

Hassocks Infant School

Medicines in school
Supporting pupils at school with medical
conditions



★ Explore ★ Respect ★ Flourish

Date policy agreed:	Spring 2021
Date policy to be reviewed:	Spring 2023
Responsibility:	SENCo Governing Body

Statement of Intent

Section 100 of the Children and Families Act 2014 places a duty on 'governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions'. The governing body of Hassocks Infant School will ensure that these arrangements fulfil their statutory duties and follow guidance outline in 'Supporting pupils at school with medical conditions' December 2015'.

Medicines will be administered to enable the inclusion of pupils with medical needs, promote regular attendance and minimise the impact on a pupil's ability to learn. In an emergency all teachers and other staff in charge of children have a common law duty of care to act for the health and safety of a child in their care – this might mean giving medicines or medical care.

Signed:



Chair of Governors: Mrs Liz Burrows Date: 4th March 2021

Organisation

The governing body will develop policies and procedures to ensure the medical needs of pupils at Hassocks Infant School are managed appropriately. They will be supported with the implementation of these arrangements by the Head teacher and school staff.

The Lead for Managing Medicines at Hassocks Infant School is Mrs Jules Beale or in their absence Diane Wyatt. In their duties staff will be guided by their training, this policy and related procedures.

Implementation monitoring and review

All staff, governors, parents/carers and members of the Hassocks Infant School community will be made aware of and have access to this policy. This policy will be reviewed bi-annually and its implementation reviewed and as part of the Head teacher's annual report to Governors.

Insurance

Staff who follow the procedures outlined in this policy and who undertake tasks detailed in the RMP Medical Malpractice Treatment Table are covered under WSCC insurance policies. The medical audit is available to view on West Sussex Services for Schools under 'guide to insurance for schools'.

Claims received in respect of medical procedures not covered by the insurers will be considered under the Council's insurance fund.

Admissions

When the school is notified of the admission of any pupil with medical needs the Lead for Managing Medicines may carry out an assessment of the pupil's medical needs, this might include the development of an Individual Health Care Plans (IHCP) or Education Health Care Plans (EHC) and require additional staff training. The school will endeavour to put arrangements in place to support that pupil as quickly as possible. However, the school may decide (based on risk assessment) to delay the admission of a pupil until sufficient arrangements can be put in place. The school will consult with the parents and medical professionals as necessary. Where a child is returning to school following a period of hospital

education or alternative provision (including home tuition), the school will work with the parents, local authority and other medical practitioners to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

Pupils with medical needs

The school will follow Government guidance and develop an IHCP or EHC for pupils who:

- Have long term, complex or fluctuating conditions – these will be detailed using Individual Healthcare Plan (Appendix IV)
- Require medication in emergency situations – these will be detailed using Asthma Information form (Appendix IX)

Parents/guardians should provide the school with sufficient information about their child's medical condition and treatment or special care needed at school. The prime responsibility for a child's health lies with the parent who is responsible for the child's medication and should supply the school with information. The school takes advice and guidance from the medical profession. Once the school is informed that a child has a medical condition, arrangements can be made between the parents/guardians, SENCo, class teacher, school nurse and other relevant health professionals to ensure that the pupil's medical needs are managed well during their time in school. Healthcare plans will be reviewed by the school annually or earlier if there is a change in a pupil's medical condition.

IHCP's 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.

Plans should be drawn up in partnership between the school, parents, and a relevant healthcare professional, e.g. school (class teacher and/or SENCo), specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils should also be involved whenever appropriate. The aim should be to capture the steps which a school should take to help the child manage their condition and overcome any potential barriers to getting the most from their education. The school will use its best endeavours to ensure that children can access and enjoy the same opportunities at school as any other child. Where the child has an EHC plan, the IHCP should be linked to or become part of that statement or plan.

Individual Health Care Plans (IHCPs) will include:

- the medical condition, its triggers, signs, symptoms and treatments
- the pupil's resulting needs, including medication and other treatments, times, facilities, equipment, testing, dietary requirements, and environmental issues
- specific support for the pupil's educational, social, and emotional needs
- the level of support needed including in emergencies
- who will provide support, their training needs, expectation of their role, confirmation of their proficiency and cover arrangements
- who in school needs to be aware of the child's condition and the support required
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate
- what to do if a child refuses to take medicine or carry out a necessary procedure
- what to do in an emergency, who to contact and contingency arrangements

- where a child has SEND but does not have an Education, Health and Care plan, their special educational needs should be mentioned in their individual healthcare plan

All prescribed and non-prescribed medication

On no account should a child come to school with medicine if he/she is unwell. Parents may call into the school and administer medicine to their child, or they may request that a member of school staff administers the medicine. If a pupil refuses their medication, they should not be forced, the school will contact the parent/guardian and if necessary, the emergency services. Pupils should not bring any medication to school for self-administration.

All medication must be supplied by the parent/guardian in the original pharmacist's container clearly labelled and include details of possible side effects e.g. manufacturer's instructions and/or patient information leaflet (PIL). Medicines must be delivered to the school office with the appropriate completed and signed consent form; Parental agreement for setting to administer medicine (appendix I) or Protocol for Administering Paracetamol to a pupil under the age of 10 (appendix VII) or Protocol for Administering Antihistamine to a pupil under the age of 10 (appendix VIII). The school will inform the parent/guardian of the time and dose of any medication administered at the end of each day.

Confidentiality

As required by the General Data Protection Act 2018, school staff should treat medical information confidentially. Staff will consult with the parent, or the pupil if appropriate, as to who else should have access to records and other information about the pupil's medical needs and this should be recorded on the IHCP or EHC plan. It is expected that staff with contact to a pupil with medical needs will as a minimum be informed of the pupil's condition and know how to respond in a medical emergency.

Consent to administer medication

Parental/guardian consent to administer medication will be required as follows:

- **Short term ad-hoc non-prescribed medication** - The school will request parent/guardian consent to administer ad-hoc non-prescription by either Protocol for Administering Paracetamol to a pupil under the age of 10 (appendix VII) or Protocol for Administering Antihistamine to a pupil under the age of 10 (appendix VIII).
- **Prescribed and non-prescribed medication** - each request to administer medication must be accompanied by Parental agreement to administer medication form (Appendix I)

Prescription Medicines

Medicine should only be brought to school when it is essential to administer it during the school day. In the vast majority of cases, doses of medicine can be arranged around the school day thus avoiding the need for medicine in school. Antibiotics for example are usually taken three times a day, so can be given with breakfast, on getting home from school and then at bedtime. Administration will be recorded using Appendix II and the parent/guardian informed. Parents/guardians are expected to remove any remaining medicine from school once the prescribed course has been completed.

Non-prescription Medicines

Under exceptional circumstances where it is deemed that their administration is required to allow the pupil to remain in school the school will administer non-prescription medicines. The school will not administer alternative treatments i.e. homeopathic or herbal potions, pills or tinctures or nutrition supplements unless prescribed or recommended by a Doctor and detailed on an IHCP or EHC plan as part of a wider treatment protocol. As recommended by the Government in 'Supporting Pupils at School with Medical Conditions December 2015' the school will also not administer aspirin unless prescribed. The storage and administration for non-prescription medication will be treated as prescription medicines.

If the relevant symptoms develop during the school day as detailed under the paragraph below 'short term ad-hoc non-prescribed medication' the school will administer the following non-prescription medications:

- paracetamol (to pupils of all ages)
- antihistamine,

All other non-prescription medications will only be administered by staff, providing:

- The parent/guardian confirms daily the time the medication was last administered and this is recorded on Appendix VII or VIII;
- medication is licensed as suitable for the pupil's age;
- medication is suitable for the pupil i.e. if a child is asthmatic the medication is suitable for that condition;
- administration is required more than 3 to 4 times per day;
- medication is supplied by the parent or guardian in the original packaging with the manufacturer's instructions and/or (PIL);
- and accompanied by parental/guardian consent Appendix I, VII and VIII and confirmation the medication has been administered previously without adverse effect;

The school will NOT administer non-prescription medication:

- as a preventative, i.e. in case the pupil develops symptoms during the school day;
- if the pupil is taking other prescribed or non-prescribed medication, i.e. only one non-prescription medication will be administered at a time;
- Any requirement for a non-prescription medication to be administered during school hours for longer than 48 hours must be accompanied by a Doctor's note. In the absence of a Doctor's note and if following the administration of a non-prescription medication symptoms have not begun to lessen in the first 48 hours the school will advise the parent to contact their Doctor. If symptoms have begun to alleviate, the medication can continue to be administered at home out of school hours. Under very exceptional circumstances where the continued administration of a non-prescribed medication is required to keep the pupil in school and this requirement has not been documented by a medical professional the school will continue to administer medication at their own discretion.
- A request to administer the same or a different non-prescription medication that is for the same/initial condition will not be repeated for 2 weeks after the initial episode; and not for more than 2 episodes per term - it will be assumed that the prolonged expression of symptoms requires medical intervention, and parents/guardians will be advised to contact their Doctor.
- Skin creams and lotions will only be administered in accordance with the Schools Intimate Care Policy and procedures.
- Medication that is sucked i.e. coughs sweets or lozenges, will not be administered by the school.
- if parents/guardians have forgotten to administer non-prescription medication that is required before school – requests to administer will be at the discretion of the school and considered on an individual basis.

Asthma

The school recognises that pupils with asthma need access to relief medication at all times. The school will manage asthma in school as outlined in the Asthma Toolkit. Pupils with asthma will be required to have an emergency inhaler and a spacer (if prescribed) in school. The school may ask the pupils parent or guardian to provide a second inhaler. Parents are responsible for this medication being in date and the school will communicate with the parents if new medication is required and a record of these communications will be kept. The school inhaler will only be used in an emergency and will always be used with a spacer as outlined in the Asthma Toolkit. The school will develop IHCP's for those pupils with severe asthma, and complete the Individual Protocol for pupils with mild asthma.

Anaphylaxis

Every effort will be made by the school to identify and reduce the potential hazards/ triggers that can cause an allergic reaction to pupils diagnosed with anaphylaxis within the school population. The school complies with the School Nursing Service recommend that all staff are trained in the administration of auto injectors and that training is renewed annually.

In accordance with the Medicines and Healthcare Products Regulatory Agency (MHRA) advice the school will ask parent/ guardian(s) to provide 2 auto-injectors for school use. Parents are responsible for this medication being in date and the school will communicate with the parents if new medication is required and a record of these communications will be kept.

Mild Allergic Reaction

Non-prescription antihistamine will with parental consent be administered for symptoms of mild allergic reaction (i.e. itchy eyes or skin, rash or/and redness of the skin or eyes), the pupil must be monitored for signs of further allergic reaction. If antihistamine is not part of an initial treatment plan, anaphylaxis medication will be administered following the guidance for short term ad-hoc non-prescribed medication.

Some antihistamine medication can cause drowsiness and therefore the school will consider if it is necessary for pupils to avoid any contact hazardous equipment after administration of the medication i.e. P.E. Science, Design and Technology.

Hay fever

Parent(s)/guardian(s) will be expected to administer a dose of antihistamine to their child before school for the treatment of hay fever. The school will only administer antihistamine for symptoms of allergic reaction and not as a precautionary measure.

Severe Allergic Reaction

Where a GP/Consultant has recommended or prescribed antihistamine as an initial treatment for symptoms of allergic reaction this will be detailed on the pupils IHCP. The school will administer 1 standard dose of antihistamine (appropriate to age and weight of the pupil) and it is very important that symptoms are monitored for signs of further allergic reaction. During this time, pupils must NEVER be left alone and should be observed at all times.

If symptoms develop or there are any signs of anaphylaxis or if there is any doubt regarding symptoms and if the pupil has been prescribed an adrenaline auto injector it will be administered without delay, an ambulance will be called and the parents contacted.

Medical Emergencies

In a medical emergency, first aid is given, an ambulance is called and parents/carers are notified. Should an emergency situation occur to a pupil who has an IHCP or EHC plan, the emergency procedures detailed in the plan are followed, and a copy of the IHCP or EHC plan is given to the ambulance crew. If applicable the pupil's emergency medication will be administered by trained school staff, if the pupils medication isn't available staff will administer the schools emergency medication with prior parental consent.

In accordance with amendments made to the Human Medicines Regulations 2012 from October 2014 a sufficient number of salbutamol inhaler(s) spacer(s) will be held by the school to cover emergency use. Parents are expected to provide 2 in date auto-injectors for administration to their child, if the school does not hold 2 in date auto-injectors for each pupil then a suitable number of auto-injectors will be purchased for use by the school in an emergency.

Parental consent to administer the 'school inhaler and/or auto-injector' will be gained when the pupil joins the school. The school will hold a register of the pupils diagnosed with asthma and/or anaphylaxis, and if parental consent has been given to administer the school medication. The school will be responsible for ensuring the school medication remains in date.

Instructions for calling an ambulance are displayed prominently by the door in the Office. (Appendix VI)

Controlled Drugs

The school does not deem a pupil prescribed a controlled drug (as defined by the Misuse of Drugs Act 1971) as competent to carry the medication themselves whilst in school. Controlled drugs will be stored securely in a non-portable locked medicines cabinet in a locked room and only named staff will have access. Controlled drugs for emergency use e.g. midazolam will not be locked away and will be easily accessible. The administration of a controlled drug will be witnessed by a second member of staff and records kept. In addition to the records required for the administration of any medication, a record will be kept of any doses used and the amount of controlled drug stock held in school. (Appendix II)

Pupils taking their own medication

For certain long-term medical conditions, it is important for children to learn how to self-administer their medication. Appropriate arrangements for medication should be agreed and documented in the pupil's IHCP or EHCP and parents should complete the self-administration section of 'Parental consent to administer medication' form (Appendix I).

Storage and Access to Medicines

All medicines apart from emergency medicines (inhalers, adrenaline auto injector, midazolam etc.) will be kept securely (where access by pupils is restricted). Medicines are always stored in the original pharmacist's container. Pupils are told where their medication is stored and who holds the key and staff will be fully briefed on the procedures for obtaining their medication.

Emergency medicines such as inhalers, adrenaline auto injectors and midazolam must not be locked away. If appropriate certain emergency medication can be held by the pupil, or kept in a clearly identified container in his/her classroom. The school will make an assessment as to the competency of each individual pupil to carry their own medication. Parents will be asked to supply a second adrenaline auto injector and/or asthma inhaler for each child and they will be kept in the school office. Staff must ensure that emergency medication is readily available at

all times i.e. during outside P.E. lessons, educational visits and in the event of an unforeseen emergency like a fire.

Medicines that require refrigeration are kept in the Office to which pupil access is restricted, and will be clearly labelled in an airtight container.

Waste medication

Where possible staff should take care to prepare medication correctly. If too much medication is drawn into a syringe the remainder (amount above the required dose) should be returned to the bottle before administration. If only a half tablet is administered the remainder should be returned to the bottle or packaging for future administration.

If a course of medication has been completed or the medication date has expired it will be returned to the parent/guardian for disposal.

Spillages

A spill must be dealt with as quickly as possible and staff are obliged to take responsibility/follow the guidelines. Spillages will be cleared up following the school's procedures and considering the control of infection. Any spilled medication will be deemed unsuitable for administration and if necessary parents will be asked to provide additional medication.

Record Keeping – administration of medicines

For legal reasons records of all medicines administered are kept at the school until the pupil reaches the age of 24. This includes medicines administered by staff during all educational or residential visits. The pupil's parent/ guardian will also be informed if their child has been unwell during the school day and medication has been administered. For record sheets see Appendix II.

Recording Errors and Incidents

If for whatever reason there is a mistake made in the administration of medication and the pupil is:

- Given the wrong medication
- Given the wrong dose
- Given medication at the wrong time (insufficient intervals between doses)
- Given medication that is out of date
- Or the wrong pupil is given medication

Incidents must be reported to the Schools Senior Management Team who will immediately inform the pupil's parent/guardian. Details of the incident will be recorded locally as part of the schools local arrangements. Local records must include details of what happened, the date, who is responsible and any effect the mistake has caused. Senior Management will investigate the incident and change procedures to prevent reoccurrence if necessary. NB: Incidents that arise from medical conditions that are being well managed by the school do not need to be reported or recorded locally.

Staff Training

The school will ensure a sufficient number of staff complete Managing Medicines in Schools training before they can administer medication to pupils. The school will also ensure that other

staff who may occasionally need to administer a medicine are instructed and guided in the procedures adopted by the school by the person who has completed the Managing Medicines course. Staff given instruction by the Lead for Medicines MUST complete a competency test and achieve a score of 100% in order to administer medication.

Supply and locum staff will be given appropriate instruction and guidance in order to support the pupils with medical needs in their care. All school staff are trained annually to administer an auto-injector and asthma inhaler in an emergency.

A record of all training must be maintained to show the date of training for each member of staff and when repeat or refresher training is required.

The school will ensure that the staff who administer medicine for specific chronic conditions are trained to administer those specific medicines, for example, Diabetes (insulin) Epilepsy (midazolam). Training in the administration of these specific medicines is arranged via the school nurse.

Educational Visits (Off - site one day)

Staff will administer prescription medicines to pupils when required during educational visits. Parents should ensure they complete a consent form (Appendix II) and supply a sufficient amount of medication in its pharmacist's container. Non-prescription medicines as detailed in this policy can be administered by staff, pupils must not carry non-prescription medication for self-administration.

All staff will be briefed about any emergency procedures needed with reference to pupils where needs are known and copies of care plans will be taken by the responsible person.

Risk assessing medicines management on all off site visits

Pupils with medical needs shall be included in visits as far as this is reasonably practicable. School staff will discuss any issues with parents and/or health professionals so that extra measures (if appropriate) can be put in place. A copy of the pupils IHCP or EHC plan will be taken on the visit and detail arrangements relating to the management of their medication(s) during the visit should be included in the plan.

If a pupil requires prescribed or non-prescribed medication during visit and an IHCP or EHC plan has not been developed and the management of their medication differs from procedures followed whilst in school, the school will conduct a risk assessment and record their findings.

The results of risk assessments however they are recorded i.e. IHCP, EHC plan etc. will be communicated to the relevant staff and records kept of this communication.

Roles and Responsibilities

The Headteacher

- should ensure all staff are aware of this policy
- should ensure that this policy is implemented
- should ensure sufficient staff are suitably trained
- should ensure all staff are aware of this policy and understand their role in its implementation
- should ensure sufficient numbers of staff are appropriately trained to implement the policy and deliver IHPs, including in emergency and contingency situations
- should ensure the school and staff are appropriately insured

The SENCO:

- should consult with appropriate health and social care professionals, pupils, parents and teachers to ensure that the needs of children with medical conditions are effectively supported
- should ensure all staff who need to know are informed of a child's condition
- should ensure cover arrangements in case of staff absence/turnover is always available
- should ensure supply teachers are briefed
- should ensure appropriate records are kept
- should ensure risk assessments for visits and activities out of the normal timetable are carried out
- should ensure individual healthcare plans are created, implemented, monitored regularly and reviewed annually or earlier if evidence is presented that the child's needs have changed. The plan should be developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social wellbeing, and minimizes disruption.
- should ensure the policy is reviewed annually and is developed effectively with partner agencies
- should ensure transitional arrangements between schools are carried out
- should ensure if a child's needs change, the above measures are adjusted accordingly

School Staff

- any staff member may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so
- should receive sufficient and suitable training and achieve the necessary level of competency before taking on the responsibility of supporting children with medical conditions
- should familiarize themselves with procedure detailing how to respond when they become aware that a pupil with a medical condition needs help
- should undertake training to achieve necessary competency to support pupils with medical conditions, if they are required to undertake that responsibility
- any staff member should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help
- staff who undertake responsibilities within this policy are covered by the school's insurance

Pupils

- should, wherever possible, be fully involved in discussions about their medical support needs and contribute to, and comply with, their IHCP

Parents

- must provide the school with sufficient and up-to-date information about their child's medical needs to complete
- are the key partners and should be involved in the development and review of their child's IHCP
- should carry out any action they have agreed to as part of the IHCP implementation
- must come in to school to complete a written request for medicines to be administered by the school staff
- must abide by and follow this policy

Unacceptable practice

- 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 for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- if the child becomes ill, send them to the school 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 pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs;
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

Complaints

Issues arising from the medical treatment of a pupil whilst in school should in the first instance be directed to the Head teacher. If the issue cannot easily be resolved the Head teacher will inform the governing body who will seek resolution.

Taken from model policy downloaded from West Sussex website: November 2019 (edition from 1/11/18).

Appendices:

Appendix I	Parental agreement for setting to administer medicine form
Appendix II	Record of administration of medicine to an individual child
Appendix III	Record of staff training
Appendix IV	Individual Healthcare Plan
Appendix V	Record of a mistake in the administration of medicine to an individual child
Appendix VI	Calling an ambulance
Appendix VII	Protocol for Administering Paracetamol to a pupil under the age of 10
Appendix VIII	Protocol for Administering Antihistamine to a pupil under the age of 10
Appendix IX	Asthma Information Form
Appendix X	Summary of WSCC Medicines Policy September 2017
Appendix XI	Model process for developing individual healthcare plans



Parental agreement for setting to administer medicine

Hassocks Infant School 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.

Name of school/setting	Hassocks Infant School
Name of child	
Date of birth	
Class	
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?	
Procedures to take in an emergency	

NB: Medicines must be in their original container as dispensed by the pharmacy, with the pharmacy labels and with all Patient Information Leaflet (PIL) provided (including contraindications).

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	The school office

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.

I confirm that I have administered this medicine in the past to my child without adverse reaction.

Signature(s) _____ Date _____



Hassocks Infant School
Record of administration of medicine to an individual child in school

Name of Child Class

Date Medicine Received in School

Name of Medicine

Dose and Frequency

The above medicine was given to the above child as follows:

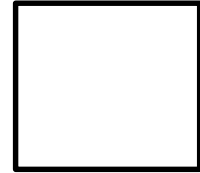
Date	Dose	Time	Letter to Parent	Name of Person giving Medicine	Witnessed By (Name)

Please refer to the document held in:

I:\NEW COMMON\Medical\First Aid\First Aiders & training record



Hassocks Infant School
Individual Healthcare Plan



Name of school/setting	
Child's name	
Class	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

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

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	

Who is responsible for providing support in school	
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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

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. I agree that my child's medical information can be shared with school staff responsible for their care.

Signed by parent or guardian _____ Print name _____

Date _____ Review date _____

Copies to: _____



Hassocks Infant School
Record of mistake made in the administration of medicine

Name of child

--

Date of birth

--

Year group / class

--

Medical condition or illness (if applicable)

--

Medicine

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

--

Please detail the mistake that was made i.e. given the wrong medication, wrong dose, wrong time, out-of-date medicine, given medication via the wrong route, wrong procedure followed, wrong pupil given medication.

--

Date of mistake

--

Responsible adult

--

Any effects caused (-please detail)

--

Contacting Emergency Services

Request for an Ambulance

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

1. Your telephone number
01273 842549
2. Give your location as follows
HASSOCKS INFANT SCHOOL, CHANCELLORS PARK, HASSOCKS
3. State that the postcode is
BN6 8EY
4. Give exact location in the school / setting
THE SCHOOL IS ON THE CORNER OF CHANCELLORS PARK AND THE HIGH STREET
5. Give your name
6. Give name of child concerned and a brief description of child's symptoms
7. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to the casualty

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

Put a completed copy of this form by the telephone



**Hassocks Infant School
Individual Protocol for Administering Paracetamol to a
pupil under the age of 10**

<u>Reviewed daily</u>	<u>Day 1</u>	<u>Day 2</u>	<u>Day 3</u>	<u>Day 4</u>	<u>Day 5</u>
<u>Date</u>					

Name of pupil: _____

Date of Birth: _____

Class: _____

Nature of Allergy: _____

Contact Information

Family Contact 1:

Name: _____
 Relationship: _____
 Phone Numbers: _____
 Home: _____
 Work: _____
 Mobile: _____

Family Contact 2:

Name: _____
 Relationship: _____
 Phone Numbers: _____
 Home: _____
 Work: _____
 Mobile: _____

Contact details for the GP/Consultant /Dentist/Nurse Practitioner/School Nurse who has recommended on demand pain relief

Name: _____

Surgery/Hospital/Clinic: _____

Phone No: _____

Address: _____

Condition requiring on demand pain-relief:.....

NB. Paracetamol combined with other medication cannot be administered

Name of medication:.....

Tablet or liquid (please circle one)

Expiry Date:.....

NB: It is the parents' responsibility to ensure the Paracetamol has not expired

Dosage & Method: As prescribed on the container appropriate for the age and weight of the pupil. Medication will be administered following the protocol detailed overleaf. Only 1 dose can be administered at school for a maximum of 1 week and this requirement will be reviewed daily by the school in conjunction with the parent/carer.

Emergency procedures – if the pupil develops a rash or swelling this might be a sign of an allergic reaction or if it is suspected that the child has taken too much paracetamol in a 24hour period call 999 and then contact the parents.

- The school will keep records of the administration of paracetamol as for prescribed medication.

I agree that the medical information contained in this plan may be shared with individuals involved with my child's care and education.

I confirm that I have administered paracetamol in the past to my child without adverse reaction. I am aware that I will be informed by the school in writing (a note in your child's bookbag) when medication has been administered.

I am aware that my child can only have 4 doses of paracetamol in any 24hour period.

Agreed and signed by: Parent

Date



**Hassocks Infant School
Individual Protocol for Administering Antihistamine to a pupil
under the age of 10**

Name: _____
 Date of Birth: _____
 Class: _____
 Nature of Allergy: _____

Contact Information

Family Contact 1:

Name: _____
 Relationship: _____
 Phone Numbers: _____
 Home: _____
 Work: _____
 Mobile: _____

Family Contact 2:

Name: _____
 Relationship: _____
 Phone Numbers: _____
 Home: _____
 Work: _____
 Mobile: _____

GP

Name: _____
 Phone No: _____
 Address: _____

Clinic / Hospital Contact:

Name: _____
 Phone No: _____
 Address: _____

MEDICATION – Antihistamine

Name i.e. Piriton

Name on Antihistamine & Expiry date:

- **It is the parents' responsibility to ensure the Antihistamine has not expired**

Dosage & Method: **As prescribed on the container.**

I agree that the medical information contained in this plan may be shared with individuals involved with my child's care and education.

I confirm that I have administered antihistamine in the past to my child without adverse reaction. I am aware that I will be informed by the school in writing (a note in your child's bookbag) when medication has been administered.

Parent.....Date.....



Hassocks Infant School Individual protocol for Mild Asthma

School
use
attach
photo

Please complete the questions below, sign this form and return without delay.

Child's Name..... Date of Birth

Class

Contact Information

Name					Relationship to pupil			
Phone numbers	Work		Home		Mobile		Other	

If I am unavailable please contact:

Name					Relationship to pupil			
Phone numbers	Work		Home		Mobile		Other	

1. Does your child need an inhaler in school? Yes/No (delete as appropriate)

2. Please provide information on your child's current treatment. (Include the name, type of inhaler, the dose and how many puffs?)

.....
Do they have a spacer? Yes/No (delete as appropriate)

3. What triggers your child's asthma?

.....

4. It is advised that pupils have a spare inhaler (and spacer if applicable) in school. Spare inhalers may be required in the event that the first inhaler runs out is lost or forgotten. Inhalers must be clearly labelled with your child's name and must be replaced before they reach their expiry date. The school will also keep a salbutamol inhaler for emergency use.

Please delete as appropriate:

- My child carries their own inhaler YES/NO
- My child **REQUIRES/DOES NOT REQUIRE** a spacer and I have provided this to the school office
- I am aware I am responsible for supplying the school with in date inhaler(s)/spacer for school use and will supply this/these as soon as possible. YES/NO

5. Does your child need a blue inhaler before doing exercise/PE? If so, how many puffs?

.....

6. Do you give consent for the following treatment to be given to your child as recognised by Asthma Specialists in an emergency? - Yes/No (delete as appropriate)

- Give **6 puffs of the blue inhaler via a spacer**
- Reassess after 5 minutes
- If the child still feels wheezy or appears to be breathless they should have a further **4 puffs of the blue inhaler via a spacer**
- Reassess after 5 minutes
- **If their symptoms are not relieved with 10 puffs of blue inhaler then this should be viewed as a serious attack:**
- **CALL AN AMBULANCE and CALL PARENT**
- **While waiting for an ambulance continue to give 10 puffs of the reliever inhaler every few minutes**

Please sign below to confirm you agree the following:

- I agree to ensure that my child has in-date inhalers and a spacer (if prescribed) in school.
- I give consent for the school to administer my child's inhaler in accordance with the emergency treatment detailed above.
- I agree that the school can administer the school emergency salbutamol inhaler if required.
- I agree that my child's medical information can be shared with school staff responsible for their care.

Signed: Print name

Date (*I am the person with parental responsibility*)

Please remember to inform the school if there are any changes in your child's treatment or condition. Thank you

Parental Update (only to be completed if your child no longer has asthma)	
My child no longer has asthma and therefore no longer requires an inhaler in school or on school visits.	
Signed <i>I am the person with parental responsibility</i>	Date

For office use:

	Provided by parent/school	Location (delete as appropriate)	Expiry date	Date of phone call requesting new inhaler	Date of letter (attach copy)
1 st inhaler		With pupil/In classroom			
2 nd inhaler Advised		In office/first aid room			
Spacer (if required)					
Record any further follow up with the parent/carer:					

Summary of WSCC Medicines Policy September 2017

Prescription medication all prescription medication will be administered with parental consent.

Non-prescription - If the relevant symptoms develop during the school day the school will administer the following non-prescription medications:

- paracetamol (to pupils of all ages)
- ibuprofen (pupils age 12 and over) NB Pupils under 12 will require a note from GP
- antihistamine,

All other non-prescription medications will only be administered providing:

- The parent/guardian confirms daily the time the medication was last administered (to ensure correct time has elapsed between doses)
- medication is licensed as suitable for the pupil's age;
- medication is suitable for the pupil i.e. if a child is asthmatic the medication is suitable for that condition;
- administration is required more than 3 to 4 times per day; therefore medication needs to be administered during the school day.
- medication is supplied by the parent or guardian in the original packaging with the manufacturer's instructions and/or patient leaflet
- and accompanied by parental/guardian consent

The school will NOT administer non-prescription medication:

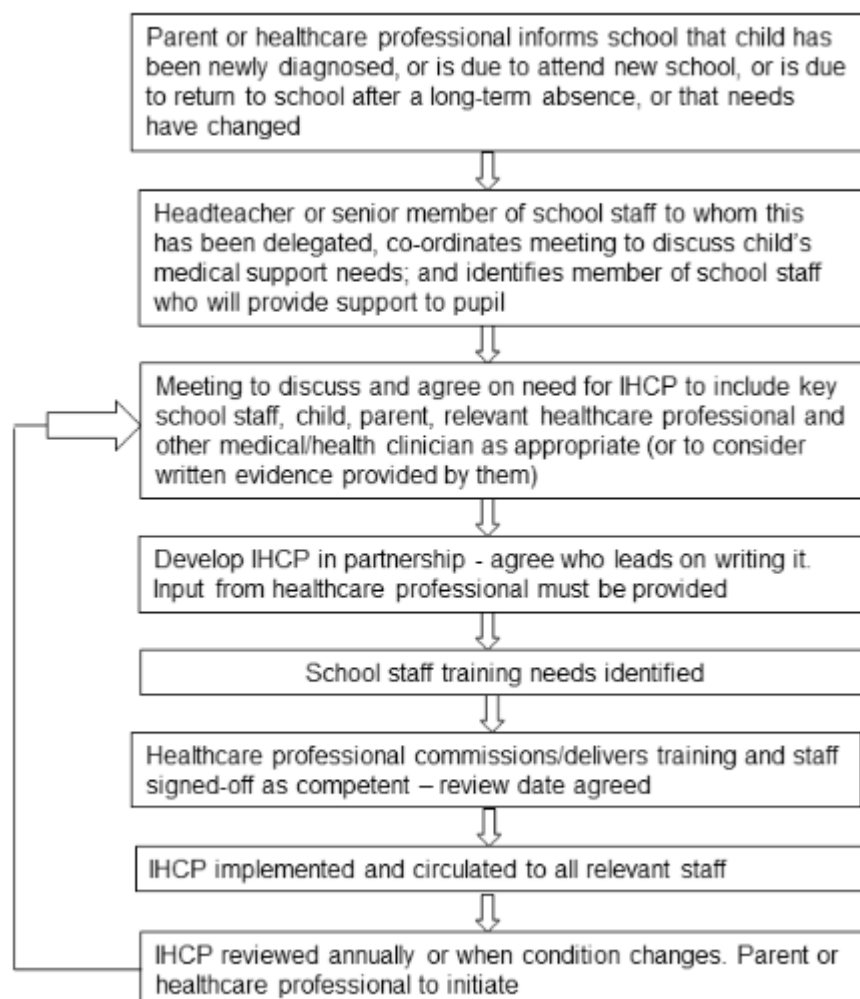
- as a preventative, i.e. in case the pupil develops symptoms during the school day; except as detailed above.
- if the pupil is taking other prescribed or non-prescribed medication, i.e. only one non-prescription medication will be administered at a time;
- for more than 48 hours Any requirement for a non-prescription medication to be administered during school hours for longer than 48 hours must be accompanied by a Doctor's note. In the absence of a Doctor's note and if following the administration of a non-prescription medication symptoms have not begun to lessen in the first 48 hours the school will advise the parent to contact their Doctor. If symptoms have begun to alleviate, the medication can continue to be administered at home out of school hours. Under very exceptional circumstances where the continued administration of a non-prescribed medication is required to keep the pupil in school and this requirement has not been documented by a medical professional the school will continue to administer medication at their own discretion.
- A request to administer the same or a different non-prescription medication that is for the same/initial condition will not be repeated for 2 weeks after the initial episode; and not for more than 2 episodes per term - it will be assumed that the prolonged expression of symptoms requires medical intervention, and parents/guardians will be advised to contact their Doctor.
- Skin creams and lotions will only be administered in accordance with the Schools Intimate Care Policy and procedures.
- Medication that is sucked i.e. coughs sweets or lozenges, will not be administered by the school.
- if parents/guardians have forgotten to administer non-prescription medication that is required before school – requests to administer will be at the discretion of the school and considered on an individual basis.

Emergency medication - Schools should have 2 inhalers for each pupil diagnosed with asthma and 2 auto-injectors for pupils with anaphylaxis. The school will hold a sufficient

number of emergency inhalers and if there are not 2 auto-injectors on site for each pupil they will hold an emergency auto-injector.

Training - Staff will be trained to administer medication and specialist training will be undertaken for medication with specific requirements for administration i.e. auto-injectors.

Model process for developing individual healthcare plans



This appendix was downloaded from West Sussex January 2021 and uses DfE guidance from 'Supporting pupils with medical conditions: templates'