

Supporting Students with Medical Conditions at School

Policy Code QPC/7	Authorisation Date April 2023	Next Review Date April 2024
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Associated Documents First Aid Policy Health & Safety Policy		

1. PURPOSE

The purpose of this policy is to ensure that OSG UK Knockloughrim Campus (“The Campus”) has safe and effective procedures in place for the support of students with medical conditions, and that staff, students and parents are aware of these procedures.

2. SCOPE

This policy applies to all staff, parents and students who either have, or are responsible for the support of students with medical conditions and the management of medication at the Campus.

3. DEFINITIONS

Term	Definition
Children	For the purpose of this policy, this means all students at the campus

4. INTRODUCTION/POLICY STATEMENT

4.1 INTRODUCTION

OneSchool Global UK has a statutory duty to make arrangements for students with medical needs under Section 100 of the Children and Families Act 2014. The policy and supporting documents are based on Department of Education statutory guidance (December 2015, updated August 2017) ‘Supporting pupils at school with medical conditions.

4.2 POLICY PRINCIPLES

- 4.2.1 The Campus will help to ensure students can:
- be healthy.
 - stay safe.
 - enjoy and achieve.
 - make a positive contribution
 - achieve economic well-being.
- 4.2.2 The Campus ensures all staff understand their duty of care to children and young people in the event of an emergency.
- 4.2.3 The Campus maintains a register of students with medical conditions. This is found at the end of the Learning Support Register. A copy of this should be held confidentially in the school office.
- 4.2.4 The campus has identified Knockloughrim as the named member of staff who has overall responsibility for the implementation of this policy under the ultimate responsibility of the Campus Principal.
- 4.2.5 Staff receive on-going training and are regularly updated on the impact medical conditions can have on students. The training agenda is based on a review of current healthcare plans.
- 4.2.6 All staff feel confident in knowing what to do in an emergency.
- 4.2.7 All staff understand that certain medical conditions are serious and can be potentially life threatening, particularly if ill managed or misunderstood.
- 4.2.8 All staff understand the common medical conditions that affect children at this Campus and are familiar with their Individual Health Care Plans (IHCPs)
- 4.2.9 Campus Principals should ensure that their school's policy is effectively implemented with partners.
- 4.2.10 Although administering medicines is not part of teachers' professional duties, staff take into account the needs of students with medical conditions that they teach. Students with an Individual Healthcare Plan will have this identified on 'Quick Links' on Bromcom to ensure staff awareness. These are reviewed annually by the lead professional along with the parents, students and a lead medical professional as needed. If evidence is provided that the child's needs have changed then the review may be earlier than this.

5. PROCEDURES

What should be done when the campus is informed that a student has a medical condition?

Campuses do not need to wait for a formal diagnosis before providing support. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on the available evidence. This would normally involve some form of medical evidence and consultation with parents. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place.

Agree need and support - Appendix 1 – Creation of an Individual Healthcare Plan – follow the flow chart on this document. Complete 1b Emergency Healthcare Plan

Appendix 2 – Individual Health Care Plan template

Shared identification of student and need – add to the section at the end of the Learning Support register and ensure that all relevant staff are kept informed.

Store IHCP – this should be saved as an attached document on Bromcom and also added as a paper copy to the student file. It should also be confidentially made available to relevant staff who know where it is kept.

5.1 ROLES AND RESPONSIBILITIES

Campus Principal – ultimately responsible for ensuring this policy is implemented at campus.

- Works with the lead professional to ensure that this is fully implemented.

Lead professional at this campus is Learning Support Coordinator

- Ensure that sufficient staff are trained.
- Ensure that all relevant staff are aware of the child's condition.
- Make sure there are cover arrangements in place in case of staff absences to ensure that someone is always available.
- Ensure that supply teachers are briefed on any medical conditions present in the groups of students they are teaching and the necessary procedures.
- Ensure that risk assessments are in place for school visits, holidays and other school activities outside the normal timetable.
- Monitor individual healthcare plans

CA team – make sure the policy is implemented.

- Ensure that any members of school staff who provide support to students with medical conditions are able to access information and other teaching support materials as needed.

Parents – provide school with sufficient and up to date information on their child’s medical needs.

- Play a key role in the development and review of the Individual Healthcare Plan.
- Carry out any action they have agreed to as part of its implementation.
- Ensure all medicines provided to the campus are within their expiry date.
- Ensure they or a nominated adult are contactable at all times.

Student – fully involved in discussions about their medical needs.

- Contribute to the development of and comply with their Individual health care Plan.

Campus staff – all may be asked to provide support to students with medical conditions, including the administering of medicines, although they cannot be required to do so.

- Take into account the needs of students with medical needs that they teach.
- Receive sufficient and suitable training and achieve the necessary level of competency to support students in their campus with medical conditions.
- And member of campus staff should know what to do and respond accordingly when they become aware that a student with a medical condition needs help.

Other healthcare professionals – may provide advice on developing individual healthcare plans.

- Specialist local health teams may be able to provide support in school for students with particular conditions (e.g., asthma, diabetes, epilepsy)

Providers of health services - Providers of health services should co-operate with schools that are supporting children with a medical condition, including appropriate communication, liaison with school nurses and other healthcare professionals such as specialist and children’s community nurses, as well as participating in locally developed outreach and training. Health services can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.

Training provision

Suitable training should have been identified during the development or review of individual healthcare plans. Some staff may already have some knowledge of the specific support needed by a child with a medical condition and so extensive training may not be required. Staff who provide support to pupils with medical conditions should be included in meetings where this is discussed.

The relevant healthcare professional should normally lead on identifying and agreeing with the school the type and level of training required, and how this can be obtained. Schools may choose to arrange training themselves and should ensure this remains up to date.

Training should be sufficient to ensure that staff 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. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.

Healthcare professionals, including the school nurse, can provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

Annual whole school awareness training is provided during CPD provision to ensure that all staff are aware of the school's policy for supporting students with medical conditions and their role in implementing that policy.

5.2 MANAGEMENT AND MONITORING OF INDIVIDUAL HEALTHCARE PLANS

Individual healthcare plans can help to ensure that schools effectively support pupils with medical conditions. They provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed and are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex. However, not all children will require one. The school, healthcare professional and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the headteacher is best placed to take a final view.

- 5.2.1 Campus Principals have overall responsibility for the development of individual healthcare plans. In this campus, this has been delegated to **(Learning Support Coordinator)** to help draw up an Individual Healthcare Plan for students with complex healthcare or educational needs as outlined in section 5
- 5.2.2 This Campus uses Individual Healthcare Plans to record important details about individual children's medical needs at Campus, their triggers, signs, symptoms, medication and other treatments. Further documentation can be attached to the Individual Healthcare Plan if required.
- 5.2.3 If a student has a short-term medical condition that requires medication during Campus hours, a medication form plus explanation is sent to the student's parents to complete (Appendix 2).
- 5.2.4 The parents, healthcare professional and student with a medical condition, are asked to fill out the student's Individual Healthcare Plan together. Parents then return these completed forms to the Campus.

5.2.5 Individual Healthcare Plans are used by this Campus to:

- Provide clarity about what needs to be done, when and by whom.
- capture steps which the campus should take to help the student manage their condition and overcome any potential barriers to getting the most from their education and how they might work with other statutory services.
 - Inform the appropriate staff and supply teachers about the individual needs of a student with a medical condition in their care.
 - Ensure that campuses effectively support students with medical conditions.
 - Enable parents, medical professionals and staff with the student to agree the best plan for the student.
 - Plan 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.
 - Agree the level of support needed and by who.
 - Remind students with medical conditions to take their medication when they need to and, if appropriate, remind them to keep their emergency medication with them at all times.
 - Identify common or important individual triggers for students with medical conditions at Campus that bring on symptoms and can cause emergencies. This Campus uses this information to help reduce the impact of common triggers.
 - Ensure this Campus's local emergency care services have a timely and accurate summary of a student's current medical management and healthcare in the event of an emergency.
 - Remind parents of students with medical conditions to ensure that any medication kept at Campus for their child is within its expiry dates. This includes spare medication.
 - At review identify changing needs for staff training

5.2.6 Where the child has a special educational need identified in a statement or EHC plan, the individual healthcare plan should be linked to or become part of that statement or EHC plan.

5.3 ADMINISTRATION OF MEDICATION

- 5.3.1 Medicines should only be administered at school when it would be detrimental to a child's health or campus attendance not to do so.
- 5.3.2 No child under 16 should be given prescription or non-prescription medicines without their parent's written consent. This should be gained using Appendix 4: Parental Agreement for Campus to administer medicine.

- 5.3.3 The Campus understands the importance of taking the medication as prescribed and are aware that students with inhalers and EpiPens should carry them with them.
- 5.3.4 All staff understand that there is no legal or contractual duty for any member of staff to administer medication or supervise a student taking medication unless they have been specifically contracted to do so. Permission to administer pain killers is part of the annual terms and conditions of employment.
- 5.3.5 Where specific training is not required, any member of staff may administer prescribed and non-prescribed medicines to students under the age of 16 with parental consent.
- 5.3.6 OneSchool Global UK are responsible to ensure full insurance and indemnity to staff who administer medicines. The insurance policy includes liability cover.
- 5.3.7 Where clinically possible, medicines should be prescribed in dose frequencies that enable them to be taken outside of school hours.
- 5.3.8 Administration of medication which is defined as a controlled drug (even if the student can administer themselves) should be done under the supervision of a member of staff.
- 5.3.9 A student under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g., for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should always be contacted and asked to complete a consent for administration with email confirmation before pain killers are given.
- 5.3.10 Schools should only accept prescribed medicines if these are:
- In date
 - Labelled
 - Provided in the original container as dispensed by the pharmacist.
 - Include instructions for administration, dosage and storage.
- 5.3.11 The exception to this is insulin which must still be in date but will generally be available to schools inside an insulin pen or a pump, rather than in its original container.
- 5.3.12 school staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions. Schools should keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted in school.

5.4 CHILDREN WHO ARE COMPETENT TO MANAGE THEIR OWN HEALTH NEEDS AND MEDICINES

- 5.4.1 After discussion with parents, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected in their Individual Healthcare Plan.

- 5.4.2 Children who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, relevant staff should help to administer medicines and manage procedures for them.

5.5 STORAGE OF MEDICATION

- 5.5.1 Safe storage – emergency medication such as Adrenaline Auto-Injector pens (EpiPens) Blood glucose and inhalers should be readily available at all times during the school day. and not locked away.
- 5.5.2 If the emergency medication is a controlled drug and needs to be locked up, the keys are readily available **in the main office**. The student themselves needs to know where it is stored and who has access.
- 5.5.3 All students carry their own Adrenaline Auto-injector pens at all times and a spare kept **in the main office**.
- Students are reminded to carry their emergency medication with them.
 - Please refer to Trip Policy and risk assessment as needed.
- 5.5.4 Safe storage – non-emergency medication:
- All non-emergency medication is kept in a lockable cupboard **in the First Aid room**.
 - Students with medical conditions know where their medication is stored and how to access it.
 - Staff ensure that medication is only accessible to those for whom it is prescribed.
 - A student 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.
- 5.5.5 Safe storage – general
- **Mr McClelland and Mrs McGowan** ensures the correct storage of medication at Campus.
 - Three times a year **Mr McClelland and Mrs McGowan** checks the expiry dates for all medication stored at Campus.
 - **Mr McClelland and Mrs McGowan** along with the parents of students with medical conditions, ensures that all emergency and non-emergency medication brought into Campus is in the original container (except insulin) and clearly labelled with the student's name, the name and dose of medication and the frequency of dose. This includes all medication that students carry themselves.
 - Some medication may need to be refrigerated. All refrigerated medication is stored in an airtight container and is clearly labelled. This is in a secure area, inaccessible to unsupervised students.
 - It is the parent's responsibility to ensure new and in date medication comes into Campus on the first day of the new academic year.
When no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

RECORD KEEPING

Campuses should ensure that written records are kept of all medicines administered to students. Use **Appendix 5 Medicines administered to students on campus** for this.

5.6 IN AN EMERGENCY

- 5.6.1 Relevant staff understand and are updated in what to do in an emergency for the most common serious medical conditions at this Campus.
- 5.6.2 In an emergency situation Campus staff are required under common law duty of care to act like any reasonably prudent parent/carer. This may include administering medication.
- 5.6.3 This Campus uses Individual Healthcare Plans to inform the appropriate staff (including supply teachers and support staff) of students with complex health needs in their care who may need emergency help. Supply staff are briefed on entry to the Campus, when undertaking their commissioned duties.
- 5.6.4 Make sure that Emergency Health Care Plan form 1b of the Individual Healthcare Plan is adhered to.
- 5.6.5 In the event of a student with an Individual Healthcare Plan needing to be taken to hospital, the Campus will ensure that a copy of the plan is provided for the hospital.
- 5.6.6 Information in Individual Healthcare Plans is also used to support transitional arrangements to another Campus and/or re-integration.
- 5.6.7 If a student needs to be taken to hospital, a member of staff will always accompany them and will stay with them until a parent arrives. This Campus will try to ensure that the staff member will be one the student knows. The staff member concerned should inform a member of the campus's senior leadership team.
- 5.6.8 All students with medical conditions should have easy access to their emergency medication. Items such as inhalers and Adrenaline Auto-injector pens are held by the student who must take the responsibility to have it to hand at all times.
- 5.6.9 Where a student has been prescribed an inhaler or Adrenaline Auto-injector pen, the campus gain consent from parents (see Appendix 3) for the use of the campus owned inhaler or Adrenaline Auto-injector pen if the student cannot locate their own in an emergency.
- 5.6.10 Students are encouraged to administer their own emergency medication (e.g., Adrenaline Auto-injector pens) where possible and should carry it with them at all times unless it is a controlled drug as defined in the Misuse of Drugs Act 1971. This also applies to any off-site visits.
- 5.6.11 Students are encouraged to keep spare supplies of emergency medication **in the main office.**
- 5.6.12 Schools may administer their "spare" adrenaline auto-injector (AAI), obtained, without prescription, for use in emergencies, if available, but only to a pupil at risk of anaphylaxis, where both medical authorisation and written parental consent for use of the spare AAI has been provided.
- 5.6.13 From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 will allow schools to buy salbutamol inhalers, without a prescription, for use in emergencies.

- 5.6.14 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.
- 5.6.15 The inhaler can be used if the student's prescribed inhaler is not available (for example, because it is broken, or empty).

5.7 SCHOOL TRIPS AND SPORTING ACTIVITIES

- 5.7.1 Teachers should be aware of how a child's medical condition will impact on their participation, but there should be enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments. Schools should make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible.
- 5.7.2 Schools should consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits. It is best practice to carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included.
- 5.7.3 Asthma inhalers, blood glucose testing meters and adrenaline pumps should be readily available for the relevant student as needed.
- 5.7.4 For off-site activities, a risk assessment is undertaken to ensure students needing medication still have access and a staff member is named as the responsible lead. The risk assessment also helps to identify any reasonable adjustments that need to be made.
- 5.7.5 Travelling on the school bus
- Bus drivers should be made aware of any Individual Healthcare Plans and sealed copies kept in the glove box for emergency purposes.
 - The Individual Healthcare Plan should include a section on specific requirements around travel.
- 5.7.6 Defibrillator use
- All OSG campuses should have a Defibrillator in their campus in a location familiar to all staff.
 - There should be annual update training for all staff in its use.
 - Campuses need to notify their local NHS ambulance service of its location.

5.8 UNACCEPTABLE PRACTICE

- 5.8.1 Our staff recognise that it is not acceptable practice to:
- Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary.
 - Assume that every child with the same condition requires the same treatment.
 - Ignore the views of the child or their parents; or ignore medical evidence or opinion (although this may be challenged).
 - Send children with medical conditions home frequently or prevent them from staying for normal Campus activities, including lunch, unless this is specified in their individual healthcare plans.
 - If the child becomes ill, send them to the Campus office or medical room unaccompanied or with someone unsuitable.
 - Penalise children for their attendance record if their absences are related to their medical condition, e.g., hospital appointments.
 - Prevent students from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively.
 - Require parents, or otherwise make them feel obliged, to attend Campus to administer medication or provide medical support to their child, including with toileting issues.
 - Prevent children from participating or create unnecessary barriers to children participating in any aspect of Campus life, including Campus trips, e.g., by requiring parents to accompany the child.

5.9 COMPLAINTS

- 5.9.1 Complaints about this policy and/or procedures should be dealt with in accordance with the Campus' published Complaints Policy.

6 GUIDELINES

- [Guidance on the use of adrenaline auto-injectors in Schools](#) – September 2017
- [Supporting pupils at Campus with medical conditions](#) – December 2015, updated August 2017
- [Guidance on the use of emergency salbutamol inhalers in schools March 2015](#)
- [Section 100 of the Children and Families Act 2014.](#)

7. ASSOCIATED DOCUMENTS

- First aid policy
- Health & Safety policy

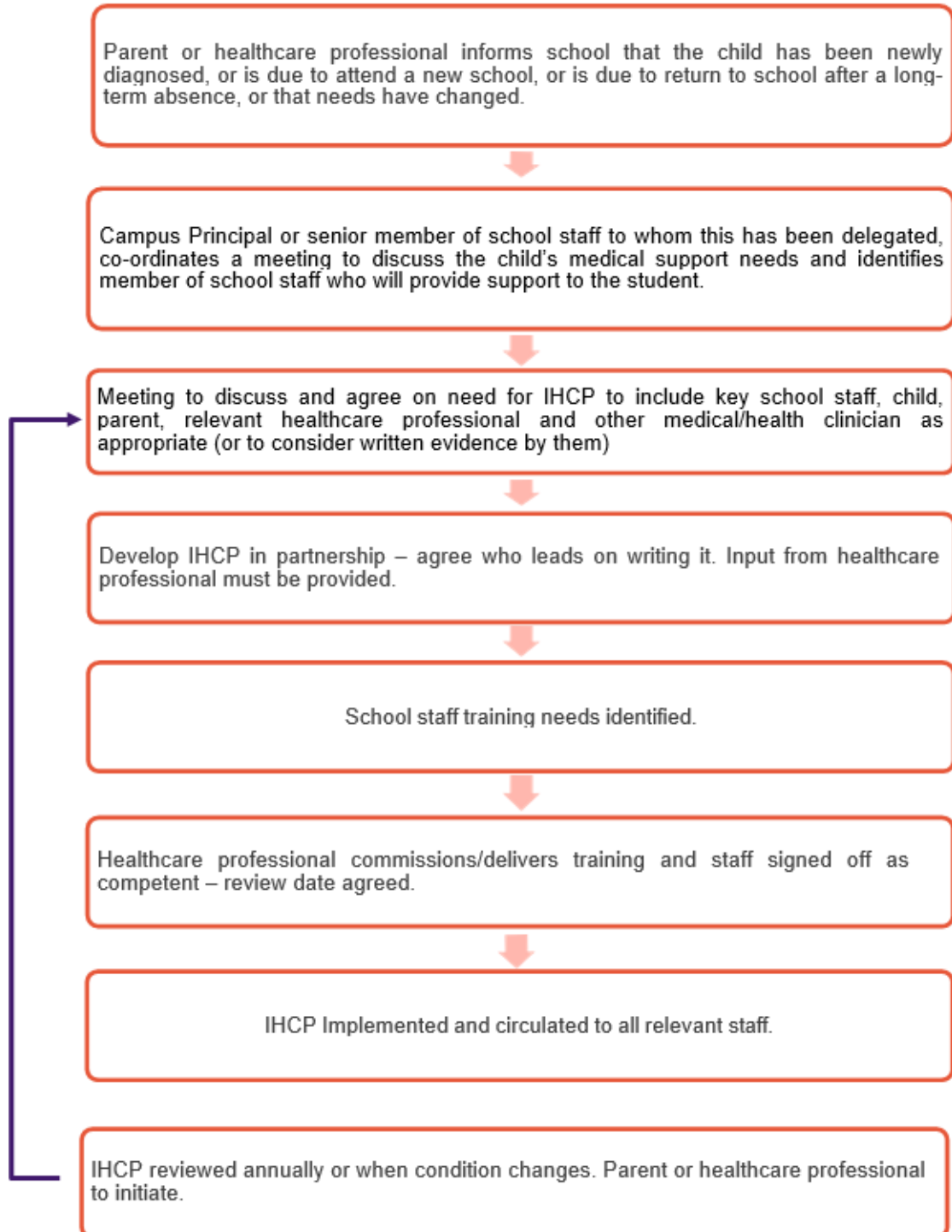
8 ATTACHMENTS

- Appendix 1 Creation of an Individual Healthcare Plan
- Appendix 2 Individual Healthcare Plan Template
- Appendix 3 Asthma Consent Form for Emergency
- Appendix 4 Parental Agreement for Campus to administer medicines.
- Appendix 5 Record of Medication Administered on Campus
- Appendix 6 Request for a Student to carry their own Medication.
- Appendix 7 Staff training record – administration of medical treatment
- Appendix 8a Guidelines for administration of rectal diazepam in epilepsy
- Appendix 8b Record of use of rectal diazepam.
- Appendix 9 Contacting Emergency Services
- Appendix 10 Timeline by term

VERSION CONTROL

Policy Code	Date	Version No.	Nature of Change
OPC/6	March 2019	2	
OPC/6	March 2020	3	Review, minor updates and addition of extra appendix
OPC/6	March 2021	4	Review and update of Appendix 2
OPC/6	January 2022	5	Major review with added guidance and new appendices with forms
OPC/6	April 2023	6	Substantial review to include renaming to reflect revised content on supporting students with medical needs and details of the use of IHCPs and responsibilities.

Appendix 1 Creation of an Individual Healthcare Plan



Form 1 Individual Health Care Plan

To be completed for students with any Medical Condition that:

- *is long-term and complex.*
- *fluctuates.*
- *is a recurring condition; or*
- *there is a high risk that emergency intervention will be required.*

Examples are: Diabetes, Epilepsy, Severe Asthma, Severe Allergies that require an EpiPen.

It should ideally be written by the NHS Medical Staff involved with the family e.g. Epilepsy Nurse, Diabetes Nurse. In the absence of this it should be written by the parents and the SENDCo/LSCO.

It should be written at transition and reviewed yearly or at the point of any significant change earlier than this.

The completed document should be uploaded to SIMS.

Form 1a- INDIVIDUAL HEALTH CARE PLAN

Student's Name		Student Photograph	
Date of Birth			
Year			
Student's Home Address			
Doctor's Name and surgery			
Doctor's Contact number			
Medical Diagnosis or Condition			
Date Completed		Review Date	
Completed by (Signature)			

People involved in developing the plan and contact details	Completed by (Name and role) and signature X X X X X
Who in the campus needs to be aware of the student's condition and the support needed?	

Description of medical condition including symptoms, triggers, signs, treatments,
Name of medication, dose, method of administration, when to be taken, where it is stored Side effects, contra-indications

<p>Is the student self-managing medication? Yes / No</p> <p><i>including how this will be monitored</i></p>	<p>If yes, record details</p>
<p>Daily care support needed to help the student manage their condition <i>eg 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;</i></p>	
<p>Who is providing support if needed, - training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;</p> <ul style="list-style-type: none"> • <u>FORM 6 Staff Training Record</u> 	
<p>Specific support for social, emotional and mental health needs <i>eg, 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;</i></p>	
<p>Does the student have SEN or a disability? YES / NO</p> <p>Does the student have an EHC plan? YES / NO</p> <p>Describe the student's SEN and/or disability needs</p>	

Procedures or adjustments required for school trips, off site or other extra-curricular activities (paste into risk assessment for individual activities under student need)
Other information including any potential complications noted
Any other staff training requirements

Form 1b Emergency Healthcare Plan

In the event of an EMERGENCY

Does the student have an Emergency Health Care Plan prepared by their Lead Clinician? Yes/No If yes, attach to the medical file for the student.

What constitutes an **emergency** for the student? Note **Signs and symptoms** and any **known triggers** for the onset or exacerbation of symptoms

Action to be taken in the event of an **emergency**

-
-

School staff responsible in an **emergency**

On Site:

Off-site
Activities:

School staff responsible for providing **non-emergency** support

On Site:

Off-site
Activities:

Family Contact Information

Name		
Relationship to student		
Contact Numbers	Home	
	Mobile	
	Other	

Second Contact Information		
Name		
Relationship to student		
Contact Numbers	Home	
	Mobile	
	Other	

Hospital Consultant/Clinic Details/Outside Agencies	
Name	
Service/agency	
Contact Number	
Name	
Service/agency	
Contact Number	
Name	
Service/agency	
Contact Number	

Name	
Service/agency	
Contact Number	

<p>Parent/Carer Consent</p> <p>I agree with the content of this individual healthcare plan. Yes / No</p> <p>I give consent for it to be shared as appropriate* Yes / No</p> <p>If No indicate reasons for disagreement</p>			
Parent/ Carer's Name		Parent/ Carer's Signature	
Health professional		Health professional's signature	

Process for sharing/storing plan – this will need to be reviewed

Action	Action date	Action by
Paper copy filed in Medical Records		
Paper copy given to relevant Staff		
Paper copy held in central place with medicines		
Paper copy given to Parent/Carer		
Electronic copy uploaded o SIMS		

Arrangements for written permissions: highlight as needed

- Form 2 – Request for school to administer medication
- Form 3 – Confirmation of the Senior Teacher’s agreement to administer medication
- Form 4 – Record of medication administered in school
- Form 5 - Request for pupil to carry his/her medication
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CONSENT FORM FOR USE OF EMERGENCY SALBUTAMOL INHALER Knockloughrim Campus

Child showing symptoms of asthma / having asthma attack

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler [delete as appropriate].
2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day.
3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed:

Date:

Name (print)

Child's name:

Class:

Parent's address and contact details:

Telephone:

E-mail:

Appendix 4: Parental Agreement for Campus to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the Campus Principal has agreed 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 <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting 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

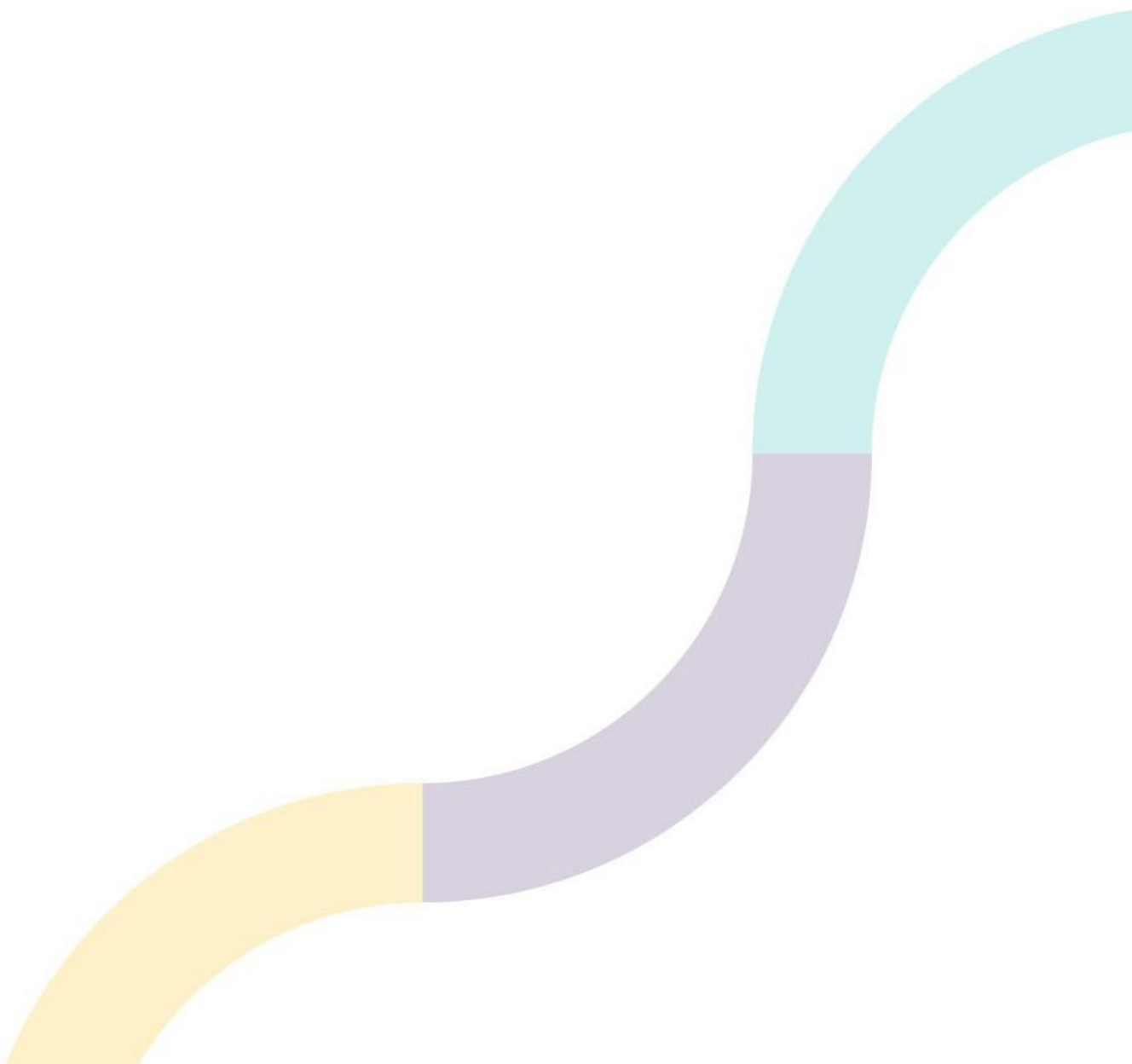
Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

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 _____



Form 3 Confirmation of the Campus Principal's agreement to administer medicine

I agree that..... (name of student) will receive
.....(quantity and name of medicine) every day at..... (time, eg
lunchtime, break, set time.

Name of student..... will be given the
medicine/supervised whilst they take 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.

Date:.....

Signed (Campus Principal).....

Signed (named member of staff)



Appendix 6 - Request for student to carry his/her medication

This must be held on the student's person or in their bag. Controlled medicines must be locked away??

This form must be completed by a parent/guardian

Student's Name _____ Class/form: _____

Address: _____

Condition or illness: _____

Name of Medicine: _____

Procedures to be taken in an Emergency: _____

CONTACT INFORMATION

Name : _____

Daytime Phone No: _____

Relationship to child: _____

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

Signed: _____ Date: _____

Relationship to child: _____

Appendix 7 - Staff training record – administration of medical treatment

Name of school/setting

Name

Type of training received

Date of training completed

Training provided by

Profession and title

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____

Appendix 8a – Guidelines for administration of rectal diazepam in epilepsy and febrile convulsions for non-medical/non-nursing staff

Individual care plan to be completed by or in consultation with the medical practitioner

(Please use language appropriate to the lay person)

Name of pupil or student _____ **Age** _____

Seizure of classification and/or description of seizures which may require rectal diazepam

(Record all details of seizures e.g. goes stiff, falls, convulsions down both sides of body, convulsions last 3 minutes etc. Include information re: triggers, recovery time etc. If status epilepticus, note whether it is convulsive, partial or absence)

Usual duration of seizure?

Other useful information

DIAZEPAM TREATMENT PLAN

1. **When should rectal diazepam be administered?** (Note here should include whether it is after a certain length of time or number of seizures)

2. **Initial dosage: how much rectal diazepam is given initially?** (Note recommended number of milligrams for this person)

3. **What is the usual reaction(s) to rectal diazepam?**

4. **If there are difficulties in the administration of rectal diazepam e.g. Constipation/diarrhoea, what action should be taken?**

5. **Can a second dose of rectal diazepam be given? YES/NO**

After how long can a second dose of rectal diazepam be given? (State the time to have elapsed before re-administration takes place)

How much rectal diazepam is given as a second dose? (State the number of milligrams to be given and how many times this can be done after how long)

6. When should the person's usual doctor be consulted?

7. When should 999 be dialled for emergency help?

e.g. i) if the full prescribed dose of rectal diazepam fails to control the seizure

ii) **Other** (Please give details)

8. Who should

(a) administer the rectal diazepam?

(b) witness the administration of rectal diazepam?

(e.g. another member of staff of same sex)

9. Who/where needs to be informed?

Parent/Guardian

a) _____ Tel: _____

Prescribing Doctor

b) _____ Tel: _____

Other

c) _____ Tel: _____

10. Insurance cover in place? YES/NO

11. Precautions under what circumstances should rectal diazepam not be used e.g. Oral Diazepam already administered within the last..... minutes

All occasions when rectal diazepam is administered must be recorded (see overleaf)

This plan has been agreed by the following:

Prescribing Doctor _____
(Block Capitals)

Signature _____ Date _____

Authorised person/s trained to administer rectal diazepam

NAME _____ Signature _____ Date _____
(Block Capitals)

NAME _____ Signature _____ Date _____
(Block Capitals)

NAME _____ Signature _____ Date _____
(Block Capitals)

PUPIL (if sufficiently mature) _____ Signature _____ Date _____
(Block Capitals)

PARENT/GUARDIAN _____ Signature _____ Date _____
(Block Capitals)

EMPLOYER OF THE PERSON(S) AUTHORISED TO ADMINISTER RECTAL DIAZEPAM
(Block Capitals) _____ Signature _____ Date _____

HEAD OF SCHOOL _____ Signature _____ Date _____
(Block Capitals)

This form should be available for review at every medical review of the pupil

Copies of this form to be held by:

Expiry date of this form:

Copy holders to be notified of any changes by:

Useful telephone numbers: Members of the Joint Epilepsy Council: British Epilepsy Associations: 0800 309030; Epilepsy Association of Scotland 0141 427 4911; Irish Epilepsy Association, Dublin 557500; Mersey Region Epilepsy Association 0151 298 2666; The David Lewis Centre 01565 872613; The National Society for Epilepsy 01494 873991.

Appendix 8b - RECORD OF USE OF RECTAL DIAZEPAM

Date:					
Recorded by					
Type of seizure					
Length and/or number of seizures					
Initial dosage					
Outcome					
Second dosage (if any)					
Outcome					
Observations					
Parent/Guardian informed					
Prescribing doctor informed					
Other information					
Witness					
Name of Parent/Guardian resupplying Dosage					
Date delivered to school					

Appendix 9 - Medical Emergency Protocol



Dial 999. Ask for ambulance

Be ready to answer their questions as best you can:

 **What is the exact location of the emergency?**

(Insert the Address of the campus here) at the time of the emergency you should describe the location on person on campus and whether someone will be meeting the ambulance at the main gate.

 **What is the phone number you are calling from?** *(Insert campus phone n° here)*

 **What is the problem?**

 **What exactly happened?**

 **How many people are hurt?**

 **How old is the person?**

 **Is the person conscious (awake)?**

 **Is the person breathing?**

Stay on the phone unless told to hang up.

Follow the call taker's instructions while waiting for the ambulance. These instructions will help the patient and the ambulance paramedics.

As soon as the location and type of emergency is confirmed, an ambulance will be dispatched by the dispatch team.

The call taker will continue to ask more questions about the patient. The questions help the call-taker to prioritise the request for an ambulance promptly and determine whether the patient requires an alternative service or additional services such as paramedics /Medic.

To assist the ambulance:

 **Answer each question calmly, accurately.**

 **Ensure the property is clearly identifiable.**

 **Have someone wait outside for the ambulance and to direct to the exact location of the urgency.**

 **Have any current medication ready Ring back on 999 if the patient's condition changes**



In an emergency situation Campus staff are required under common law duty of care to act like any reasonably prudent parent/carer. This may include administering medication.

All students with medical conditions should have easy access to their emergency medication. Items such as inhalers and Adrenaline Auto-injector pens are held by the student who must take the responsibility to have it to hand at all times.

Arrangements should be made to ensure that any student or adult is accompanied in the ambulance if necessary, or followed to hospital, by a member of staff if it is not possible to contact the parents in time.

In the event of a student with an Individual Healthcare Plan needing to be taken to hospital, the Campus will ensure that a copy of the plan is provided for the hospital.

Appendix 10 - Administration of Medicines Policy - Timeline by Term

Term	Actions needed
Autumn 1	
Autumn 2	
Spring 1	
Spring 2	
Summer 1	
Summer 2	Initiate revised Individual Healthcare Plans for students who currently have one (or earlier as needed) Request new Individual Healthcare Plans for incoming Year 3 students with a medical need.