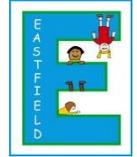


# Summary Policy in the Management of Pupils with Medical Needs at Eastfield Primary School



APPROVED by Governors: 22<sup>nd</sup> January 2018 and reviewed October 2021

## SECTION A: STATEMENT OF PRINCIPLES

Eastfield Primary School wishes to ensure that pupils with medical conditions receive appropriate care and support at school. This summary has been developed in line with the Department for Education's guidance – Templates for supporting pupils with medical conditions May 2014 and Supporting pupils at school with medical conditions – statutory guidance for governing bodies of maintained schools in England December 2015.

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf)

**This policy summary should be read alongside the 'Model Medicine Policy' - Supporting children and young people with their medical conditions in early years' settings, schools, academies and other education establishment – approved by the RWT / Wolverhampton City Council in September 2020 (2020-2023).**

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

A small number of pupils have medical conditions that, if not properly managed, will limit their access to an appropriate education. These pupils are said to have medical needs. Most pupils with medical needs are able to attend school regularly and, with appropriate support, can take part in all, or almost all, normal school activities.

Ofsted places a clear emphasis on meeting the needs of pupils with SEN and disabilities and this includes children with medical conditions.

The Governors, Head Teacher and staff of Eastfield Primary School will conform to all statutory guidance and work within guidance issued by Wolverhampton Local Authority and Royal Wolverhampton Trust (RWT).

The Governors, Head Teacher and staff:

- are committed to ensuring that all pupils have access to as much education as their medical condition allows, in order to maintain the momentum of their studies, keep up with their peers and fulfil their educational potential.
- recognise the valuable contribution of parents and other agencies in providing information to ensure best access to all educational and associated activities for pupils with medical needs.
- recognise that on occasion pupils with long-term and/or complex medical needs will require intervention from a specialist provision, such as a special school, the Home and Hospital Tuition Service or the Orchard Centre.
- will work with specialist providers, whenever necessary, to ensure smooth transition to (and where appropriate back from) the specialist provision and, as far as is possible, provide continuity in learning.

## **SECTION B: DEFINITIONS**

'Medication' is defined as any prescribed or over the counter medicine.

'Prescription medication is defined as any drug or device prescribed by a doctor.

A 'staff member' is defined as any member of staff employed at Eastfield Primary School, including teachers.

Drugs covered by the Misuse of Drugs Act (1971), otherwise known as controlled drugs (such as methylphenidate) may occasionally be prescribed for pupils. These drugs should be treated in the same careful manner as all other prescribed medication, in line with the procedures agreed by Wolverhampton Local Authority and described within this guidance.

Under no circumstances will medication be given to (children under the age of 16) unless written permission has been obtained from parents/carers.

Some non-prescribed or homeopathic medication needs to be taken on a very regular basis. Medication of this type will only be allowed into school with the express permission of Mrs Hay (Head Teacher) and when parents/carers have completed all necessary forms.

## **SECTION C: RESPONSIBILITIES**

### **(I) The Local Authority / RWT are responsible for:**

- Promoting co-operation between relevant partners and stakeholders regarding supporting pupils with medical conditions
- Providing support, advice and guidance to schools and their staff
- Making alternative arrangements for the education of pupils who need to be out of school for 15days or more due to a medical condition
- Providing suitable training to school staff, through the School Nursing Service in supporting pupils with medical conditions to ensure that Individual Health care plans can be delivered effectively.

### **(II) Governing Body**

#### **The Governors of Eastfield Primary School:**

- Will ensure that the 'supporting pupils with medical conditions – medicine policy' is implemented in school
- will ensure that the school has an effective policy (and a summary) on the management of pupils with medical needs and that this summary of the policy is included on the school's website (prospectus)
- Will ensure that the 'supporting pupils with medical conditions – medicine policy' does not discriminate on any grounds including, but not limited to: ethnicity, national origin, culture, religion, gender, disability or sexual orientation.
- Will ensure that all pupils with medical conditions are able to participate as fully as possible in all aspects of school life.
- have delegated day-to-day responsibility for the management of pupils' medical needs to the Head Teacher and will receive relevant information on issues relating to the management of pupils with medical needs, once a term, via the Head Teacher's report.
- will review the effectiveness of this policy on an annual basis and make any necessary revisions to ensure that it continues to be effective and that it reflects any changes in the law.

- will ensure that parents' cultural and religious views are always respected in managing the medical needs of pupils.
- Will ensure that relevant training is provided to staff members who take on responsibility to support children with medical conditions
- Will ensure that written records of any and all medicines administered to individuals and across the school population
- Will handle complaints regarding this policy as outlined in the school's complaints policy.
- Will ensure that the level of insurance in place reflects the level of risk

## **(ii) Head Teacher**

The Head Teacher is responsible for the day to day implementation and management of the 'supporting pupils with medical conditions – medicines policy' and procedures of Eastfield Primary School.

The Head teacher:

- will ensure that all staff are aware of the policy and also of statutory duties and safeguards that apply to their post;
- will ensure that a sufficient number of staff are trained to be able to implement the policy and to deliver Individual Care Plans in normal, contingency and emergency situations.
- will ensure that procedures are in place for formal agreements to be drawn up between the school and parents/carers of pupils with medical needs. See Appendix D (Planning Forms);
- is responsible for ensuring the effectiveness of this policy in providing pupils with medical needs access to education and all associated activities available to other pupils.

## **(iii) Named Contact – Family Liaison and Safeguarding Officer / Office Assistant**

In order to ensure that parents, staff, governors and outside agencies who have contact with pupils with medical needs have an easy route to communication with the school, the Family Liaison and Safeguarding Officer and Office Manager will be available.

As well as acting as first contact for parents and outside agencies, Miss Rownes and Mrs Stewart will be responsible for:

- liaising with healthcare professional regarding the training required for staff
- contacting the school nursing service in the case of any child who has a medical condition
- developing Individual Care Plans (IHPs)
- the school's system of record keeping for pupils with medical needs.
- ensuring the confidentiality of all records on pupils with medical needs.
- ensuring that school staff understand the nature of the condition where they have a pupil with medical needs in their class and that all staff have appropriate access to information and training in order that pupils with medical needs are able to attend school regularly and, with appropriate support, take part in all, or almost all, normal school activities.
- ensuring that risk assessments are carried out wherever necessary, for both in-school and off-site activities
- ensuring that trained staff are available wherever and whenever necessary to ensure the safety of pupils with medical needs.
- monitoring the attendance of pupils with longer term medical needs.
- assisting in maintaining contact with pupils out of school because of medical needs.
- attending multi-agency reviews as required.

- ensuring that, wherever appropriate, pupils out of school for short periods of time with any medical condition are provided with work to do at home and this work is assessed and recorded appropriately.
- providing appropriate agencies with confidential access to school records in order to ensure that pupils transferred to specialist provision are able to maintain their learning and progress as far as is possible.
- Administering prescribed medication to pupils where written consent has been received from parents

There is no statutory/contractual duty for staff to administer medicine in school. In Eastfield Primary School, the following staff have volunteered to take responsibility for administering medicine and supervise pupils taking medication, whenever requested to do so by Miss Rownes and Mrs Stewart (the named contacts):

1. Mrs Stewart (Office manager)
2. Miss Rownes (Family Liaison and Safeguarding Officer)
3. Mrs Hay (Head Teacher)
4. Mrs Bird (Deputy Head Teacher)
5. Mrs Warlow (Deputy Head Teacher)

In an emergency, swift action would need to be taken by any member of staff to secure assistance for any pupil. Teachers and other school staff in charge of pupils have a common law duty to act as any reasonably prudent parent would, to make sure that pupils are healthy and safe on school premises. This duty extends to teachers leading any activities taking place off the school site.

#### **(iv) Teachers and Other Staff**

Teachers and other staff are responsible for:

- Taking appropriate steps to support children with medical conditions
- Where necessary, making reasonable adjustments to include pupils with medical conditions into lessons
- Undertaking training to achieve the necessary competency for supporting pupils with medical conditions
- Writing risk assessments for off site visits to ensure that children with medical conditions are suitably planned for
- Familiarising themselves with procedures detailing how to respond when they become aware that a pupil with a medical condition needs help.

When pupils are out of school for short periods of time with a medical condition, it is the responsibility of the class teacher to:

- ensure that, wherever appropriate, they are provided with work to do at home and that this work is assessed and recorded appropriately.
- maintain contact with the pupil and his/her family.

- ensure that the pupil is welcomed back into school with the minimum of disruption.
- ensure that the pupil has any additional support necessary to catch up with work and maintain best progress.

## **(V) School Nurses**

School nurses are responsible for:

- Notifying the school when a child has been identified with requiring support in school due to a medical condition
- Liaising with locally with GPs, School nursing service and other health care professionals on appropriate support

## **(VI) Parents and carers**

Parents and carers are responsible for:

- Keeping the school informed about any changes to their child / children's health
- Completing a parental agreement for school to administer medicine form (M3) before bringing medication into school
- Providing school with the medication their child requires and keeping it up to date
- Collecting any left over medicine at the end of the course (or end of the school year)
- Discussing medications with their child / children prior to requesting that school administers the medication
- Where necessary, developing an individual health care plan for their child in collaboration with the Head Teacher, other staff members (named school contacts) and health care professionals.

## **SECTION D: TRAINING**

Teachers and support staff will receive training on the 'supporting pupils with medical conditions – medicine policy' as part of their induction and will receive annual updates via the school nursing service on Asthma and Epipens.

Staff who administer prescription medication or undertake any health care procedures will undertake training specific to the responsibility, including administering.

Training records will be kept in school.

## **SECTION E: MEDICATION COMING INTO SCHOOL**

- Most medication prescribed for a pupil will be able to be administered once, twice or three times a day. In these circumstances parents/carers will be able to manage this before and after school and there is no need for medication to come into school.
- Where medication is required to be administered in school then the parent must complete and sign a parental agreement for a school to administer medicine form (M3).
- No child will be given any prescription medication without parental consent, except in exceptional circumstances
- No medication will be allowed into school unless it is clearly labelled with:
  - The child's name
  - The name and strength of the medication

The dosage and when the medication should be given

The expiry date

The above information should be checked each and every time that medication is administered.

- All medication must come into school in the original child-proof container and be accompanied by the original guidance literature.
- Where two types of medication are required, each should be a separate container.
- Where medication is required long-term, a letter from the pupil's General Practitioner (GP) or consultant must accompany the medication.
- Parents/carers should hand all medication to Mrs Stewart or Miss Rownes (the Family Liaison and Safeguarding Officer) who are the named contacts on arrival at school.
- Medicines will normally be stored in a locked cupboard in the school office or in the medicine fridge in the medical room and accessed only by staff named above.
- Certain medicines, such as asthma inhalers, epipens may need to be readily available to pupils. These will be kept:
  - By the pupil in KS2
  - In classroom cupboards in EYFS and KS1
- Written records will be kept of any medication administered to children

## **SECTION F: OFF-SITE ACTIVITIES**

Special arrangements may need to be made whenever pupils with medical needs are engaged in off-site activities. This includes such activities as a visit to the local swimming pool, a visit to another school, an educational day visit or a residential experience.

A risk assessment on the specific needs of the pupil in the particular activity should be carried out. All reasonable adjustments should be considered to ensure that the pupil can access all parts of the activity alongside their peers, in the safest possible way. Where it is not possible to eliminate all risk for the particular pupil a meeting will be requested with the parents/carers in order to agree the best way forward. A written agreement will be reached before the activity takes place.

## **SECTION G: SPECIAL EDUCATIONAL NEEDS AND PUPILS WITH MEDICAL NEEDS**

On occasion, pupils with medical needs may need provision that is different from or additional to that made for other pupils in the school, in order to make adequate progress in their learning.

In this case an individual educational plan (IEP) will be written that specifies the targets for the pupil and the special teaching strategies required to ensure their progress.

The Deputy Head Teacher Mrs Warlow has responsibility for overseeing provision for SEN support pupils and pupils with EHCPs (Education, Health, Care plans) (See SEN Policy and SEN Information Report)

## **SECTION H: PUPILS RECEIVING EDUCATION OTHERWISE THAN AT SCHOOL BECAUSE OF MEDICAL NEEDS**

Where responsibility for the education of a pupil with medical needs transfers to another school, home tuition service or pupil referral unit, Miss Rownes will ensure that relevant school records, including up-to-date assessment information is made available to the receiving establishment within five days of a request being received.

When a pupil receives education otherwise than at school because of medical needs they remain on the roll of Eastfield Primary School. In these cases, Miss Rownes will attend review meetings and provide materials for agreed work programmes on a termly basis.

Where a child is returning from a period of hospital education or alternative provision or home tuition, we will work with the LA and education provider to ensure that an individual health care plan identifies the support the child needs to reintegrate.

## **SECTION I: INDIVIDUAL HEALTH CARE PLANS**

Where necessary an individual health care plan will be developed in collaboration with the pupil, parents/carers, Family Liaison and Safeguarding Officer, SENCO and medical professionals. These plans will be shared with class teacher and uploaded to:

- Edukey Safeguard My School
- 'Medical Information' on learning platform
- The child's individual SIMs record

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

Where a child has an Education, Health and Care plan then the individual health care plan will be linked to it or become part of it.

## **SECTION J: MONITORING, REVIEW AND EVALUATION**

This implementation of this policy will be monitored by Mrs Hay and issues will be reported to Governors on a termly basis through the Head Teacher's report.

The success of this policy will be evaluated once a year by the Head Teacher, staff and governors and reported to parents, with any proposals for improvements.

Approval / Reviewed by the Governing Body 30/11/20

This policy was adopted and approved by the Governing Body of Eastfield Primary School on 22/1/18 and was reviewed in October 2021.

**\*IT SHOULD BE NOTED THAT DUE TO COVID19 THERE HAVE BEEN SOME SLIGHT AMENDMENTS TO THIS POLICY AND THEY ARE DETAILED IN OUR COVID19 HANDBOOK AND COVID19 RISK ASSESSMENT.**

Signed *Mrs Elaine Johnson* (Chair of Governors)

Signed *Mrs Sarah Hay* (Head Teacher)

**Medicine Forms used by the School (taken from the Supporting Children and Young people with their medical needs in Schools – medical policy)**

**PLANNING FORMS**

All medical forms at Eastfield Primary School are now completed electronically.

Parents/Carers are able to inform school of any new medical conditions via 'The Parent App'.

**To view forms, hold control and click form name.**

**Form M1**      Emergency Planning

[Form M2](#)      Healthcare Plan for a Pupil with a Medical Need

[Form M3](#)      Request to school for administration of medication

**Form M4**      Record of medicine administered to an individual child

[Form M5](#)      Healthcare Plan for a Pupil with Anaphylaxis

**Form M6**      Staff Training Record

**Form M7**      Parental Consent for Off-Site and Residential Activities

[Form M8](#)      Asthma Form / Emergency Inhaler

### Emergency Planning

Request for an Ambulance to:

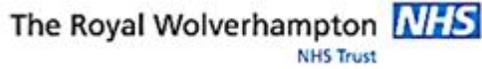
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Dial 999, ask for ambulance and be ready with the following information.

1.	Your telephone number
2.	Give your location as follows: (insert school address and postcode)
3.	Give exact location in the school (insert brief description)
4.	Give your name
5.	Give brief description of pupil's symptoms
6.	Inform Ambulance Control of the best entrance and state that the crew will be met and taken to

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

**Form M2**



**Healthcare Plan for a Pupil with a Medical Need**

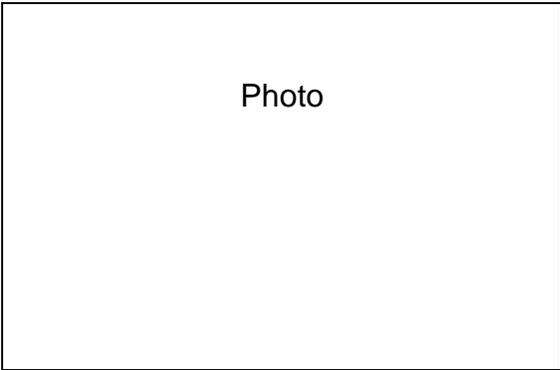
Name  Date of Birth

Condition

Name of School

Class/Form  Date

Review Date



**This plan has been completed in consultation between the parent(s)**

and

Name	Organisation/Position

**Contact Information**

Family Contact 1		Family Contact 2	
Name		Name	
Phone No		Phone No	

(work)		(work)	
Home		Home	
Mobile		Mobile	
Relationship		Relationship	
<b>Clinic/Hospital Contact</b>		<b>G.P</b>	
Name		Name	
Phone No		Phone No	

**M2 continued....**

**Describe condition and give details of pupil's individual symptoms:**

**Daily Care Requirements (e.g. before sport / at lunchtime):**

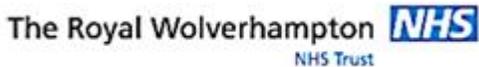
**Describe what constitutes an emergency for the pupil and the action to take if it occurs:**

**Follow-up Care:**

**Who is responsible if there is an emergency (NB different people may be responsible in different circumstances):**

**Copies of this form sent to (e.g. school nurse etc):**

**Form M3**



**Request to school for administration of medication**

The school will not give your child medicine, or allow self-administration of medication, unless you have completed and signed this form, and school have given you a photocopy of this form.

**DETAILS OF PUPIL**

Surname  Forename

Condition or illness

Class/Form

**MEDICATION**

Medication/Type of Medication (as described on the container)

How long will your child take this medication:

Date dispensed

Medication expiry date

**Full directions for use:**

Dosage and method  Timing

Special Precautions

Side Effects

Who will keep the medication? School  Pupil

Self Administration Yes  No

**P.T.O**

**Form M3 continued** - Procedures to take in an Emergency:

**CONTACT DETAILS**

Family Contact 1		Family Contact 2	
Name		Name	
Phone No (work)		Phone No (work)	
Home		Home	
Mobile		Mobile	
Relationship		Relationship	

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

Date  Relationship to pupil

Signature(s)

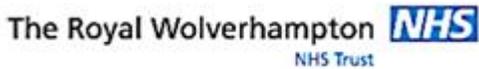
It is agreed that \_\_\_\_\_ (name of the child) will receive the medication detailed above.  
The arrangement will continue either to the end of the course or treatment or until instructed by parents/carers.

Name: \_\_\_\_\_ (Member of Staff)

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**Form M4**



**Record of medicine administered to an individual child**

Name of school/setting	<input type="text"/>
Name of child	<input type="text"/>
Date medicine provided by parent	<input type="text" value="/ /"/>
Group/class/form	<input type="text"/>
Quantity received	<input type="text"/>
Name and strength of medicine	<input type="text"/>
Expiry date	<input type="text" value="/ /"/>
Quantity returned	<input type="text"/>

Dose and frequency of medicine

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Staff signature

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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

/ /	/ /	/ /

**Form M4 (Continued)**

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

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Date

/ /	/ /	/ /
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Time given

--	--	--

Dose given

--	--	--

Name of member of staff

--	--	--

Staff initials

--	--	--

Date

/ /	/ /	/ /
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Time given

--	--	--

Dose given

--	--	--

Name of member of staff

--	--	--

Staff initials

--	--	--

**Healthcare Plan and Agreement for a Pupil at risk of Anaphylaxis**

School

Child's Name

Date of Birth  Class/Form

**1.0 BACKGROUND**

1. It is thought probable that the above named child is at risk of a severe allergic reaction(anaphylaxis) if they eat

**Peanuts (Legumes)**  **Tree nuts e.g. cashew**

a) Is your child allergic to any other foods (please state)?

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b) Is it thought probable that the above named child is at risk of a severe allergic reaction (anaphylaxis) if they are stung by a wasp/bee

**Yes**  **No**

c) Is it thought probable that your child is at risk of a severe allergic reaction (anaphylaxis) to other non-food allergens? e.g. latex

**Yes**  **No**

d) Has your child had a severe allergic reaction (anaphylaxis) where no cause has been identified?

**Yes**  **No**

**If your child/young person has a severe allergic reaction this could be life threatening and would require emergency medical attention.**

e) Has your child/young person got a diagnosis of asthma?

**Yes**  **No**

If yes please allow access to a salbutamol inhaler and spacer

## **2.0 DETAILS – Form M5 continued**

The Headteacher will arrange for the teachers and other staff in the School to be briefed about the condition and about other arrangements contained in this document.

The school staff will take all reasonable steps to ensure that your child does not eat any food items unless they have been approved by his/her parents/carers.

Parents/carers will remind him/her regularly of the need to refuse any food items which might be offered by other pupils.

In particular, a suitable mid morning snack and a suitable packed lunch will be sent with the child each day.

If there are any proposals that may mean your child will leave the school site, prior discussions will be held between the school and you in order to agree appropriate provision and safe handling of his/her medication.

Whenever the planned curriculum involves cookery or experiment with food items, prior discussions will be held between the school and you to agree measures and suitable alternatives.

The school will hold, under secure conditions, appropriate medication, clearly marked for use by designated staff or qualified personnel and showing an expiry date.

A bottle of CHLORPHENAMINE MALEATE (PIRITON) and/or CETIRIZINE HYDROCHLORIDE and two ADRENALINE AUTO-INJECTORS (e.g. EPIPEN) are to be held in secure conditions known to all staff.  
(Note: detail medication as appropriate).

The parents/carers accept responsibility for maintaining appropriate up-to-date medication.

### 3.0 ALLERGIC REACTION – Form M5 continued

In the event of your child showing any physical symptoms for which there is no obvious alternative explanation. Then the condition will be immediately reported to the Headteacher/teacher in charge.

On receipt of such a report, the person in charge, if agreeing that the condition is a cause for concern, will:-

Instruct a staff member to contact in direct order of priority:-

**AMBULANCE – EMERGENCY SERVICES – 999**

G.P – DR. \_\_\_\_\_(note details)

#### **MESSAGE TO BE GIVEN**

**ANAPHYLACTIC REACTION** (include any other relevant details)

Then inform the following people in the following order:-

Parent/Carer 1 Home \_\_\_\_\_

Work \_\_\_\_\_

Mobile \_\_\_\_\_.

Parent/Carer 2 Home

Work

Mobile \_\_\_\_\_.

**Form M5 continued** - Whilst awaiting medical assistance the Headteacher and designated staff will assess the condition and administer the appropriate medication in line with perceived symptoms and following closely the instruction given by the school nurse during the staff training session.

**Mild-Moderate Allergic Reaction:**

- Swollen lips/eyes/face
- Itchy/tingly mouth
- Abdominal pain/vomiting
- Hives or a bumpy/itchy skin rash (urticaria)
- Sudden change in behavior

Give **CETIRIZINE HYDROCHLORIDE**

- 2-6yrs 2.5mg /2.5ml
- 6-12yrs 5mg/5ml
- 12-18yrs 10mg/10ml

Or **CHLORPHENAMINE MALEATE (Piriton)**

- 2yr--6yrs 1mg /2.5ml
- 6yr-12yrs 2mg/5ml
- 12-18yr 4mg/10ml

**Severe / Life-Threatening Allergic Reaction (Anaphylaxis)**

<p><b>A. AIRWAY</b></p> <ul style="list-style-type: none"> <li>• Persistent Cough</li> <li>• Hoarse Voice or gasping (stridor)</li> <li>• Difficulty swallowing</li> <li>• Swollen tongue</li> </ul> <p><b>B. BREATHING</b></p> <ul style="list-style-type: none"> <li>• Difficult of noisy breathing</li> <li>• Wheeze</li> <li>• Persistent cough</li> </ul> <p><b>C. CONSCIOUSNESS</b></p> <ul style="list-style-type: none"> <li>• Persistent dizziness</li> <li>• Pale / floppy</li> <li>• Suddenly sleepy</li> <li>• Collapse</li> <li>• Unconsciousness</li> </ul>	<p><b>IF ANY ONE OF THESE SIGNS ARE PRESENT</b></p> <ol style="list-style-type: none"> <li>1. Lie child flat (unless breathing difficult)</li> <li>2. <b>Give adrenaline autoinjector e.g. EpiPen</b></li> <li>3. Dial 999 for an ambulance</li> </ol>
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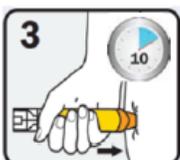
**How to give EpiPen®**



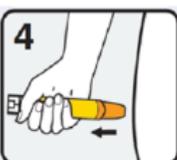
Form fist around EpiPen® and PULL OFF BLUE SAFETY CAP



SWING AND PUSH ORANGE TIP against outer thigh (with or without clothing) until a click is heard



HOLD FIRMLY in place for 10 seconds



REMOVE EpiPen®. Massage injection site for 10 seconds

**Form M5 continued** - If after 5-10mins there is no improvement the second epi-pen is to be given.

The administration of this medication is safe and even if it is given through misdiagnosis it will do him or her no harm.

On the arrival of the qualified medical staff the teacher in charge will apprise them of the medication given. All medication will be handed to the medical staff. After the incident a debriefing session will take place with all members of staff involved.

Parents/carers will replace any used medication.

#### **4.0 TRANSFER OF MEDICAL SKILLS**

Volunteers from the school staff have undertaken to administer the medication in the unlikely event of \_\_\_\_\_ (name) having an allergic reaction.

Named staff being:-

\_\_\_\_\_(to be reviewed annually)

A training session is to be arranged for all members of the school staff. The school nurse will explain in detail the condition. The symptoms of an anaphylactic reaction and the stages and procedures for the administration of medication will be explained in detail.

Further advice is available to the school staff at any point in the future when they feel the need for further assistance. The anaphylaxis training will be repeated at the beginning of each academic year.

#### **5.0 RECORDS**

A detailed entry will be made in the schools record of medication administered in school.

#### **6.0 LIABILITY INSURANCE**

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

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

#### **7.0 AGREEMENT AND CONCLUSION**

I \_\_\_\_\_ being the parent of \_\_\_\_\_ ('my child'), who is at risk of anaphylaxis hereby confirm that I consent to my

**Form M5 continued**

child being included in education provided by Wolverhampton City Council in full knowledge of the risk a severe allergic reaction in my child and that Wolverhampton City Council, its servants or agents, shall not be liable for any illness, bodily injury, disablement or death, which in view of independent medical advisers is directly or indirectly attributable to an anaphylaxis or it's treatment.

Signed \_\_\_\_\_.

Dated \_\_\_\_\_.

A copy of these notes will beheld by the school and the parents/carers and a copy sent to the School Nurse. A copy will also be forwarded to the GP. Any necessary revisions will be the subject of further discussions between the school and the parents / carers. On a termly basis, any changes in routine will be noted and circulated.

AGREED AND SIGNED on behalf of the school.

\_\_\_\_\_(Head Teacher)

\_\_\_\_\_(date)

\_\_\_\_\_(School Nurse)

\_\_\_\_\_(date)

**Form M6**



**Staff training record – administration of medical treatment**

Name

Name of school/setting

Type of training received

Training provided by (organisation)

Date of training  /  /  completed

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

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

Re-training/re-assessment required by \_\_\_\_\_ (date).

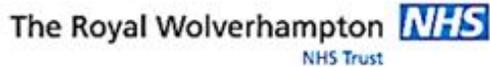
Trainer's signature \_\_\_\_\_ Date \_\_\_\_\_.

I confirm that I have received the training detailed above.

Staff signature \_\_\_\_\_ Date \_\_\_\_\_.

Suggested Review Date

**Form M7**



**Parental Consent for Off-Site and Residential Activities for Children with diagnosed medical needs (medical care plan) and also for ALL children attending a residential or an extended day visit**

Dear Parents/Carer

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

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

No child will be refused permission to accompany the group because of information given below.

Parents/carers should ensure that their child understands, as far as is reasonably possible, that it is important for his/her safety and the safety of the group as a whole that any rules and instructions given by staff are obeyed.

**SECTION A DETAIL OF CHILD AND JOURNEY**

**Name of Child**

**Surname**  **Forenames**

**Date of Birth**

**Name of School/College**

**Destination of Journey and Proposed Activities (these should be specific):**

**Date (s) inclusive**  **From**  **To**

**Form 7 continued**

**SECTION B MEDICAL INFORMATION**

**1. Does your child suffer from any condition requiring treatment or any recurring illness (including asthma, diabetes or epilepsy)?**

Yes  No

**If YES give details below**

**2. Is your child currently receiving medication?**

Yes  No

**If yes, you must complete either (i) a request for your child to carry own medication or (ii) request for staff to administer medication.**

**3. Does your child have any known allergies?**

Yes  No

**If YES, please give details below**

**4. Does your child have any specific dietary requirements?**

Yes  No

**If YES, please give details below**

**5. Does your child suffer from travel sickness?**

Yes  No

**6. Has your child been immunised against Tetanus?**

Yes  No

**If YES, please give the date the last injection was given.**

**FAMILY DOCTOR INFORMATION**

**Child's NHS Number**  **Name**

**Form M7 continued**

**Address**

**Telephone No**

**SECTION C DECLARATION**

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

**IN AN EMERGENCY**

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

**Home**  **Work**  **Mobile**

**My home address is:**

**An alternative person to contact is:**

**Name**  **Telephone No**

**Signed**  **Parent/Carer**

**Date**

**THIS FORM MUST BE TAKEN BY THE ORGANISER OF THE ACTIVITY**

**Form M8**



**Additional Planning for a Pupil with Asthma**

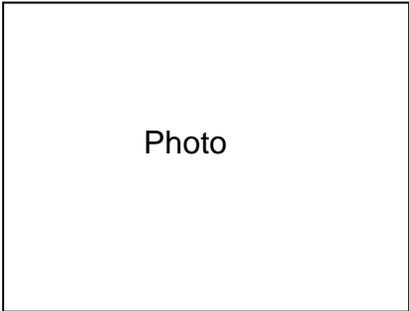
*Please send in a copy of your child's asthma action plan with this form*

**This pupil has asthma**

**Name**

**Date of Birth**

**Class/Year Group**



See General Healthcare Plan for contact details.

**In case of a severe attack of Asthma**

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

Medication required and treatment procedure:  
  
Quantity needed:

Usual response to medication (include approximate response times)

Procedure in case of failure to respond to medication

**Signed** .....

**Date** .....**PTO**

## Emergency Reliever Inhaler

In the event of my child, **PRINT CHILD'S NAME**.....  
having 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.

**(Print Name)** ..... **Parent / Carer**

**Signed** ..... **Parent / Carer**

**Date** .....