Dorset County Council
CHILDREN'S SERVICES

LEARNING and INCLUSION SERVICES GUIDANCE

Medical advice to schools, academies and free schools

Guidance for schools on supporting children and young people with medical conditions

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Guidance for schools on supporting children and young people with medical conditions *(DCC – October 2014)*

Medical advice and guidance on administering medicines to schools, academies and free schools.

Contents

1.	The context		2
2.	Introduction		3
3.	Responsibilities		4
4.	Individual Healthcare Plans		6
5.	Training		6
6.	Unacceptable practice		7
7.	Disability, Equality Act 2010 and Public Sector Duties		8
8.	Off-site activities / educational trips		8
9.	Liability and indemnity		9
10.	Emergency procedures		9
11.	Home to School Transport		10
12.	Confidentiality		10
13.	**Managing Medicines**		**11**
	13.1	Storage of medicines	11
	13.2	Inhalers and EpiPens (or automatic dispensing devices) *including* the emergency use of salbutamol inhalers in schools	
	13.3	Schedule II (class B) drugs	12
	13.4	Hygiene and infection control	13
	13.5	Administering medicines	13
	13.6	Self management of medical needs and medicines	14
	13.7	Refusing medicines	14
	13.8	Defibrillators	14

Appendix 1	Model process for developing individual healthcare plans
Appendix 2	Templates: supporting pupils with medical conditions – May 2014
Appendix 3	How to recognise an asthma attack
Annex A	Model consent form
Annex B	Model letter to notify parents/carers of the emergency use of inhaler

1. THE CONTEXT

This document provides local advice based upon the government statutory advice 'Supporting pupils at school with medical needs – April 2014'. It replaces the previous guidance on 'Managing medicines in schools and early years settings – Mar 2005.

There have been a number of documents published recently by the Department for Education giving statutory guidance for governing bodies of maintained schools, proprietors of academies, free schools and sometimes independent schools all based around principles set out in the Children and Families Act 2014 and the Equality Act 2010. The common theme emerging from these publications is about supporting those with medical conditions whether temporary, short or long term so that children and young people can access their right to a good education without discrimination, harassment or victimisation. These documents should therefore be read together and cross referenced; they should not be read in isolation.

Key points

- Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.
- Governing bodies **must** ensure that arrangements are in place in schools to support pupils at school with medical conditions.
- Governing bodies should ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported.

In addition to this a new Special Educational Needs and Disability code of practice comes into force.

The key publications are:

- Supporting pupils at school with medical conditions - April 2014
- Templates supporting pupils with medical conditions - May 2014
- Special educational needs and disability code of practice: 0 to 25 years - July 2014
- Ensuring a good education for children who cannot attend school because of health needs - Jan 2013
- The Equality Act 2010 and schools - May 2014
- School Attendance, departmental advice for schools, academies, independent schools and local authorities - Nov 2013
- Guidance on the use of emergency salbutamol inhalers in schools - DoH Sept 2014

Other relevant publications include:

- School attendance - Nov 2013
- Home to school travel and transport guidance - July 2014
- Mental health and behaviour in schools - June 2014

Who is the statutory guidance for?

- Governing bodies of maintained schools (excluding maintained nursery schools).
- Management committees of PRUs.
- Proprietors of academies, including alternative provision academies (not including 16-19 academies).

2. INTRODUCTION

The new duty is required from 1 September 2014 and expects governing bodies to make arrangements to support pupils at school with medical conditions. This document outlines the key aspects of this statutory requirement upon school governors and proprietors of academies and free schools. Many of the duties have previously been covered by good practice in schools that has effectively framed the successful inclusion work that has been undertaken across Dorset over the past years.

The aim is to ensure that all children with medical conditions, both physical and mental health, are properly supported in school so that they can plan a full and active role in school life, remain healthy and achieve their academic potential.

Children with long term or complex medical conditions may require ongoing support, medicines and care during the school day which needs to be managed with sensitivity and in the light of legal expectations so that they continue to access a good education. Parents need to have confidence that schools are able to manage medical conditions well in partnership with Health Services and other agencies, and that children / young people feel safe.

Short term medical conditions and frequent absence to attend medical appointments in connection with a medical condition also need to be effectively managed. Further advice can be found in the document, "Ensuring a good education for children who cannot attend school because of health needs" (*DfE Jan 2013*). The document poses the legal position in terms of the Equality Act 2010 and the expectation of how schools should manage continued access to education for children and young people with health needs. Advice and guidance is set down on how schools and LA's should manage hospitalisation and subsequent reintegration of children to school.

Regular school attendance is crucial to every child and young person. (See 'School Attendance, departmental advice for schools, academies, independent schools and local authorities' *DfE Nov 2013*). From time to time illness can interrupt attendance; it is important that parents / carers ensure that appropriate and timely action is taken to speed recovery so that children and young people can return to school as soon as possible. Arrangements must be made that will enable children and young people to make a safe managed return to school at the earliest opportunity when infection has passed. This may involve bespoke arrangements for the administering of medicines and the school making reasonable adjustment to accommodate medical conditions. This should be made possible through the governing body's policy monitored by the governors.

A new SEN and disability Code of Practice has been published. The principles of "Supporting pupils at school with medical conditions", "Ensuring a good education who cannot attend school because of health needs", and the elements of the Equality Act 2010 relating to disability are all firmly embedded in the "SEND Code of Practice 0 to 25".

All children and young people have a right to an education; those with medical needs requiring medicine either for a short period or as a part of a managed long term support programme, must not be denied access to schools and education (See the Local Authority policy and guidance document, "Ensuring a good education for children who cannot attend school because of health needs" *(DCC Dec 2013).* NOTE - Academies hold their own admissions policy however due regard must be taken of the Equality Act 2010 and subsequent duties.

The Department for Education have released a number of templates in a document entitled "Templates supporting pupils with medical conditions" – (*DfE May 2014).* These should be used to gather and record information. Subsequent reference to this document will be

identified as “Template”. A copy of the publication can be found in Appendix 2 at the end of this document.

3. RESPONSIBILITIES

Governors and Senior Management Teams

Governors have a statutory responsibility to ensure that appropriate provision is made for children and young people with medical conditions in schools. Governing bodies, proprietors and management committees need to read the publication “Supporting pupils at school with medical conditions” (*DfE April 2014*) in order to include the relevant information in a policy that will address the following issues:

- ensure that arrangements are in place to support children and young people with medical conditions;
- explain how the school will implement its policy;
- identify named people who will implement the policy from day to day;
- explain how Individual Healthcare Plans will be developed within the school and who will manage them;
- ensure training is arranged for staff enabling them to provide appropriate and purposeful support to children and young people with medical needs;
- set out how training processes are monitored, how assessment is undertaken, who will provide training and the frequency of refresher training;
- specify arrangements for the self management of medicine where applicable and how this will be monitored and managed;
- provide clear guidance on record keeping and monitoring;
- state how medical malpractice insurance is arranged;
- give ‘due regard’ to the Equality Act 2010 with particular focus to the rights of disabled children and young people;
- not disadvantaging disabled children and young people in comparison with those who are not disabled;
- facilitate reasonable adjustment duties as defined by the Equality Act 2010.

Headteachers should:

- make arrangements to implement the statutory guidance ‘Supporting pupils at school with medical conditions’ in partnership with governors, staff, medical professionals, parents and children;
- manage information about medical needs sensitively and ensure that staff who need to know, do know;
- have regard to the statutory guidance “Ensuring a good education for children and young people who cannot attend school because of health needs" – (*DfE Jan 2013*)
- arrange training sessions in partnership with health colleagues to ensure that staff are prepared with appropriate skills and knowledge to manage medical conditions;
- ensure that adequate insurance is in place to cover staff supporting children with medical conditions;

- be aware of the implications for supporting medical conditions in relation to:
  (a) School Admissions
  (b) Anti-bullying
  (c) Individual Healthcare Plans
  (d) Record keeping
  (e) SEN Code of Practice 0 to 25: *(July 2014)*
  (f) Transition;
- understand the impact of the Equality Act 2010 with regard to those with individual medical needs, particularly around, disability, reasonable adjustments, auxiliary aids and services, anticipatory duties and accessibility;
- be aware of the Public Sector Duties to eliminate discrimination and advance equality of opportunity.

Those with other responsibilities

School staff can be asked to provide support for a child but may decline. Governing bodies may need to contemplate employing staff specifically to support a child with a medical condition if no one volunteers to provide support. Appropriate training must be provided for staff who volunteer to undertake medical procedures. It is vital that clear records are maintained at all times by staff supporting children with medical conditions. Failure to do so may render medical malpractice insurance otiose.

School Nurses will support schools who have children with significant or complex medical needs on their roll and will work in partnership with the school providing advice on how best to manage individual needs. In some cases specialist nurses will provide advice, as in the case of diabetes. School Nurses will act as a conduit with other professional medical services and they are responsible for notifying schools when a child has been identified with a medical condition. A good relationship with all School Nurses should ensure best practice and liaison and sound advice.

Children should be fully involved in discussions about their medical condition and how best to provide support in schools. It is helpful to ensure that children are aware of the arrangements being made for them and how schools usually manage support. It is important to be flexible yet realistic, for example, some medical procedures are not appropriate for the classroom; they might require privacy and hygienic conditions.

Parents should be asked to provide schools with sufficient and up-to-date information about their child's needs. Schools should be mindful of the duty to make reasonable adjustments to accommodate medical needs and to discuss and plan appropriate support with parents. Parents have a responsibility to ensure that medicines supplied conform to the Individual Healthcare Plan for their child as agreed and the school's policy on "Supporting children with medical conditions and managing medicines".

The local authority will work with maintained schools and can provide advice for academies and free schools in promoting cooperation and liaison between all schools and health services. Schools should be mindful of the document "Ensuring a good education for children who cannot attend school because of health needs" *(DfE Jan 2013)* in which the responsibilities of the local authority are set out in the pursuit of increasing school attendance. The local authority will liaise with health services and give advice on appropriate training provision for school staff where it has not been possible to make adequate arrangements with health professionals.

4. INDIVIDUAL HEALTHCARE PLANS

Particular attention needs to be given to the nature and purpose of Healthcare Plans. Not all situations will require an Individual Healthcare Plan, for example, administering medicines on a short term basis could be covered by using Template B without the need for further documentation. Sometimes it may be necessary to complete both Templates A & B to cover a more complex medical condition such as epilepsy.

Individual Healthcare Plans are not to be confused with Education and Health Care Plans (EHC) which replaces the Statement of Special Educational Needs system from 1st September 2014.

There are different levels of Healthcare Plan – further and more detailed information can be found in the Statutory Guidance – "Supporting pupils at school with medical conditions (April 2014)" sections 15 to 19. One form of a Healthcare Plan is advised by a health professional and is provided for an individual with either a long term medical need or with specific medical needs following a period of treatment or hospitalisation.

Another form of Individual Healthcare Plan is made in partnership with parents/ carers (and sometimes health professionals, e.g., physiotherapists) and covers the agreed plan for supporting particular medical needs – this may be as simple as administering a prescribed course of medicine, or accommodating educational support for a child who is recovering from a broken or fractured limb. It may be a longer term programme supporting a child with Cerebral Palsy, with impaired vision or hearing, or possibly just bespoke arrangements to support a child or young person with a broken limb which has resulted in mobility or toileting issues.

Other Healthcare Plans might be written for a specific purpose such as covering an offsite activity or residential visit. These will be short term and hold temporary information, for instance, where medicine is stored and by whom it will be administered.

Whatever the style or format of an individual Healthcare Plan, it is important to capture / record the plan formally. An example of an Individual Healthcare Plan can be found on Template A.

Each governing body must state in their policy how Individual Healthcare Plans are managed within the school: where they are stored, who is responsible, who has been informed about the Healthcare Plan, what actions must be taken, how training is provided, how frequently all is reviewed / updated, and how parents / carers / children have been involved in preparing the plan. It is important also to cover emergency arrangements as appropriate.

A suggested model for developing Individual Healthcare Plans that can be found in 'Supporting pupils at school with medical conditions' is annexed to this guidance (Annex A)

5. TRAINING

The most significant departure from previous advice is around responsibility for staff training. The new statutory guidance cites governors, management committees and proprietors of academies as having this responsibility and ensuring that the school's policy sets out clearly how staff will be supported in their role when supporting children with medical conditions. Governing bodies should ensure that sufficient staff have received suitable training and are competent before they take on the responsibility to support children with medical conditions. These factors must be considered:

- whether the member of staff willing and able to be trained for supporting a child with a medical condition;
- the training is appropriate and adequate to cover the medical needs identified and when is the training updated;
- consultation with health professionals;
- how and what have back-up arrangements been made for staff absence including any additional training provision required;
- robust management of medicines and mindful of both government and local advice available;
- clear direction to ensure that appropriate records are kept in school documenting the individual healthcare plan agreement;
- emergency procedures are clear, identified on an Individual Healthcare Plan and appropriately shared with staff.

Further detailed information about training staff can be found in "Multi-Agency Guidance for the Management of Long Term Health Conditions for Children and Young People" *(DSCB - July 2011)*[1] section 3.3 and 3.4 including Chart E, and "Supporting pupils at school with medical conditions" *(DfE April 2014).*

A written record must be kept of all staff training and update training in relation to administering medicines. (See Template E).

Specialist training will be given for medical procedures if required and as directed by Health professionals.

Most medicines to be administered will not require professional training; however school leaders must ensure that staff supervising the administering of medicines read and understand the instructions on the packaging before acting. Accurate records must be completed at the time of the medicine being administered.

Training received or cascaded from parents is not good practice unless otherwise instructed by a health professional.

6. UNACCEPTABLE PRACTICE

Examples of unacceptable practice are given in section 43 of the statutory guidance. It is important when developing the school policy to be cognisant of these issues and to promote good practice. (The model policy identifies good practice rather than that which is unacceptable.) School Nurses and other medical professionals will confirm good practice and where practice might be considered unacceptable. Governors and senior leadership teams should review practice regularly and, in liaison with health professionals, ensure that children and young people with medical conditions are well supported.

Academies and free schools must ensure that they understand the terms and conditions of medical malpractice insurance so that policies are concordant with the cover offered by the underwriting company.

[1] This document is due to be refreshed in 2015 – it is advised that where advice provided is conflicting with later publications, the most recent advice should be followed.

Guiding principles for best practice

- The advice and recommendations provided in the statutory guidance "Supporting pupils at school with medical conditions" *(DfE 2014)* is applied at all times.

- A child or young person who is unwell should not be sent to school.

- Where possible, arrangements should be made to manage the administering of prescribed medicines at home. Some schools have 8am to 6pm care facilities; best practice should include arrangements for consistent and ongoing support, particularly around record keeping and medicines.

- If a child or young person becomes unwell whilst at school, parents / carers should be contacted and appropriate arrangements agreed. It is unwise to send a young person home unaccompanied or when there is nobody to receive them at home, this may apply particularly to secondary settings.

- If a child or young person is seriously unwell or has had an accident that requires immediate medical attention, schools must take the appropriate action as detailed in their First Aid / emergency plans and procedures.

- Staff, including those with First Aid Certificates, must not make clinical decisions relating to medication.

- Relevant Health & Safety guidance is followed strictly on how medicine is stored, labelled and managed.

- It should be remembered that the prime responsibility for a child or young person's health rests with their parent or carer.

7. DISABILITY, THE EQUALITY ACT 2010 AND PUBLIC SECTOR EQUALITY DUTIES

In line with the Act and Equality Duties, consideration must be given to groups with protected characteristics and the impact upon those groups. It is unlawful to discriminate against disability and governing bodies are accountable for the actions of their school. The laws around making reasonable adjustments must be applied by schools where children and young people are at risk of being treated less favourably or disadvantaged due to their medical condition. In addition to this, due regard must be given to religious belief for groups that have specific views on medicines, treatments and medical care, particularly when support and/or medicine is given to those with disability. Where there are language or communication issues, and to avoid any misunderstanding, it is recommended that parents / carers and Headteachers agree an appropriate course of action. Headteachers may need to engage interpreters or signers (auxiliary services) when required to ensure that full understanding of a child's / young person's medicine needs are determined and applied accurately.

8. OFF-SITE ACTIVITIES / EDUCATIONAL TRIPS

The arrangements for administering of medicine and its storage will apply for any off-site activity including residential visits. Detailed information is set out in section 12 of this guidance – Managing Medicines. Staff should ensure there are suitable arrangements for safe storage, delivery and recording the administering of medicines which are included in Risk Assessments carried out for any offsite activity. Special consideration should be given to the way in which Schedule II / Class B drugs are securely stored during offsite activities.

9. LIABILITY AND INDEMNITY

All schools and educational establishments must arrange appropriate insurance cover. This will provide legal and financial cover in the event of a claim against staff. Local authority schools are covered through DCC insurance schemes.

Academies and free schools (including pre-school settings) **must** make independent arrangements and ensure that the insurance includes medical malpractice cover.

Both the LA's and the individual employees' liabilities are covered under either the public liability or medical malpractice insurance policies subject to:-

- the provision of written parental instructions regarding treatment and consent for treatment;
- medicine being administered only by named persons who have been appropriately trained;
- medical procedures being undertaken only by appropriately trained staff and in accordance with the current Individual Healthcare Plan.

The best way of evidencing records for insurance purposes is to use the recommended forms found in the publication "Templates – supporting pupils with medical conditions" (*DfE May 2014*) and Annex A or B of "Guidance on the use of emergency salbutamol inhalers in schools"(*DoH September 2014*).

10. EMERGENCY PROCEDURES

All schools, academies and free schools must have detailed arrangements in place for dealing with emergency situations. Headteachers should disseminate information sensitively and ensure that relevant staff have all information that enable them to support medical needs appropriately. It is vital that all staff know where this information is kept and that they are aware of what to do in an emergency.

Where an emergency arises involving a child or young person's medical condition, it must be remembered that staff cannot make decisions about prescribed treatments. Parents must be contacted by the school, academy or setting, and if parents / carers are unavailable advice should be sought from a Health professional – this does not include those trained in First Aid. If necessary, an ambulance should be called – staff should not take children or young people to hospital in their own vehicle. Where parents cannot be contacted, Doctors and hospitals have written policies that indicate what should be done in medical emergencies and will assume responsibility for subsequent decisions and actions as set out in their code of practice.

Medical Risk Management forms are available on Schoolsnet and are recommended to assist with the management of medical needs of children and young people.

11. HOME TO SCHOOL TRANSPORT

Reference should be made to the Dorset School Transport Policy. All drivers employed by Dorset Passenger Transport are trained in First Aid and will be able to deal with emergency situations in line with recommendations.

Where it is essential, Passenger Assistants (PA) will be trained appropriately to cover emergency situations, e.g., epileptic fit – call an ambulance immediately. In such cases, a Medical Risk Management Plan would have been undertaken and identify what preparation should be made prior to the trip, i.e., ensuring mobile phone network coverage. In a few exceptional cases, bespoke arrangements are agreed between SEN and School Transport so that children and young people who have additional medical needs are supported on their journeys to and from school, e.g., administering of oxygen.

In the case of a child or young person with a temporary medical condition where either transport or medicine is required, reference should be made to the Dorset School Transport Policy and 'Ensuring a good education for children who cannot attend school because of health needs' (*DfE Jan 2013).*

12. CONFIDENTIALITY

Personal information must be respected, held securely and confidentially. Medical lists must be kept securely and not be 'on view' in a public place, e.g., school office.

Some computerised administration systems flag children and young people with long term medical conditions on the administrative database. Care must be taken to ensure that such practice is designed only to alert the appropriate school staff that more detailed information is available and not to reveal personal information on screen that could be overseen by others. NOTE - be aware of laws about Data Protection.

13 MANAGING MEDICINES

13.1 Storage of medicines

The governing body should ensure that the school's policy is clear about the procedures to be followed when managing medicines. The Headteacher should implement the policy and see that medicines are stored safely in a suitable and secure place. Medicines must be kept in the container supplied (not pill boxes or decanted liquids) which must be clearly labelled with the name of the child and instruction for usage. Some medicines (insulin, liquid antibiotics) may need to be kept in a fridge but must not be frozen. These medicines should be placed in suitable sealed/airtight containers and marked 'medicines'.

The DCC Health & Safety Team can advise schools on the most appropriate manner in which medicines can be stored.

All staff must be made aware of the arrangements for the storage of medicines and about the need to record information on the appropriate Templates when administering medicines (Templates C and D).

Medicine must not be accepted from parents if they are presented having been removed from the original packaging. They must be administered as prescribed. It is unacceptable practice to make changes or deviate from the prescribed direction on the original packaging, even upon request of parents. Parents need to complete an agreement form (Template B) which sets out the information required by schools before undertaking administering of any medicines. Failure to act in accordance with prescribed directions will weaken claims of medical malpractice against the school (see your school's Medical Malpractice insurance policy for details).

13.2 Storage of medicines: inhalers and EpiPens (or automatic dispensing devices)

It should be noted that if a child or young person has an inhaler that it does not indicate the severity level of the asthma for which it has been prescribed. It is essential therefore that an Individual Healthcare Plan gives clear indication of the prescribed dosage and any emergency actions that are pertinent to the individual child or young person.

EpiPen is a brand product name but is used in this guidance to refer to all similar pre-dosed or automatic dispensing devices.

There is recent Department of Health guidance on the emergency use of salbutamol inhalers in schools that was published in September 2014; Schools will be allowed to keep a salbutamol inhaler for use in emergencies. The guidance provides detailed information about inhalers supporting children with asthma and will be well worth downloading for future reference.

A model consent form can be found at the end of this guidance (Annex A) together with a model letter to notify parents/carers of the emergency use of inhaler (Annex B).

Children or young people who are able to use their inhalers and/or EpiPens themselves should be allowed to carry their medicine with them. If a child is too young or a young person too immature to take personal responsibility for their own inhaler and/or EpiPen, then arrangements will be made to ensure that it is stored in a safe place that is easily accessible in an emergency. Inhalers and EpiPens (or similar devices) should be clearly marked with the child or young person's name. The school must ensure that inhalers are available at all

times and particularly for PE lessons, sports activities and for educational visits. Bespoke arrangements should be made for the use of EpiPens, Insulin Pens and associated blood-sugar tests. Inhalers and EpiPens must only be applied to the person for whom it was prescribed and not for other children or young people. Emergency inhalers can be used if necessary in line with the guidance above.

Dignity should be upheld for users of Inhalers and EpiPens at all times (as for any other supportive treatment).

Staff will receive up-date training on how to administer medicine using an EpiPen on a regular basis. Staff must be aware of how to record information on appropriate Templates when administering medicines.

13.3 Schedule II (class B) drugs

Class B drugs are governed by the Misuse of Drugs Act 1971 (Amendment No.2) Order 2010 and therefore will only be prescribed by the GP or hospital. It is illegal to possess Class B drugs unless they have been prescribed. Because these are controlled drugs, they **must** be locked in a robust steel cabinet which is securely fixed to the floor or wall. The cabinet **must** be kept locked at all times except when being accessed for storage or when administering medicine. Only designated staff may gain access to the cabinet and therefore the number of keys should be kept to a minimum.

Class B drugs are typically prescribed for chronic pain management (e.g., codine, dihydrocodine, epilepsy (e.g., pentobarbital, phenobarbital), conditions such as ADHD and ADD (e.g., methylphenidate - *Ritalin, Concerta,* dexamfetamine, lisdexamfetamine, atomoxetine), and sometimes coughs (e.g., pholcodine).

A register of controlled drugs must be kept by a designated member of staff. The register must show the following information:

- the name of the person providing the medicine;
- the name of the person(s) to administer the medicine;
- the name of the child for whom the medicine was prescribed;
- the name and quantity of the drug/medicine provided;
- the amount and time administered and the amount left each time;
- type of medicine, whether tablet or liquid, and the expiry date;
- a signature from the person administering each dose of the medicine given;
- a signature for each time the medicine is counted /checked - this should be completed once a week (good practice - a witness to add their signature also).

The entries in the register must be written in ink (not pencil) and the register is kept for at least two years from the last administering of medicine.

Parents should make arrangements for Schedule II medicines to be given to the school office; children must not be given this task. Ideally these should be presented directly to the designated member of staff who will be able to record their receipt by adding the appropriate record to the register and lock the medicine away. Similar arrangements should be made by parents for the collection of unused Schedule II medicines.

13.4 Hygiene and Infection Control

All establishments must have a Health and Safety policy. There should be suitable and clear arrangements made for Hygiene and Infection control. This will deal with matters relating to spillage of bodily fluids, disposal of sharps and waste materials and basic hygiene procedures.

In the event of sickness and /or diarrhoea, children, young people and employees must remain out of schools / setting for 48 hours after symptoms subside.

13.5 Administering medicines

It should be remembered that the prime responsibility for a child or young person's health rests with their parent or carer. All requests and information provided by parents / carers must be undertaken formally and in writing. Where medicines are to be administered in school – with or without involvement of staff – it is important that a written instruction is received from the parent. It is good practice to make back-up arrangements to administer medicines should be made to cover absent staff. Template B details the relevant information that must be provided.

It is important that training and guidance is sought for non-routine administering of medicines. **Aspirin should not be given to children or young people under 16 years old unless prescribed by a doctor.**

Parents/carers with a child or young person whose medicine is to be taken three times a day should be encouraged to administer medicine before school, after school and at bedtime. If the doctor has recommended that one of the three doses is given at lunchtime, and the parent/carer or child is unable to administer the dose or if the medicine has to be taken four times a day (meaning a lunchtime dose will be required) then the steps below should be followed:

1. parent or carer must complete a '*Parental agreement for setting to administer medicine*' - Template B;
2. Template B should be read by the person administering the medicine on each occasion when medicine is to be administered and carry out the following checks;
    - check expiry date of the medicine;
    - check the child's name tallies with the name on the medicine container;
    - check the prescribed dose and the manner in which it is to be taken, e.g., orally and before food;
    - check prescribed frequency of dose and confirm that this has not been exceeded;
    - measure out the prescribed dose (parents should provide measuring spoons) and check once again that the medicine is being administered to the correct person by checking their name on the label - if the child is old enough they can be supervised in measuring the required dose of medicine;
    - complete and sign Record of Medicines Administered (Templates C or D) when the medicine (or pre-dosed / automatic dispensing devices) has been administered – do this immediately, do not rely upon being able to record this at a later date;
    - if uncertain or in doubt, do not give medicine - check with either child's parent or doctor before proceeding;

- if a child refuses medicine, the records must state this and the parents/carer must be informed at the earliest possible opportunity.

All pupils with on-going medical needs must have an Individual Healthcare Plan. This includes pupils with diabetes, allergies requiring EpiPens, heart problems, epilepsy and severe asthma.

13.6 Self-management of medical needs and medicines

It is good practice to support and encourage children and young people who are competent in the management of their own health needs and medicines. Schools / academies should encourage this and governors are charged to ensure that suitable arrangements are made and that these are set out in the school's policy. Each situation must be considered and evaluated so that children and young people are not at risk. However, there must be systems in place to monitor and record the administering and storage of medicines. There must not be an expectation that children or young people take complete responsibility for this aspect of a self-management programme.

Children and young people should be encouraged to participate in decisions about their medicines and to take responsibility. Health professionals will advise on when it is appropriate to support children and young people in their self management of medicines.

It is usual for 7 year olds to administer their own diabetes medication by using a pre-loaded or automatic dispensing device (EpiPen or Insulin Pen). Older children and young people with a long-term illness should, whenever possible, assume complete responsibility under the supervision of their parent. In some cases young people record that they have self-administered medicines and this must be endorsed by a designated member of staff.

All arrangements for self management of medicines should be discussed and agreed with parents / carers.

13.7 Refusing Medicines

If a child or young person refuses to take medicine, it must be noted in records and parents informed as agreed. If a refusal to take medicine results in an emergency, agreed emergency procedures must be followed. It is good practice to make a note of the agreed course of action when parents first request support for administering medicine. Children / young people must not be forced to receive medicine if they do not wish to do so. (Template D – enter REFUSED in the 'dose given' column.)

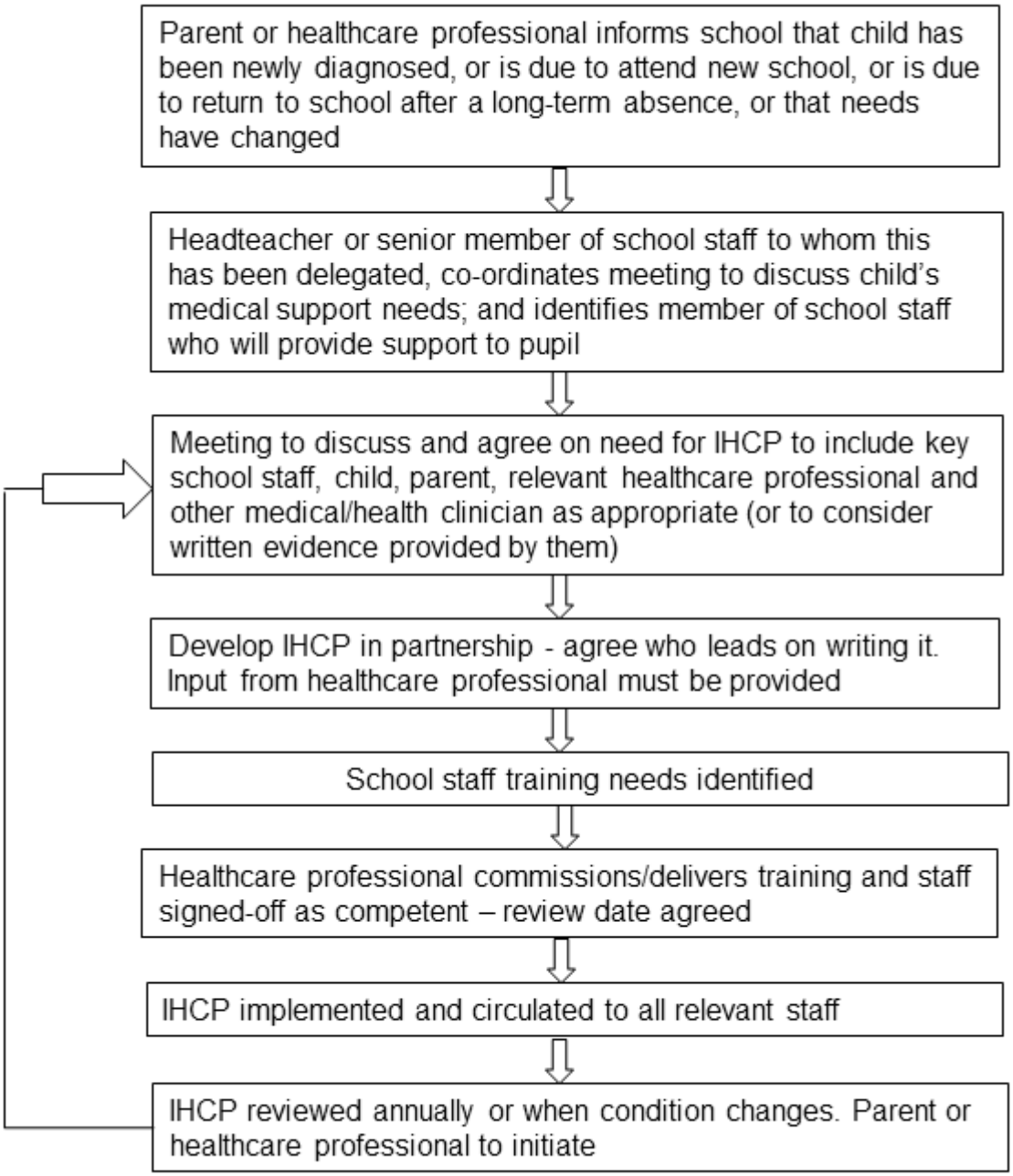
If the child vomits or has diarrhoea within about 30 minutes of receiving medication, parents must be contacted so that they can seek further medical advice.

13.8 Defibrillators

Dorset County Council Health & Safety Team has published guidance on defibrillators. It contains helpful information for schools considering purchasing or hiring an Automatic External Defibrillator (AED). Such equipment is described as an auxiliary aid when directly associated with a child who has a defibrillator identified on their Individual Healthcare Plan. Governors have the responsibility of ensuring appropriate training is provide for staff who are designated as users of AEDs. The financial responsibility for defibrillators rests wholly upon schools, academies / free schools for purchase maintenance and training.

Appendix 1

Model process for developing individual healthcare plans



Copied from - Supporting pupils at school with medical conditions *(DfE April 2010)*

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Appendix 2

Department for Education

Templates

Supporting pupils with medical conditions

May 2014

Contents

Introduction 3

Template A: individual healthcare plan 4

Template B: parental agreement for setting to administer medicine 6

Template C: record of medicine administered to an individual child 8

Template D: record of medicine administered to all children 10

Template E: staff training record – administration of medicines 11

Template F: contacting emergency services 12

Template G: model letter inviting parents to contribute to individual healthcare plan development 13

(DfE April 2014)

Introduction

In response to requests from stakeholders during discussions about the development of the statutory guidance for supporting pupils with medical conditions, we have prepared the following templates. 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.

(DoH – October 2014)

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	

(DoH – October 2014)

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

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]

(DoH – October 2014)

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: 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			

(DoH – October 2014)

C: Record of medicine administered to an individual child (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			

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

(DoH – October 2014)

Template D: 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

(DoH – October 2014)

Template E: 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 _____

(DoH – October 2014)

Template F: 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

(DoH – October 2014)

Template G: 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

(DoH – October 2014)

Department for Education

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Appendix 3

HOW TO RECOGNISE AN ASTHMA ATTACK

The signs of an asthma attack are:

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
- Nasal flaring
- Unable to talk or complete sentences. Some children will go very quiet.
- May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache)

CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD:

- Appears exhausted
- Has a blue/white tinge around lips
- Is going blue
- Has collapsed

(DoH – October 2014)

WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward
- Use the child's own inhaler – if not available, use the emergency inhaler
- Remain with the child while the inhaler and spacer are brought to them
- Immediately help the child to take two separate puffs of salbutamol via the spacer
- If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way

(DoH – October 2014)

Annex A

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 is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed: Date: ……..

Name (print)……

Child's name: ……

Class: ……

Parent's address and contact details:
……
……
……

Telephone: ……..

E-mail: ……

(DoH – October 2014)

Annex B

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,

(DoH – October 2014)