


Green Park School Medical Needs Policy

Reviewed in conjunction with Wolverhampton Council and NHS Royal Wolverhampton trust 'Model Medicines Policy for schools' September 2023.

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Role:	Assistant Headteacher
Committee approving Policy	Standards Committee
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Signed by Chair of Committee	 Mrs L Guest, Chair of Governors

Our Mission

Green Park aims to provide access to high quality education and learning experiences, both in school and in the community and seeks to maximise each pupil's achievement as part of his or her lifelong learning. It is the school's aim to be a centre of Educational Excellence in the heart of the community.

Introduction

Most pupils will at some time have a medical condition that may affect their participation in some or all school activities. For many this will be short-term and where medication is required it will only involve finishing off a prescribed course, such as antibiotic eye drops etc.

Other pupils have medical conditions that, if not properly managed, will limit access to an appropriate education. These pupils are said to have **medical needs**. Most children with medical needs can attend school regularly and, with appropriate support, can take part in all, or almost all, normal school activities. Pupils with medical needs will be monitored carefully to ensure their physical and medical health do not deteriorate.

In September 2014 Section 100 of the Children and Families Act came into force which places a duty on governing bodies of schools to decide for supporting pupils at their school with medical conditions.

Green Park is one of several special schools in the LEA which provides enhanced provision for pupils with long-term medical needs. Green Park wishes to ensure that pupils with medical conditions receive appropriate care and support at school.

Additionally, they aim to ensure that children at the school who have medical conditions enjoy the same opportunities as any other child. This policy has been developed in line with the Department for Education's guidance released in September 2014 supporting pupils at school with medical conditions: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England'.

A significant number of pupils at Green Park have additional medical needs which would be over and above the needs of the general school population.

Aims

The aim of this policy is:

- To maximise the life chances of all pupils, including those at risk of social or educational exclusion.
- To ensure that all pupils have access to as much education as their medical condition allows, to maintain the momentum of their studies, keep up with their peers and fulfil their educational potential.

Objectives

The objectives of this policy are:

- To provide a sound basis for ensuring that pupils with medical needs receive proper care and support at school in a system which is understood and accepted by staff, parents/carers, and the pupils.
- To provide formal systems and procedures, drawn up in partnership with parents/carers and staff, should back up the policy.

Principles and Values

Research identifies five key factors that enable schools to create best practice and effective provision. The five factors are:

- **Ownership** - the extent to which the school maintains a high profile during the time the pupil is unable to attend through illness or injury.
- **Partnership and collaboration** - the ways in which the school seeks to establish relationships with other agencies to ensure that an individual's needs are met.
- **Flexibility** – the ways in which provision is organised to enable individual circumstances to be addressed and modified as needs change.
- **Responsiveness** – the ability of the school to respond to the need of all stakeholders which include pupils, parents/carers, home schools, health, and other professionals.
- **Clarity** – Schools having written policies and guidance that outline clearly all the roles and responsibilities of those involved.

Legal Framework

Through the **Health and Safety at Work Act (HSWA) 1974** LEAs, schools and governing bodies are responsible for the health and safety of pupils in their care. Health Authorities also have legal responsibilities for the health of residents in their area. The legal framework for schools dealing with the health and safety of **all** their pupils derives from health and safety legislation.

Other legislation, notably the Education Act 1993, the Education Act 1996 and the Medicines Act 1968 are also relevant to schools in dealing with pupils' medical needs. The provisions of these Acts that are relevant to the health and safety of pupils are covered in this document.

Local education authorities have specific duties to decide for the provision of suitable full time or part-time education otherwise than at school for those children of compulsory school age who, by reason of illness, exclusion from school or otherwise, may not for any period receive suitable education unless such arrangements are made for them.

Children with medical needs have the same rights of admission to school as other children and cannot be excluded from school purely based on having a medical need. Most schools will at some time have pupils on roll with medical needs. The governors and head teacher will make sure that safety measures cover the needs of **all** pupils at the school. This will, therefore, include making special arrangements for pupils.

In some cases, pupils with medical needs may be more at risk than their classmates. The school may need to take additional steps to safeguard the health and safety of such pupils. In a few cases individual procedures may be needed. The governors are responsible for making sure that all relevant staff know about and are, if necessary, trained to provide any additional support these pupils need. It may not be possible to eliminate all risk in every case. Head teachers will need to exercise professional judgement, in consultation with parents/carers, in deciding whether the level of risk is acceptable (see *The Dignity of Risk* – National Children's Bureau (2004)).

Under the **SEND Code of Practice**, the head teacher and SENCO are responsible for ensuring the confidentiality of the system for dealing with medical information held on pupils. Staff working with pupils with medical needs will need to have access to all relevant information. The school wishes to ensure that appropriate training is undertaken by staff responsible for the administration of medicines or medical procedures.

In response to The Education (School Premises) Regulations 1996 the school has developed accommodation for medical or dental examination and treatment and for

the care of pupils during school hours. It need not be used solely as medical accommodation, but it should be appropriate for that purpose and readily available for use when needed.

- The school's policy on supporting pupils who have medical needs or require medication in school should be communicated to parents/carers, perhaps in the school prospectus, and to all school staff.
- Great care should be taken to ensure that parents' cultural and religious views are always respected.
- School staff, professionals and families will ensure that the child's social, emotional, and mental health needs are met in relation to their medical needs. School staff will follow procedure to report any concerns to the safeguarding team and liaise with the Mental Health First Aiders for immediate advice over concerns for a child's mental health and wellbeing.
- **Key roles and responsibilities**
- **The Local Authority (LA) is responsible for:**
 1. Promoting cooperation between relevant partners and stakeholders regarding supporting pupils with medical conditions.
 2. Providing support, advice and guidance to schools and their staff.
 3. Making alternative arrangements for the education of pupils who need to be out of school for fifteen days or more due to a medical condition.
 4. Providing suitable training to school staff in supporting pupils with medical conditions to ensure that Individual Healthcare Plans can be delivered effectively.
- **The Governing Body is responsible for:**
 1. The overall implementation of the Supporting Pupils with Medical Conditions Policy and procedures of Green Park School
 2. Ensuring that the Supporting Pupils with Medical Conditions Policy, as written, does not discriminate on any grounds including, but not limited to ethnicity/national origin, culture, religion, gender, disability, or sexual orientation.
 3. Handling complaints regarding this policy as outlined in the school's Complaints Policy.
 4. Ensuring that all pupils with medical conditions can participate fully in all aspects of school life.

5. Ensuring that relevant training provided by the LA is delivered to staff members who take on responsibility to support children with medical conditions.
 6. Guaranteeing that information and teaching support materials regarding supporting pupils with medical conditions are available to members of staff with responsibilities under this policy.
 7. Ensuring the level of insurance in place reflects the level of risk.
- **The Head teacher is responsible for:**
 1. The day-to-day implementation and management of the Supporting Pupils with Medical Conditions Policy and procedures of Green Park School.
 2. Ensuring the policy is developed effectively with partner agencies.
 3. Making staff aware of this policy.
 4. Liaising with healthcare professionals regarding the training required for staff.
 5. Keeping an up-to-date record of staff who are trained.
 6. Making staff who need to know aware of a child's medical condition.
 7. Reading Individual Healthcare Plans (IHCPs) provided by the Community Nursing Team.
 8. Ensuring enough trained members of staff are available to implement the policy and deliver IHCPs in normal, contingency, and emergency situations.
 9. If necessary, facilitating the recruitment of a member of staff for the purpose of delivering the promises made in this policy.
 10. Ensuring the correct level of insurance is in place for teachers who support pupils in line with this policy.
 11. Contacting the school nursing service in the case of any child who has a medical condition.
 - **Staff members are responsible for:**
 1. Taking appropriate steps to support children with medical conditions.

2. Making necessary adjustments to ensure that pupils with medical conditions are included in all aspects of the lesson.
 3. Administering medication if they have agreed to undertake that responsibility when offsite.
 4. Undertaking training to achieve the necessary competency for supporting pupils with medical conditions if they have agreed to undertake that responsibility for off-site visits.
 5. Familiarising themselves with procedures detailing how to respond when they become aware that a pupil with a medical condition needs help. There is no statutory / contractual duty for teachers to administer medicine in school. Teachers and other school staff have a common law duty to act as a reasonably prudent parent would, to make sure that pupils are healthy and safe on the school premises. This duty extends to any activities taking place off the school site as is covered by the Children ACT 1989 Section 3(5) In an emergency, swift action would need to be taken by any member of staff to secure assistance for any pupil. The consequences of not helping a pupil in an emergency may be more far-reaching than the consequences of making a mistake by trying to help.
 6. Several staff members will be given regular training on pupil wellbeing and mental health, including risk factors such as pupils with medical issues could be at more risk of poor mental health.
- **School nurses (Community Children’s Nursing Team) are responsible for:**
 1. Notifying the school when a child has been identified with requiring support in school due to a medical condition.
 2. Liaising locally with lead clinicians on appropriate support.
 3. Administering medication and injections
 4. Sharing individual health care plans with school
 - **Parents and carers are responsible for:**
 1. Keeping the school informed about any changes to their child/children’s health.
 2. Completing a parental agreement for nurses to administer medicine form before bringing medication into school.

3. Providing the school with the medication their child requires and keeping it up to date.
4. Collecting any leftover medicine at the end of the course or year.
5. Discussing medications with their child/children prior to requesting that a staff member administers the medication.
6. Where necessary, developing an Individual Healthcare Plan (IHCP) for their child in collaboration with the Community Childrens Nursing Team that is then shared with the Head teacher, other staff members and healthcare professionals.

7. Training of staff:

Where there is an identified need staff will receive regular and ongoing training to meet the needs of pupils with medical needs.

Currently, staff are trained for identified pupils for

- Midazolam and other rescue medication for offsite visits
- Gastrostomy (Only Dual Support workers are trained for this)
- Mitrofanoff for offsite visits

Any AAI(s) (adrenaline auto – injectors) held by the school should be considered a spare / back-up device and not a replacement for a pupil's own AAI(s). Current guidance from the Medicines and Healthcare Products Regulatory Agency (MHRA) is that anyone prescribed an AAI should always carry two of the devices (only one pupil in school EpiPen kept in nurses office). Any spare AAI(s) held by a school should be in addition to those already prescribed to a pupil.

- The school has register of pupils who have been prescribed an AAI(s) (or where a doctor has provided a written plan recommending AAI(s) to be used in the event of anaphylaxis) written consent from the pupil's parent/legal guardian for use of the spare AAI(s), as part of a pupil's individual healthcare plan
- The spare AAI is used only in pupils where both medical authorisation and written parental consent have been provided.
- Appropriate support and training are given staff in the use of the AAI.
- A record of use of any AAI(s) is kept as required by Supporting Pupils and informing parents or carers that their pupil has been administered an AAI and whether this was the school's spare AAI or the pupil's own device.

No staff member may administer any medication (prescription and over the counter) or undertake any healthcare procedures without undergoing training specific to the

responsibility, including administering. The clinical lead in school for this is Marina Samuels.

Green Park School and The Nursing Team will keep a record of training undertaken and a list of staff qualified to undertake responsibilities under this policy.

8. The role of the child

Children who are competent will be encouraged to take responsibility for managing their own medicines and procedures.

9. Individual Healthcare Plans (IHCPs)

Where necessary, an Individual Healthcare Plan (IHCP) will be developed in collaboration with the pupil (where appropriate), parents/carers, Medical Professionals, Head teacher, Assistant headteacher and Class teacher.

IHCPs will be easily accessible whilst preserving confidentiality.

IHCPs will be reviewed at least annually or when a child's medical circumstances change, whichever is sooner.

Where a pupil has an Education, Health and Care plan or special needs statement, the IHCP will be linked to it or become part of it.

Nurses lead on health care plans for a number of pupils in school. They are updated following advice from consultants and specialist clinics and shared with school.

10. Medicines

Where possible and particularly if the taking of the medication is for a short duration, then it is preferable for medicines to be prescribed in frequencies that allow the pupil to take them outside of school hours.

If this is not possible, prior to the nursing team administering any medication, the parents/carers of the child must complete and sign a parental agreement to administer medicine form.

No child will be given any prescription or non-prescription medicines without written parental consent except in exceptional circumstances.

No child under 16 years of age will be given medication containing aspirin without a doctor's prescription.

Medicines MUST be in date, labelled, and provided in the original container (except in the case of insulin which may come in a pen or pump) with dosage instructions. Medicines which do not meet these criteria will not be administered.

Prescription medication may only be taken on school premises by the individual to whom they have been prescribed.

Medications will be stored in a wall-mounted locked cupboard in the nurse's office. The key must be kept in an accessible place known to designated members of staff but inaccessible to pupils.

Some medication may need to be kept at low temperatures and must therefore be kept in a lockable fridge located in the nurse's room.

Any medications left over at the end of the course will be returned to the child's parents/carers.

Written records will be kept of any medication administered to children by the community nursing team.

A few medicines may be needed by the pupil at short notice, for example asthma inhalers. Arrangements for easy access must be established between the class staff and the school nurse. Additionally, all staff should be made aware that inhalers must always accompany the pupil to off-site activities, particularly where they are of a physical nature such as football or swimming.

Emergency Medication

This type of medication must be readily available. A copy of the health care plan (emergency action plan) should be kept with the medication and in the event of use, should be given to medics if an ambulance or other outside assistance is called.

For this type of medication, the school's procedures should identify:

- ◆ Where the medication is stored
- ◆ Who should collect the medication in an emergency?
- ◆ Who should stay with the pupil concerned?
- ◆ Supervision of other pupils in the vicinity
- ◆ Support to be offered to other pupils witnessing the incident.
- ◆ Arrangements/requirements for an ambulance/other medical support
- ◆ Recording systems.

Non-Prescription Medications

Normally this type of medication should not be given at school. However, there may be exceptional circumstances where this is appropriate, for example where a pupil is known to suffer from recurring acute pain.

Under no circumstances should any medication be given to a pupil under the age of 16 years, without the permission of parents/carers.

Homeopathic Medicines

Many homeopathic medicines need to be given frequently during the day. This is difficult to manage in school and parents will be advised that without the support of their GP these will not be accepted in school.

Herbal medicines

Many over-the-counter medicines need to be given frequently during the day. This is difficult to manage in school and schools are therefore advised to only agree to parental requests where the pupil is capable of self-administering this type of medication. Parents/carers will be required to complete and sign a consent form.

Swimming – onsite and off- site

All pupils with known epilepsy and/or dysphasia needs will require 1:1 support in the pool. This is to be clearly identified within planning and session risk assessments.

Off-Site Visits and Residential Visits

Schools should follow procedures set out in the LA Guidance on the Management of Off-Site Visits. Where appropriate, information about parental concerns and serious medical conditions should be requested. During residential activities staff should ensure a lockable cupboard is available for the safe storage of medicine and fridge facilities where required. Where a pupil has an identified medical need which requires the administration of either prescription or over the counter medication any off-site visit must be accompanied by a school nurse and/or a trained member of Green Park Staff.

11. Invasive Procedures

For some children, the treatment required for their condition may be invasive in nature. Where this is the case, particular care should be taken to always ensure and maintain the child's dignity and privacy.

Tracheotomy

In a few cases, a child may be admitted to school with a tracheotomy. Children with a tracheotomy require full-time access to nursing support. This does not imply full-time nursing care on-site but the availability of nursing advice and support when necessary. The care of any such child should be clearly outlined in a jointly agreed Healthcare Plan.

Catheterisation

All schools need facilities that ensure dignity and privacy for children who require catheterisation.

Any child requiring catheterisation should have a Healthcare Plan, which should be drawn up by the School Nurse and the child's parents/carers. This Plan should be accessible to staff involved with the child.

Tube Feeding

Any child requiring tube feeding will already be under the care of a Primary Care Trust.

The Community Children's Nursing Team are clear about what procedures they can undertake, and which are prescribed under the law unless undertaken by a qualified medical practitioner (for example if a tube becomes dislodged).

Oxygen Dependency

Due to the health care needs of children at Green Park School, oxygen may be required in emergency situations. This is kept in the nurse's office and should always be delivered by a qualified nurse.

A small number of children in school are oxygen dependent. To have access to education these children require the support of a trained member of staff. Any staff using Oxygen cylinders in school must first receive training from the school nurse or other authorised person. Spare oxygen cylinders are to be stored in the nurse's office, in line with our fire risk assessment.

Staff in classes where there are oxygen dependent pupils, must complete Oxygen Safety Awareness training and follow all guidance given (e.g. no oil-based products)

Refusal to take medication.

If pupils refuse to take medication, school staff should not force them to do so. The school should inform the child's parent/carer as soon as possible and seek medical advice as a matter of urgency. If the child's parent/carer is not contactable, advice may be sought by the school nurses from the community paediatrician or other suitably qualified practitioner. Parents must always be notified, even when professional advice has been sought.

12. SPILLAGE OF BODILY FLUIDS

Where there is a likelihood of meeting bodily fluids such as blood, vomit or urine, the following minimum precautions must be observed, regardless of whether a risk of infection has been identified.

Spillage of blood, vomit or urine should be attended to immediately, no matter how small the quantity. Non-permeable disposable gloves and a disposable apron must be worn. These are contained within "spillage packs" located in the stationery cupboard.

The advice offered inside the pack should be carefully followed. A chlorine-releasing powder, such as Titan Sanitizer (a dichloroisocyanurate-based powder) or Precept Granules should be used wherever possible. This should be sprinkled on the spillage and left for five minutes. The spill should then be covered with paper towels and carefully wiped up. As an alternative, Saniclor tablets should be dissolved in water, following the usage instructions. This gives a Sodium Hypochlorite 1% (10,000 ppm) solution, which can be poured onto paper towels that are covering the spillage. This should be left for a minimum of two minutes before the paper towels are used to wipe up the spillage.

In the case of spillage onto a carpet, steam-cleaning is the recommended treatment, and the Site Manager should be informed.

Utensils, such as mops, and buckets used in the cleaning up should be washed in disinfectant after use. Clothes, mop heads and non-disposable linens that are stained with blood should be washed in a machine at or above 80°C or boiled before handwashing. Disposable gloves and aprons should be worn when handling any soiled items. Disposable gloves, aprons and paper towels that are contaminated with blood should be treated as clinical waste and disposed of using the “yellow bag” system.

Broken glass should never be picked up with the fingers, even if wearing gloves. Broken glass or other sharp objects that may have come into contact with bodily fluids should be disposed of in a sharps’ container located in the nurses office.

Open wounds on the person handling any spillage should be fully covered by a waterproof dressing.

13. PERSONAL CARE NEEDS

Some pupils will require help with personal care regimes, such as feeding, toileting and use of sanitary protection. It is important to take precautions to prevent cross-infection.

- ◆ After feeding pupils, all surfaces, such as tables should be wiped down, following normal hygiene procedures.
- ◆ Changing beds should be cleaned after each child, using a suitable disinfectant provided in spray bottles. Where changing beds are colour coded, care should be taken to use the appropriate, recommended products.
- ◆ Regard should be paid to health and safety guidance and disinfectants should be stored out of pupil’s reach.

4. PREVENTING CROSS-INFECTION

Protective Clothing

- Protective clothing as outlined above should be used where there is any danger of contamination.
- Protective clothing should be changed between each separate procedure.
- Protective clothing should be cleaned or disposed of as outlined above.

Cuts

- Any cut on the carer should be well covered with a waterproof dressing, prior to clearing up any spillage or dealing with personal care needs of pupils.

Hand Washing

- Always wash hands thoroughly before and after all medical contact, including dealing with personal care needs.
- Always wash hands thoroughly after skin is contaminated with bodily fluids of any kind.
- The school has ensured that soap dispensers are fitted and should be used in all cases, in preference to bars of soap.
- Classrooms should ensure that guidance on hand washing procedures is clearly displayed in by all hand washing facilities.

15. DISPOSAL PROCEDURES

Safe Disposal of Medicines

There should be written procedures covering the return or disposal of medicines. Medicines should be returned to the child's parent/carers and a receipt obtained and kept on file when:

- The course of treatment is complete.
- Labels become detached or unreadable.
- Instructions are changed.
- The expiry date has been reached.
- The term or half-term ends.

The school nurses will ensure a regular check is made of the lockable medicine cabinet and any medicines not returned to parents/carers and which is no longer needed, is out of date or no longer clearly labelled should be returned to a local pharmacy for safe disposal.

All medication returned to parents/carers or a pharmacy, even empty bottles, must be recorded and a receipt filed by the school nurses.

No medicine should be disposed of into the sewerage system or into refuse. Current waste disposal regulations make this practice illegal.

Safe Disposal of Medical Waste

Sharps containers must be used for the safe disposal of any sharp implements which could have been contaminated with bodily fluid. Sharps containers must only be kept in the school nurse's room.

Any other clinical waste must be disposed of using the "yellow bag" system or other procedure agreed by the Local Authority.

16. Emergencies

Medical emergencies will be dealt with under the school's emergency procedures.

Where an Individual Healthcare Plan (IHCP) is in place, it should detail:

- ✓ What constitutes an emergency.
- ✓ What to do in an emergency.

Where applicable, pupils will be informed in general terms of what to do in an emergency such as telling a teacher.

If a pupil needs to be taken to hospital, a member of school staff/or nursing team will remain with the child until their parents arrive.

Defibrillator

A defibrillator is a portable device which checks the heart rhythm and sends an electric shock to heart to try and restore a normal rhythm. It is stored in the Willows Campus reception area and contains separate pads for adults and children. When used as part of an emergency procedure the nurses on-site and the emergency services (999) should be summoned immediately to undertake the procedure.

17. Avoiding unacceptable practice

Green Park School understands that the following behaviour is unacceptable:

- Sending pupils home frequently or preventing them from taking part in activities at school because of their medical condition.
- Penalising pupils with medical conditions for their attendance record where the absences relate to their condition.
- Creating barriers to children participating in school life, including school trips.

18. Insurance

Teachers who undertake responsibilities voluntarily within this policy are covered by the school's insurance.

The LA fully insures approved first aid course trained personnel. Full written insurance policy documents are available to be viewed by members of staff who are providing support to pupils with medical conditions.

Those who wish to see the documents should contact the Headteacher.

19. Other Education Provision

Green Park aims to maximise the life changes of all pupils; including those who have life-limiting medical conditions.

Provision is the responsibility of Wolverhampton Local Authority and school. Specialist provision, if needed is available:

- In the education room of the children's ward at New Cross Hospital
- At home
- Through Nightingale Centre (the Orchard centre)

If pupils need to access education at home or whilst in hospital, school submit a referral to the Nightingale Centre. The referral contains any relevant background information and must be endorsed by a medical note from a child's GP or consultant. School teachers and leaders collaborate with the hospital teaching team to ensure that suitable, relevant activities are planned for pupils whilst in hospital.

School collaborate with a range of different services (LA. Medical personal, allied health professionals, parents/carers, and connexions) to ensure that the continuity of high quality educational provision for children and young people with medical needs have a successful transition into adulthood.

Policy Monitoring and Review

The school will review this policy annually and assess its implementation and effectiveness. The policy will be promoted and implemented throughout the school. It is in line with the LA's guidance on the use of restrictive physical intervention strategies and will be amended to reflect any further advice.

Planning Forms –

<p>Emergency Planning</p> <p>is this needed?</p>
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Request for an Ambulance to:

Dial 999, ask for ambulance and be ready with the following information.

1	<p>Your telephone numbers.</p> <p>01902 556429</p>
2	<p>Give your location as follows: (insert school address and postcode)</p> <p>Green Park School Green Park Avenue Stowlawn WV14 6EH</p>
3	<p>Give exact location in the school (insert brief description)</p>
4	<p>Give your name.</p>

5	Give brief description of pupil's symptoms.
6	Inform Ambulance Control of the best entrance and state that the crew will be met and taken to

Parental Consent for Off-Site and Residential Activities

where the Pupil is accompanied by School Staff only

Dear Parents/Carer

Please complete this form and return it to school. It relates to the journey or activity about which you have already received information. The organiser will take this form with him/her on the activity.

The form gives your consent for your child to take part in the activity. Without this form, accurately completed and signed, **YOUR SON/DAUGHTER WILL NOT BE ALLOWED TO ACCOMPANY THE GROUP.**

No child will be refused permission to accompany the group because of information given below. Parents/carers should ensure that their child understands, as far as is reasonably possible, that it is important for his/her safety and the safety of the group that any rules and instructions given by staff in charge are obeyed.

SECTION A DETAIL OF CHILD AND JOURNEY

1.	<p>Name of Child:</p> <p>Surname: _____ Forenames: _____</p>
2	Date of Birth:
4	Destination of Journey and Proposed Activities (these should be specific):
5	<p>Date(s) inclusive:</p> <p>From: _____ To: _____</p>

SECTION B MEDICAL INFORMATION

		Yes	No
1	Does your child suffer from any condition requiring regular treatment or any recurring illness (including asthma, diabetes, or epilepsy)? If YES give details		
2	Is your child currently receiving medication? If YES , you must complete a request for staff to administer medication.		
3	Does your child have any known allergies? If YES give details		
4	Does your child have any specific dietary requirements? If YES give details		

SECTION B MEDICAL INFORMATION (Continued)

		Yes	No
5	Does your child suffer from travel sickness?		
6	Has your child been immunised against Tetanus? If YES , when was the last injection given?		

7	Child's NHS Number Family Doctor: Name Address Telephone No:
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SECTION C DECLARATION

1. I would like my son/daughter to take part in the above-mentioned visit or activity and, having read the information provided, I agree to him/her taking part in the activities described.
2. I confirm that my child is fit to participate.
3. I agree to advise the Head Teacher as soon as possible, of any changes in circumstances referred to on this form between the date signed and the start of the journey.
4. I understand that following a risk assessment, certain activities may be considered too hazardous for my child to participate in. (Alternative activities will be offered in these circumstances)

In an emergency

5. I consent to my child being given any medical, surgical, or dental treatment, including general anaesthetic and blood transfusion, as considered necessary by the medical authorities present.
6. I agree to any appropriate form of transport being issued.
7. I may be contacted by telephoning the following numbers:

Home	Work	Mobile
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My home address is:	
An alternative person to contact is:	Name
	Telephone

Signed: Parent/Carer

Date: _____

THIS FORM MUST BE TAKEN BY THE ORGANISER ON THE ACTIVITY

<p>Request to school for administration of medication during off-site and residential activities</p>

<p>where the Pupil is accompanied by School Staff only</p>
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The school will not give your child medicine unless you have completed and signed this form, and the Head Teacher has given you written confirmation of their agreement.

DETAILS OF PUPIL

Surname:		Forename(s):	
Condition or illness:		Class/Form	

MEDICATION

Name/Type of Medication (as described on the container)
How long will your child take this medication for?
Date dispensed:
Full Directions for use:
Dosage and method:
Timing:
Special Precautions:
Side Effects:
Who will keep the medication? School _____ / Pupil _____
Self-Administration: YES / NO
Procedures to take in an Emergency:

CONTACT DETAILS

Family Contact 1	Family Contact 2
Name	Name
Phone No. (work) (home) (mobile)	Phone No. (work) (home) (mobile)
Relationship	Relationship

I understand that I must deliver the medicine personally to (agreed member of staff) and accept that this is a service which the school is not obliged to undertake.

Date:	Relationship to pupil:
Signature(s)	

Confirmation of agreement to administer medication.

I agree that _____ **(name of child)** will receive
_____ **(quantity and name of medicine)** every.

day at _____ **(time medicine to be administered).**

_____ **(Name of child)** will be given / supervised
whilst he/she takes their medication by _____ - **(name of
member of staff)**. This arrangement will continue until _____
(either end date of course of medicine or until instructed by parents/carers).

Signed: **(The Head Teacher / Named Member of Staff)**

Date: _____

Pupil Medicine Record
For off-site visits (No nursing team present)

<p>INSERT PUPIL PHOTO</p>	Name:
	Date of Birth:
	Medicine and Dosage:
	Name of Administrator
	Method of administration:

Date	Time	Dosage	Administered by	Witnessed by	Comment

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Guidelines and Plan for treatment of Anaphylaxis

Anaphylaxis is an allergic condition that may be triggered by allergens, the most common of which include food, e.g., eggs, cow's milk, nuts, shellfish or fish, or drugs or venom from stinging insects (honeybee, wasp, hornet).

In its most severe form, the condition can lead to loss of consciousness and death from suffocation if prompt treatment is not given.

When Anaphylaxis has been diagnosed a doctor or Paediatrician will prescribe medication for use in an emergency collapse.

Signs and Symptoms

Symptoms and signs will normally appear within seconds or minutes after exposure to the allergen. These may include:

- A metallic taste or itching in the mouth.
- Swelling of the face, throat, tongue, and lips
- Difficulty in swallowing
- Flushed complexion
- Abdominal cramps and nausea
- A rise in heart rate
- Collapse or unconsciousness.
- Wheezing or difficulty breathing

Each pupil's symptoms and allergens will vary and will need to be discussed when drawing up the Healthcare plan. Within an agreed framework, and with parental consent, no child should need to be denied access to school because of this condition.

A procedure and written plan for managing the care of the child, particularly in the event of an anaphylactic reaction, needs to be agreed by the Head Teacher, school staff, parents/carers and the child's Medical Adviser before the child begins school.

In addition, volunteer members of staff will need to be trained by the child's General Practitioner or Medical Adviser in the administration of medication which may be needed in the event of an anaphylactic shock.

The procedures and training of staff need to be reviewed by all parties on an annual basis and revised each time the child changes school. **(example template provided).**

A copy of the signed protocol should be sent to the Principal Officer, Health, and Safety. If significant changes are made to the recommended protocol, those changes must be approved by the Education Department before the protocol is signed. Copies of the written and signed protocol should be retained by the school, the parents/carers and the child's Medical Adviser.

Healthcare Plan for a Pupil with Anaphylaxis

School	
Arrangements for:	
Date of Birth:	Class:

1. BACKGROUND

1.1	<p>It is thought probable that _____ (name) may suffer an anaphylactic allergic reaction if _____ eats nuts or products containing nuts.</p> <p>(where appropriate)</p> <p>_____ (name) is also severely allergic to _____ and may be allergic to other foods which are yet unknown. It is also thought that _____ (name) may suffer a similar reaction if stung (bees and wasps in particular).</p> <p>If this occurs _____ (name) will need medical attention and, in an extreme situation, the condition might be life threatening. However, medical advice is that attention to _____ (name) diet, and in particular the medication, is all that is necessary. In all other respects, it is recommended by _____ (name) consultant that _____ education should carry on 'as normal'.</p>
1.2	<p>(where appropriate)</p> <p>_____ (name) also suffers from a mild asthmatic condition and may therefore need occasional access to a _____ inhaler.</p>

1.3	The arrangements set out below are intended to assist _____(name), his/her parents/carers and the school in achieving the least possible disruption to his/her education, but also to make appropriate provision for _____ (name) medical requirements.
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2. DETAILS

2.1	The Head Teacher will arrange for the teachers and other staff in the school to be briefed about _____ condition and about other arrangements contained in this document.
2.2	The school staff will take all reasonable steps to ensure that (name) does not eat any food items unless they have been approved by his/her parents/carers.
2.3	_____ (name) parents/carers will remind him/her regularly of the need to refuse any food items which might be offered by other pupils.
2.4	In particular, _____ (name) parents/carers will provide him/her with <ul style="list-style-type: none"> • A suitable mid-morning snack • A suitable packed lunch

2. DETAILS (continued)

2.5	If there are any proposals which mean that _____ (name) may leave the school site, prior discussions will be held between the school and his/her parents/carers to agree appropriate provision, and safe handling of his/her medication.
2.6	Whenever the planned curriculum involves cookery or experimentation with food items, prior discussions will be held between the school and _____ (name) parents/carers to agree measures and suitable alternatives.
2.7	The school will hold, under secure conditions, appropriate medication, clearly marked for use by designated school staff or qualified personnel and showing an expiry date.

	<p>A bottle of PIRITON and two EPI-PENS are to be held in secure conditions known to all staff, in agreement with the school's Medical Policy. (Note: - detail medication as appropriate)</p> <p>The parents/carers accept responsibility for maintaining appropriate up-to-date medication.</p>
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3. ALLERGIC REACTION

3.1	<p>In the event of _____ (name) showing any physical symptoms for which there is no obvious alternative explanation, _____ (name) condition will be immediately reported to the Head Teacher/teacher in charge.</p> <p>On receipt of such a report, the person in charge, if agreeing that _____ (name) condition is a cause for concern, will: -</p> <p>Instruct a staff member to contact in direct order of priority: -</p> <p>AMBULANCE – EMERGENCY SERVICES – 999</p> <p>G.P. – DR. _____ (note details)</p> <p>MESSAGE TO BE GIVEN:</p> <p>ANAPHYLACTIC REACTION (include any other relevant details)</p> <hr/> <p>and then _____ (name) parents/carers in the following order: -</p> <p>Mother: Home _____ / Work _____ / Mobile _____</p> <p>(include times etc)</p>
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	<p>Father: Home _____ / Work _____ / Mobile _____</p> <p>_____</p> <p>(include times etc)</p> <p>Other contacts: -</p>
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3 ALLERGIC REACTION (continued)

3.2	<p>Whilst awaiting medical assistance the Head Teacher and designated staff will assess _____ (name) condition and administer the appropriate medication in line with perceived symptoms and following closely the instruction given by the doctor during the staff training session.</p>
3.3	<p>The following procedure will be followed: -</p> <ul style="list-style-type: none"> • Bad tummy ache Itchiness irritated distressed tickly throat vomiting wheeziness blotchiness.....skin becoming raised and red. <p>_____ (name) WILL BE GIVEN TWO 5ML SPOONS OF PIRITON</p> <ul style="list-style-type: none"> • Pale drowsiness difficulty breathing blue lips..... unable to take puffs losing consciousness. <p>_____ (name) WILL BE GIVEN THE EPI-PEN ALDRENALINE AUTO-INJECTION INTO THE FLESHY PART OF THE THIGH</p> <p>In the event of there being no improvement the second epi-pen to be given.</p>
3.4	<p>The administration of this medication is safe for _____ (name) and even if it is given through misdiagnosis it will do him/her no harm.</p>

3.5	On the arrival of the qualified medical staff the teacher in charge will appraise them of the medication given to _____ (name). All medication will be handed to the medical staff.
3.6	After the incident, a debriefing session will take place with all members of staff involved.
3.7	Parents/carers will replace any used medication.

4. TRANSFER OF MEDICAL SKILLS

4.1	Volunteers from the school staff have undertaken to administer the medication in the unlikely event of _____ (name) having an allergic reaction. Named staff being: - _____ (to be reviewed annually).
4.2	A training session is to be arranged for all members of the school staff. The community paediatrician or G.P. will explain in detail _____ (name) condition. The symptoms of an Anaphylactic reaction and the stages and procedures for the administration of medication will be explained in detail.
4.3	Further advice is available to the school staff at any point in the future when they feel the need for further assistance. The medical training will be repeated at the beginning of each academic year.

5. RECORDS

5.1	A detailed entry will be made in the school's record of medication administered in school.
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6. LIABILITY INSURANCE

The Council's Insurers have agreed that any public liability claim, arising from the administration of drugs (including by injection), will be dealt with by the Council's liability policy provided that:

- ◆ a General Practitioner or other suitably qualified person has given staff training in the administration of the drug; and
- ◆ the drugs administered do not fall within a category that under legislation is required to be administered only by a qualified practitioner.

7. AGREEMENT AND CONCLUSION

I _____ of

being the parent of _____ ('my child'), who suffers from Anaphylaxis hereby confirm that I consent to my child being included in education provided by Wolverhampton City Council in full knowledge of the risk of illness to my child due to Anaphylaxis and that Wolverhampton City Council, its servants or agents, shall not be liable for any illness, bodily injury, disablement or death, which in the view of independent medical advisers is directly or indirectly attributable to anaphylaxis.

Signed _____

Dated _____

A copy of these notes will be held by the school and the parents/carers. A copy will be sent to Dr XXX Consultant Community Paediatrician, Dr _____ (the G.P.) and the Local Authority for information.

Any necessary revisions will be the subject of further discussions between the school and the parents/carers.

Additional Planning for a Pupil with Diabetes

On a termly basis, any changes in routine will be noted and circulated.

AGREED AND SIGNED on behalf of the school.

_____ (Head Teacher) _____ (date)

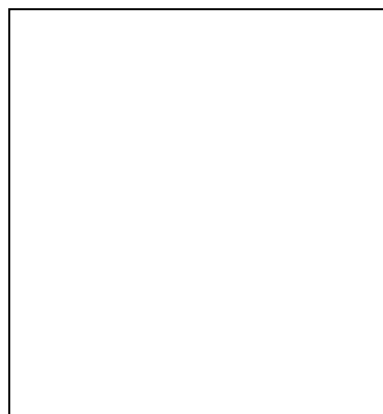
_____ (Chair of Governors) _____ (date)

This pupil has diabetes

Name _____

Date of Birth _____

Class / Year Group _____



See General Healthcare Plan for contact details

Typical symptoms for this pupil (completed with parents/carers)

Treatment

Sugary foods should be given immediately.

Suitable sugary foods for this pupil are:

Quantity needed:

Signed _____ Date _____

Form M12

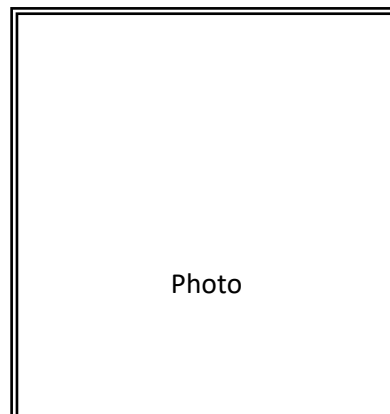
Form Additional Planning for a Pupil with Asthma

This pupil has asthma

Name _____

Date of Birth _____

Class / Year Group _____



See General Healthcare Plan for contact details

Typical symptoms for this pupil (completed with parents/carers)

Medication required and treatment procedure:

Quantity needed:

Usual response to medication (include approximate response times)

Procedure in case of failure to respond to medication.

Signed _____ Date _____

Name:

Type of training received:

Date training completed:

Training provided by (organisation):

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

I confirm that the procedures / drugs administered do not fall within a category that
under legislation is required to be carried out / administered only by a qualified
practitioner.

Re-training/re-assessment required by (date) _____

Trainer's signature: _____ Date: _____



I confirm that I have received the training detailed above.

Staff signature: _____ Date: _____

Suggested Review Date: _____

ANNEX B

Guidelines for Using Oxygen Cylinders

- 1) Do not bang, drop, or hit the container.
- 2) Never smoke or produce a naked flame near a container.
- 3) Do not use grease or oil near a container as this may result in spontaneous combustion.
- 4) Whenever possible, change oxygen cylinders over in the open air.
- 5) Drivers of vehicles should always be made aware if there are Oxygen cylinders on board.
- 6) If there is an accident, any fire officers that attend must be informed about the cylinders.
- 7) Any vehicle carrying more than six cylinders must also display the appropriate hazardous chemical signs.