

## **THORNBOROUGH INFANT SCHOOL**

### **MODEL SCHOOL POLICY FOR SUPPORTING PUPILS WITH MEDICAL NEEDS**

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## 1 INTRODUCTION

- The Governing Body of **THORNBOROUGH INFANT SCHOOL** will ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life. To help achieve this, the school has adopted the Department for Education policy on “Supporting Pupils at School with Medical Conditions”, which was issued under Section 100 of the Children and Families Act 2014.
- The aim of this policy is to ensure that the parents of children with medical conditions feel confident that the school will provide effective support and that children feel safe and reach their full potential.
- Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. The school will comply with their duties under the Act to make reasonable adjustments to support pupils with disabilities.
- Some children with medical conditions may also have special educational needs (SEN) and may have an Education, Health and Care (EHC) Plan which brings together health and social care needs as well as the provision for their special educational needs. Where the child has a special educational need identified in a statement or EHC plan, the individual healthcare plan will be linked to or become part of that statement or EHC plan. The Healthcare Plan will be developed with the child’s best interests in mind to ensure that the risks to the child’s education, health and social wellbeing are managed, and minimises disruption, for children with medical conditions.
- Supporting a child with a medical condition during school hours is not the sole responsibility of one person. The school will work collaboratively with parents, pupils, healthcare professionals (and, where appropriate, social care professionals) and local authorities to ensure that needs of pupils with medical conditions are met effectively.

## 2 ROLES AND RESPONSIBILITIES

2.1 The **Governing Body** for **THORNBOROUGH INFANT SCHOOL** will ensure that

- arrangements are in place so that children with medical conditions
  - are properly supported
  - can play a full and active role in school life
  - can remain healthy and achieve their academic potential
- staff are properly trained to provide the support that pupils need
- in line with their safeguarding duties, ensure that pupil’s health is not put at unnecessary risk from, e.g. infectious diseases

- in those circumstances, they do not have to accept a pupil at time where it would be detrimental to the health of that child or others to do so.

## 2.2 The **Headteacher** will ensure that

- a person is appointed to have overall responsibility for the implementation of this policy
- all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation
- all staff including supply staff who support children with medical needs receive sufficient information to provide appropriate support
- individual Healthcare Plans are developed, monitored and reviewed annually or earlier if evidence is presented that the child's needs have changed. Where applicable, Healthcare Plans will be reviewed at the child's Annual Review
- sufficient staff are suitably trained and achieve the necessary level of competency before they take on responsibility to support children with medical conditions
- sufficient numbers of trained staff are available to support all individual healthcare plans to cover staff absence, contingency and emergency situations
- a register of children in the school is kept who have been diagnosed with asthma and/or prescribed a reliever inhaler
- all staff are trained to recognise the symptoms of an asthma attack (and are able to distinguish them from other conditions with similar symptoms);
- a register of children in the school is kept who have been diagnosed with anaphylaxis and/or prescribed an epipen/auto injector
- all staff are trained to recognise the symptoms of anaphylaxis annually
- risk assessments for school visits, holidays, and other school activities outside of the normal timetable are undertaken for children with medical conditions
- all staff are aware that medical information must be treated confidentially
- school staff are appropriately insured and are aware that they are insured to support pupils in this way.

## 2.3 **Appointed Person**

**The Headteacher** has overall responsibility for implementing the school's policy for supporting pupils with medical conditions. They will ensure that children with medical conditions are appropriately supported, ensure cover for 1:1 in case of absence and briefing supply staff.

## 2.4 Transitional Arrangements

The school has made the following procedures for transitional arrangements.

- inform the transition school
- send copies of medical documents to new School

## 2.5 All members of **School Staff** may be asked to provide support to pupils with medical conditions, including administering medicines

- All members of staff should know what to do and respond accordingly if they become aware that a pupil with a medical condition needs help
- Although administering medicine is not part of teacher's professional duties, teachers should take into account the needs of pupils with medical conditions that they teach.
- Staff must not give prescription medication or undertake healthcare procedures without appropriate training

## 2.6 Pupils

- Where appropriate pupils with medical conditions will be consulted to provide information about how their condition affects them.
- Where appropriate pupils with medical conditions will be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan.

## 2.7 **Parents** have the prime responsibility for their child's health. Parents include any person who is not a parent of a child but has parental responsibility for or care of a child.

- It only requires one parent to request that medicines are administered. As a matter of practicality, this should be the parent with whom the school has day-to-day contact.
- Parents should provide the school with sufficient and up to date information about their child's medical needs. Parents should tell the school of any change in prescription which should be supported by either new directions on the packaging of medication or by a supporting letter from a medical professional.
- Parents are key partners and will be involved in the development and review of the Healthcare Plan for their child. A request will be sent to parents using Template K;
- Parents should provide medicines and equipment as required by the Healthcare Plan.

### **Parents should:**

- bring their child's medication and any equipment into school at the beginning of the school year
- replace the medication before the expiry date

- as good practice, take into school the new asthma reliever inhaler when prescribed
- dispose of expired items to a pharmacy for safe disposal
- during periods of high pollen count, encourage their children, who have been prescribed anti-histamines, to take their medication before school so that their condition can be better controlled during the school day
- keep their children at home when they are acutely unwell
- Parents should ensure that they or another nominated adult are contactable at all times

### 3 STAFF TRAINING AND SUPPORT

- The **Headteacher** will ensure that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing the policy.
- Any member of staff who agrees to accept responsibility for administering prescribed medicines to a child does so voluntarily and will have appropriate training and guidance.
- Training needs will be identified during the development or review of individual healthcare plans and will be reviewed annually. The family of a child will often be key in providing relevant information to school staff about how their child's needs can be met, and parents will be asked for their views but will not be the sole trainer.
- Training will be provided for staff to ensure that they are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans. Training for new staff will be provided on induction;
- Training will be provided by an appropriate healthcare professional so that staff have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative and emergency measures so that they can recognise and act quickly if a problem occurs. Template G may be used to confirm staff training.
- Only staff with appropriate training will give prescription medicines or undertake healthcare procedures. (A first-aid certificate does not constitute appropriate training in supporting children with medical conditions).
- The school will ensure that an appropriate number of people have attended Supporting Pupils at School with Medical Conditions training to understand County policy and to ensure medicines are appropriately managed within the school. BCC recommend training at least three people to cover sickness, absence or school trips.

### 4 INDIVIDUAL HEALTHCARE PLANS (Template A)

A Healthcare Plan clarifies for staff, parents and the pupil the support that can be provided. Individual Healthcare Plans for pupils with medical conditions, (e.g. asthma, anaphylaxis,

diabetes, epilepsy) will be drafted with parents/pupils and other healthcare professionals where appropriate. The plan will include:

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

Some pupils may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

Healthcare Plans will be reviewed at least annually but some may need to be reviewed more frequently. Where appropriate the Healthcare Plan will be reviewed at the pupil's Annual Review.

## **5 THE PUPIL'S ROLE IN MANAGING THEIR OWN MEDICAL NEEDS**

- If it is not appropriate for a child to self-manage, then relevant staff will help to administer medicines and manage procedures for them; a record of administration will be made.
- If a pupil refuses to take medicine or carry out a necessary procedure, staff will not force them to do so but will contact the parents and follow the procedure agreed in the individual healthcare plan.

- Parents will be contacted where a pupil is seen to be using their asthma inhaler more frequently than usual as this may indicate their condition is not well controlled.

## 6 MANAGING MEDICINES ON SCHOOL PREMISES

Pupils will only be given prescription or non-prescription medicines after parents have completed a consent form (Template B).

When no longer required, medicines will be returned to the parent to arrange for safe disposal. Sharps boxes will be used for the disposal of needles and other sharps.

Medicine brought into school must be given to the **School Office**.

**6.1 Prescribed medication** the school will only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but will be available inside an insulin pen or a pump, rather than in its original container

- Parents should note the expiry date so that they can provide a new prescription as and when required.
- Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.

### Short-Term Medical Needs

Many children will need to take medicines during the day at some time during their time in the school. This will usually be for a short period only, perhaps to finish a course of antibiotics, which will minimise the time that they need to be absent.

**Antibiotics** prescribed three times a day can be taken out of the school day (breakfast, after school, before bed). The school will support children who have been prescribed antibiotics that need to be taken **FOUR** times day.

**Primary Schools** It is the parent's responsibility to bring and collect the antibiotic each day and to complete the necessary forms prior to medicine being administered.

### 6.2 Controlled Drugs

- Some medicines prescribed for pupils (e.g. methylphenidate, known as Ritalin) are controlled by the Misuse of Drugs Act, 1971. A pupil who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another pupil for use is an offence.
- The school will keep controlled drugs in a locked non-portable container, to which only named staff have access but will ensure they are easily accessible in an emergency.

- School staff may administer a controlled drug to the child for whom it has been prescribed in accordance with the prescriber's instructions.
- A record will be kept of any doses used and the amount of the controlled drug held in school, i.e. total number of doses (tablets) provided to the school, the dose given and the number of doses remaining.
  - where the dose is half a tablet then this will be cut using a tablet cutter at the time that the medication is required
  - half tablets will be retained but not issued at the time of the next dose; a fresh tablet will be cut
  - half tablets will be returned to the parent for disposal.
- A controlled drug, as with all medicines, will be returned to the parent when no longer required to arrange for safe disposal. If this is not possible, it will be returned to the dispensing pharmacist.
- Some pupils with epilepsy are prescribed rectal diazepam or buccal midazolam. Templates H or I will be used to gain authorisation for administration from parents.

### **6.3 Non-prescription Medication**

#### **Primary Schools**

Non-prescription medication will only be given in exceptional circumstances and only with the expressed permission of the Headteacher. An exception may be made for school residential visits.

The school will not keep Calpol or hay fever remedies to administer on an ad-hoc basis during the school day. Parents will be contacted if their child has a fever. If pupils require medication to control hay fever symptoms then parents will be asked to take their children to their GP for a formal diagnosis and advice on appropriate medication.

Parents will be asked to sign a consent form confirming that the medicine has been administered without adverse effect to the child in the past and that they will inform the school immediately if this changes.

### **6.4 Pain Relief**

#### **Primary School**

Non-prescription medication will only be given in exceptional circumstances and only with the expressed permission of the Headteacher.

The school will not keep Calpol or hay fever remedies to administer on an ad-hoc basis during the school day. Parents will be contacted if their child has a fever.



If pupils require medication to control hay fever symptoms on a regular basis, parents will be asked to take their children to their GP for a formal diagnosis and advice on appropriate medication.

Parents will be asked to sign a consent form confirming that the medicine has been administered without adverse effect to the child in the past and that they will inform the school immediately if this changes.

- If ibuprofen is the analgesic of choice then parents will be advised that a dose could be given before school (ibuprofen is effective for six hours); if required the school will 'top up' the pain relief with paracetamol.
- A child under 16 will never be given aspirin-containing medicine unless prescribed by a doctor.

## 7 RECORD KEEPING

- The school will keep a record of all medicines administered to individual pupils, using Templates D or E stating what, how and how much was administered, when and by whom in a **bound book**. Any side effects of the medication to be administered at school will be noted.

## 8 SAFE STORAGE OF MEDICINES

- Medicines will be stored strictly in accordance with product instructions - paying particular note to temperature and in the original container in which dispensed.
- Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens are always readily available and not locked away.
- A few medicines require refrigeration. They will be kept in clearly labelled, and stored in the Kitchen refrigerator, which is not accessible to pupils. Recommended temperature is between 2C & 8C.
- Medication will never be prepared ahead of time and left ready for staff to administer.
- An audit of pupil's medication will be undertaken at the end of the school year, returning medication to the parent.
- It is the parent's responsibility to ensure their child's medication remains in date. The school will not remind parents when their child's medication is due to expire.

## 9 DISPOSAL OF MEDICINES

- Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal.
- Parents should also collect medicines held at the end of the summer term.
- Sharp boxes will always be used for the disposal of needles.

## 10 HYGIENE AND INFECTION CONTROL

All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures.

### 8 STEP HAND WASHING TECHNIQUES



## 11 DAY VISITS, RESIDENTIAL VISITS AND SPORTING ACTIVITIES

- The school will actively support pupils with medical conditions to participate in school trips and visits or in sporting activities;
- The school will make reasonable adjustments for the inclusion of pupils in such activities;
- Some children may need to take precautionary measures before or during exercise, and may need access, for example, to asthma inhalers. Staff supervising sporting activities will be made aware of relevant medical conditions, and will consider the need for a risk assessment to be made.
- The school will consider the reasonable adjustments that can be made to enable pupils with medical needs to participate fully and safely in visits. These arrangements will be included in the risk assessment for the event.
- One member of staff accompanying the visit will be asked to take on the lead role for administering medicines or healthcare procedures. Individual Healthcare Plans, medicines, equipment and consent forms will be taken on school visits.
- Medicines are administered and witnessed and recorded on a copy of Templates D or E. This form is added to the file on return from the visit.

## 12 SCHOOL'S ARRANGEMENTS FOR COMMON CONDITIONS

### 12.1 Asthma

- An inventory of all pupils with asthma will be compiled
- An Individual Healthcare Plan will be developed
- All staff will be trained annually to recognise the symptoms of an asthma attack and know how to respond in an emergency following the guidance in Templates Q and R

### 12.2 Anaphylaxis (Severe Allergic Reaction)

- An inventory of all pupils with anaphylaxis will be compiled
- All staff will be trained annually on the symptoms of anaphylaxis, and how to respond in an emergency following Template S
- An Individual Healthcare Plan will be developed which includes the arrangements the school will make to control exposure to allergens
- Epipens prescribed to pupils will be kept in a named storage box with an antihistamine and will be kept readily available in the classroom and village hall

### 12.3 Epilepsy

- An Individual Healthcare Plan will be developed
- A appropriate number of staff will be trained in identifying the symptoms and triggers for epilepsy, including administering medication
- There will be a trained member of staff available **at all times** to deliver emergency medication. Details will be recorded on the pupil's Healthcare Plan
- The Nest with a bed will be available so that if needed the pupil will be able to rest following a seizure, in a safe supervised place
- The school will enable students to take a full part in all outings and activities
- The school will make necessary adjustments e.g. exam timings, coursework deadlines, timetables
- The school will liaise fully with parents and health professionals
- Some pupils with epilepsy are prescribed rectal diazepam or buccal midazolam. This will be administered by staff who are specifically trained to undertake this task and have agreed to this responsibility
- The administration of medication will be recorded on Template H or I as appropriate
- Two adults will be present for the administration of rectal diazepam, at least one being of the same gender as the child. The dignity of the pupil will be protected as far as possible, even in an emergency
- If appropriate, a record will be kept of the pupil's seizures, using Template P, so that any changes to seizure patterns can be identified and so that this information can be shared with the pupil's parents and healthcare team

## 12.4 Diabetes

- An Individual Healthcare Plan will be developed;
- Pupils diagnosed with Type 1 diabetes and have been prescribed insulin will be supported by staff who have specifically agreed to this responsibility and have received training and support from the Diabetic Nurses Team.
- A suitable private place will be provided for pupils to carry out blood tests and administer doses, e.g. The Nest;
- Pupils will not be prevented from eating drinking or taking toilet breaks whenever they need to in order to manage their medical condition effectively.
- If a pupil has a hypo, they will not be left alone; a fast acting sugar, such as glucose tablets, a glucose rich gel, or a sugary drink will be given immediately.
- Once the pupil has recovered, slower acting starchy food, such as a sandwich or two biscuits and a glass of milk, will be given, some 10-15 minutes later.

## 13 LIABILITY AND INDEMNITY

The Governing Body will ensure that the appropriate level of insurance is in place for staff providing support to pupils with medical conditions and appropriately reflects the level of risk.

The school will contact their insurers to extend their cover should a medical intervention fall outside the conditions covered by this policy.


## 14 COMPLAINTS

Parents/pupils should discuss any concerns directly with the **Headteacher** if they become dissatisfied with the support provided. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

## 15 SCHOOL PROCEDURES FOR MANAGING MEDICINES

- 1 Medicines should be brought to the school office by parents/carers. Parents will complete the relevant consent form (the form can be downloaded from the school's website).
- 2 The designated person will check that the
  - medicine is in its original container as dispensed by a chemist and details match those on the form;
  - label clearly states the child's
    - first and last name
    - name of medicine
    - dose required
    - method of administration
    - time/frequency of administration
  - patient information leaflet is present to identify any side effects;
  - medication is in date

- 3 The designated person will store the medication appropriately.
- 4 The designated person will administer medication at the appropriate time.
- 5 The following procedure will be followed:
  - The pupil will be asked to state their name – this is checked against the label on the bottle, authorisation form and record sheet.
  - The name of the medicine will be checked against the authorisation form and record sheet.
  - The time, dosage and method of administration will be checked against the authorisation form and record sheet.
  - The medicine is administered.
  - The record sheet is signed by the designated person and the witnessed (*controlled medication*)
  - Any possible side effects will be noted.
  - The medicine is returned to appropriate storage.
- 6 If a child refuses to take their medicine, staff will not force them to do so. Staff will record the incident and inform the parents or follow agreed procedures set out in the pupil's Healthcare Plan. If a refusal results in an emergency, the emergency procedures detailed in the Healthcare Plan will be followed.
- 7 If the designated person has concerns about a procedure or a medication that they are being asked to administer they will not administer the medicine, but check with the parents or a health professional before taking further action.
- 8 **Primary Schools:** At the end of the day parents of pupil's prescribed anti-biotic medication (four doses a day) should collect their child's medicine from the school office. For children staying to the After School Club the designated person(s) will pass anti-biotic medicine to the supervisor of the After School Club to return to the parents.

Signature of Headteacher .....  .....  
Date ..... September 2022 .....

## Appendix 1 Templates

### Supporting Pupils in Thornborough Infant School with Medical Conditions

<b>Template A</b>	Individual Healthcare Plan
<b>Template B</b>	parental agreement for setting to administer medicine
<b>Template C</b>	confirmation for Headteacher's agreement to administer medication
<b>Template D</b>	<del>record of medicine administered to an individual child</del> <b>N/A for Thornborough Infant School</b>
<b>Template E:</b>	record of medicine administered to all children
<b>Template F</b>	<del>request for child to carry their own medication</del> <b>N/A for Thornborough Infant School</b>
<b>Template G</b>	staff training record – administration of medicines
<b>Template H</b>	authorisation for the administration of rectal diazepam
<b>Template I</b>	authorisation for the administration of buccal midazolam
<b>Template J</b>	contacting emergency services
<b>Template K</b>	model letter inviting parents to contribute to individual healthcare plan development
<b>Template L</b>	<del>parents' consent form for the emergency use of salbutamol inhaler</del> <b>N/A for Thornborough Infant School</b>
<b>Template M</b>	<del>model letter to inform parents of use of salbutamol inhaler</del> <b>N/A for Thornborough Infant School</b>
<b>Template N</b>	witness seizure form
<b>Template O</b>	how to recognise an asthma attack
<b>Template P</b>	what to do in the event of an asthma attack

*Schools may wish to amend these forms to include their logo or adapt them for their particular policies on the administration of medicine but please ensure that all information on the standard form is included.*

*Template I should not be amended, as the Paediatric Community Service has produced this form.*

### Template A: Individual Healthcare Plan

Name of school/setting

**Thornborough Infant School**



Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

*Insert Pupil's Photo*

#### Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

#### Clinic/Hospital Contact

Name

Phone no.

#### G.P.

Name

Phone no.

Who is responsible for providing support in school

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

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

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



Signed by: .....

Job Title: .....

Date: .....

Signed by: .....

Name of Parent: .....

Date: .....

### Template B: Parental Agreement for Thornborough Infant School to administer medicine

The school will not give your child medicine unless you complete and sign this form.

Date for review to be initiated by


Name of school/setting

Name of child

Date of birth

Group/class/form

Medical condition or illness

<b>Thornborough Infant School</b> 

#### 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

Prescription / Non-Prescription  
 (Delete as appropriate)

Prescription	Non-prescription

**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

<b>The School Office</b>

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school's policy.

Prescribed Medication: I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Non-prescription medication: I confirm that I have administered this non-prescription medication, without adverse effect, to my child in the past. I will inform the school immediately, in writing, if my child subsequently is adversely affected by the above medication.

*If more than one medicine is required a separate form should be completed for each one.*

Signature(s) \_\_\_\_\_

Date \_\_\_\_\_

**Template C: Confirmation of the Headteacher's agreement to administer medicine**

Name of School

**Thornborough Infant School**

It is agreed that ..... (name of pupil) will receive  
..... (quantity and name of medicine) every day at .....  
(time medicine to be administered e.g. lunchtime or afternoon break).

This arrangement will continue until ..... (end date of course of medicine) or instructed  
by parent.

Date:

\_\_\_\_\_

Signed:

\_\_\_\_\_

Headteacher

**Template D: Record of medicine administered to an individual child**

**N/A to Thornborough Infant School**

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


**D: 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			

**Template E: Record of medicine administered to all children**

**Thornborough Infant School use a Bound Book**

**Name of school**

**Thornborough Infant School**

Date	Child's name	Time	Name of medicine	Batch Number	Dose given	Any reactions	Signature	Print name of staff	Reason for Administration
/ /									
/ /									
/ /									
/ /									
/ /									
/ /									
/ /									
/ /									
/ /									
/ /									
/ /									

**Template F: request for child to carry his/her medicine**

**N/A to Thornborough Infant School**

**THIS FORM MUST BE COMPLETED BY PARENTS/GUARDIAN**

**If staff have any concerns they should discuss this request with school healthcare professionals**

Name of School: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Group/Class/Form: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Medicine: \_\_\_\_\_

Procedures to be taken in an  
emergency: \_\_\_\_\_

**Contact Information**

Name: \_\_\_\_\_

Daytime Phone No: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

I would like my son/daughter to keep his/her medicine on him/her for use as necessary.

Signed:

Date:

If more than one medicine is to be given a separate form should be completed for each one.



**Template G: Staff training record – administration of medicines**

Name of school/setting	<b>Thornborough Infant School</b>
Name	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature \_\_\_\_\_

Date \_\_\_\_\_

**I confirm that I have received the training detailed above.**

Staff signature \_\_\_\_\_

Date \_\_\_\_\_

Suggested review date

**Template H: authorisation for the administration of rectal diazepam**

Name of School                      **Thornborough Infant School**

Child's name                      \_\_\_\_\_

Date of birth                      \_\_\_\_\_

Home address                      \_\_\_\_\_  
\_\_\_\_\_

GP                      \_\_\_\_\_

Hospital consultant                      \_\_\_\_\_  
\_\_\_\_\_

..... (name of child) should be given Rectal Diazepam..... mg. If they have a \*prolonged epileptic seizure lasting over ..... minutes

**OR**

\*serial seizures lasting over ..... minutes.

An Ambulance should be called for \*at the beginning of the seizure

**OR**

If the seizure has not resolved \*after ..... minutes.

(\* please delete as appropriate)

Doctor's signature:

Parent's signature:

Print Name:

Date:

**NB: Authorisation for the Administration of Rectal Diazepam**

As the indications of when to administer the diazepam vary, an individual authorisation is required for each child. This should be completed by the child's GP, Consultant and/or Epilepsy Specialist Nurse and reviewed regularly. This ensures the medicine is administered appropriately.

The Authorisation should clearly state:

- when the diazepam is to be given e.g. after 5 minutes; and
- how much medicine should be given.

Included on the Authorisation Form should be an indication of when an ambulance is to be summoned.

**Records of administration should be maintained using Template D or similar**

**Template I: authorisation for the administration of Buccal Midazolam**

<b>PERSONAL DETAILS</b>		<b>Child/Young Person's Photo</b>
<b>Name of Child/Young Person:</b>	<b>Address:</b>	
<b>Date of Birth:</b>	<b>GP:</b>	
<b>Name of School:</b>	<b>Next of Kin:</b>	
<b>Date Health Care Plan Completed:</b>	<b>Date to be Reviewed:</b>	
<b>Family Contact 1</b> Name: Phone No: (Home): (Work): (Mobile): Relationship:		<b>Family Contact 2</b> Name: Phone No: (Home): (Work): (Mobile): Relationship:
<b>The Midazolam is kept in the medical cabinet in the first aid room.</b> <b>Keys held by:</b>		

Emergency Medication

- Start timing seizure
- If seizure not resolved within 5 minutes
- Administer Midazolam into the buccal cavity between cheek and lower gums
- Dial 999
- Watch breathing does not become shallow
- Put person in recovery position

Midazolam  
Dose  
In mg / ml

PARENT	Signature	Date
HEAD TEACHER:	Signature	Date
HEALTHCARE PROFESSIONAL:	Signature	Date

Note for parents: Parents/carers are reminded of the importance of informing school of any changes in treatment/medication or ongoing concerns/changes in seizure patterns.

#### **Template J: 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 **[01280 812219]**
2. your name
3. your location as follows **[Thornborough Infant School, High Street, Thornborough]**
4. state the postcode **[MK18 2DF]**
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone

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



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Thornborough  
Buckingham  
MK18 2DF

Tel: 01280 812219  
Email:  
office@thornborough.bucks.sch.uk  
www.thornborough.bucks.sch.uk

[date]

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 each pupils 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

Headteacher

**Template L: parent consent form – use of emergency salbutamol inhaler**

**N/A to Thornborough Infant School**

..... (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: .....

**Template M: letter to inform parents of emergency salbutamol inhaler use**

**N/A to Thornborough Infant School**

Child's name: .....

Class: ..... Date: .....

Dear.....,

This letter is to formally notify you that.....has had problems with his / her breathing today. *(Delete as appropriate)*

This happened when.....

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

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

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

*(delete as appropriate)*

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

Yours sincerely,



**Template N: witnessing a seizure**

(use this table to help record your observations)

Before the Seizure					
Location	Classroom	Playground	Sports Hall	Dining Area	Other
Precipitating Factors	None	Anxious	Stressed	Tired	Other
Preceding symptoms/feelings	Irritable	Impulsive	Nauseous	Strange Sensations	Other
Position at onset	Sitting	Standing	Lying	Other	
During the Seizure					
Time at onset					
Did the child fall?	Yes/No	Forwards/Backwards	Description		
Breathing	Rapid	Shallow	Deep	Laboured	
Colour	Note any changes in skin tone, particularly around the mouth and extremities				
Movements	Describe any movement of:				
	Head				
	Arms				
	Legs				
	Eyes	Deviated to the left?	Deviated to the Right?	Pupils dilated?	Comment
Level of awareness/ responsiveness	Fully aware	Reduced awareness	Responsive to voice	Responsive to touch	No responses
Any injury?	Tongue	Limbs	Head	Other	
Incontinence	Urinary: Yes/No		Faecal: Yes/No		
Time at end of seizure			Duration of Seizure		

Action Taken	
--------------	--

<b>Template N: witnessing a seizure continued</b>				
After the seizure (briefly describe each of the following)				
Level of alertness: Immediately following seizure:  5 minutes after seizure:				
Maintenance of alertness				
Confusion				
Muscle weakness				
Duration of event				
Total recovery time				
Treatment given	Medication:	Dose:	Time given:	Response:
Parents informed				
Signed				
Print Name				
Date		Time		

**Template O: how to recognise an asthma attack**

## **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

Template P: what to do in the event of an asthma attack

## WHAT TO DO IN THE EVENT OF ASTHMA ATTACK

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward
- Use the child's own inhaler
- Remain with the child while the inhaler and spacer are brought to them
- Immediately help the child to take two 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.

**Template R: Recognition and management of an allergic reaction / anaphylaxis**

# Recognition and management of an allergic reaction/anaphylaxis

Signs and symptoms include:

**Mild-moderate allergic reaction:**

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

**ACTION:**

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine according to the child's allergy treatment plan
- Phone parent/emergency contact



**Watch for signs of ANAPHYLAXIS  
(life-threatening allergic reaction):**

**AIRWAY:**

Persistent cough  
Hoarse voice  
Difficulty swallowing, swollen tongue

**BREATHING:**

Difficult or noisy breathing  
Wheeze or persistent cough

**CONSCIOUSNESS:**

Persistent dizziness  
Becoming pale or floppy  
Suddenly sleepy, collapse, unconscious

**IF ANY ONE (or more) of these signs are present:**

1. Lie child flat with legs raised:  
(if breathing is difficult,  
allow child to sit)
2. Use Adrenaline autoinjector\* without delay
3. Dial 999 to request ambulance and say ANAPHYLAXIS



**\*\*\* IF IN DOUBT, GIVE ADRENALINE \*\*\***

**After giving Adrenaline:**

1. Stay with child until ambulance arrives, do NOT stand child up
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes**, give a further dose of adrenaline using another autoinjector device, if available.

Anaphylaxis may occur without initial mild signs: **ALWAYS** use adrenaline autoinjector **FIRST** in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY** (persistent cough, hoarse voice, wheeze) – even if no skin symptoms are present.



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www.thornborough.bucks.sch.uk

Dear Parent/Carer

**ADMINISTRATION OF INHALER / ANTI-HISTAMINE / PARACETAMOL IN SCHOOL**

Today in school ..... received

Medication: .....

Dose: .....

Time: .....

Reason: .....

.....

Administered by: .....

Date: .....

*Thornborough Staff*

*An Individual Health Care Plan has been completed and signed by the parent.*



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Dear Parent/Carer

**TETANUS**

Today ..... had an injury in School.

Injury: .....

.....

Action taken: .....

.....

Staff signature: ..... Date: ..... Time: .....

Please observe them for the signs and symptoms of Tetanus. The incubation period for the symptoms of tetanus to develop is 4 to 21 days after infection with the bacteria. The average incubation period is about 10 days.

**Seek medical help immediately if they suffer from any of the following Symptoms:**

- muscle stiffness (usually the neck, shoulders, back)
- spasms in the jaw muscles – 'lockjaw'
- difficulty swallowing / breathing
- high temperature
- heart palpitations
- sweating
- headache

Thornborough Staff



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Yellow

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Dear Parent/Carer

**Head Injury**

**Part A.**

Today \_\_\_\_\_ suffered a **Head Injury** at School.

Action taken: .....

Staff signature: ..... Date: ..... Time: .....

Most blows and bumps to the head cause no problems. However, in a few cases, further symptoms may occur which will require you to take your child to your local hospital for further advice.

These are:

- Vomiting repeatedly
- Any change in your child's behaviour
- Complaints of blurred or double vision
- Becomes increasingly sleepy
- Has a fit
- Complaints of increasingly severe headache
- Becomes unconscious

Thornborough Staff

-- ✂ -----

**Part B.**

Completed by Parent/Carer.

**Head Injury**

I have been advised that \_\_\_\_\_ suffered a **Head Injury** at School today.

Parent / Carer signature: ..... Date: .....

Part B to be retained by school and filed in box file in kitchen.





Thornborough Infant School      **Blue**  
High Street  
Thornborough  
Buckingham  
MK18 2DF

Tel: 01280 812219  
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www.thornborough.bucks.sch.uk

Dear Parent/Carer

**Nose Bleed**

Today your child suffered a **nose bleed** at School.

Action taken: .....

Additional Information: .....

.....

Staff signature: .....

Date: ..... Time: .....

Thornborough Staff



### **Administering Medicines Procedures**

#### **Mrs Ashby, Mrs. Barbara Sutherland and Mrs. Amanda Willmot will ADMINISTER MEDICINES in school**

1. Template B: parental agreement for Thornborough Infant School to administer medicine.
2. An Individual Healthcare Plan to be completed for all long term medical conditions / medication.
3. All medication must in original packaging with Pharmacists label detailing child's name and dosage required and the information leaflet.
4. Medication to be stored in the fridge with a copy of the relevant signed form, or, in a plastic wallet together with the Individual Healthcare Plan in the Medical cupboard.
5. Template E: Record of medicine administered to children **MUST** be completed every time medication is administered.
6. A Parental Letter **MUST** be completed and sent home in the book bag, if required, e.g. inhaler, head bump.
7. The following procedure will be followed
  - ✓ The pupil's name is checked against the label on the bottle, authorisation form and record sheet.
  - ✓ The name of the medicine will be checked.
  - ✓ The time, dosage, method of administration and expiry date will be checked.
  - ✓ After the medicine is administered the record sheet is signed
  - ✓ *Controlled medication, this MUST be witnessed.*
  - ✓ The medicine is returned to appropriate storage.
  - ✓ Any side effects will be noted.



## **Administration of Medicines**

The person responsible for dealing with the administration of medicines, including keeping records of parental permission, keeping medicines secure, keeping records of administering medication and the safe disposal of medicines is:	Mrs. Amanda Willmot
---	---------------------

The person responsible for dealing with the administration of controlled drugs whilst supporting pupils with medical needs including keeping records of parental permission, keeping medicines secure, keeping records of administering medication, liaising with parents and the safe disposal of medicines is:	Mrs. Amanda Willmot
--	---------------------


The person responsible for undertaking and reviewing the Individual Healthcare plans of pupils with medical needs is:	<b>Headteacher</b>
---	--------------------

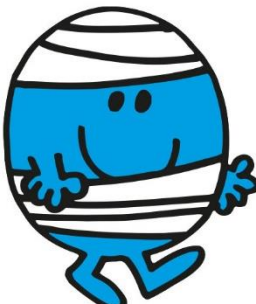
<b>Asthma Inhalers / Epipens</b> The person responsible for the supervision and storage of the inhalers and epipens and annual training:	Mrs. Amanda Willmot
---	---------------------

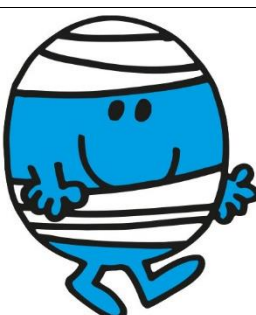
Other persons trained and responsible in School	Mrs. Ashby – booked Autumn Term Mrs. Sutherland – to refresh training
---	--

<b>School Paediatric First Aiders:</b>	
Mrs. Ashby	Booked Autumn Term
Miss. Gibson	Expires January 2026
Mrs. Hopkin	Booked Autumn Term
Miss. Jenner	Booked Autumn Term
Mrs. Krelle	Expires March 2026
Mrs. Maulkerson	Expires December 2025

<b>First Aid at Work:</b>	
Mrs. Sutherland	Expires March 2026
Mrs. Willmot	Booked 9 October 2023

	<b>I've had a bump!</b>
	Dear Parent/Carer,  _____ has had a bump today.
	Details:   
Signed: _____	Date: _____

	<b>I've had a bump!</b>
	Dear Parent/Carer,  _____ has had a bump today.
	Details:   
Signed: _____	Date: _____

	<b>I've had a bump!</b>
	Dear Parent/Carer,  _____ has had a bump today.
	Details:   
Signed: _____	Date: _____



**First Aid / Minor Injury Record**

**Page**

Date & Time	Childs Name	Injury											Location	Action taken					Staff Signature
		A	B	C	D	E	F	G	H	I	J	Other Injury		Wipe	Plaster	Ice Pack	Other	Parental Letter	

**INJURY**

**A** Bump to Head (letter required)    **I** Arm / Leg / Hand / Foot / Body    **C1**  
**B** Contact with another child    **J** Sting / Bite  
**C** Contact with Equipment / Apparatus  
**D** Graze  
**E** Nose Bleed (letter required)  
**F** Face / Nose / Cheek / Ear  
**G** Eye  
**H** Mouth / Teeth / Lip

**LOCATION**

**Oak Classroom**    **SP** Sandpit  
**C2** Willow Classroom    **OS** Off site  
**L** Nest    **O** Other  
**VH** Village Hall  
**CH** Church  
**CL** Cloakroom / Toilets  
**A** Equipment / Apparatus  
**P** Playground



## **THORNBOROUGH INFANT SCHOOL**

### **SCHOOL POLICY FOR SUPPORTING PUPILS WITH MEDICAL NEEDS**

#### **FIRST AID / MINOR INJURIES ACCIDENT RECORD**

- **HEAD INJURY**

For any Head Injury, complete a Head Letter and let the Class Teacher know. Parents to sign the tear off slip at the end of the day. File slip in box file in kitchen.

- **NOSE BLEEDS**

For a Nose Bleed, complete a Nose Bleed Letter to send home and let the Class Teacher know.

- **BUMPS**

For any Bumps, complete a slip to send home and let the Class Teacher know.

- **CHILDREN WITHOUT IMMUNISATIONS INCLUDING TETANUS**

For children identified without IMMUNISATIONS or TETANUS you **MUST** follow their Individual Healthcare Plan (IHP) when dealing with accidents and injuries.

For children without TETANUS, complete a Tetanus Letter to send home and let the Class Teacher know.

- **INHALERS, ANTI-HISTAMINE & PARACETOMOL PRODUCTS**

A parental letter **MUST** be sent home **UNLESS** it is a detailed requirement within the IHCP. In all cases record in the medical book.

