parents will be informed if their pupil has been unwell at school. If a child is unwell, we ask parents that they keep them at home as illness can spread very quickly in a school environment. As a precaution, we also ask parents for children not to return to the school for a period of time after a bout of illness. We ask parents to notify the school of any contagious illnesses as soon as a diagnosis has been confirmed.

7.2 Controlled drugs

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

All other controlled drugs are kept in a secure cupboard in the school office and only named staff have access. Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

7.3 Storage of medication

The Medical Needs Coordinator ensures the correct storage of medication at school.

Annually in September, an audit of medication is carried out by the Medical Needs Coordinator. The audit checks that medication is in date, correctly stored in the location(s) agreed in the IHP and that medicationlogs are in place where necessary. It is the parent's responsibility to ensure that the school has sufficient in-date medication.

All medication will be stored safely, even if pupils normally administer the medication themselves. Pupils will be informed about where their medicines are at all times and be able to access them quickly. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away at during the school day or at off-site activities.

Medication is stored in accordance with instructions, paying particular note to temperature. Some medication for pupils at this school may need to be refrigerated. All refrigerated medication is securely stored in the medical fridge.

The Medical Needs Coordinator is responsible for checking the dates of medication and arranging for the disposal of any that have expired. This will usually be by returning medication to parents. If parents do not pick up out-of-date medication, it is taken to a local pharmacy for safe disposal.

Collection and disposal of sharps boxes is arranged with the local authority's environmental services.

7.4 Unacceptable practice

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

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents
- Ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. 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 pupil, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

8. Emergency procedures

Staff at this school understand their duty of care to pupils in the event of an emergency. In an emergency situation, school staff are required under common law duty of care to act like any reasonably prudent parent. This may include administering medication.

In the case of an emergency, the school will call an ambulance, inform a member of the senior leadership team and contact the parents (if necessary following the procedures in the school's critical incident management plan)

All pupils' IHPs will clearly set out what constitutes an emergency for their medical condition and will explain what to do.

If a pupil needs to be taken to hospital, a member of staff will always accompany them and will stay with them until a parent arrives. The school tries to ensure that the staff member will be one the pupil knows.

If a pupil has an IHP, this should be sent to the hospital/emergency care setting with the pupil. On occasions when this is not possible, the form is sent (or the information on it is communicated) as soon as possible.

When conditions require immediate emergency treatment, trained staff may volunteer to administer medication or emergency procedures such as resuscitation or defibrillation. In all cases, administration of medication and/or treatment to a pupil will be at the discretion of the Headteacher and Governors of the school.

9. School Trips and Residential Visits

All pupils should be encouraged to take part in school trips. Staff supervising school trips should always be aware of any medical needs, and relevant emergency procedures. It may be necessary on a school trip to take copies of any IHPs (which should be read in advance) in case of an emergency.

Sometimes additional safety measures may need to be taken for a trip (e.g. it may be that an additional adult or the particular parent may need to accompany the school trip). Parents of children with allergies should be consulted about the arrangements for the trip, and always be given priority among parent helpers.

Prescription medication held in school must be taken for relevant pupils on all school trips, e.g. adrenalin auto injectors (AAIs). This medication must be logged in and out of school (Appendix E). It is the responsibility of the trip leader to ensure that medication is logged in and out of school and that there are appropriate provisions for administering medicine consistent with the this policy.

For residential trips, Parents complete a Residential Trip Health Information form (Appendix F) prior to any residential trip. This form requests up-to-date information about the pupil's current condition and their overall health.

Risk assessments are carried out by this school prior to any out-of-school visit and medical conditions are considered during this process. Factors this school considers include: how all pupils will be able to access the activities proposed, how and where routine and emergency medication will be stored and administered, and where help can be obtained in an emergency.

10. Managing Common Triggers

This school is committed to reducing the likelihood of medical emergencies by identifying and reducing triggers both at school and on out-of-school visits. School staff have been given information on common medical conditions, including information on how to avoid and reduce exposure to common triggers (Appendix G). The school has separate policy for managing the risk of severe allergies (the most frequent medical conditions with common triggers).

Full health and safety risk assessments are carried out on all out-of-school activities before they are approved, taking into account the needs of pupils with medical conditions.

11. Training

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so. The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

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

Training will:

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

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

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

12. Education of Pupils with Medical Needs that impact significantly on their attendance at school

This section covers access to education for the following groups of pupils:

- Those who are absent from school for a significant period of time (over 15 days) due to illness or injury
- Those with long term or recurring conditions such as asthma or epilepsy which may lead to frequent absence from school and necessitate individual arrangements for medical care in school
- Those with mental health issues such as depression which may lead to frequent absence from school

12.1 Responsibilities

Schools have a vital part to play in ensuring that pupils who are absent from school because of their medical needs have the educational support they need to maintain their education. The school has a designated contact (Paul Lufkin, Executive Headteacher) responsible for the education of pupils with medical needs impact significantly on their attendance at school.

The school is solely responsible for ensuring the education of pupils who are away from school due to illness for a period (single period or cumulative in one school year) of less than 15 school days. Above 15 days, Local Authorities have the responsibility for providing the education directly. In Merton, this home tuition is provided by the SMART Centre.

In these cases of long term or frequent absence, the School's areas of responsibility include:

- Making arrangements for the setting and marking of work (if the pupil is well enough).
- Support continuing contact with other pupils, for example by helping them to send letters or cards.
- Ensuring that all staff are aware of the medical situation of the pupil and that any agreed adjustments are made to support the pupil in school.
- Keeping the Educational Welfare Officer informed of all attendance issues regarding pupils where there may be medical needs.
- Ensuring that the school register is marked appropriately.
- Maintaining contact with the school nurse.
- Notifying the local authority if a pupil is (or is likely to be) away from school due to medical needs for more than 15 working days in one school year.
- Ensuring that medical needs referral forms are completed and passed to the SMART Centre/relevant agencies.
- Liaise with the SMART Centre, EWO and other healthcare professionals to convene a planning meeting to draw up a Support Plan to cover the complete education of a pupil who is likely to be at home/in hospital for more than 15 working days and pupils with chronic illnesses who regularly miss school.
- Supply the SMART Centre with information about a pupil's capabilities, educational progress, and programmes of work.
- Ensuring that children who are unable to attend the school because of medical conditions have access to public examinations, including requesting special arrangements where necessary
- The school has a key role to play in successful reintegration and will be proactive in working with all agencies to support a smooth transition and in ensuring that peers are involved in supporting pupil's reintegration after a period of medical absence

12.2 Pupils with chronic conditions

Some pupils may have long term conditions such as asthma, epilepsy, severe allergies or congenital heart disease which may lead to frequent absences from school, to episodes which need to be managed quickly within school and to periods of time where the pupil is unable to work to their full potential. Where a pupil is absent from school and likely to experience prolonged or recurring periods of absence which cumulatively total more than 15 school days, the school will make a referral to the SMART Centre.

As far as possible within school, pupils with chronic medical conditions should have access to an appropriately challenging curriculum with the same experiences and activities as that offered to other pupils of their age and curriculum level.

12.3 Emotional/mental health needs

For pupils whose emotional/mental health needs are causing a concern about safety and/or lack of attendance, the school should call a Team Around the Child (TAC) Meeting. This should include relevant members of school staff, Educational Psychologists, Education Welfare Officer, Medical Practitioner/CAMHS worker, school nurse, parent/carer and pupil and other supporting agencies (i.e. Social Inclusion Service, Youth Offending Team, Children and Family Service). From this meeting an action plan should be set, using Merton's CASA format. This may include a referral request for tuition or for a SMART Centre placement.

12.4 Degenerative medical conditions

Pupils with a variety of progressive or degenerative medical conditions may require special consideration when educational support or intervention is considered. In particular:

- Some conditions are rapidly progressive. This means that the direction of their progress runs counter to that of their peer group and raises particular issues of curriculum accessibility and appropriate activities for the child and young person's age and ability. They require rapid responses from the various agencies contributing to SEND statutory assessment and provision at school.
- Maintaining educational input, even when a condition is progressing rapidly, is important to the child and family.
- Although regression may occur with varying degrees of rapidity, reviews of educational and other provision may need to occur more frequently and more rapidly for this group of pupils.
- These pupils will have greater medical needs than many others with SEND. Close liaison between health professionals, hospital schools and other schools will be necessary, particularly where medications and medical equipment are provided.
- Appropriate training and support for staff in the relevant care procedures will be needed to help pupils access learning activities, and to enable staff to manage pupils' medical needs.

12.5 Partnership with parents/carers and pupils

Parents/carers hold key information and knowledge and have a crucial part to play. They should be full collaborative partners and should be informed about their child's educational programme and performance. Children and young people also have a right to be involved in making decisions and exercising choices.

Where educational provision is being made through the SMART Centre, parents'/carers' views of their child's education are taken fully into account when planning programmes and parents/carers will be encouraged to provide additional liaison with the school.

In the case of a child or young person in public care, the LEA, as the corporate parent, is responsible for safeguarding and promoting their welfare and education.

13. Liability and indemnity

The governing body will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

14. Complaints

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

15. Monitoring arrangements

This policy will be reviewed and approved by the governing body every 2 years and any updated DfE and Department of Health guidance will feed into the review.

16. Links to other policies

This policy links to the following policies:

- Accessibility plan
- Complaints
- Equality information and objectives
- Health and safety
- Safeguarding
- Special educational needs information report and policy
- Managing Allergies

Appendix A: Individual Healthcare Plan (IHP)

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

Appendix B: Parental Consent to Administer Medicine

- Any prescribed medicines must be in the original container as dispensed by the pharmacy, with the child's name, the name of the medicine, the dose and the frequency of administration, the expiry date and the date of dispensing included on the pharmacy label.
- A separate form is required for **each medicine**.

Child's name	
Child's date of birth	
Class/form	
Name of medicine	
Strength of medicine	
How much (dose) to be given. For example: **One tablet** **One 5ml spoonful**	
At what time(s) the medication should be given	
Reason for medication	
Duration of medicine Please specify how long your child needs to take the medication for.	
Are there any possible side effects that the school needs to know about? If yes, please list them	

Mobile number of parent/carer	
Daytime landline for parent/carer	
Alternative emergency contact name	
Alternative emergency phone no.	
Name of child's GP practice	
Phone no. of child's GP practice	

- The above information is, to the best of my knowledge, accurate at the time of writing and I give my permission for school staff to administer the prescribed medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.
- I understand that it may be necessary for this medicine to be administered during educational visits and other out of school/nursery activities, as well as on the school/nursery premises.
- I also agree that I am responsible for collecting any unused or out of date medicines and returning them to the pharmacy for disposal and supplying new stock to the school/nursery, if necessary.

Parent/carer name	
Parent/carer signature	
Date	

Appendix C – Medication Log

Date	Child's Name	Time	Name of Medicine	Dose Given	Any reactions?	Signature of staff	Print Name

Appendix D: Individual Child Medication Log

Name of child	
Group/class/form	

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			

Appendix E – Signing In/Out Sheet for Class/Pupil Medication

CLASS________________________ **ACADEMIC YEAR__________________**

Name	Medication (Location) Expiry Date	Date Out	Date In	Date Out	Date In	Date Out	Date In	Date Out	Date In

Appendix F – Residential Trip Health Information Form

West Wimbledon Primary School
visit to [Location] on [Dates]

Information and Medical Consent form

We care about the health and safety of your child. Please complete this form and give back to your child's class teacher by **[date]**. We will need to submit the diet and medical information before the end of this term. All information will be treated as confidential.

Child's name……

Date of Birth……

Address……

……

……

Emergency details/Next of Kin

Main carer's name …… Relation to child ……

Emergency Tel (landline)……

Emergency Tel (mobile) ……

Medical details (Please circle correct answers)

Has your child been away from home before? Yes No

Does your child suffer from? Asthma Epilepsy Allergies Diabetes

Other: ……

Please add details if answered yes to any of the above medical conditions (including if your child will need any medication whilst they are away)

……

……

……

Please note: If your child does need to have medicine whilst they are on the trip, a separate Medication Consent Form will be given to you to complete nearer the time.

Does your child have special dietary requirements? Yes No
Please add details if answered yes to the above question (vegetarian, halal, allergy etc)

……

……

Doctor's details

Name ……

Address of surgery ……

……

……

Telephone number of surgery……

Date of last tetanus injection……

(Included in Baby book or contact GP for information)

I certify that the information I have given is correct and that by signing this form it also gives permission for a Doctor or Nurse to treat my child.

Signed _____ Date _____

Print Name: _____

Relation to child: _____

Please write any other comments for any specific need:

Appendix G – Information about Common Medical Conditions

Asthma

Asthma is common and appears to be increasingly prevalent in children and young people. One in ten children have asthma in the UK. Children with asthma need to have immediate access to their inhalers when they need them, and inhalers should always be available during physical education, sports activities and educational visits.

The most common symptoms of asthma are coughing, wheezing or whistling noise in the chest, tight feelings in the chest or getting short of breath. Younger children may verbalise this by saying that their tummy hurts or that it feels like someone is sitting on their chest. Not everyone will get all these symptoms, and some children may only get symptoms from time to time.

An ambulance should be called if:

- the symptoms do not improve sufficiently in 5-10 minutes
- the child is too breathless to speak
- the child is becoming exhausted
- the child looks blue

Children with asthma should participate in all aspects of the school day including physical activities. They need to take their inhaler with them on all off-site activities. Physical activity benefits children with asthma in the same way as other children. Swimming is particularly beneficial, although endurance work should be avoided. Some children may need to take their asthma medicines before any physical exertion. Warm-up activities are essential before any sudden activity especially in cold weather. Particular care may be necessary in cold or wet weather.

The school supervises all children using an inhaler and the inhaler is kept in the medical room. As before, all inhalers should be regularly renewed - it is the responsibility of the parent to ensure that the inhalers are renewed and that the medication has not exceeded its expiry date.

Epilepsy

Children with epilepsy have repeated seizures that start in the brain. An epileptic seizure, sometimes called a fit, turn or blackout can happen to anyone at any time. Seizures can happen for many reasons. At least one in 200 children have epilepsy and around 80 per cent of them attend mainstream school. Most children with diagnosed epilepsy never have a seizure during the school day.

Most children with epilepsy take anti-epileptic medicines to stop or reduce their seizures. Regular medicine should not need to be given during school hours.

Children with epilepsy should be included in all activities. Extra care may be needed in some areas such as swimming. Concerns about safety should be discussed with the child and parents as part of the health care plan. During a seizure it is important to make sure the child is in a safe position, not to restrict a child's movements and to allow the seizure to take its course. In a convulsive seizure putting something soft under the child's head will help to protect it. Nothing should be placed in their mouth. After a convulsive seizure has stopped, the child should be placed in the recovery position and stayed with, until they are fully recovered.

An ambulance should be called during a convulsive seizure if:

- it is the child's first seizure
- the child has injured themselves badly
- they have problems breathing after a seizure
- a seizure lasts longer than the period set out in the child's health care plan
- a seizure lasts for five minutes if you do not know how long they usually last for that child or there are repeated seizures, unless this is usual for the child as set out in the child's Healthcare Plan

Diabetes

Diabetes is a condition where the level of glucose in the blood rises. This is either due to the lack of insulin (Type 1 diabetes) or because there is insufficient insulin for the child's needs or the insulin is not working properly (Type 2 diabetes).

Diabetes for the majority of children is controlled by injections of insulin each day. Some younger children will be on a twice a day insulin regime of a longer acting insulin and it is unlikely that these will need to be given during school hours. If injections are required at school, the arrangements for this will be agreed on the Healthcare Plan.

Children with diabetes need to ensure that their blood glucose levels remain stable and may check their levels by taking a small sample of blood and using a small monitor at regular intervals. They may need to do this during the school lunch break, before PE or more regularly if their insulin needs adjusting. Most older children will be able to do this themselves and will simply need a suitable place to do so. However younger children may need adult supervision to carry out the test and/or interpret test results.

Children with diabetes need to be allowed to eat regularly during the day. This may include eating snacks during class-time or prior to exercise. If a meal or snack is missed, or after strenuous activity, the child may experience a hypoglycaemic episode (a hypo) during which blood glucose levels fall too low. Staff in charge of physical education or other physical activity sessions should be aware of the need for children with diabetes to have glucose tablets or a sugary drink to hand.

Staff should be aware that the following symptoms, either individually or combined, may be indicators of low blood sugar – a hypoglycaemic reaction (hypo) in a child with diabetes (however, each child may experience different symptoms and this should be discussed when drawing up their Healthcare Plan):

- hunger
- sweating
- drowsiness
- pallor
- glazed eyes
- shaking or trembling
- lack of concentration
- irritability
- headache
- mood changes, especially angry or aggressive behaviour

If a child has a hypo, it is very important that the child is not left alone and that a fast acting sugar, such as glucose tablets, a glucose rich gel, or a sugary drink is brought to the child and given immediately. Slower acting starchy food, such as a sandwich or two biscuits and a glass of milk,

should be given once the child has recovered, some 10-15 minutes later. The specific course of action should be specified in the child's Healthcare Plan.

An ambulance should be called if:

- the child's recovery takes longer than 10-15 minutes
- the child becomes unconscious

Some children may experience hyperglycaemia (high glucose level) and have a greater than usual need to go to the toilet or to drink. Tiredness and weight loss may indicate poor diabetic control, any such signs should be drawn to the parents' attention. If the child is unwell, vomiting or has diarrhoea this can lead to dehydration. If the child is giving off a smell of pear drops or acetone this may be a sign of ketosis and dehydration and the child will need urgent medical attention.

Anaphylaxis (nut and other allergies)

Up to 8% of children in UK have food allergies however, the majority of allergic reaction to food are not anaphylaxis. Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. It usually occurs within seconds or minutes of exposure to a certain food or substance, but on rare occasions may happen after a few hours.

Common triggers include peanuts, tree nuts, sesame, eggs, cow's milk, fish, certain fruits such as kiwifruit, and also penicillin, latex and the venom of stinging insects (such as bees, wasps or hornets).

Children who are at risk of severe allergic reactions are not ill in the usual sense. They are normal children in every respect – except that if they come into contact with a certain food or substance, they may become very unwell. It is important that these children are not stigmatised or made to feel different.

The most severe form of allergic reaction is anaphylactic shock, when the blood pressure falls dramatically and the patient loses consciousness. More commonly among children there may be swelling in the throat, which can restrict the air supply, or severe asthma. Any symptoms affecting the breathing are serious.

Warning symptoms may include tingling or itching in the mouth, hives anywhere on the body, generalised flushing of the skin or abdominal cramps, nausea and vomiting. Even where these symptoms are present, the child should be watched carefully. They may be heralding the start of a more serious reaction. With early symptoms, immediate actions to be taken are to administer an anti-histamine (and sometimes an inhaler), and call the parents/carers. Children exhibiting any symptoms of allergic reactions should always be directly supervised to monitor the allergic reaction until collected by their parent/carer.

In rare cases even after taking anti-histamine, the allergic reaction may become more severe (anaphylaxis). The treatment for anaphylaxis is an injection of adrenaline (also known as epinephrine). Pre-loaded injection devices ("AAIs" or Adrenaline Auto Injectors) containing one measured dose of adrenaline are available on prescription. Should a severe allergic reaction occur, the adrenaline injection should be administered by a trained member of staff into the muscle of the upper outer thigh (in accordance with the provisions for administering medicines in the Managing Medicines policy). However, severe reactions may require more than one dose of adrenaline, and children can initially improve but then deteriorate late. It is therefore essential to always call for an ambulance to provide further medical attention, whenever anaphylaxis occurs.

The school policy is for children to have one AAIs in school in the school office. The aim is always to provide rapid access to an AAI in the case of an emergency at any time of the school day. The school will also keep a spare AAI in the medical office for use if a child's own AAI is not available.

We adhere to a Nut Free policy in school and take appropriate steps to minimise any risks to children with allergies in school. These include procedures and policies for the school kitchen, lunchtime supervision, birthday treats, cake sales and other instances of food brought into school.

From 1 October 2017 the Human Medicines (Amendment) Regulations 2017 allows all schools to buy adrenaline auto-injector (AAI) devices without a prescription, for emergency use in children who are at risk of anaphylaxis but their own device is not available or not working (e.g. because it is broken, or out-of-date).

The school's spare AAI should only be used on pupils known to be at risk of anaphylaxis, for whom both medical authorisation and written parental consent for use of the spare AAI has been provided. The school's spare AAI can be administered to a pupil whose own prescribed AAI cannot be administered correctly without delay.

Any AAIs held by the school should be considered a spare/ back-up device and not a replacement for a pupil's own AAIs. Schools are not required to hold AAIs.

Spare AAIs will be stored and disposed of in the same way as other AAIs and will be kept in a separate labelled box.

Sickle Cell

People with SCD produce unusually shaped red blood cells. They can cause problems because they do not live as long as healthy blood cells and they become stuck in blood vessels. The disorder can cause episodes of severe pain known as "crises" which can require hospital treatment and can even cause death without the right care. SCD may have a disruptive influence on the educational needs of a school child - a pupil with SCD could miss weeks of schooling a year, most often in short absences of 2-3 days at a time.

Certain factors have been identified as more likely to precipitate a painful sickle cell crisis. These include infections, cold and/or damp conditions, pollution, dehydration, strenuous exertion, stress, sudden changes in temperature, alcohol, caffeine, and smoking.

Advice to people living with a sickle cell disorder on preventing crises includes keeping warm, eating healthily, taking moderate exercise, taking plenty of fluids, seeking medical advice if they have a fever, avoiding smoking and alcohol, keeping up to date with medications and vaccinations, and trying to live a stress free life.

These tips from the Sickle Cell Society will help put in place in-school support needed:

1. Water
Ensure the pupil is well hydrated to reduce the likelihood of becoming ill. Do not restrict drinking water in class. Any shared water fountain should be cleaned regularly to reduce the risk of infection.

2. Toilet breaks
People with SCD cannot concentrate urine readily, therefore they produce large quantities of dilute urine and need to go toilet more often. Allow frequent toilet breaks.

3. Tiredness
People with SCD may experience severe anemia and may feel tired or lethargic and unable to concentrate in class. It is important for teachers to not mistake this as laziness. Climbing the stairs or walking between classes can tire them out. Encourage them to rest as much as possible. In some cases, it may be appropriate for the school to issue the child with a personal lift.

4. Physical exercise
Children with SCD may lack the energy to do sporting activities or be experiencing joint pain. As a result, they should not be pushed beyond their limits and forced to do activities in the cold, wet or hot weather that could precipitate a sickle cell crisis. Listen to the child to understand the safe limits of physical exercise and follow advice from specialist medical teams.

5. Temperature
Young people with SCD are advised not to become cold. Schools should work with the young person to establish agreed warmer clothing for indoor use. Make sure they are not sat next to a window or made to go outside in cold, rainy or windy weather during breaks.

Cardiac Arrests

This school has purchased and maintains an automated external defibrillators (“AED”) as part of our first-aid equipment. An AED is a machine used to give an electric shock when a person is in cardiac arrest, i.e. when the heart stops beating normally. Cardiac arrest can affect people of any age and without warning. If this happens, swift action in the form of early cardiopulmonary resuscitation (CPR) and prompt defibrillation can help save a person’s life.

It is important to understand the distinction between a heart attack and cardiac arrest as they are not the same, and require different interventions.

CPR and/or the use of an AED is not appropriate for an individual experiencing a heart attack and who is conscious, as the heart will still be beating, and the device will not administer a shock in these circumstances.

However, a heart attack is still a life-threatening situation, and the emergency services should be alerted immediately. A heart attack can also very quickly lead to cardiac arrest, in which case administration of CPR and use of an AED may help to save the person’s life.

Cardiac arrest
Cardiac arrest is when the heart stops pumping blood around the body. It can be triggered by a failure of the normal electrical pathway in the heart, causing it to go into an abnormal rhythm or to stop beating entirely. Oxygen will not be able to reach the brain and other vital organs.

When a cardiac arrest occurs, the individual will lose consciousness and their breathing will become abnormal or stop. If basic life support is not provided immediately, the chances of survival are greatly reduced.

Cardiac arrest can happen at any age and at any time. Possible causes include:

- heart and circulatory disease (such as a heart attack or cardiomyopathy)
- loss of blood
- trauma (such as a blow to the area directly over the heart)
- electrocution
- sudden arrhythmic death syndrome (SADS; often caused by a genetic defect)

When a cardiac arrest occurs, CPR can help to circulate oxygen to the body's vital organs. This will help prevent further deterioration so that defibrillation can be administered.

Heart attack

A heart attack (sometimes referred to as a myocardial infarction), is caused by a clot forming in one of the arteries that supply blood to the heart muscle. This prevents oxygen from getting to a particular region of the heart. As a result, cells in this region start to die.

The longer this continues, the more damage is caused to the muscle. This damage is permanent. However, as the heart is still beating, CPR and defibrillation are not appropriate.

Not all people experiencing a heart attack will experience pain or discomfort. They will often remain conscious throughout. However, a heart attack is a serious, life-threatening emergency that requires immediate treatment and can trigger a cardiac arrest.

If a person experiences a heart attack, the correct course of action is to call 999 immediately. The person should be made comfortable, ideally seated on the floor supported by a wall or a person knelt behind them, and reassured until the ambulance arrives.

Heart attacks are very rare among children, but the number of incidents in the adult population means that coronary heart disease (the most common cause of heart attacks) is the leading cause of death in the UK. Common symptoms of a heart attack include:

- chest pain or tightness, like a belt or band around the chest, and which is not relieved by rest
- pain which may spread to neck, jaw, back and arms
- feeling sick, sweaty, short of breath, lightheaded, dizzy or generally unwell along with discomfort in the chest

In the event of a cardiac arrest, defibrillation can help save lives, but to be effective, it should be delivered as part of the chain of survival (figure 1 below).

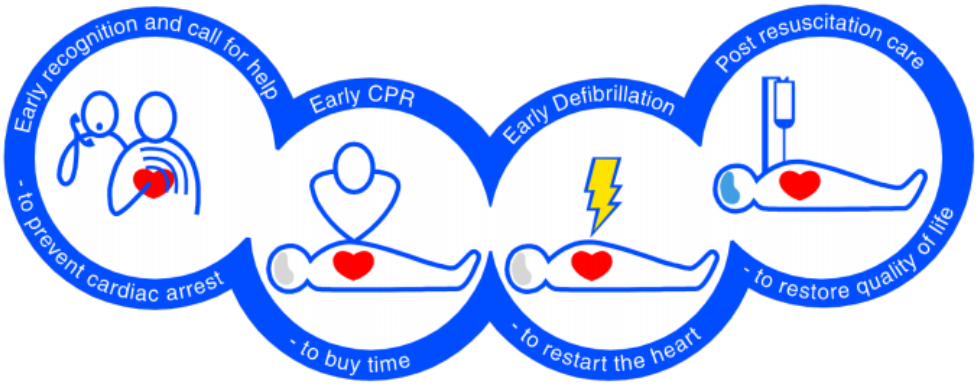

Figure 1: The chain of survival

There are four stages to the chain of survival, and these should happen in order. When carried out quickly, they can drastically increase the likelihood of a person surviving a cardiac arrest. They are:

1. Early recognition and call for help. Dial 999 to alert the emergency services. The emergency services operator can stay on the line and advise on giving CPR and using an AED.

2. Early CPR – to create an artificial circulation. Chest compressions push blood around the heart and to vital organs like the brain. If a person is unwilling or unable to perform mouth-to-mouth resuscitation, he or she may still perform compression-only CPR.

3. Early defibrillation – to attempt to restore a normal heart rhythm and hence blood and oxygen circulation around the body. Some people experiencing a cardiac arrest will have a 'non-shockable rhythm'. In this case, continuing CPR until the emergency services arrive is paramount.

4. Early post-resuscitation care – to stabilise the patient.

Anyone is capable of delivering stages 1 to 3 at the scene of the incident. However, it is important to emphasise that life-saving interventions such as CPR and defibrillation (stages 2 and 3) are only intended to help buy time until the emergency services arrive, which is why dialling 999 is the first step in the chain of survival. Unless the emergency services have been notified promptly, the person will not receive the post-resuscitation care that they need to stabilise their condition and restore their quality of life (stage 4).

When a person suffers a cardiac arrest, it is essential for effective CPR to be initiated as soon as possible; only dialling 999 should take precedence. The person performing CPR should not stop except where this is necessary in order to attach the pads or when instructed to do so by the AED, usually before it delivers a shock. If possible, somebody else should attach the pads to the patient while CPR continues.

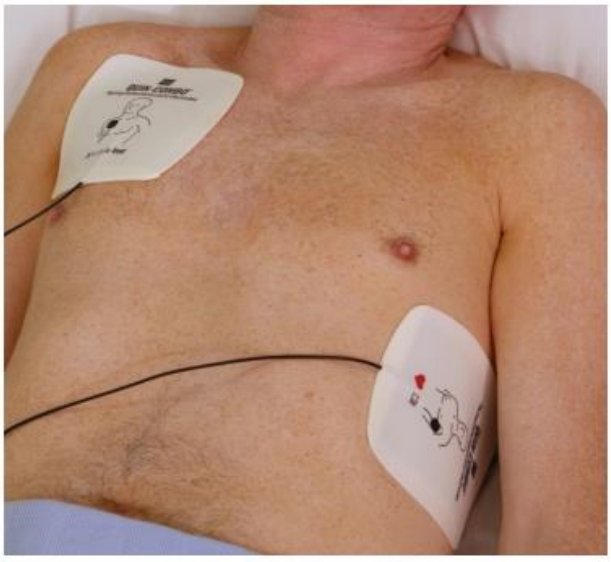

Figure 2: Adult AED pad placement

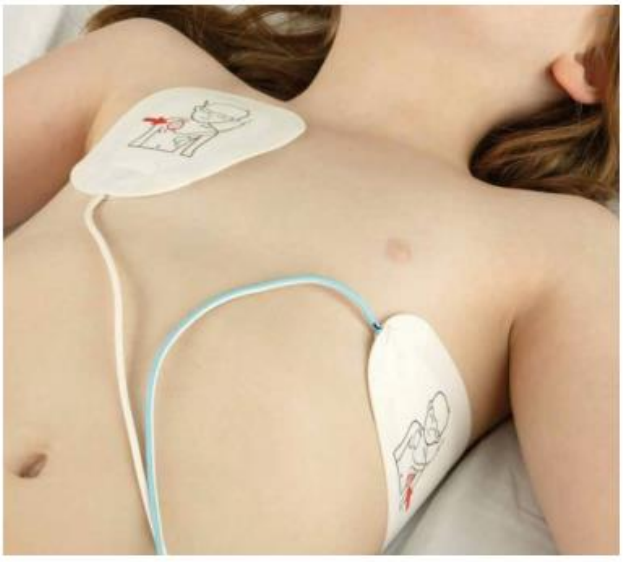

Figure 3: Paediatric AED pad placement (for use on children aged up to 8 years of age, or weighing under 25 kg)[6]

If one person is on the scene of a cardiac arrest, they should immediately call the emergency services (step 1 of the chain of survival) and start CPR immediately afterwards (step 2). If two people

are on the scene, one should call the emergency services while the other starts CPR.

The person administering CPR should not leave the casualty unless absolutely essential. Where possible, contact should be made with the school office to enable the AED to be brought to the scene as this is likely to be quicker than sending somebody to fetch it.

If this is not practical, the rescuer should remain with the casualty and a second individual should be sent to fetch the AED.

An AED will only administer a shock if the patient's heart is in a shockable rhythm. The application of CPR can maximise the opportunities for defibrillation to be administered effectively. The AED will continue to analyse the patient's heart rhythm after each shock and will provide ongoing instructions about continuing CPR.

Some cardiac arrest patients will not present with a shockable rhythm (i.e. one which is suitable for defibrillation), and the AED will not administer a shock. In such cases, it is essential that CPR is maintained until the emergency services arrive.

AEDs, as work equipment, are covered by the Provision and Use of Work Equipment Regulations 1998 (PUWER), and as such this places duties on employers in respect of employee training and the provision of information and instructions in the use of such equipment.

However, AEDs are designed to be used by someone without any specific training and by following the step-by-step instructions on the AED at the time of use. The school arranges for annual general awareness briefing sessions on the use of AEDs by the school nurse in order to train key staff and raise awareness.