



*Achievement for all*



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## Medical Policy

Reviewed: April 2024

Next Review Date: April 2027

# **SHERBURN HIGH SCHOOL MEDICAL POLICY**

## **1. This school is an inclusive community that aims to support and welcome students with medical conditions.**

- a. Sherburn High School understands that it has a responsibility to make the school welcoming and supportive to students with medical conditions who currently attend and to those who may enrol in the future.
- b. Sherburn High School aims to provide all children with all medical conditions the same opportunities as others at school. We will help to ensure they can:
  - Be healthy
  - Stay safe
  - Enjoy and achieve
  - Make a positive contribution
  - Achieve economic well-being
- c. Students with medical conditions are encouraged to take control of their condition.
- d. Students feel confident in the support they receive from the school to help them do this.
- e. Sherburn High School aims to include all students with medical conditions in all school activities.
- f. Sherburn High School ensures all staff understand their duty of care to children and young people in the event of an emergency.
- g. All staff feel confident in knowing what to do in an emergency.
- h. Sherburn High School understands that certain medical conditions are serious and can be potentially life-threatening, particularly if ill managed or misunderstood.

## **2. The medical conditions policy is supported by a clear communication plan for staff, parents and students to ensure its full implementation**

- a. Parents are informed about the medical conditions policy:
  - When we meet to discuss healthcare plans.
  - In the school newsletter at intervals in the school year
  - When their child is enrolled as a new student
  - Via the school's website, where it is available all year round
- b. School staff are informed and reminded about the medical policy
  - Via online school medical register
  - At scheduled medical conditions training

## **3. First Aid trained staff understand and are trained in what to do in an emergency for the most common serious medical conditions at this school**

- a. First Aid trained staff are aware of the most common serious medical conditions at this school
- b. Staff at Sherburn High School understand their duty of care to students in the event of an emergency. In an emergency situation school staff are required under common law duty of care to act like any reasonably prudent parent. This may include administering medication.
- c. First Aid trained staff who work with groups of students at this school know what to do in an emergency for the students in their care with medical conditions.
- d. Training is refreshed every three years maximum for first aiders.
- e. Action for staff to take in an emergency for asthma/epilepsy/anaphylaxis and diabetes is displayed in the staff room and is available via the school's intranet.

See appendix 1 – form 1

See appendix 1 – form 2

See appendix 1 – form 3

See appendix 1 – form 4

#### **4. All staff understand the school's general emergency procedures**

- a. All staff know what action to take in the event of a medical emergency. This includes:
  - How to contact emergency services and what information to give
  - To contact a first aid member of staff within school
- b. Training is refreshed for all staff when legislation or advice changes.
- c. If a student needs to be taken to hospital, and an ambulance is unavailable, a member of staff will accompany them if parents are unavailable. If an ambulance is available and parents are not available, then a member of staff will accompany the student to hospital.

#### **5. The school has clear guidance on the administration of medication at school** **Administration-emergency medication**

- a. All students at this school with medical conditions have easy access to their emergency medication.
- b. All students are encouraged to carry and administer their own emergency medication i.e. inhalers, epipens and insulin with a spare being kept in the school office (see appendix 2).
- c. Students who do not carry and administer their own emergency medication know where their medication is stored and how to access it.

#### **Administration-general**

- a. All use of medication defined as a controlled drug, even if the student can administer the medication themselves, is done under the supervision of the school first aid lead (see appendix 3).
- b. Sherburn High School understands the importance of medication being taken as prescribed.
- c. All staff are aware that there is no legal or contractual duty for any member of staff to administer medication or supervise a student taking medication unless they have been specifically contracted to do so.
- d. The school is able to administer medication via the Supervising First Aider
- e. For medication where no specific training is necessary, any member of staff may administer prescribed and non-prescribed medication to students under the age of 16, but only with the written consent of the student's parent (see appendix 4); however, medicines will be stored with the Supervising First Aider and routinely will be administered by them.
- f. Training is given to all staff members who agree to administer medication to students where specific training is needed. The local authority provides full indemnity once we have sent them a healthcare plan.
- g. Parents at Sherburn High School must notify the school of any changes to their child's medication. This includes whether it is discontinued or the dose or administration method changes. Parents must inform the school immediately.
- h. All staff attending off-site visits are aware of any students with medical conditions on the visit. They receive information about the type of condition, what to do in an emergency and any other additional support necessary, including any additional medication or equipment needed (see appendix 5).

#### **6. Sherburn High School has clear guidance on the storage of medication at school** **Safe storage – emergency medication (epipens)**

- a. Emergency medication is readily available to students who require it at all times in First Aid during the school day. If the emergency medication is a controlled drug and needs to be locked up, it is available in the locked First Aid safe. The Supervising First Aider has the keys to this safe.
- b. All students carry their own epipens at all times and a spare is kept in reception.
- c. Students are reminded to carry their emergency medication with them.

#### **Safe storage – non emergency medication**

- a. All non-emergency medication is kept in a safe in the First Aid room. Students with medical conditions know where their medication is stored and how to access it.
- b. Staff ensure that medication is only accessible to those for whom it is prescribed.

#### **Safe storage – general**

- a. The Supervising First Aider ensures the correct storage of medication at school
- b. Three times a year the school First Aid lead checks the expiry dates for all medication stored at school

- c. The Supervising First Aider, along with the parents of students with medical conditions, ensures that all emergency and non-emergency medication brought into school is clearly labelled with the student's name, the name and dose of medication and the frequency of dose. This includes all medication that students carry themselves.
- d. Some medication at Sherburn High School may need to be refrigerated. All refrigerated medication is stored in an airtight container and is clearly labelled in first aid. This is in a secure area, inaccessible to unsupervised students.
- e. It is the parent's responsibility to ensure new and in date medication comes into school on the first day of the new academic year

### **Safe disposal**

- a. Parents are asked to collect out of date medication.
- b. If parents do not collect out of date medication, medication is taken to a local pharmacy for safe disposal.
- c. The Supervising First Aider is responsible for checking the dates of medication and arranging for the disposal of any that have expired. This check is done at least three times a year.

## **7. Sherburn High School has clear guidance about record keeping**

### **Enrolment forms**

- a. Parents at Sherburn High School are asked if their child has any health conditions on the enrolment form, which is filled out at the start of each school year. Parents of new students starting at other times during the year are also asked to provide this information on enrolment forms.

### **Healthcare Plans** (see appendix 6)

- a. Sherburn High School uses a healthcare plan to record important details about individual children's medical needs at school, their triggers, signs, symptoms, medication and other treatments. These healthcare plans are held with the Inclusion leader and the Supervising First Aider has a copy.
- b. A healthcare plan, accompanied by an explanation of why and how it is used is sent to all parents of students with a long term medical condition. This is sent:
  - At enrolment
  - Or when a diagnosis is first communicated to the school (whichever is first).
- c. The Inclusion Leader will send a copy of the original healthcare plan to The STAR Mat DSL. It may also be shared with staff who have responsibility for managing your child's health care needs or transport providers if appropriate.
- d. If a student has a short-term medical condition that requires medication during school hours, a medication form plus explanation is sent home for completion.
- e. Parents are regularly reminded to inform the school if their child has a medical emergency or if there have been changes to their symptoms, or their medication and treatments change. This is to ensure the healthcare plans can be updated accordingly.

### **School Medical Register**

- a. Healthcare plans are used to create a centralised register of students with medical needs. The Inclusion Leader has responsibility for the register at Sherburn High School

## **8. Sherburn High School ensures that the whole school environment is inclusive and favourable to students with medical conditions. This includes the physical environment, as well as social, sporting and educational activities**

### **Physical environment**

- a. This school is committed to providing a physical environment that is accessible to students with medical conditions.

### **Exercise and physical activity**

- a. This school understands the importance of all students taking part in sports, games and activities.
- b. Sherburn High School ensures classroom teachers, PE staff make appropriate adjustments to sports, games and other activities to make physical activity accessible to all students.
- c. Teachers and PE staff are aware of students in their care who have been advised to avoid or take special precautions with particular activities.

- d. Sherburn High School ensure PE staff are aware of the potential triggers for students' medical conditions when exercising and how to minimise these triggers.

### **Education and learning**

- a. Sherburn High School ensures that students with medical conditions can participate fully in all aspects of the curriculum and ensures appropriate adjustments and extra support are provided. For example
- Provide a quiet supervised working area in school/allow time to recover
  - Allow time to catch up on any work missed
  - Send work home via House Achievement Team
  - Refer to collaborative for more appropriate educational support or alternative settings
- b. Staff are aware of the potential for students with medical conditions to have special educational needs (SEND). Students with medical conditions who are finding it difficult to keep up with their studies are referred to the SEND coordinator. The school's SEND coordinator consults the student, parents and student's healthcare professional to ensure the effect of the student's condition on their schoolwork is properly considered.

### **9. Each member of the school and health community knows their roles and responsibilities in maintaining an effective medical conditions policy**

- a. This school works in partnership with all interested and relevant parties including all school staff, parents, employers and community healthcare professionals to ensure the policy is planned, implemented and maintained successfully.
- b. The following roles and responsibilities are used for the medical policy at this school. These roles are understood and communicated regularly.

#### **Employer**

Sherburn High School's employer has a responsibility to:

- Ensure the health and safety of their employees and anyone else on the premises or taking part in school activities (this includes all students). This responsibility extends to those staff and others leading activities taking place off-site, such as visits, outings or field trips.
- Make sure the medical policy is effectively monitored and evaluated and regularly updated.
- Provide indemnity to staff who volunteer to administer medication to students with medical conditions.

#### **Headteacher**

Sherburn High School's headteacher has a responsibility to:

- Ensure the school is inclusive and welcoming and that the medical conditions policy is in line with local and national guidance and policy frameworks.
- Liaise between interested parties including students, school staff, special educational needs coordinators, pastoral support/welfare officers, teaching assistants, school nurses, parents and governors.
- Ensure the policy is put into action, with good communication of the policy to all.
- Ensure every aspect of the policy is maintained.
- Ensure information held by the school is accurate and up to date and that there is a good information sharing systems in place using student's healthcare plans.
- Ensure student confidentiality.
- Assess the training and development needs of staff and arrange for them to be met.
- Ensure all supply staff and new teachers know the medical conditions policy.
- Update the medical policy at least once a year according to review recommendations and recent local and national guidance and legislation.

#### **All school staff**

All staff at Sherburn High School have a responsibility to:

- Be aware of the potential triggers, signs and symptoms of common medical conditions and know what to do in an emergency.
- Understand the medical policy.  
Know which students in their care have a medical condition.
- Allow all students to have immediate access to their emergency medication.

- Maintain effective communication with parents including informing them if their child has been unwell at school.
- Ensure students who carry their medication with them have it when they go on a school visit or out of the classroom.
- Be aware of students with medical conditions who may be experiencing bullying or need extra social support.
- Ensure all students with medical conditions are not excluded unnecessarily from activities they wish to take part in.
- Ensure students have the appropriate medication or food with them during any exercise and are allowed to take it when needed.

### **Teaching staff**

Teachers at this school have a responsibility to:

- Ensure students who have been unwell catch up on missed school work.
- Be aware that medical conditions can affect a student's learning and provide extra help when students need it.
- Liaise with parents, the student's healthcare professional and special educational needs coordinator if a student is falling behind with their work because of their condition.

### **Inclusion Leader**

The Inclusion Leader at Sherburn High School has a responsibility to:

- Update the school's medical conditions policy.
- Provide regular training for school staff in managing the most common medical conditions in school.
- Provide information about where the school can access other specialist training.
- Ensure healthcare plans are completed and reviewed annually.

### **Lead First Aider**

The Lead First Aider at Sherburn High School has a responsibility to:

- Check medication held in school annually for expiry dates and dispose of accordingly.
- Administer medication to students as prescribed.

### **First aiders**

First aiders at this school have a responsibility to:

- Give immediate help to casualties with common injuries or illnesses and those arising from specific hazards within the school.
- When necessary ensure that an ambulance or other professional medical help is called.

### **Special educational needs coordinator**

SENCO at this school has a responsibility to:

- Help update the school's medical condition policy.
- Know which students have a medical condition and which have special educational needs because of their condition.
- Ensure teachers make the necessary arrangements if a student needs special consideration or access arrangements in exams or coursework.

### **Local doctors and specialist healthcare professionals**

Individual doctors and specialist healthcare professionals caring for students who attend this school, have a responsibility to:

- Where possible, and without compromising the best interests of the child, try to prescribe medication that can be taken outside of school hours.
- Ensure the child or young person knows how to take their medication effectively.
- Ensure children and young people have regular reviews of their condition and their medication.
- Provide the school with information and advice regarding individual children and young people with medical conditions (with the consent of the student and their parents).

### **Students**

The students at this school have a responsibility to:

- Treat other students with and without a medical condition equally.
- Tell their parents, teacher or nearest staff member when they are not feeling well.
- Let a member of staff know if another student is feeling unwell.
- Treat all medication with respect.

- Know how to gain access to their medication in an emergency.
- Ensure a member of staff is called in an emergency situation.

**Parents\***

The parents of a student at this school have a responsibility to:

- Tell the school if their child has a medical condition.
- Ensure the school has a complete and up-to-date Healthcare plan for their child.
- Inform the school about the medication their child requires while taking part in visits, outings or field trips and other out-of-school activities.
- Tell the school about any changes to their child's medication, what they take, when and how much.
- Inform the school of any changes to their child's condition.
- Ensure their child's medication and medical devices are labelled with their child's full name.
  
- Provide the school with appropriate spare medication labelled with their child's name.
- Ensure medication is within expiry dates.
- Keep child at home if they are not well enough to attend school.
- Ensure their child catches up on any school work they have missed.
- Ensure their child has regular reviews about their condition with their doctor or specialist healthcare professional.

\*The term 'parent' implies any person or body with parental responsibility such as foster parent or carer

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## **Appendix 1 - Form 1**

Asthma awareness for school staff

### **What to do in an asthma attack**

- Keep calm.
- Encourage the child or young person to sit up and slightly forward.
- Make sure the child or young person takes two puffs of reliever inhaler (usually blue) immediately – preferably through a spacer.
- Ensure tight clothing is loosened.
- Reassure the child.
- Contact office and/or oncall and ask for a first aider to come to the student.

### **If there is no immediate improvement**

- Continue to make sure the child or young person takes one puff of reliever inhaler every minute for five minutes or until their symptoms improve.

### **Call 999 or a doctor urgently if:**

- The child or young person's symptoms do not improve in 5–10 minutes.
- The child or young person is too breathless or exhausted to talk.
- The child or young person's lips are blue.
- You are in doubt.

Ensure the child or young person takes one puff of their reliever inhaler every minute until the ambulance or doctor arrives.

It is essential for people who work with children and young people with asthma to know how to recognise the signs of an asthma attack and what to do if they have an asthma attack.

### **Common signs of an asthma attack are:**

- coughing
- shortness of breath
- wheezing
- tightness in the chest
- being unusually quiet
- difficulty speaking in full sentences
- sometimes younger children express feeling tight in the chest as a tummy ache.

### **After a minor asthma attack**

- Minor attacks should not interrupt the involvement of a student with asthma in school.
- When the student feels better they can return to school activities.
- The parents/carers must always be told if their child has had an asthma attack.

### **Important things to remember in an asthma attack**

- Never leave a student having an asthma attack.
- If the student does not have their inhaler and/or spacer with them, send another teacher or student to their classroom or assigned room to get their spare inhaler and/or spacer.
- In the event of a student not having an inhaler in school, school does keep inhalers please see appendix 7. If the school inhaler is used parents will be notified see appendix 8.
- In an emergency situation school staff are required under common law, duty of care, to act like any reasonably prudent parent.
- Reliever medicine is very safe. During an asthma attack do not worry about a student overdosing.
- Send another student to get another teacher/adult if an ambulance needs to be called.
- Contact the student's parents or carers immediately after calling the ambulance/doctor.



## **Appendix 1 – Form 2**

Epilepsy awareness for school staff

### **Complex partial seizures**

#### **Common symptoms**

- The person is not aware of their surroundings or of what they are doing
- Plucking at their clothes
- Smacking their lips
- Swallowing repeatedly
- Wandering around

#### **Ring office and ask for a first aider to come to the student**

#### **Call 999 for an ambulance if...**

- You know it is the person's first seizure
- The seizure continues for more than five minutes
- The person is injured during the seizure
- You believe the person needs urgent medical attention

#### **Do...**

- Guide the person from danger
- Stay with the person until recovery is complete
- Be calmly reassuring

#### **Don't...**

- Restrain the person
- Act in a way that could frighten them, such as making abrupt movements or shouting at them
- Assume the person is aware of what is happening, or what has happened
- Give the person anything to eat or drink until they are fully recovered
- Attempt to bring them round
- Explain anything that they may have missed

### **Tonic-clonic seizures**

Common symptoms:

- the person goes stiff,
- loss of consciousness
- falls to the floor

#### **Do...**

- Protect the person from injury (remove harmful objects from nearby)
- Cushion their head
- Look for an epilepsy identity card/identity jewellery
- Aid breathing by gently placing the person in the recovery position when the seizure has finished
- Stay with them until recovery is complete
- Be calmly reassuring

#### **Don't...**

- Restrain the person's movements
- Put anything in their mouth
- Try to move them unless they are in danger
- Give them anything to eat or drink until they are fully recovered
- Attempt to bring them round

#### **Call 999 for an ambulance if...**

- You know it is the person's first seizure
- The seizure continues for more than five minutes
- One seizure follows another without the person regaining consciousness between seizures
- The person is injured
- You believe the person needs urgent medical treatment

## **Appendix 1 – Form 3**

### **Anaphylaxis awareness for staff**

#### **ANAPHYLAXIS**

#### **Symptoms of allergic reactions:**

##### **Ear/Nose/Throat - Symptoms:**

runny or blocked nose, itchy nose, sneezing, painful sinuses, headaches, post nasal drip, loss of sense of smell/taste, sore throat/swollen larynx (voice box), itchy mouth and/or throat and blocked ears.

##### **Eye - Symptoms:**

watery, itchy, prickly, red, swollen eyes. Allergic 'shiners' (dark areas under the eyes due to blocked sinuses).

##### **Airway - Symptoms:**

wheezing breathing, difficulty in breathing and or coughing (especially at night time).

##### **Digestion:**

swollen lips, tongue, itchy tongue, stomach ache, feeling sick, vomiting, constipation and/or diarrhoea.

##### **Skin:**

Urticaria - wheals or hives-bumpy, itchy raised areas and or rashes.

Eczema -cracked, dry, weepy or broken skin. Red cheeks.

Angioedema - painful swelling of the deep layers of the skin.

#### **Symptoms of Severe Reaction/ Anaphylaxis:**

These could include any of the above together with:

- Difficulty in swallowing or speaking.
- Difficulty in breathing -severe asthma
- Swelling of the throat and mouth
- Hives anywhere on the body or generalized flushing of the skin
- Abdominal cramps, nausea and vomiting
- Sudden feeling of weakness (drop in blood pressure)
- Alterations in heart rate (fast Pulse)
- Sense of Impending doom (anxiety/panic)
- Collapse and unconsciousness

#### **TREATMENT**

- Ring office and ask for first aider to come to student
- Send a student or member of staff to office to collect 2nd epipen and to ask them to ring for an ambulance and parents.
- If student conscious keep them in an upright position to aid breathing. If unconscious, then place in recovery position.
- If student is conscious and alert, ask them to self-administer their epipen. If student unconscious, trained member of staff to administer epipen as per training. Record time of giving.
- If no improvement within 5 minutes, then 2nd epipen to be administered.
- Keep used epipens and give to paramedics when they arrive.

## **Appendix 1 – Form 4**

### **Diabetes awareness and treatment for staff**

#### **What is it?**

Abnormal fluctuations in blood sugar can lead to someone with diabetes becoming unwell and, if untreated, losing consciousness.

There are two conditions associated with diabetes - hyperglycaemia (high blood sugar) and hypoglycaemia (low blood sugar).

Hypoglycaemia is the more common emergency which affects brain function and can lead to unconsciousness if untreated.

#### **Signs and symptoms:**

##### **Hypoglycaemia:**

- Hunger
- Blurred vision
- Feeling 'weak' and fatigued, dizzy, anxious, irritable or shaky
- Sweating/fast heartrate
- Dry, pale skin
- headache
- Shallow breathing

##### **Hyperglycaemia:**

- Extreme thirst
- Vomiting
- Fruity/sweet breath
- Rapid, weak pulse
- Dry Skin
- Slow healing wounds
- Hungry
- Urinating often
- Blurry vision
- Drowsy

#### **First aid aims**

##### **Hypoglycaemia:**

- Raise blood sugar level as quickly as possible
- Get casualty to hospital, if necessary

##### **Hyperglycaemia:**

- Lower sugar levels by exercise or insulin
- Get casualty to hospital as soon as possible if required

#### **Treatment**

##### **Hypoglycaemia:**

- Sit casualty down
- If conscious, give them a sugary drink, chocolate or other sugary food. (Blood levels below 2 then use glucose gel by rubbing on inside of mouth. (Inner cheek area) Blood level between 2- 4 glucose tablet/sugary drink etc.)
- If there's an improvement, offer more to eat or drink. Help the casualty to find their glucose testing kit to check their level. Advise them to rest and see their doctor as soon as possible.
- If consciousness is impaired, do not give them anything to eat or drink. Dial 999 for an ambulance

##### **Hyperglycaemia:**

#### **Call 999 immediately**

#### **Further actions**

If the casualty loses consciousness

- Open airway and check breathing
- Place them in recovery position
- Prepare to give resuscitation

# Request for Child/Young Person to Carry and Self Administer Medication (Form Med 3)

This information will be held securely and confidentially and will only be shared with those who have a role or responsibility in managing the administration of medication to your child.

This form must be completed by the parent before the request can be considered

Name of Provision .....

### Child's/Young Person's Details

Name.....	DOB .....
Address .....	
Parent/carer name and contact .....	
GP's name and contact number .....	
Emergency contact name and number .....	
Emergency contact name and number .....	

### Details of Medication

Medical condition/illness .....
Medication name and strength .....
Medication formula (eg tablets) .....

### Action to be taken in an emergency

--

**Parental Request and Statement of Agreement**

I (printed name of parent/carer) .....

- request that my child carry and self-administer the above named medication
- confirm that the information given is accurate and up-to-date
- will inform the provision in writing of any changes to this information
- understand that the self-administering of the medication will not be supervised by staff
- agree to not hold staff responsible for loss, damage or injury associated with my child carrying and self-administering their medication

Signature of parent/carer .....Date.....

**Provision Statement of Consent**

(Name of Provision) ..... agrees to allow

(Name of child/young person) ..... to carry and self-administer their named medication

Name of Headteacher/Manager (please print) .....

Signature of Headteacher/Manager ..... Date.....

**NB The Headteacher/Manager must take into consideration any risk/insurance implications for the child/young person or others before consent is given**

**If more than one medication is to be carried and self-administered then a separate form must be completed for each.**

## Administration of Medication Record (Form Med 2)

**Sheet number.....**

(In chronological order)

Name of Provision			
Name of child/young person		DoB	Class or group
Name of GP and contact number			
Emergency name and contact number			

Name of medication	Any special instructions
Formula (e.g. tablets)	
Dosage and administering times	

### Appendix 3

Date & time of administration	Dose given	Any reactions and any action taken by staff	Name of person(s) administering / supervising <i>(please print)</i>	Signature of person(s) administering / supervising	Additional information e.g. <ul style="list-style-type: none"> <li>• Repeat prescription supplied</li> <li>• Medication returned to parent</li> <li>• Medication returned to pharmacy (Pharmacist signature required)</li> <li>• Parent's signature (early years only )</li> </ul>

## Request to Administer Medication (Form Med 1)

This information will be held securely and confidentially and will only be shared with those who have a role or responsibility in managing the administration of medication to your child.

This form must be completed by the parent before the request can be considered

Name of Provision: .....

Name .....	DOB: .....
Address .....	
Parent/carer name and contact number.....	
GP's name and contact number.....	
Emergency contact name(s) and number(s).....	

### Child's/Young Person's Details

### Details of Medication

Medical condition/illness.....	
Medication name and strength.....	
Medication formula (e.g. tablets) and amount given to school/setting (e.g. number of tablets supplied): .....	
<b>NB Medications must be in the original container as dispensed by the pharmacy</b>	
Dosage and frequency/time of administration.....	
Details for storage.....	
Administering instructions.....	
Any known side effects .....	
Date first dose given .....	Date last dose given.....



**Potential Emergency Details**

What would constitute an emergency? .....

.....

.....

What to do in an emergency.....

.....

.....

**Parental Statement of Consent**

I (printed name of parent/carer): .....

- request and give my consent to school/setting administering this medication in accordance with the prescriber’s instructions
- confirm that the information and instruction given is accurate and up- to- date
- will inform school/setting in writing of any changes to this information and instructions
- understand that the medication may be given by non-medically qualified staff
- agree to not hold staff responsible for loss, damage or injury when undertaking agreed administration of the medication unless resulting from their negligence
- will abide by the school’s/setting’s policy and procedure for the delivery and return of medication
- will ensure adequate supply of the medication that is within its expiry date

Signature of parent/carer .....Date.....

**School/Setting-Statement of Agreement**

(Name of school/setting) ..... agrees to administer this medication

- in accordance with the prescriber’s instructions
- until the end of the course of medication or until instructed otherwise in writing by the parent/carer

Name of Headteacher/Manager (please print): .....

Signature of Headteacher/Manager .....Date.....

**NB Headteacher/Manager must establish that the appropriate knowledge, training and insurance requirements for the giving of this medication are met before agreement is given**

**If more than one medication is to be given, then a separate form must be completed for each.**

## Appendix 5

### Off-site visits planning checklist

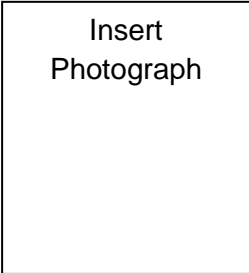
<b>Name of child/young person:</b>	<b>DOB:</b>	<b>Class/group:</b>
<b>Details of proposed visit:</b>		
<b>Name(s) of staff involved in planning:</b>		

<b>Planning</b>	<b>Action</b>	<b>Person Responsible</b>	<b>Timescale</b>
<b>Parent's consent</b>			
<b>Identify health care needs – procedures, training, resources</b>			
<b>Transport</b>			
<b>The journey</b>			
<b>Undertaking health care procedures during the visit – what, where, when, who, how?</b>			

## Appendix 5

<b>Access to the venue/activity</b>			
<b>Moving and handling tasks</b>			
<b>Additional considerations</b>			

### Health Care Plan



<b>Name</b>		
<b>DOB</b>		
<b>Address</b>		
<b>Telephone number</b>		
<b>Medical Condition</b>		
<b>Known Allergies</b>		
<b>Indicate Identified needs</b>	Emergency Care	
	Medication	
	Medical procedures	
	Intimate personal care ( including continence )	
	Staff Training	
	Managing education during medical absences	
	Home to school transport	
<b>Named person responsible for Health Care Plan</b>		
<b>Role of named person</b>		
<b>Address of provision</b>		
<b>Telephone number</b>		

**In an emergency:**

<b>What to watch out for</b>	<b>What to do</b>

<b>Contact Details</b>	<b>Name</b>	<b>Address</b>	<b>Telephone</b>
<b>Emergency</b>			
<b>Parent</b>			
<b>Parent</b>			
<b>Main Provision</b>			
<b>Other Provision</b>			

<b>Health Professionals</b> <ul style="list-style-type: none"> <li>• GP</li> <li>• Consultant</li> <li>• Specialist nurse</li> </ul>			
<b>Other</b>			

**Medication**

<b>Medicine</b> (Indicate whether taken inside/outside of provision hours. Include dose and form e.g. tablet)	<b>Persons who will administer</b>	<b>Possible side effects &amp; action to be taken/Comments</b>

**Medical Procedure**

<b>Procedure</b>	<b>When?</b>	<b>How?</b>	<b>Comment</b>

**Intimate Personal Care/ Contenance Management** (this section does not require the signature of a registered health professional)

Description of care and procedure for staff to follow including hygiene control measures	
Identity which parts of the care the child can do independently	
Resources required and provider	
Frequency/times when care required	
Where will personal care be carried out?	
Identify any moving and handling needs (complete a moving and handling profile if required)	
Any additional relevant information? e.g. communication needs, behaviour,	
Management of wet/soiled clothing	
Number of staff required	
Names of staff identified to carry out intimate personal care	

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**Staff training:**

Training required	Who will provide?

**Managing education during medical absences (Schools only)**

Person responsible for ensuring work is sent home if appropriate	
Person responsible for monitoring absences and liaising with the Enhanced Mainstream School / Student Referral Service	

**Transport:**

Instructions for giving medication / carrying out procedures in transit (It is the responsibility of the main provision to ensure a copy of this Health Care Plan is shared with transport staff as appropriate)	
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**Health Care Plan Agreed By:**



	<b>Name</b>	<b>Signature</b>
<b>Registered Health Professional</b>		
<b>Main Provision</b>		
<b>Second Provision (if applicable)</b>		
<b>Third Provision (if applicable)</b>		
<b>Child/Young Person (if appropriate)</b>		

**Parent’s Consent**

By signing this plan you are agreeing for your child to receive the treatment/care detailed. You are agreeing for copies of this plan to be shared with:

- Staff who have a role/responsibility in managing your child’s health care needs
- Transport providers as required

I confirm I will not hold The STAR Mat or its staff responsible unless loss, damage or injury is occasioned as a result of their negligence.

Parents Name.....

Parents Signature .....

Relationship to Child.....Date.....

**Data protection:**

The information in this plan will be held securely and confidentially and will only be shared with those who have a role or responsibility in managing the health care needs of the child/young person.

The information will be kept in accordance with The STAR Mat policy regarding Data Protection

**A copy of this Health Care Plan must be signed off by the Head teacher and saved on the school MIS.**

**CONSENT FORM:  
USE OF EMERGENCY SALBUTAMOL INHALER  
Sherburn High School**

**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: .....

**Notification to parents.  
Emergency use of Salbutamol Inhaler.**

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 child seen by your own doctor as soon as possible.

Yours sincerely