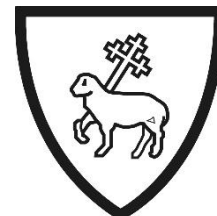


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Brockington College Supporting Students with Medical Conditions and Medication Management Policy

1. Introduction

- 1.1 Brockington College, a Church of England Academy, has at its heart a distinctive Christian ethos. Based on our Christian foundation and values we seek to promote a culture of developing every person and therefore every school policy is written from this perspective, with a commitment to learning and maturing in the context of communal and individual development.
- 1.2 We lay particular stress on the Christian values of compassion, forgiveness, justice, koinonia, learning, perseverance, respect and wisdom for individuals and across the school community.
- 1.3 This document is revised in line with the current Department for Education '[Supporting students at school with medication conditions](#)' - Statutory guidance for governing bodies of maintained schools and proprietors of academies in England'. (Amended December 2015) which replaces the previous 'Managing medicines in schools and early years settings' (2005).
- 1.4 The Children and Families Act (Section 100) places a duty on governing bodies of maintained schools, proprietors of academies and management committees of Student Referral Units to make arrangements for supporting students with medical conditions.
- 1.5 This policy covers the general administration of prescribed and non-prescribed medication. Such medications could be on a temporary, short term or one-off basis or for a longer term or continual period for students with ongoing support needs. Students who have longer term support needs should have an individual health care plan developed, recorded and reviewed at least annually. This will be attached to their records
- 1.6 Guidelines and information on administration of specific medicines for specific conditions are detailed in this guidance document.

2. Rationale

- 2.1 Definition of health needs
For the purpose of this policy, students with health needs may be:
 - students with chronic or short-term health conditions or a disability involving specific access requirements, treatments, support or forms of supervision during the course of the school day or
 - sick children, including those who are physically ill or injured or are recovering from medical interventions, or
 - children with mental or emotional health problems.
- 2.2 Some children with medical conditions may have a disability. A person has a disability if he or she has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities. Where this is the case, governing bodies must comply with their duties under the Equality Act 2010.

3. General principles and responsibilities

- 3.1 The governing body and staff of Brockington College wish to ensure that students with medication needs receive appropriate care and support while at college so that they have full access to education.

- 3.2 The principal accepts responsibility for members of the school staff administering or supervising students taking prescribed or non-prescribed medication during the school day.
- 3.3 Where possible, students are encouraged to take their medication before they come to school. If a student requests to take medication before 12:00, the school will not be able to administer medication unless parents have given permission, except if the timings of the administration are stated on the form to be given at a specific time. This is to protect students for safeguarding purposes. Where possible, students will be encouraged to self-administer their own medication, in the first aid room
- 3.4 When medication is administered by staff, it shall be by those members of staff who have responsibility for first aid or who have volunteered and been trained to do so. It will not automatically be assumed that a qualified first aider will fulfil this role. Brockington College employ a health and wellbeing coordinator who will be responsible for the majority of administration of medication during school time. There are also a team of qualified first aiders who provide cover on a rota and when staff are unavailable. It is not the responsibility of staff to remind students to take their medication, unless a plan has been put into place.
- 3.5 Parents/carers have the prime responsibility for their child's health and should provide the college with detailed information about their child's medical condition. This responsibility is communicated via school parent/carer meetings and school website information.
- 3.6 On the child's admission to the college the parent/carer will be asked to complete an admission form giving full details of medical conditions, any regular/emergency medication required, name of GP, emergency contact numbers, details of hospital consultants, allergies, special dietary requirements and any other relevant information. This information will be renewed annually. It is the responsibility of the parent to inform the college of any changes regarding their child's health.
- 3.7 Staff will not give prescription or non-prescription medication unless there is specific written consent from a parent or carer. (See Appendix A for template document). For contact advice on medical conditions see Appendix E. Instructions of prescription medication will need to correspond with the administration of medication form signed by parents/carers.
- 3.8 No child under 16 will be given prescription or non-prescription medicines without a parent or guardian's written consent.
- 3.9 There are adequate arrangements, including clear procedures, for safe receipt, storage, administration and disposal of medication and adequate access, to and privacy for, the use of medication.
- 3.10 Medication must be in its original packaging and will not be accepted otherwise. Expiry dates also need to be checked before handing them into the school. Non-prescription medicines, such as hay fever treatment, will be treated in the same way as prescription medicines in that they should be in a clearly labelled original container with a signed consent form detailing the student's name, dose and frequency of administration. Staff may take a note of the quantity provided to them; liquids may be marked with a line. Students are permitted to carry eye drops with them in school if required.
- 3.11 Prescribed medicines should be in original containers labelled with the student's name, dose, and frequency of administration, storage requirements and expiry date.
- 3.12 Generally, it is not necessary for an over the counter medicine to be prescribed by a medical practitioner in order to be administered in the school setting. The exception is where the child may already be taking prescribed medication and there may be an interaction between prescribed and non-prescribed medicines. In this instance all medications should be prescribed.
- 3.13 The college does not hold stock of over the counter medications.
- 3.14 Aspirin MUST not be given to children under 16 years of age unless prescribed.

- 3.15 Students that have ongoing, long term or potentially emergency medication requirements have an individual health care plan (IHCP) completed and reviewed regularly (please see Appendices B, C and D). Students who require temporary, short term medication only require a consent form to be completed.
- 3.16 If staff have any concerns relating to the administration of a medication, staff will not administer the medication but check with the parents/carers and/or a healthcare professional.
- 3.17 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. Monitoring arrangements may be necessary. A drugs policy and procedure is in place at the school to deal with situations for example, where students pass their medication to other students. Medication carried around by students with no consent form will be taken off them and locked away, parents/carers will then be called.
- 3.18 The college will keep controlled drugs (The term 'controlled drug' is defined by the Misuse of Drugs Act 1971 ("the Act") as 'any substance or product for the time being specified in Part I, II or III of Schedule 2 of the Misuse of Drugs Act 1971'. Controlled drugs are subject to strict legal controls and legislation determines how they are prescribed, supplied, stored and destroyed), that have been prescribed for a student securely stored in a double locked non-portable container and only named staff should have access. Two people must witness the administration of the controlled drug. The controlled drug should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held (Misuse of Drugs Act 1971 and COSHH 2002) The controlled medication will be double signed by two members of staff, one on a hard copy and one on the college database.
- 3.19 The college will keep a record of all medicines given to students.

4. Responsibilities

- 4.1 Brockington College ensures that members of staff who administer medicines will be offered professional training, a clear protocol and support as appropriate and required.
- 4.2 Close co-operation, and use of a standard process between schools, parents/carers, health professionals and other agencies will provide a suitably supportive environment for children/young people with medical needs.
- 4.3 The college always takes full account of authorised volunteers, temporary, supply and peripatetic staff when informing staff of arrangements in place for the administration of medicines and care.
- 4.4 The college always designates a minimum of two people it considers suitable and competent to be responsible for the administering of medicine to a child; this will ensure back up arrangements are in place if the principal member of staff with responsibility is absent or unavailable. All such staff undertake a competence assessment, and this will be recorded (see Appendix F: staff training record – administration of medicines).
- 4.5 If a child/young person refuses to take medicine, staff will not force them to do so. Other examples include spat out or mishandling of medication. Staff will record the incident on the administration sheet. If refusal results in an emergency, the college's normal emergency procedures will be followed.

5. Storage

- 5.1 Medication is kept in a known, safe and secure location. This may need to be a refrigerator (lockable). This will be strictly in accordance with product instructions - paying particular note to temperature and in the original container in which dispensed. Temperature checks carried out daily and recorded (see Appendix G). Controlled medication is double locked at all times in a separate medication cabinet stored in the first aid room.

- 5.2 In certain instances, students may be in charge of storing their own medication. This will depend on the nature of the medication, the age and maturity of the student and whether parental/carer and doctor/GP consent has been received.
- 5.3 Prescribed emergency medication, such as EpiPens or asthma inhalers, should remain with the student, or close by at all times; including PE and off-site educational visits. Students also have the option to keep their spare EpiPens and inhalers in an easily accessible drawer in the medical room. Parents will need to give consent for the emergency inhaler to be administered to their child.
- 5.4 Parents/carers are responsible for ensuring that the college has an adequate amount of medication for their child. As a general rule, no more than four weeks of medication should be stored at any one time.
- 5.5 Staff will check that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine, the method and frequency of administration, the time of administration, and the expiry date. Staff in the college must not alter or add to the label.
- 5.6 Children/young people are informed where their own medicines are stored. Medication is only kept in the medical room.

6. Disposal, return and medication errors

- 6.1 Sharp items must be disposed of safely using a sharps bin. These are available on prescription for students who require regular medication of this type, for example insulin. These should be returned to the student / parent as per 'sharps guidelines' (<https://www.hse.gov.uk/pubns/hsis7.pdf>). The college has a sharps bin for generic use, for example for the disposal of sharps that have been used in an emergency.
- 6.2 All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures. Staff should have access to protective disposable gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment. Ofsted guidance (<https://www.gov.uk/government/organisations/ofsted>) provides an extensive list of issues that early years providers should consider in making sure settings are hygienic.
- 6.3 Parents/carers are responsible for collecting remaining medication at the end of each day or term (as appropriate) and for restocking medication at the start of each term. Parents will be sent a letter requesting collection (Appendix H). After two attempts the medication should be taken to a local pharmacist, for safe disposal. It is advised to keep a record of medication that is taken, and a signature is obtained from the receiving pharmacist.
- 6.4 Controlled drugs must only be taken to the dispensing pharmacist. Records of transferring medications must be witnessed and recorded. All names will be taken off the medication before taken to the pharmacy.
- 6.5 Receipt of controlled drugs (CDs) - Some young people have medication that is classified as a controlled drug (Misuse of Drugs Act 1971 schedule 2, storage labelled as CD). These drugs must be received in the appropriate manner and stored in the locked controlled drugs cabinet. Medication must be counted in, counted down as administered and counted out if they leave the building – this to be witnessed and recorded in the CD book. For controlled drugs that are returned via transport, staff should seal the CDs in an envelope and write the quantity contained within on the outside of the envelope to ensure parents know what quantity they will be receiving.

7. Record keeping

- 7.1 Consent forms must be signed before any medication is given. Brockington College is responsible for storing copies of signed consent forms. Consent forms should include:
- the student's name, age and form
 - contact details of the parent/carer and GP

- details of any allergies the student may have
 - clear instructions on the medication required, dose to be administered, frequency of dose and period of time medication will be required
 - acknowledgement that the student has previously taken the required medication with no adverse reactions. The parents should supply the college with the original medication information sheet whilst the medication is on site
 - a dated signature of the parent/carer.
- 7.2 Changes to prescriptions or medication requirements must be communicated to Brockington College by the student's parent/carers and a new consent form signed.
- 7.3 Individual health care plans are developed and reviewed for all students with needs that may require ongoing medication or support. Such care plans should be developed with parents/carers, the educational setting and other professional input as appropriate. (See Appendices B, C and D).
- 7.4 Records will be kept for each child detailing each medication administered. There must also be a daily summary sheet detailing all students that have received medication that day under the supervision of the college.

8. Medical emergencies

- 8.1 In the event of a medical emergency, all relevant procedures should be activated and 999 dialled as appropriate.
- 8.2 If a student needs to be taken to hospital, a member of staff should stay with the child until the parent/carer arrives, or accompany the child taken to hospital by ambulance. The college ensures that they understand the local emergency services cover arrangements.
- Emergency number to call (including additional number to reach an outside line-if applicable) 999 or 112
 - Navigational instruction, if different from the school or postcode.
- 8.3 If a student does become ill at college, they must be accompanied to the school office or medical room by a member of staff. Wherever possible a qualified first aider should attend the location in which the student has become ill, this should be without delay.
- 8.4 In the event of a student experiencing a potentially life-threatening emergency, for example an asthma attack or a suspected allergic reaction, information on spare generic emergency medication held in college will need to be communicated to the emergency services. Guidance to then be taken from the emergency services during the 999 call.
- 8.5 A record of emergency medicines and their expiry dates should be kept and recorded each term for those educational settings which store such medications (for example EpiPens or asthma inhalers).
- 8.6 Emergency medicines should only be given to students with a signed consent form and following clear, agreed procedures detailed in the consent form or individual health care plan, unless advised otherwise by the emergency services.

9. Wellbeing and toilet passes

- 9.1 In limited circumstances, a wellbeing pass that allows students certain flexibility whilst in lessons and around the school may be considered. A risk assessment meeting with the health co-ordinator and parents/carers will be required before any passes are issued. Wellbeing passes may include students' permission to report to the medical room/reception, a time out pass to spend time in pastoral or the bridge, a leave early card to allow to leave a lesson a few minutes early, or a lift pass. Other specific adjustments, after a risk assessment, may be considered to suit the students' individual needs.
- 9.2 On parents/carers request, toilet passes can be given out to students with significant health conditions. Medical evidence is required for a long-term toilet pass.

The school is unable to issue toilet passes to students who do not have a specific health issue or valid reason. If your child requires a pass, please contact the school directly.

10. General guidance

10.1 Emergency Adrenaline Auto Injectors (AAI)

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf

10.1.1 In 2017, the law was changed: the [Human Medicines \(Amendment\) Regulations 2017](#) now allows schools to obtain, without a prescription, 'spare' AAI devices for use in emergencies, if they so wish. "Spare" AAIs are in addition to any AAI devices a student might be prescribed and bring to college. The "spare" AAI(s) can be used if the student's own prescribed AAI(s) are not immediately available (for example, because they are broken, out-of-date, have misfired or been wrongly administered).

10.1.2 'Spare' AAI devices can be used in any student known to be at risk of anaphylaxis, so long as the school have medical approval for the 'spare' AAI to be used in a specific student, and the child's parent/guardian has provided written authorisation.

10.1.3 Not all children with food allergies and at risk of anaphylaxis are prescribed AAIs. These children can be given a spare AAI in an emergency, so long as:

- the college has a care plan confirming that the child is at risk of anaphylaxis
- a healthcare professional has authorised use of a spare AAI in an emergency in that child
- the child's parent/guardian has provided consent for a spare AAI to be administered.

10.1.4 Schools are not required to hold spare AAI(s) – this is a discretionary change enabling schools to do this, if they wish. This applies to all primary and secondary schools (including independent schools) in the UK. Only those institutions described in [regulation 22 of the Human Medicines \(No.2\) Regulations 2014](#) may legally hold 'spare' AAIs.

10.1.5 Holding a spare Auto Injector in school is not compulsory, however schools are strongly recommended to purchase generic / spare Adrenaline Auto Injectors.

10.1.6 Importantly holding a spare injector could be used (under the direction of the emergency services) to support a child suffering an allergic reaction, previously unidentified.

10.2 Asthma and emergency inhaler/ inhaler use

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf

10.2.1 From 1 October 2014, the Human Medicines (Amendment) (No. 2) Regulations 2014 will allow schools to obtain, without a prescription, salbutamol inhalers, if they wish, for use in emergencies.

10.2.2 The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. The inhaler can be used if the student's prescribed inhaler is not available (for example, because it is broken, or empty).

10.2.3 This change applies to all primary and secondary schools in the UK. Schools are not required to hold an inhaler – this is a discretionary power enabling schools to do this if they wish.

10.2.4 This guidance is non-statutory and has been developed by the Department of Health with key stakeholders, to capture the good practice which schools in England should observe in using emergency inhalers and which should form the basis of any school protocol or policy. The Department of Health's 'Guidance on the use of emergency salbutamol inhalers in schools. March 2015' can be found in the link above.

- 10.2.5 It is important that for all students with asthma that reliever inhalers are immediately accessible for use when the student experiences breathing difficulties. Should the student need to visit the medical room, they should be accompanied by a member of staff and not be left alone, in case of worsening symptoms.
- 10.2.6 Schools may hold stocks of asthma inhalers containing salbutamol for use in an emergency by persons trained to administer them to students who are known to require such medication. More detailed information can be obtained from the government website below:
<https://www.gov.uk/government/publications/emergency-asthma-inhalers-for-use-in-schools>
- 10.2.7 Schools can buy inhalers and spacers from a pharmaceutical supplier in small quantities provided it is done on an occasional basis and is not for profit. A supplier will need a request signed by the principal or head teacher (ideally on appropriately headed paper) stating:
- the name of the school for which the product is required;
 - the purpose for which that product is required, and
 - the total quantity required.
- 10.2.8 Wherever possible students should carry their own reliever inhaler or emergency medication treatment, but it is important that this is documented centrally.

10.3 Epilepsy

<http://www.youngpilepsy.org.uk/for-professionals/education-professionals>

- 10.3.1 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.
- 10.3.2 Epilepsy is a very individual condition, and every student with the condition will display different patterns and types of symptoms. In fact, the majority of children with epilepsy never have a seizure during the school day. It is because of this that it is particularly vital that a detailed individual health care plan is drawn up for every student with the condition. This plan should be written by the child's consultant or lead specialist and must have been written within the last year for it to be valid.
- 10.3.3 The IHCP should involve consultation with parents and medical staff, and should set out the particular pattern of the child's epilepsy including:
- what type of seizures the child has
 - how long they last and what they look like
 - what first aid is appropriate and how long a rest the child may need
 - common triggers for the child's seizures
 - how often is medication taken, and what the likely side effects are
 - whether there is any warning prior to the seizure, and if so, what form it takes
 - what activities might the parents or doctor place limits on
 - whether the child has any other medical conditions
 - to what extent the child understands their condition and its treatment.
- 10.3.4 If a child does experience a seizure in a school or setting, details should be recorded and communicated to parents including:
- any factors which might possibly have acted as a trigger to the seizure – for example visual/auditory stimulation, emotion (anxiety, upset)
 - any unusual 'feelings' reported by the child prior to the seizure
 - parts of the body demonstrating seizure activity, for example limbs or facial muscles
 - the timing of the seizure – when it happened and how long it lasted
 - whether the child lost consciousness
 - whether the child was incontinent.
- 10.3.5 This will help parents to give more accurate information on seizures and seizure frequency to the child's specialist.

- 10.3.6 Most children with epilepsy take anti-epileptic medicines to stop or reduce their seizures. Regular medicine should not need to be given during college hours. Staff will require epilepsy medication training if there is a requirement to keep this in college.
- 10.3.7 Any emergency medications may require appropriate training, parental and GP consent and specific written guidance. Please seek advice from health professionals and the individuals GP.
- 10.3.8 Children with epilepsy should be included in all activities. Extra care may be needed in some areas such as swimming or working in science laboratories. 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.

11. Insurance

- 11.1 Brockington College will ensure that an appropriate level of insurance is in place. Details of the school's insurance policy: Brockington College is a member of the Department for Education's risk protection arrangement (RPA).
- 11.2 Staff who undertake responsibilities within this policy are covered by the college's insurance.

12. Complaints procedure

- 12.1 Should parents / carers or students be dissatisfied with the support provided they should discuss their concerns directly with key staff from Brockington College.
- 12.2 If, for whatever reason, this does not resolve the issue details of how to make a complaint can be found in the Complaints Policy.

13. School trips, visits and sporting events

- 13.1 Medication required during a trip should be carried by a qualified first aider. This will be signed for on a hardcopy and on the college database as soon as possible.
- 13.2 Medication provided by the parent must be accompanied with clear written directions for its use. All responsible persons should have access to this information prior to the visit to enable sound judgements should a medical emergency arise. Trip leaders should be comfortable with the administration of parental instructions when agreeing to accept young people as participants on a visit.

14. Further relevant information

- 14.1 Appendices for information and completion can be located within this document or via the college. This includes:
- Appendix A – Administration of medicine form (medicine consent form)
 - Appendix B – Procedure for the development of an Individual Health Care Plan (IHCP)
 - Appendix C – Model letter inviting parents to contribute to individual IHCP
 - Appendix D – Brockington College IHCP template
 - Appendix E – Advice on medical conditions
 - Appendix F – Staff training record
 - Appendix G – Refrigeration temperature check list
 - Appendix H – Model letter helping us to manage your child's medication

Appendix A: Administration of Medicine Form

Brockington College Administration of medicine form

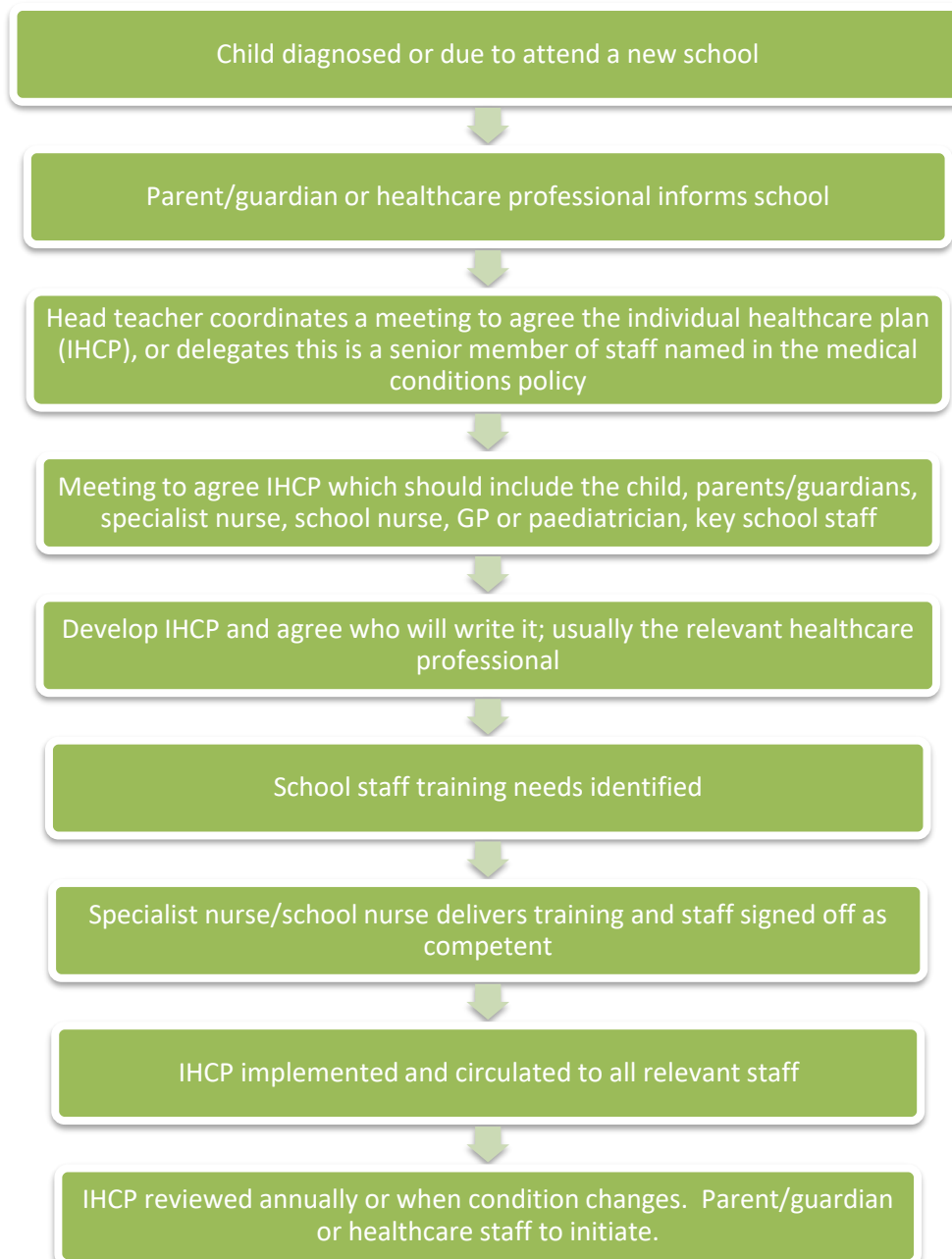
The school will not give your child medicine unless you complete and sign this form

Name of child	Age	Date of birth	Form group
My child has been diagnosed as having (condition)			
My child is considered fit to be in school but requires the following medication during school hours.			
Signed			
Name (please print)			
Full name of medication (as described on the container)		Expiry date of medication	
Dose required		Times of administration	
With effect from (start date)		Until (end date)	
The medicine should be taken by (eg mouth, nose, in the ear, other: please provide details as appropriate)			
Storage instructions			
Special precautions/other instructions (eg before/after food)			
Procedure to take in an emergency			
Does your child suffer from any allergies?			
By signing this form, I confirm the following statements. • That my child has taken this medicine or at least two doses of this medicine before and has not suffered any adverse reactions. • That I will update the school with any change in medication routine use or dosage. • That I undertake to maintain an in-date supply of the medication and when the course is complete will collect any remaining medication when the course is complete. • That I understand the school cannot undertake to monitor the use of self-administered medication carried by my child and that the school is not responsible for any loss of/or damage to any medication. • That I understand the school will keep a record of the quantity of medicine given and will keep me informed that this has happened. • That I understand staff will be acting in the best interests of my child whilst administering medication.			
Name (please print)		Relationship to child	
Contact phone number			
Signature			
Staff member name (please print)			
Staff member signature		Date	

Appendix B: Procedure for the development of an Individual Health Care Plan (IHCP)

An IHCP is a written, recorded plan on the specific information and requirements of an individual student and ensure that the student's needs will be met in the educational setting. Plans should be agreed by the principal and parents/guardians, be formally recorded and reviewed at regular intervals. A template/pro forma is available for download on the schools' website <https://www.leicestershiretradedservices.org.uk/> system under 'A: Administration of medicines' and Medication and Management Procedures.

The procedure for development of an IHCP is given below:



Appendix C - Model letter inviting parents to contribute to Individual Health Care Plan development

Dear Parent/Carer

Re: Developing an Individual Health Care Plan (IHCP) for your child

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting students at school with medical conditions for your information.

A central requirement of the policy is for an individual health care plan to be prepared, setting out what support each student needs and how this will be provided. Individual health care plans are developed in partnership with the school, parents/carers, students, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual health care plans are likely to be helpful in the majority of cases, evidently not all children will require one. We will need to make judgements about how your child's medical condition impacts their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will include add details of team. Please let us know if you would like us to invite any medical practitioner, healthcare professional or specialist to the meeting and where possible it would be helpful if you provide any evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual health care plan template and return it, together with any relevant evidence, for consideration at the meeting. I or add name of other staff lead would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely

Appendix D: Brockington College Individual Health Care Plan template

Appendix D: Brockington College Individual Health Care Plan template

Child's name

Tutor group

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

Family contact information - attach Bromcom details

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

Clinic/hospital contact

Name

Phone no.

G.P.

Name

Phone no.

Who is responsible for providing support
in school?

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

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

Daily care requirements:

Specific support for the student'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 E: Advice on medical conditions

The community paediatrician or nurse, on request, will give advice to schools regarding medical conditions. Parents or guardians of children with medical conditions seeking general information should be advised to seek advice from their GP, school health professionals (providing name and contact details) or from specialist bodies, a selection of which are listed below.

Asthma	
General information	Asthma UK: www.asthma.org.uk Asthma helpline: 0300 222 5800
For teachers	Guidance on emergency asthma inhalers for use in schools: www.gov.uk/government/publications/emergency-asthma-inhalers-for-use-in-schools
Epilepsy	
General information	Epilepsy action: www.epilepsy.org.uk Helpline: 0808 800 5050
For teachers	Guidance in Appendix 3: 'Epilepsy Health Forms for IHCPs'.
Infectious diseases	Public Health England: www.gov.uk ; Tel: 0344 225 4524 option 1
Haemophilia	The Haemophilia Society: www.haemophilia.org.uk ; Tel: 0207 939 0780
Anaphylaxis	
General information	Anaphylaxis Campaign: www.anaphylaxis.org.uk ; Tel: 01252 542 029
For teachers	See Appendix 4: 'Emergency Action Plan' forms for Epipen/Jext Pens. NB the need to report the administration of this medication to: Bridge Park Plaza, Fax: 0116 258 6694 and email to childrensallergy@uhl-tr.nhs.uk
Thalassaemia	UK Thalassaemia Society: ukts.org ; Tel: 020 8882 0011
Sickle Cell Disease	The Sickle Cell Society: www.sicklecellsociety.org ; Tel: 020 8961 7795
Cystic Fibrosis	Cystic Fibrosis Trust: www.cftrust.org.uk ; Tel: 020 846 47211
Diabetes	
General information	Diabetes UK: www.diabetes.org.uk ; Tel: 0345 123 2399
For teachers	See Appendix 5 on website. Note the opportunity to attend 'Diabetes in School' training days, regularly advertised on http://www.leicestershiretradedservices.org.uk and funded by Diabetes UK Paediatric Diabetes Specialist Nurse: 0116 258 6786 Consultant Paediatrician: 0116 258 7737 Diabetes care line services: 0345 123 2399
Other useful contact numbers	
Insurance Section LCC	David Marshal-Rowan, Tel: 0116 305 7658 (for additional insurance) James Colford, Tel: 0116 305 6516 (for insurance concerns)
Corporate Health, Safety & Wellbeing, LCC, County Hall	Tel: 0116 305 5515 Email: healthandsafety@leics.gov.uk
Sarah Fenwick, School Nurse Clinical Lead sarah.fenwick@leicspart.nhs.uk	Leicestershire Partnership Trust, Family Children and Young Peoples Services, Top corridor, Hinckley and District Hospital, Mount Street, Hinckley, Leicestershire, LE10 1DS
Diana Children's Community Service	Bridge Park Plaza, Thurmaston, LE4 8PQ Telephone: 0116 2955080
Public Health	PublicHealth@leics.gov.uk

Appendix F: Staff training record – administration of medicines

Name of school/setting:

Name:

Type of training received:

Date of training completed:

Training provided by:

Profession and title:

I confirm that _____ has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated by _____.

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____

Appendix H: Helping us to manage your child's medications

Letter to parents

Dated:

Dear Parent / Carer

We are still in possession of your child's medication which has now either exceeded its expiry date or is no longer required. Could we therefore request that you collect the medication within the next week?

If the medication is classed as a 'Controlled Drug'; you will be required to return any unwanted quantities to the pharmacist that originally dispensed it.

Please note that you will be requested to sign for the medications, upon collection from the school.

We thank you for your cooperation in this matter.

With kind regards

Principal / Health Care Professional