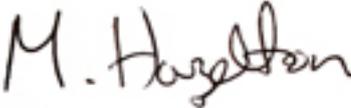




CALCOT INFANT AND JUNIOR SCHOOLS

Managing Medicines Policy (Supporting Children at School with Medical Conditions)

Document Control

Adopted, Adopted and Adapted OrSchools own:	Adopted & Adapted WBC Draft
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1	October 2018	Slight changes
1	November 2020	Some additions

Website History

Version	Date on website
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Policy and Procedures

Roles and Responsibilities

The Children and Families Act 2014 requires Governing Bodies to ensure that arrangements are in place to support pupils with medical conditions. The DfE guidance ‘Supporting pupils at school with medical conditions’ (April 14) can be found via the link below https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/306952/Statutory_guidance_on_supporting_pupils_at_school_with_medical_conditions.pdf.

This is Statutory Guidance for all schools to follow.

This legal duty means they must take account of the statutory guidance and carefully consider it and having done so, there would need to be a good reason to justify not complying with it.

Governing bodies should ensure that the arrangements they set up include details on how the school’s policy will be implemented effectively, including a named person who has overall responsibility for policy implementation.

Early years settings should continue to apply the: [Statutory Framework for the Early Years Foundation Stage](#)

Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers’ professional duties, they should take into account the needs of pupils with medical conditions that they teach.

Directorate of Education, Adult and Children’s Services policy is that all schools must ensure the administration of medicines and supporting children with complex health needs is adequately managed.

Individual Health Care Plan (IHCP)

Governing bodies should ensure that the school’s policy covers the role of IHCP’s, and who is responsible for their development, in supporting pupils at school with medical conditions. 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.

The format of IHCP’s may vary to enable schools to choose whichever is the most effective for the specific needs of each pupil. They should be easily accessible to all who need to refer to them, while preserving confidentiality. Plans should not be a burden on a school, but should capture the key information and actions that are required to support the child effectively. The level of detail within plans will depend on the complexity of the child’s condition and the degree of support needed. This is important because different children with the same health condition may require very different support. Where a child has Special Educational Needs (SEN) but does not have a statement or an Education, Health and Care (EHC) plan, their special educational needs should be mentioned in their IHCP.

IHCP's, (and their review), may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child. Plans should be drawn up in partnership between the school, parents, and a relevant healthcare professional, eg school, 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. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school. The governing body should ensure that plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They 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 well-being and minimises disruption. Where the child has a SEN statement, or an EHC plan, the IHCP should be linked to or become part of that statement or plan.

Where a child is returning to school following a period of hospital education or alternative provision (including home tuition) schools will need to work with the Local Authority and education provider to ensure that the IHCP identifies the support the child will need to reintegrate effectively.

When deciding what information should be recorded on IHCP's, the governing body should consider the following:

- the medical condition, its triggers, signs, symptoms and treatments;
- the pupil's resulting needs, including medication (dose, side-effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues eg crowded corridors, travel time between lessons;
- specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions
- the level of support needed, (some children will be able to take responsibility for their own health needs), including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;
- who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;
- who in the school needs to be aware of the child's condition and the support required;
- arrangements for written permission from parents and the head teacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, eg risk assessments;
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and
- what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their IHCP.

Health Care Plans are the pivotal means through which responsibility holders communicate and record information acknowledging this through signing off the document. This provides a high level of assurance that information has been understood and agreement on actions reached. This will also facilitate, setting review dates, recording any changes introduced and also lends itself to future auditing.

A flow chart for identifying and agreeing the support a child needs and developing an IHCP is provided at annex A.

Managing Medicines on School Premises

Only prescribed medicines should be brought into school and be administered when it would be detrimental to a child's health or school attendance not to do so. Schools should only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which will be inside an insulin pen or pump, rather than its original container.

Any other non-prescribed medicines may be considered on a short term basis only in agreement with the Headteacher.

All medicines should be stored safely, in a secure place such as a locked cupboard or a labelled airtight box in a refrigerator with restricted access (Named staff only). Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away. This is particularly important to consider when outside of school premises, e.g. on school trip.

Medication that requires storage at a specific temperature or within a temperature zone will be stored appropriately. Those that cannot be refrigerated such as auto adrenaline injectors will be kept in insulated containers to ensure they are stored at a consistent temperature. A thermometer will be used to monitor temperatures closely.

A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so and following consultation between parents and head teacher. Monitoring arrangements may be necessary.

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.

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.

Medication Errors

A medication error is when the administration deviates from the instructions of the medical professional and parent. Medication errors typically occur when schools have more than one pupil with the same name. Some examples of medication errors include:

- administration of a medication to the wrong pupil,
- administration of the wrong medication to a pupil
- administration of the wrong dosage of medication to a pupil,

- administration of the medication via the wrong route,
- administration of the medication at the wrong time

Each medication error must be reported to the Head teacher and recorded on Webrisk, as a near miss.

Each school should have procedures in place to avoid any errors. For example some schools put each pupil's medication and records in a sealed bag, which includes a recent photograph of the pupil. Some schools ensure that when the medicine is administered it is witnessed and recorded by another member of staff.

Training

Governing bodies should ensure that the school's policy sets out clearly how staff will be supported in carrying out their role to support pupils with medical conditions, and how this will be reviewed. This should specify how training needs are assessed, and how and by whom training will be commissioned and provided. The school's policy should be clear that any member of school staff providing support to a pupil with medical needs should have received suitable training.

Staff must not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any individual HCP). 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.

Staff who manage the administration of medicines and those who administer medicines should receive suitable training and support from a qualified health professional. The school must ensure the trainer incorporates a competency test and that the school must retain a copy of the record of this having been carried out.

Any action taken by a person undertaking support activities should be limited to the training given. This training should communicate clearly the serious risks entailed by undertaking activities outside those for which they have been formally trained.

Schools should ensure that they have sufficient numbers of trained staff to cover for school visits, staff sickness, and compassionate leave or for any other reason for absence from school.

It is good practice to collect written feedback at the end of the training. Information collected in this way provides a greater degree of assurance that the training has met the desired aims and allows for continual refinement of the training.

If there are any changes to the agreed care plan for example changes to dose or type of medication, staff changes etc. then a new care plan should be provided and new training by a health professional will be required. The new training must incorporate a competency test and records retained. It should be recognised that should the school not have competent trained staff to undertake the care plan, then the responsibility to administer the medication could be passed back to the parent.

Where equipment is involved sufficient "hands on training" is essential. This will allow trainees to become fully familiar with equipment operations. This will give confidence particularly when first dealing with equipment in live situations. It is also recommended that update training after a break, e.g. due to school holidays, long sickness absence or other, is carried out.

Records of training

Records of training must be provided by the trainer and retained by the school.

Induction Training

All staff should receive Induction Training upon joining the school. This training should include:

- what the schools policy is on the administration of medicines
- where it can be found
- how to respond in an emergency

Audit

The school should make formal arrangements with the qualified health professional to ensure he/she regularly audits the trainees' competence. This should be done at a minimum of once every year.

During school inspections the Office for Standards in Education (Ofsted) must evaluate and report on how well schools ensure pupils' care, welfare, health and safety. Ofsted will look to see whether administration of medicines follows clear procedures.

The school will carry out a health & safety audit each year and will include the management of medicines, including staff training records in the audit programme.

Staff Indemnity

West Berkshire Council fully indemnifies its staff against claims for alleged negligence providing they are acting in good faith within the scope of their employment. This indemnity would include all School Governors and any volunteers assisting the school in their business activities. The Council's liability insurance provides indemnity for the administration of most oral medication and most pre-assembled, pre-dosed medications. The indemnity would cover the consequences that might arise where an incorrect dose is inadvertently given or where the administration is overlooked. In practice indemnity means that the Council and not the employee will meet the costs of any damages if a claim for alleged negligence were made.

Please contact the insurance section if you require any advice on insurance cover for healthcare procedures.

IMPORTANT - PLEASE NOTE

The above wording only apply to those schools that purchase their insurance arrangements from West Berkshire Council. Schools making other arrangements must check with their own insurer.

School Trips

Governing bodies should ensure that their arrangements are clear and unambiguous about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

Schools may need to take additional safety measures for visits and consider arrangements for taking any medication. Staff supervising visits should always be aware of any medical needs and relevant emergency procedures.

Sometimes an additional supervisor or parent might accompany a particular pupil. If staff are concerned about whether they can provide for a pupil's safety or the safety of other pupils on

the visit, they should seek advice from the pupil's GP/Consultant. For further information on school trips, please refer to Evolve. A parental consent and medical form, will be required.

The Schools Offsite Activities insurance will provide an indemnity for any emergency medical assistance required for pre-existing medical conditions. Insurers require all those travelling with pre-existing conditions obtain written consent from their GP or Consultant that they are medically fit to travel. If you need any further advice on this matter, please contact the Insurance Section.

Sporting Activities

Some pupils may need to take precautionary measures before or during exercise, and/or need to be allowed immediate access to their medication if necessary. Teachers supervising sporting activities should be aware of relevant medical conditions and emergency procedures.

Employee's Medicines

Employees may need to bring their own medicine into school. They have a clear personal responsibility to ensure their medicines are not accessible to children.

Staff Protection

Staff should have access to protective disposable gloves and take care when dealing with spillage of blood or other body fluids and disposing of dressings or equipment. Practical and common sense hygiene precautions will minimise the risk of infection where contact with blood or other body fluid is unavoidable.

Emergency Procedures

Governing bodies should ensure that the school's policy sets out what should happen in an emergency situation. As part of general risk management processes, all schools should have arrangements in place for dealing with emergencies.

Regulation 5 of the School Premises (England) Regulations 2012 (as amended) provide that maintained schools must have accommodation appropriate and readily available for use for medical examination and treatment and for the caring of sick or injured pupils. It must contain a washing facility and be reasonably near to a toilet. It must not be teaching accommodation.

All staff must be aware of the likelihood of an emergency arising in a pupil with medical needs, whom to contact and what action to take. Back-up cover should be arranged for when the member of staff is absent or unavailable.

Where a child is in distress or has a need for an intervention and no one in the school feels confident to undertake it then the parent/guardian and a qualified health professional should be called immediately.

Staff should be trained to use the telephone and know how to call the emergency services. A member of staff should accompany a pupil if taken to hospital by ambulance and should remain with the pupil until his/her parents arrive.

Generally staff should not take pupils to hospital in their own car. However, if after discussion with the 999 services, it is recommended that the child is taken direct to hospital in a member of staff's car, (pre-checks for staff with business use on their motor insurance, will highlight those members of staff that can transport a pupil). It is also recommended that an additional person accompany the member of staff to and from the hospital. In an emergency the best possible action is to call an ambulance.

New Guidance September 2014 on the use of emergency salbutamol inhalers in schools

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/350640/guidance_on_use_of_emergency_inhalers_in_schools_September_2014_3.pdf

From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 will allow schools to keep a salbutamol inhaler for use in emergencies.

The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.

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

This change applies to all primary and secondary schools in the UK. Schools are not required to hold an inhaler – this is a discretionary power enabling schools to do this if they wish. Schools which choose to keep an emergency inhaler should establish a policy or protocol for the use of the emergency inhaler based on this guidance.

Keeping an inhaler for emergency use will have many benefits. It could prevent an unnecessary and traumatic trip to hospital for a child, and potentially save their life. Parents are likely to have greater peace of mind about sending their child to school. Having a protocol that sets out how and when the inhaler should be used will also protect staff by ensuring they know what to do in the event of a child having an asthma attack.

The protocol could be incorporated into a wider medical conditions policy, which will be required by *Supporting Pupils* from 1st September 2014. The protocol should include the following – on which this guidance provides advice:

- arrangements for the supply, storage, care, and disposal of the inhaler and spacers in line with the schools policy on supporting pupils with medical conditions
- having a register of children in the school that have been diagnosed with asthma or prescribed a reliever inhaler, a copy of which should be kept with the emergency inhaler
- having written parental consent for use of the emergency inhaler included as part of a child's individual healthcare plan
- ensuring that the emergency inhaler is only used by children with asthma with written parental consent for its use
- appropriate support and training for staff in the use of the emergency inhaler in line with the schools wider policy on supporting pupils with medical conditions
- keeping a record of use of the emergency inhaler as required by *Supporting pupils* and informing parents or carers that their child has used the emergency inhaler
- having at least two volunteers responsible for ensuring the protocol is followed

Supply

Schools can buy inhalers and spacers (these are enclosed plastic vessels which make it easier to deliver asthma medicine to the lungs) from a pharmaceutical supplier, provided the general advice relating to these transactions are observed. Schools can buy inhalers in small quantities provided it is done on an occasional basis and is not for profit.

A supplier will need a request signed by the principal or head teacher (ideally on appropriately headed paper) stating:

- the name of the school for which the product is required;
- the purpose for which that product is required, and
- the total quantity required.

Schools may wish to discuss with their community pharmacist the different plastic spacers available and what is most appropriate for the age-group in the school. Community pharmacists can also provide advice on use of the inhaler. Schools should be aware that pharmacies cannot provide inhalers and spacers free of charge and will charge for them.

Routine administration

There will be many cases where the administration of medicines is routine and straightforward (prescribed painkillers, inhalers, antibiotics etc.) In these cases professional training may not be necessary. If in doubt contact the School Nursing Team. Where training is identified the details must be included in the care plan. Staff should never volunteer to give non-prescribed medicines to children unless the parent has given prior permission by signing the agreed care plan.

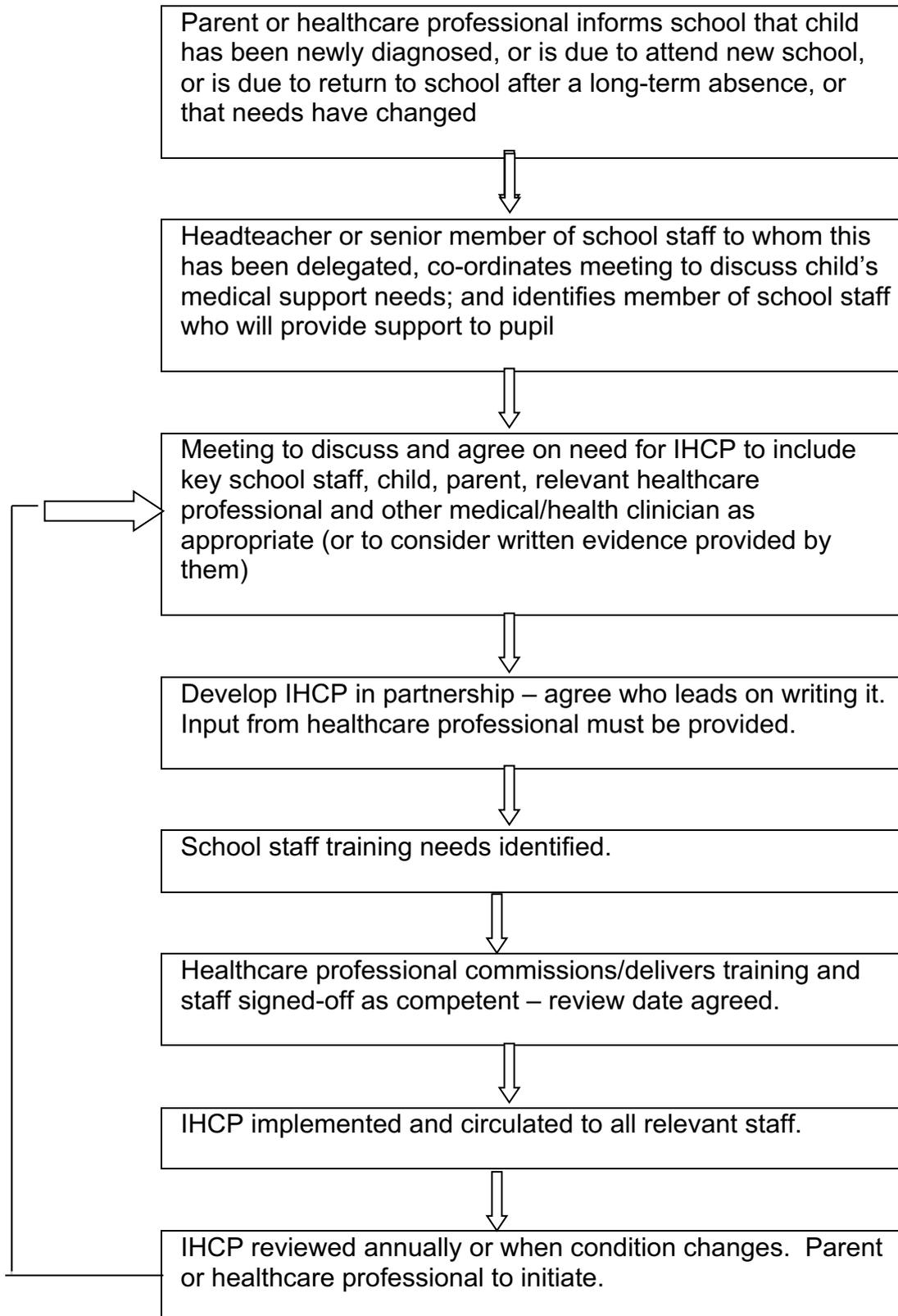
Non-Routine administration

Some children require non-routine administrations. This could be injection, administration of rectal diazepam, assistance with catheters or use of equipment for children with tracheotomies etc. Before the school accepts any commitment; professional training and guidance must be provided from the School Nursing Team or appropriate medical professionals. Once again the training requirements and specific details must be included in the care plan signed off by the Parent and the Head Teacher. Please note that the insurance section need to be advised of these kind of procedures to ensure cover is in place.

Templates

Templates are provided at the end of this document. They are provided as an aid to schools and their use is entirely voluntary. Schools are free to adapt them as they wish to meet local needs, to design their own templates or to use templates from another source.

ANNEX A: MODEL PROCESS FOR DEVELOPING IHCP's



Template A: individual healthcare plan

Name of school/setting

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Phone no.

Who is responsible for providing support in school

--

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

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

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

Template B: parental agreement for setting to administer medicine

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

Date for review to be initiated by
 Name of school/setting
 Name of child
 Date of birth
 Group/class/form
 Medical condition or illness

Medicine

Name/type of medicine
(as described on the container)
 Expiry date
 Dosage and method
 Timing
 Special precautions/other instructions
 Are there any 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: _____

Template C

CONSENT FORM:

USE OF EMERGENCY SALBUTAMOL INHALER

[Insert school name]

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 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:

Template D

**SPECIMEN LETTER TO INFORM PARENTS OF
EMERGENCY SALBUTAMOL INHALER USE**

Child's name:.....

Class:

Date:

Dear.....,

[Delete as appropriate]

This letter is to formally notify you that.....has had problems with his / her

breathing today. This happened when.....

A member of staff helped them to use their asthma inhaler.

They did not have their own asthma inhaler with them, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given puffs.

Their own asthma inhaler was not working, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given puffs. .

[Delete as appropriate]

Although they soon felt better, we would strongly advise that you have your seen by your own doctor as soon as possible.

Yours sincerely,

Template E: record of medicine administered to an individual child

Name of school/setting	
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature: _____

Signature of parent: _____

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date
Time given
Dose given
Name of member of staff
Staff initials

Date
Time given
Dose given
Name of member of staff
Staff initials

Date
Time given
Dose given
Name of member of staff
Staff initials

Date
Time given
Dose given
Name of member of staff
Staff initials

Date
Time given
Dose given
Name of member of staff
Staff initials

Template F: record of medicine administered to all children

Name of school/setting

Date	Child's name	Time	Name of medicine	Dose given	Any reactions	Signature of staff	Print name

Template G: staff training record – administration of medicines

Name of school/setting

Name

Type of training received

Date of training completed

Training provided by

Profession and title

I confirm that [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: _____

Template H: contacting emergency services

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

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

1. your telephone number
2. your name
3. your location as follows [insert school/setting address]
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone

Template I: model letter inviting parents to contribute to individual healthcare plan development

Dear Parent

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

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

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

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

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely

1. Review

This policy will be reviewed to respond to any changes and at least every 2 years.

The Committee responsible for reviewing and maintaining this Policy is the Health and Safety/Finance committee.

Glossary

*

Other Relevant Documentation

- Appendix 1 – Calcot Schools Parent Consent Form October 16
- Appendix 2 – Calcot Schools Medicine administering Form October 16
- Appendix 3 – Calcot Schools Medicine giving procedure October 16



Consent Form-Pupils with medical needs

Name of Pupil: _____

Class: _____

Date of birth of pupil: _____

Details of medical condition

Name/type of medicine (from container)

Is it a prescribed
medicine?

If **not** prescribed, what are
the dates it is required
from and to?

Start date:

Finish date:

Head teacher signature

(required for non-prescription medicine)

Dose Required

Method of Administering

Training Requirement
(for Staff)

Details of any side effects

Procedures to be
taken in an emergency

Calcot Schools record of medicine administered to an individual child

Name of school	Calcot Schools
Name of child	
Class	
Date medication to be administered from:	
Date medication to be administered to:	
Quantity of medication received:	
Name & Strength of Medicine:	
Dose and frequency of medicine:	
Expiry date:	
Date & quantity returned to Parents:	

Staff signature: _____

Signature of parent: _____

Date			
Time given			
Dose given			
Name of member of staff			
Staff signature			

Date			
Time given			
Dose given			
Name of member of staff			
Staff signature			

Date			
Time given			
Dose given			
Name of member of staff			
Staff signature			

E: Record of medicine administered to an individual child (Continued)

Date			
Time given			
Dose given			
Name of member of staff			
Staff signature			

Date			
Time given			
Dose given			
Name of member of staff			
Staff signature			

Date			
Time given			
Dose given			
Name of member of staff			
Staff signature			

Date			
Time given			
Dose given			
Name of member of staff			
Staff signature			

Date			
Time given			
Dose given			
Name of member of staff			
Staff signature			

Medicine Giving Procedure

Read the 'Consent Form' the parent has complete and check ...



Does the name on the form match the name on the medicine?



Is the medicine within the use by date?



Check the recommended dosage written by parents and check this with the recommended dosage on the box to ensure they match.



Check the form to see when the child was last given the medicine. What time was it given last. Ensure that the correct time has lapsed between doses.



If and only when you are happy with the information on the forms and medicine are accurate can you

Administer the medicine

If in doubt DON'T administer-contact the parents



After administering the medicine complete the record to show the time and dosage of medicine given and sign it.