

**SUPPORTING PUPILS WITH MEDICAL NEEDS
POLICY**

FOR

THE BUCKINGHAM SCHOOL

A SPECIALIST SPORTS COLLEGE



NAMED PERSON:	DHT ~ MWR (Inclusion, Safeguarding & SEN)
ATTACHED COMMITTEE:	FPH&S
REVIEWED:	December 2019
REVIEW CYCLE:	1 Year
NEXT REVIEW:	December 2020

MODEL SCHOOL POLICY FOR SUPPORTING PUPILS WITH MEDICAL NEEDS

- 1 Introduction
- 2 Roles and responsibilities
- 3 Staff training and support
- 4 Safeguarding issues around First Aid
- 5 Individual healthcare plans
- 6 Child's role in managing their own medical needs
- 7 Managing medicines on school premises
- 8 Record keeping
- 9 Safe storage
- 10 Disposal of Medicines
- 11 Hygiene and Infection Control
- 12 Day trips, residential visits and sporting activities
- 13 School's Arrangements for Common Conditions
- 14 Liability and indemnity
- 15 Complaints
- 16 School Procedures for Administering Medicines
- 17 First Aid Procedures
- 18 Emergency First Aid Procedures

1 INTRODUCTION

- The Governing Body of The Buckingham School will ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life. To help achieve this, the school has used guidance from the Department for Education policy on “Supporting Pupils at School with Medical Conditions”, which was issued under Section 100 of the Children and Families Act 2014.
- The aim of this policy is to ensure that the parents of children with medical conditions feel confident that the school will provide effective support and that children feel safe and reach their full potential.
- Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. The school will comply with their duties under the Act to make reasonable adjustments to support pupils with disabilities.
- Some children with medical conditions may also have special educational needs (SEN) and may have an Education, Health and Care (EHC) Plan which brings together health and social care needs as well as the provision for their special educational needs. Where the child has a special educational need identified in a statement or EHC plan, the Individual Healthcare Plan will be linked to or become part of that statement or EHC plan. The Individual Healthcare Plan will be developed with the child’s best interests in mind to ensure that the risks to the child’s education, health and social wellbeing are managed, and minimises disruption, for children with medical conditions – see process detailed in Annex A.
- Supporting a child with a medical condition during school hours is not the sole responsibility of one person. The school will work collaboratively with parents, pupils, healthcare professionals (and, where appropriate, social care professionals) and local authorities to ensure that needs of pupils with medical conditions are met effectively.

2 ROLES AND RESPONSIBILITIES

2.1 The Governing Body for The Buckingham School will ensure that

- arrangements are in place so that children with medical conditions
 - are properly supported;
 - can play a full and active role in school life;
 - can remain healthy and achieve their academic potential;
- staff are properly trained to provide the support that pupils need;
- in line with their safeguarding duties, ensure that pupil’s health is not put at unnecessary risk from, e.g. infectious diseases
- in those circumstances, they do not have to accept a pupil at time where it would be detrimental to the health of that child or others to do so

2.2 The Headteacher will ensure that

- a person is appointed to have overall responsibility for the implementation of this policy;
- all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation;
- all staff including supply staff who support children with medical needs receive sufficient information to provide appropriate support;
- Individual Healthcare Plans are developed, monitored and reviewed when necessary or earlier if evidence is presented that the child's needs have changed. Where appropriate Healthcare Plans will be reviewed at the child's Annual Review.
- sufficient staff are suitably trained and achieve the necessary level of competency before they take on responsibility to support children with medical conditions;
- sufficient numbers of trained staff are available to support all individual healthcare plans to cover staff absence, contingency and emergency situations;
- a register of children in the school is kept who have been diagnosed with asthma and/or prescribed a reliever inhaler;
- all staff are trained to recognise the symptoms of an asthma attack (and are able to distinguish them from other conditions with similar symptoms);
- three emergency inhaler kits are maintained and readily available in an emergency situation;
- sufficient staff are trained to use a defibrillator, which is maintained and readily available in an emergency situation;
- risk assessments for school visits, holidays, and other school activities outside of the normal timetable are undertaken for children with medical conditions;
- all staff are aware that medical information must be treated confidentially;
- school staff are appropriately insured and are aware that they are insured to support pupils in this way.

2.3 Appointed Person

Mr Matt Wardle, Deputy Headteacher has been appointed to have overall responsibility for implementing the school's policy for supporting pupils with medical conditions. They will ensure that children with medical conditions are appropriately supported.

2.4 Transitional Arrangements

The school has made the following procedures for transitional arrangements.

- Medical information is distributed to all staff where it has been provided by the primary school, parent or highlighted on the child's admission form / Individual Healthcare Plan. It will be shared on Google Drive to staff only.
- Primary schools should highlight more serious conditions prior to the transition days to support the school and family.
- An Induction Evening is held with a member of the school first aid team present.

2.5 All members of School Staff may be asked to provide support to pupils with medical conditions, including administering medicines

- All members of staff should know what to do and respond accordingly if they become aware that a pupil with a medical condition needs help
- Although administering medicine is not part of teacher's professional duties, teachers should take into account the needs of pupils with medical conditions that they teach.
- Staff must not give prescription medication or undertake healthcare procedures without appropriate training

2.6 Pupils: Where appropriate pupils with medical conditions

- will be consulted to provide information about how their condition affects them.
- will be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their Individual Healthcare Plan.

2.7 Parents have the prime responsibility for their child's health. Parents include any person who is not a parent of a child but has parental responsibility for or care of a child.

- It only requires one parent to request that medicines are administered. As a matter of practicality, this will be the parent with whom the school has day-to-day contact.
- Parents should provide the school with sufficient and up to date information about their child's medical needs. Parents should tell the school of any change in prescription which should be supported by either new directions on the packaging of medication or by a supporting letter from a medical professional.
- Parents are key partners and will be involved in the development and review of the Individual Healthcare Plan for their child.
- It is the parents responsibility to inform the school of any changes in their child's medical condition/need or Individual Healthcare Plan.

- Parents should provide medicines and equipment as required by the Individual Healthcare Plan i.e.
 - bring their child's medication and any equipment into school at the beginning of the school year;
 - replace the medication before the expiry date;
 - as good practice, take into school the new asthma reliever inhaler when prescribed;
 - dispose of expired items to a pharmacy for safe disposal;
 - during periods of high pollen count, encourage their children, who have been prescribed anti-histamines, to take their medication before school so that their condition can be better controlled during the school day;
 - keep their children at home when they are acutely unwell;
- Parents should ensure that they or another nominated adult are contactable at all times

3 STAFF TRAINING AND SUPPORT

- Mr Matt Wardle, Deputy Headteacher will ensure that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing the policy.
- Any member of staff who agrees to accept responsibility for administering prescribed medicines to a child does so voluntarily and will have appropriate training and guidance.
- Training needs will be identified during the development or review of individual healthcare plans and will be reviewed annually. The family of a child will often be key in providing relevant information to school staff about how their child's needs can be met, and parents will be asked for their views but will not be the sole trainer.
- Training will be provided for staff to ensure that they are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans. Training for new staff will be provided on induction;
- Training will be provided by appropriate healthcare professional so that staff have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative and emergency measures so that they can recognise and act quickly if a problem occurs.
- Only staff with appropriate training will give prescription medicines or undertake healthcare procedures. (A first-aid certificate does not constitute appropriate training in supporting children with medical conditions).
- The school will ensure there is adequate numbers of staff trained in Managing Administering Medicines.

4 SAFEGUARDING ISSUES AROUND FIRST AID

- If any treatment is needed as a result of potential safeguarding concerns, (e.g. self harm or overdose) this must be carried out by a level three trained first aider. The reporting member of staff must not treat the student themselves but can be present at the request of the student.
- Reporting staff must also ensure it is logged on CPOMS and parent/guardian called immediately by a designated safeguarding lead staff member.
- Two staff members must always be present when treating the injury to safeguard all involved.

4.1 Head bump treatment

- Treatment of a head bump must be carried out by a Level 3 trained first aider.
- Parents/guardians must be called and informed of the head bump.
- A head bump letter must be given to the student to take home to parents/guardian.
- A first aider must see/be called to a student who has had a head bump even if they refuse treatment. The parent/guardian must be called and informed.

5 INDIVIDUAL HEALTHCARE PLANS (Template A)

An Individual Healthcare Plan clarifies for staff, parents and the pupil the support that can be provided. Individual Healthcare Plans for pupils with medical conditions, (e.g. asthma, anaphylaxis, diabetes, epilepsy) will be drafted with parents/pupils and other healthcare professionals where appropriate. The plan will include:

- the medical condition, its triggers, signs, symptoms and treatments;
- the pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues e.g. crowded corridors, travel time between lessons;
- specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
- the level of support needed (some pupils will be able to take responsibility for their own health needs) including in emergencies. If a pupil is self-managing their medication, then this will be stated with appropriate arrangements for monitoring;
- who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;
- who in the school needs to be aware of the pupil's condition and the support required;

- arrangements for written permission from parents and the Headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments;
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and
- what to do in an emergency, including whom to contact, and contingency arrangements.

Some pupils may have an Emergency Healthcare Plan prepared by their lead clinician that could be used to inform development of their Individual Healthcare Plan.

Individual Healthcare Plans will be reviewed when necessary but some may need to be reviewed more often. Where appropriate the Individual Healthcare Plan will be reviewed at the pupil's Annual Review.

6 THE PUPIL'S ROLE IN MANAGING THEIR OWN MEDICAL NEEDS

- After discussion with parents, pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures to acknowledge that their child is mature and responsible to manage their own medication. This information will be recorded in the Individual Healthcare Plan if one is in place.
- Parents should be aware that if their child holds their own medication then school staff will not be recording the doses self-administered;
- Pupils can only carry and administer their own medication providing parental consent has been gained by completion of a 'Request for child to carry his/her medicine' form (Template C).
- If it is not appropriate for a child to self-manage, then relevant staff will help to administer medicines and manage procedures for them; a record of administration will be made.
- If a pupil refuses to take medicine or carry out a necessary procedure, staff will not force them to do so but will contact the parents and follow the procedure agreed in the individual healthcare plan. The qualified member of staff will call parents to advise.
- Parents will be contacted where a pupil is seen to be using their asthma inhaler more frequently than usual as this may indicate their condition is not well controlled.
- Any self-administered medicine must be done so in agreement with the parents whilst ensuring that the medication or device is safe and controlled.

7 MANAGING MEDICINES ON SCHOOL PREMISES (medicines administered to students by trained staff in schools)

Pupils will only be given prescription or non-prescription medicines after parents have completed a consent form (Template B) – (except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases

the school will encourage the pupil to involve their parents while respecting their right to confidentiality).

When no longer required, medicines will be returned to the parent to arrange for safe disposal. Sharps boxes will be used for the disposal of needles and other sharps.

Medicine brought into school must be given to the qualified member of staff.

If parents are unable to drop their child's medication into school, they may give consent for this pupil to bring their own medication into school and give it to a qualified member of staff with the consent form.

If parents are unable to pick up any remaining medication left in school, they may give consent for this pupil to collect it from a qualified member of staff and take it home. A note must be provided or telephone consent gained from the member of staff (e.g. liquid antibiotics that need to be taken home in the evening and brought in the next day).

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

- Parents should note the expiry date so that they can provide a new prescription as and when required.
- Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.

Short-Term Medical Needs

Many children will need to take medicines during the day at some time during their time in the school. This will usually be for a short period only, perhaps to finish a course of antibiotics, which will minimise the time that they need to be absent.

Antibiotics prescribed three times a day can be taken out of the school day. The school will support children who have been prescribed antibiotics that need to be taken **four** times day.

7.2 Controlled Drugs

- Some medicines prescribed for pupils (e.g. methylphenidate, known as Ritalin) are controlled by the Misuse of Drugs Act, 1971. A pupil 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 pupil for use is an offence.
- The school will keep controlled drugs in a locked non-portable container, to which only named staff have access but will ensure they are easily accessible in an emergency.

- School staff may administer a controlled drug to the child for whom it has been prescribed in accordance with the prescriber's instructions.

The members of staff which have access to the Controlled Drugs Cabinet and have agreed to administer medication and have the appropriate training is:

Sally Barnes, Sam Jasper, Melissa Le Tissier & Maurice Young.

- A record will be kept of any doses used and the amount of the controlled drug held in school, i.e. total number of doses (tablets) provided to the school, the dose given and the number of doses remaining.
 - where the dose is half a tablet then this will be cut using a tablet cutter at the time that the medication is required;
 - half tablets that are not administered will be disposed of safely by the member of staff administering the medicine;
- A controlled drug, as with all medicines, will be returned to the parent when no longer required to arrange for safe disposal. If this is not possible, it will be returned to the dispensing pharmacist.

Some pupils with epilepsy are prescribed rectal diazepam or buccal midazolam. Authorisation for administration from the parent is required in all cases.

7.3 Non-Prescription Medication

Non-prescription medication will only be given in exceptional circumstances and only with the expressed permission of the Headteacher. An exception may be made for school residential visits.

The school will not keep Calpol or hay fever remedies to administer on an ad-hoc basis during the school day. Parents will be contacted if their child has a fever.

If pupils require medication to control hay fever symptoms or other mild allergies then parents will be asked to fill out one of the following consent forms: 'Parental Agreement to Administer Medicine' or 'Request for child to carry his/her medicine' and provide the medication. For both long term and short term medication needs parents are asked to sign a consent form confirming that the medicine has been administered without adverse effect to the child in the past and that they will inform the school immediately if this changes.

The medication is labelled with the Student Name and Form and kept in a locked cupboard and can only be accessed by authorised member of staff.

7.4 Pain Relief

Pupils sometimes ask for pain relief (analgesics) at school, i.e. paracetamol tablets or liquid.

Parents will be asked to sign a consent form confirming that the medicine has been administered without adverse/side effects to their child in the past and that they will inform the school immediately if this changes.

- The school will hold non-prescription analgesics on behalf of pupils on request. The medication must be brought into school in the original packaging and a consent form

signed – This will only be administered with parental consent

- If ibuprofen is the analgesic of choice then pupils/parents will be advised that a dose could be taken before school (ibuprofen is effective for six hours); if required the school will ‘top up’ the pain relief with paracetamol – with parent consent only.
- A child under 16 will never be given aspirin-containing medicine unless prescribed by a doctor.
- When a pupil requests pain relief, staff will first check maximum dosages and when the previous dose was taken.
- If medication is requested by the student the qualified member of staff will contact parents first and request that the medication is brought into school. .

A record will be made of all doses given and when.

8 RECORD KEEPING

- The school will keep a record of all medicines administered to individual pupils, stating what, how and how much was administered, when and by whom on individual administering medicine sheets so if parents request to see them no other student details can be seen. Any side effects of the medication to be administered at school will be noted.
- A record of administration of medicine will not be recorded where the pupil has taken responsibility for their own medication, e.g. asthma inhalers and take their medication, as and when it is required.
- A record will be made where medication is held by the school but self-administered by the pupil e.g. Diabetic students.

9 SAFE STORAGE OF MEDICINES

- Medicines will be stored strictly in accordance with product instructions - paying particular note to temperature and in the original container in which dispensed.
- Pupils know where their medication is stored and are able to access them immediately or where relevant know who holds the key.
- Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens are always readily available in the medical room and access is available through Student Office.
- A few medicines require refrigeration. They will be kept in a clean storage container, clearly labelled, and stored in the Medical Room refrigerator, which is not accessible to pupils.
- An audit of pupil’s medication will be undertaken every half term disposing of any medication that is no longer required.

- It is the parent's responsibility to ensure their child's medication remains in date. The school will remind parents when their child's medication is due to expire.

10 DISPOSAL OF MEDICINES

- Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. The return of such medicines to parents will be recorded;
- Parents should also collect medicines held at the end of the summer term. If parents do not collect all medicines, they will be disposed of safely;
- The school will use its discretion to keep certain medicines for the next academic year (providing they have not expired), if these are medical needs that will continue into the next academic year. These will be securely locked away over the holiday period.

Sharp boxes will always be used for the disposal of needles.

11 HYGIENE AND INFECTION CONTROL

All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures.

STEP HAND WASHING TECHNIQUES



Following NHS guidelines in the interests of stopping infection spreading, if a student or staff member has had diarrhoea and sickness they must stay off until they have not been sick or had diarrhoea for at least 2 days.

12 DAY VISITS, RESIDENTIAL VISITS AND SPORTING ACTIVITIES

- The school will actively support pupils with medical conditions to participate in school trips and visits or in sporting activities;
- The school will make reasonable adjustments for the inclusion of pupils in such activities;
- Some children may need to take precautionary measures before or during exercise, and may need access, for example, to asthma inhalers. Staff supervising sporting activities will

be made aware of relevant medical conditions, and will consider the need for a risk assessment to be made.

- The school will consider the reasonable adjustments that can be made to enable pupils with medical needs to participate fully and safely in visits. These arrangements will be included in the risk assessment for the event.
- One trained member of staff accompanying the visit will be asked to take on the lead role for administering medicines or healthcare procedures. Medicines, equipment and consent forms will be taken on school visits.
- Medicines are administered and witnessed and recorded.

13 SCHOOL'S ARRANGEMENTS FOR COMMON CONDITIONS

Asthma

- An inventory of all pupils with asthma will be compiled;
- An Individual Healthcare Plan will be developed;
- All staff will be trained annually to recognise the symptoms of an asthma attack and sufficient staff will know how to respond in an emergency.
- All parents are requested to complete a consent form to use the school emergency inhaler (Template G).
- Students who suffer from Asthma are requested to keep one inhaler on their person and a spare in the Medical Room.
- Emergency salbutamol inhalers and spacers are kept Student Office / PE Office/ Medical Room.
- Emergency salbutamol inhalers will only be given to pupils previously diagnosed with asthma whose reliever inhaler is not in school or whose inhaler has run out, who are on the register and whose parents have signed the consent form;
- Trained staff will know how and when to use the emergency salbutamol inhaler

Anaphylaxis (Severe Allergic Reaction)

- All staff will be trained annually on the symptoms of anaphylaxis, and sufficient staff will be trained on when and how to use the adrenaline auto-injector in an emergency.
- An Individual Healthcare Plan will be developed which includes the arrangements the school will make to control exposure to allergens;
- Auto-injectors will be kept readily available;
- All epi pens are stored in the medical room as well as on the students.

Epilepsy

- An Individual Healthcare Plan will be developed;
- A appropriate number of staff will be trained in identifying the symptoms and triggers for epilepsy, including administering medication
- There will be a trained member of staff available **at all times** to deliver emergency medication. Details will be recorded on the pupil's Individual Healthcare Plan.
- A medical room with a bed will be kept available so that if needed the pupil will be able to rest following a seizure, in a safe supervised place.

- The school will enable students to take a full part in all outings and activities;
- The school will make necessary adjustments e.g. exam timings, coursework deadlines, timetables.
- The school will liaise fully with parents and health professionals;
- Some pupils with epilepsy are prescribed rectal diazepam or buccal midazolam. This will be administered by staff who are specifically trained to undertake this task and have agreed to this responsibility.
- Two adults will be present for the administration of rectal diazepam, at least one being of the same gender as the child. The dignity of the pupil will be protected as far as possible, even in an emergency;
- If appropriate, a record will be kept of the pupil's seizures, so that any changes to seizure patterns can be identified and so that this information can be shared with the pupil's parents and healthcare team.
- Any medication prescribed to prevent further seizures will be kept with the appointed person in school and administered when appropriate.

Diabetes

- An Individual Healthcare Plan will be developed;
- Pupils diagnosed with Type 1 diabetes and have been prescribed insulin will be supported by staff who have specifically agreed to this responsibility and have received training and support from the Diabetic Nurses Team.
- A suitable private place will be provided for pupils to carry out blood tests and administer doses, e.g. Medical Room;
- Pupils will not be prevented from eating drinking or taking toilet breaks whenever they need to in order to manage their medical condition effectively.
- If a pupil has a hypo, they will not be left alone; a fast acting sugar, such as glucose tablets, a glucose rich gel, or a sugary drink will be given immediately.
- Once the pupil has recovered, slower acting starchy food, such as a sandwich or two biscuits and a glass of milk, will be given, some 10-15 minutes later.
- For students which have been prescribed insulin, students are required to report at specified times to check sugar levels and administer their insulin - this is logged daily.

14

LIABILITY AND INDEMNITY

The Governing Body will ensure that the appropriate level of insurance is in place for staff providing support to pupils with medical conditions and appropriately reflects the level of risk.

The school will contact their insurers to extend their cover should a medical intervention fall outside the conditions covered by this policy.

COMPLAINTS

Parents/pupils should discuss any concerns directly with the school if they become dissatisfied with the support provided. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

16 SCHOOL PROCEDURES FOR MANAGING MEDICINES

- 1 Medicines should be brought to the school office by 08.30am by parents/carers. The designated member of staff will ask the parent to sign the relevant consent form or check the form downloaded from the school's website.
- 2 The designated person will check that the
 - medicine is in its original container as dispensed by a chemist and details match those on the form;
 - label clearly states the child's
 - first and last name
 - name of medicine
 - dose required
 - method of administration
 - time/frequency of administration
 - patient information leaflet is present to identify any side effects;
 - medication is in date
- 3 The designated person will log the medicine alongside the completed parental agreement for setting to administer medicine form and store the medicine appropriately
 - Medicines requiring refrigeration will be kept in the fridge in a clean storage container
 - A daily temperature of the fridge will be taken and recorded.
- 4 The designated person will administer medication at the appropriate time.
- 5 The following procedure will be followed:
 - The pupil will be asked to state their name – this is checked against the label on the bottle, authorisation form and record sheet.
 - The name of the medicine will be checked against the authorisation form and record sheet.
 - The time, dosage and method of administration will be checked against the authorisation form and record sheet.
 - The expiry date will be checked and read out.
 - The medicine is administered.
 - The record sheet is signed by the designated person and the witness
 - Any possible side effects will be noted.
 - The medicine is returned to appropriate storage.

- 6 If a child refuses to take their medicine, staff will not force them to do so. Staff will record the incident and follow agreed procedures (which are set out in the pupil's Individual Healthcare Plan) and contact parents. If a refusal results in an emergency, the emergency procedures detailed in the Individual Healthcare Plan will be followed.
- 7 If the designated person has concerns about a procedure or a medication that they are being asked to administer they will not administer the medicine, but check with the parents or a health professional before taking further action.

17 First Aid Procedures

The Buckingham School places the safety and welfare of its students as its main priority. If a student becomes unwell or is involved in an accident the following procedures must be followed:

- Staff are not to send students out of lesson if they are claiming to be unwell, they should be escorted to student office in a break to seek preliminary first aid attention.
- Students would only be sent from lesson to the student office if they have vomited.
- Please do not send students down who claim to have non-head injuries from the previous day.
- All head injuries (including those from previous days in case of concussion) must be taken seriously and a level 3 first aider to be called on channel 2 on the radio
- For all basic first aid needs (minor cuts/bruises/headaches) the students will visit student office during breaks.
- Upon initial treatment the student office will call a level 3 first aider (channel 2) if appropriate.

18 Emergency First Aid Treatment

- In the event of an emergency a member of staff must either call or send a student to the student office to radio on channel 2 for an emergency level 3 first aider.
- A second emergency first aider also needs to be called to support at the scene and safeguard one another.
- The first aider will contact the school reception via radio to call 999 and request an ambulance
- The school reception will coordinate the emergency services arrival, access to site and location of student.
- Parents to be contacted by school reception.
- There are two defibrillators located in school, one on the outside of the school on the front steps (password 3456) and one in the first aid room.
- An emergency first aid kit is also kept in main reception if required (this can be collected for injuries/accidents around the school site including the field and astro).

Template A: Individual Healthcare Plan

Name of school/setting

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)

Name
Phone no. (work)
(home)
(mobile)
Name
Relationship to child
Phone no. (work)
(home)
(mobile)

Clinic/Hospital Contact

Name

Phone no.

Name
Phone no.

G.P.

Name

Phone no.

Name
Phone no.

Who is responsible for providing support in school

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

Template B: Parental Agreement for setting to Administer Medicine

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

Date for review to be initiated by

Name of school/setting

Name of child

Date of birth

Group/class/form

Medical condition or illness

Medicine

Name/type of medicine
(as described on the container)

Expiry date

Dosage and method

Timing

Special precautions/other instructions

Are there any adverse/side effects that the school needs to know about?

Self-administration – y/n

Procedures to take in an emergency

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

Contact Details

Name

[agreed member of staff]

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver the medicine personally to

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

Signature(s) _____

Date _____

Template C (Form 7)

Request for child to carry his/her medicine

THIS FORM MUST BE COMPLETED BY PARENTS/ GUARDIAN

If staff have any concerns discuss request with school healthcare professionals

Name of School/Setting: _____

Child's Name: _____

Form: _____

Address: _____

Name of Medicine: _____

Procedures to be taken
in an emergency: _____

Are there any adverse/
side effects that the school
needs to know about?

Contact Information:

Name: _____

Daytime Phone No: _____

Relationship to child: _____

I would like my son/daughter to keep his/her medicine on him/her for use as necessary.

Signed: _____ Date: _____

Template F: Contacting Emergency Services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

1. your telephone number
2. your name
3. your location as follows – The Buckingham Secondary School, London Road, Buckingham, MK18 1AT
4. provide the exact location of the patient within the school setting
5. provide the name of the child and a brief description of their symptoms
6. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
7. put a completed copy of this form by the phone

Template G: School Emergency Inhaler Consent Form

SCHOOL EMERGENCY SALBUTAMOL INHALER CONSENT FORM

Please complete the information below which refers to your child's medical condition.

I give permission for my child (Name) _____ in
(Form Group) _____ to use the school's emergency salbutamol inhaler using a spacer when required.

Signed: (Parent/Carer): _____ Date _____

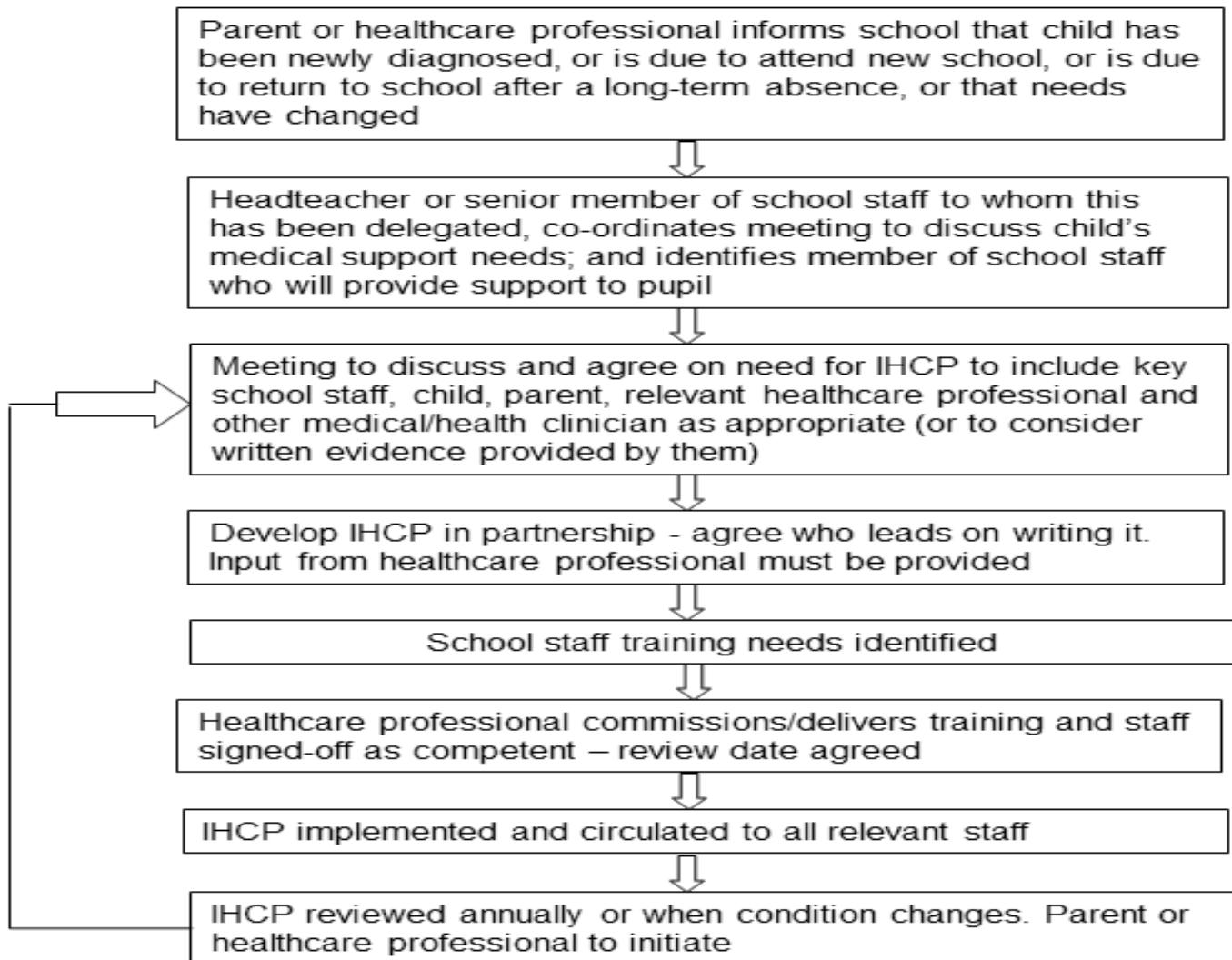
Parent/Carer Name: _____

INDIVIDUAL HEALTH CARE PLAN

NAME OF CHILD: _____ FORM: _____

My child does not suffer from asthma anymore:

Annex A: Model Process for Developing Individual Healthcare Plans





STUDENT WITH MEDICAL NEEDS

Reviewed: December 2019

Review Cycle: 1 Year

Next Review Date: December 2020

Mr Matthew Watkins

Chairman

Governing Body

Signed:

Date: December 2019