

**Ysgol Babanod Ladywell Green Infant School**

**Healthcare Needs Policy**

Adopted on:

Headteacher:

Chair of Governors:

Review Date:

**Key Principles**

* Learners with healthcare needs should be properly supported so that they have full access to education, including trips and physical education.
* Governing bodies must ensure that arrangements are in place to support learners with healthcare needs.
* Governing bodies should ensure that education setting staff consult the relevant professionals, learners and parents to ensure the needs of the learner with healthcare needs are properly understood and effectively supported
* Staff should understand and work within the principles of inclusivity, working in a way which allows those with healthcare needs to participate fully.
* Staff should understand their role in supporting learners with healthcare needs and appropriate training should be provided.
* Staff should feel confident they know what to do in a healthcare emergency.
* Staff should be aware of the needs of their learners through the appropriate and lawful sharing of the individual learner’s healthcare needs.
* Whenever appropriate, learners should be encouraged and supported to take responsibility for the management of their own healthcare needs

The key principles of this policy ensure that all legal requirements are adhered to.

**Roles and Responsibilities**

**The school**

***Governing bodies***

Governing bodies should oversee the development and implementation of arrangements, which includes:

* complying with applicable statutory duties, including those under the Equality Act 2010 (e.g. the duty to make reasonable adjustments in respect of learners with healthcare needs if they are disabled)
* having a statutory duty to promote the well-being of learners, including providing learners access to information and material aimed at promoting spiritual and moral well-being and physical and mental health (Article 17 of the UNCRC)
* ensuring the roles and responsibilities of all those involved in the arrangements to support the healthcare needs of learners are clear and understood by all those involved, including any appropriate delegation of responsibilities or tasks to a headteacher, member of staff or professional as appropriate
* developing and implementing a policy on healthcare needs and where appropriate, care plans or IHPs for particular learners
* ensuring arrangements are in place for the development, monitoring and review of the healthcare needs arrangements
* ensuring the arrangements are in line with other relevant policies and procedures, such as health and safety, first aid, risk assessments, the Data Protection Act 1998, safeguarding measures and emergency procedures
* ensuring robust systems are in place for dealing with healthcare emergencies and critical incidents, for both on- and off-site activities, including access to emergency medication such as inhalers or adrenaline pens
* ensuring staff with responsibility for supporting learners with healthcare needs are appropriately trained
* ensuring appropriate insurance cover is in place, any conditions are complied with and staff are clear on what this means for them when supporting learners
* having an infection prevention policy that fully reflects the procedures laid out in current guidance.

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### *Headteacher*

The headteacher should ensure arrangements to meet the healthcare needs of their learners are sufficiently developed and effectively implemented. This includes:

* working with/reporting to the governing body to ensure compliance with applicable statutory duties when supporting learners with healthcare needs, including duties under the Equality Act 2010
* ensuring the arrangements in place to meet a learner’s healthcare needs are fully understood by all parties involved and acted upon, and such actions maintained.
* ensuring the support put in place focuses on and meets the individual learner’s needs, also known as person-centred planning
* extending awareness of healthcare needs across the education setting in line with the learner’s right to privacy. This may include support, catering and supply staff, governors, parents and other learners
* ensuring a sufficient number of trained staff are available to implement the arrangements set out in all IHPs, including contingency plans for emergency situations and staff absence
* having the overall responsibility for the development of care plans / IHPs in partnership with health services
* ensuring that learners have an appropriate and dignified environment to carry out their healthcare needs, e.g. private toilet areas for catheterisation
* checking with the local authority whether particular activities for supporting learners with healthcare needs are appropriately covered by insurance and making staff aware of any limits to the activities that are covered
* ensuring all learners with healthcare needs are appropriately linked with the education setting’s health advice service
* ensuring all learners with healthcare needs are not excluded from activities they would normally be entitled to take part in without a clear evidence-based reason
* notifying the local authority when a learner is likely to be away from the education setting for a significant period, e.g. three weeks (whether in one go or over the course of the academic year) due to their healthcare needs. Ultimately, what qualifies a period of absence as ‘significant’ in this context depends upon the circumstances and whether the setting can provide suitable education for the learner. Shorter periods of absence may be significant depending upon the circumstances
* being mindful of the Social Services and Well-being (Wales) Act 2014. Education settings should be fully aware of this approach and ensure assistance to learners is provided using a holistic approach.

***Teachers and support staff***

Any staff member within the education setting may be asked to provide support to learners with healthcare needs, including assisting or supervising the administration of medicines. This role is entirely voluntary. Staff members must receive sufficient and suitable training and achieve the necessary level of competence before they take on the responsibility. No staff member can be required to administer or supervise medication unless it forms part of their contract, terms and conditions or a mutually agreed job plan.

In addition to the training provided to staff that have volunteered or are contracted to support learners with healthcare needs, the education setting should ensure staff:

* fully understand the education setting’s healthcare needs policies and arrangements
* are aware of which learners have more serious or chronic healthcare needs, and, where appropriate, are familiar with these learners’ care plans/ IHPs. This includes knowing how to communicate with parents and what the triggers for contacting them are, such as when the learner is unwell, refuses to take medication or refuses certain activities because of their healthcare needs
* are aware of the signs, symptoms and triggers of common life-threatening medical conditions and know what to do in an emergency. This includes knowing who the first aiders are and seeking their assistance if a medical emergency takes place
* fully understand the education setting’s emergency procedures and be prepared to act in an emergency
* ask and listen to the views of learners and their parents, which should be taken into consideration when putting support in place
* ensure learners (or their friends) know who to tell if they feel ill, need support or changes to support
* listen to concerns of learners if they feel ill at any point and consider the need for medical assistance (especially in the case of reported breathing difficulties)
* make sure learners with healthcare needs are not excluded from activities they wish to take part in without a clear evidence-based reason, including any external trips/visits. This includes ensuring learners have access to their medication and that an appropriately trained member of staff is present to assist where required
* are aware of bullying issues and emotional well-being regarding learners with healthcare needs, and are prepared to intervene in line with the education setting’s policy
* are aware that healthcare needs can impact on a learner’s ability to learn and provide extra help when needed
* support learners who have been absent and assist them with catching up on missed work ‒ this may involve working with parents and specialist services
* keep parents informed of how the healthcare need is affecting the learner in the education setting. This may include reporting any deterioration, concerns or changes to learner or staff routines.

***Parents and learners***

It is vital that learners and parents are actively involved in the planning of support and management of healthcare needs. Meeting the individual’s needs should be at the centre of decision making and processes. The UNCRC states learners should have access to appropriate information essential for their health and development and have opportunities to participate in decisions affecting their health.

Parents and learners should:

* receive updates regarding healthcare issues/changes that occur within the education setting
* be involved in the creation, development and review of an IHP or care plan (if any). The parent and learner may be best placed to provide information about how their healthcare needs affect them. They should be fully involved in discussions about how the learner’s healthcare needs will be met in the education setting, and contribute to the development of, and compliance with, their IHP
* provide the education setting with sufficient and up-to-date information about healthcare needs, including any guidance regarding the administration of medicines and/or treatment from healthcare professionals. Where appropriate, learners should be encouraged and enabled to manage their own healthcare needs
* inform the education setting of any changes such as type of medication, dosage or method of administration
* provide relevant in-date medicines, correctly labelled, with written dosage and administration instructions
* ensure a nominated adult is contactable at all times and all necessary forms are completed and signed
* inform the education setting if their child has/had an infectious disease or condition while in attendance.

***Local Authority***

Local authorities should ensure education provision is available to learners, and:

* must make reasonable adjustments to ensure disabled children and young people are not at a substantial disadvantage compared with their peers. This duty is anticipatory. For example, learners should not be disadvantaged when leaving primary school and beginning secondary school. In practical terms this means adjustments must be planned and implemented in advance to prevent any disadvantage. Discussions around the responsibility for provision should not impact on the delivery of service, as delays could be detrimental to the education and well-being of the learner
* must make arrangements to promote cooperation between various bodies or persons, with a view to improving, among other things, the well-being of children in relation to their physical and mental health, their education, training and recreation. When making these arrangements, local authorities should ensure appropriate agreements are in place for data sharing. This could be through working within the Wales Accord on Sharing Personal Information (WASPI) Information Sharing Protocols or Data Disclosure Agreements. Local authorities and health boards have WASPI coordinators who can support service providers to develop appropriate agreements
* should work with education settings to ensure learners with healthcare needs receive a suitable education. Where a learner of compulsory school age would not receive a suitable education for any period because of their health, the local authority has a duty to make arrangements to provide suitable education. If a learner is over that compulsory school age but under 18, the local authority may make such arrangements
* should provide support, advice and guidance, including how to meet the training needs of education setting staff, so that governing bodies can ensure the support specified within the individual healthcare plan (IHP) can be delivered effectively.

***NHS Wales school health nursing service, third sector organisations and other specialist services***

Healthcare and practical support can be found from a number of organisations. Education settings have access to a health advice service. The scope and type of support the service can offer may include:

* + offering advice on the development of IHPs and care plans
  + assisting in the identification of the training required for the education setting to successfully implement IHPs
  + supporting staff to implement a learner’s IHP through advice and liaison with other healthcare, social care and third sector professionals.

Health advice and support can also be provided by specialist health professionals such as GPs, paediatricians, speech and language therapists, occupational therapists, physiotherapists, dieticians and diabetes specialist nurses. In addition, third sector voluntary bodies can provide advice and practical support. Proactively engaging with specialist services can provide practical help when writing and implementing IHPs. They can also provide training and awareness-raising resources, including video links.

**Creating an accessible environment**

* **Physical access to education setting buildings**

The school must carries out accessibility planning and has in place an accessibility plan which is reviewed annually.

* **Reasonable adjustments ‒ auxiliary aids or services**

The school has an Equality Plan in place. All reasonable adjustments are made to ensure equality of provision for all pupils.

* **Day trips and residential visits**

The school has an Equality Plan in place, which includes information about ensuring equality for school visits.

* **Social interactions**

The school ensures that all pupils are appropriately supported with social interactions during structured and unstructured times, and that all barriers to learning are removed or minimised.

* **Exercise and physical activity**

The school ensures that reasonable adjustments are made that all pupils are able to participate in appropriate physical activity. Advice from health care professionals would be sought where required.

* **Food management**

Any food related health care needs would be planned for in liaison with parents/carers and Powys Catering staff.

* **Risk assessments**

Staff should be clear when a risk assessment is required and be aware of the risk assessment systems in place. Where a risk assessment is required, it will start from the premise of inclusion and seek to make adjustments or alternative activities rather than separate provision.

**Sharing Information**

The school will:

* + make healthcare needs policies easily available and accessible, online and in hard copy
  + ensure the learner/parents know who the information will be shared with, and record when information is shared beyond immediate staff within the school
  + consider how friendship groups and peers may be able to assist learners, e.g. they could be taught the triggers or signs of issues for a learner, know what to do in an emergency and who to ask for help. The school will discuss with the learner and parents first and decide if information can be shared.

**Procedures and record keeping for the management of learners’ healthcare needs**

The following documentation is collected and maintained, where appropriate.

1. Contact details for emergency services
2. Parental agreement for educational setting to administer medicine
3. Head of educational setting agreement to administer medicine
4. Record of medicine stored for and administered to an individual learner
5. Record of medicines administered to all learners by date
6. Staff training record ‒ administration of medicines
7. Medication incident report

New records should be completed when there are changes to medication or dosage. The school ensure that the old forms are clearly marked as being no longer relevant and stored in line with their information retention policy. These forms/templates can be found in the Annex. Electronic versions can be found on the Welsh Government website.

**Storage, access and the administration of medication and devices**

***Supply of medication or devices***

When medication is supplied to school, parents/carers should ensure they:

* + - are in date
    - have contents correctly and clearly labelled, with an expiry date
    - are labelled with the learner’s name
    - are accompanied with written instructions for administration, dosage, frequency and storage
    - are in their original container/packaging as dispensed by the pharmacist (with the exception of insulin which is generally available via an insulin pen or a pump)
    - are an appropriate amount for the period of time in use.

**Storage, access and disposal**

While all medicines should be stored safely, the type and use of the medication will determine how this takes place. It is important for staff to know where medication is stored and how to access it. Medicine requiring medication will be stored in the staff room fridge, in an airtight container. Emergency medication (e.g. asthma inhalers, allergy medication) will be stored in classes, or in the head teacher’s office, and will not be locked away. All other medication is to be stored in the main office. All unused medication/devices will be returned to parents/carers for disposal.

**Administration of medicines**

* The school will administer medication where a care plan or IHP is in place. For any pupil requiring long term medication, or who may require emergency treatment e.g. epi-pen or asthma, a care plan or asthma permission will be required.
* Parents and carers are able to request that the school administers medication for short term periods when a doctor or healthcare professional agrees that the learner is well enough to be at school BUT they require a course of prescribed medication that cannot be administered outside of the school day and parents/carers are not available during the school day to administer it.
* Parents/carers will complete a request form, and the school will complete an agreement to administer medication if the above criteria is satisfied. The school is unable to administer non-prescribed medication under directions such as ‘give a spoonful when he/she is feeling poorly’.
* The school will keep appropriate records of when medication is administered (see appendix)
* Where the learner is under 16, assistance or administration of prescribed or non-prescribed medicines requires written parental consent, unless Gillick competence is recorded. The administration of all medication should be recorded.
  + Where medication is prescribed to be taken in frequencies which allow the daily course of medicine to be administered at home, parents should seek to do so, e.g. before and after school and in the evening. There will be instances where this is not appropriate.
  + Learners under 16 should never be given aspirin or its derivatives unless prescribed to them.
  + Unless there is an agreed plan for the learner to self-medicate (16 years and above or Gillick competent), all medication should be administered by a member of staff. In other cases, it may need to be supervised in accordance with the IHP.
  + Medication should only be administered by suitably trained staff. The movement and location of these trained staff should always be in conjuncture with the learners they support.
  + Staff should check the maximum dosage and the amount and time of any prior dosage administered.
  + Certain medical procedures may require administration by an adult of the same gender as the learner, and may need to be witnessed by a second adult. The learner’s thoughts and feelings regarding the number and gender of those assisting must be considered when providing intimate care. There is no requirement in law for there to be more than one person assisting. This should be agreed and reflected in the IHP and risk assessment.
  + The education setting should have an intimate care policy. It should be followed, unless alternative arrangements have been agreed, and recorded in the learner’s IHP.
  + If a learner refuses their medication, staff should record this and follow their defined procedures informing parents as soon as possible. If a learner misuses any medication, their parents should be informed as soon as possible. The education setting should ask parents to seek healthcare advice as appropriate. If parents cannot be contacted immediately, staff need to consider seeking immediate healthcare advice.
  + Staff involved in the administration of medication should be familiar with how learners consent to treatment. Further information on this from the Welsh Government can be found in the *Patient Consent to Examination and Treatment ‒ Revised Guidance* (NHS, 2008)[[1]](#footnote-1).
  + All staff supporting off-site visits should be made aware of learners who have healthcare needs. They should receive the required information to ensure staff are able to facilitate an equal experience for the learner. This information may include health and safety issues, what to do in an emergency and any other additional necessary support that the learner requires, including medication and equipment.

**Emergency procedures**

* The school has an appropriate number of staff who are trained in Emergency First Aid and First Aid At Work. This is displayed at key areas in the school e.g. offices and staff room. These staff members should be consulted in the first instance.
* The headteacher or other available member of the senior leadership team in the absence of the headteacher would lead the response in an emergency.
* If a pupil needs to be transported off-site for treatment, and the parent/carer is unable to arrive in time, 2 members of staff will accompany the pupil.
* Health care plans or IHPs are held in pupil profiles. All staff are informed of pupils’ needs and procedures. Pupils with health care needs are displayed in the staff room, alongside an image to ensure that all staff/temporary staff are aware of needs.

**Training**

* The school will ensure that an adequate number of staff are suitably trained for First Aid – this will be on a voluntary basis for all staff except the headteacher.
* Where special circumstances or needs are identified (e.g. use of epi-pen/emerade) specific training/update training will be undertaken by staff. Training records are stored in staff files.
* Pupils with heathcare needs are displayed in the staff room to ensure that all staff, including temporary staff, are aware of needs
* Where staff who normally medicate pupils are not present (e.g. absence or due to an off-site visit), it is the responsibility of the headteacher in liaison with the class teacher to ensure that alternative arrangements are put in place

**Qualifications and assessments**

Formal assessment takes place at the end of year 2, when pupils take the Welsh Government reading and numeracy tests. Where required for pupils with health care needs, the school will follow procedures for making reasonable amendments to tests (e.g. large print copies, or additional time) within the guidance for the tests.

**Education other than at school (EOTAS)**

When pupils have extended time away from school, or a hospital stay, the school will ensure that it liaises with the services who provide education in these instances, that provision is useful to the pupil.

**School transport**

There are statutory duties on local authorities, headteachers and governing bodies in relation to learners travelling to the place where they receive their education or training. For example, depending upon the circumstances, local authorities may need to arrange home-to-school transport for a learner, or provide appropriately trained escorts for such journeys to facilitate the attendance of a learner. Each individual case would be looked at by the Local Authority to ensure that all provision was in place. The school would seek to ensure that provision ran smoothly on a day to day basis and would contact the Local Authority if necessary.

**Reviewing policies, arrangements and procedures**

Governing bodies should ensure all policies, arrangements and procedures are reviewed regularly by the education setting. IHPs/care plans may require frequent reviews depending on the healthcare need – this should involve all key stakeholders including, where appropriate, the learner, parents, education and health professionals and other relevant bodies.

**Insurance arrangements**

Governing bodies of maintained education settings should ensure an appropriate level of insurance is in place to cover the setting’s activities in supporting learners with healthcare needs. The school would ensure, in liaison with the Local Authority, that the level of insurance appropriately reflects the level of risk. Additional cover may need to be arranged for some activities, e.g. off-site activities for learners with particular needs.

**Complaints procedure**

If the learner or parent is not satisfied with the education setting’s health care arrangements they are entitled to make a complaint. The governing body have a complaints policy which is based on the Local Authority model and is reviewed regularly.

It is available on the school website, and a hard copy can be requested.

If the complaint is Equality Act 2010-/disability-related, then consideration of a challenge to the Special Education Needs Tribunal for Wales (SENTW) can be made.

**Individual healthcare plans (IHPs)**

IHPs set out what support is required by a learner. They do not need to be long or complicated. In Ladywell Green School the Headteacher has responsibility for developing IHPs in liaison with health services. IHPs are essential where healthcare needs are complex, fluctuating, long term or where there is a high risk that an emergency intervention will be needed. However, not all learners with healthcare needs require an IHP and there should be a process in place to decide what interventions are most appropriate. The following diagram outlines the process for identifying whether an IHP is needed.

**Identify learners with healthcare needs**

* Learner is identified from enrolment form or other route.
* Parent or learner informs education setting of healthcare need.
* Transition discussions are held in good time, e.g. eight weeks before either the end of term or moving to a new education setting.

**Gather information**

* If there is potential need for an IHP, the education setting should discuss this with the parent and learner.

**Establish if an IHP should be made**

* The education setting should organise a meeting with appropriate staff, the parents, the learner and appropriate clinicians to determine if the learner’s healthcare needs require an IHP, or whether this would be inappropriate or disproportionate. If consensus cannot be reached, the headteacher should take the final decision, which can be challenged through the complaints procedure.

**If an IHP should be made**

* The education setting, under the guidance of the appropriate healthcare professionals, parents and the learner, should develop the IHP in partnership.
* The education setting should identify appropriate staff to support the learner, including identifying any training needs and the source of training, and implement training.
* The education setting should circulate the IHP to all appropriate individuals.
* The education setting should set an appropriate review date and define any other triggers for review.

In most cases, especially concerning short-term illnesses such as those requiring a course of antibiotics, a detailed IHP may not be necessary. In such circumstances it may be sufficient to record the name of medication, dosage, time administered and any possible side effects. These procedures should be confirmed in writing between the learner (where appropriate), the parents and the education setting (see section above on administering medication)

However, when a learner has continual or episodic healthcare needs, then an IHP may be required. If these needs are complex and the learner is changing settings, then preparation should start early to help ensure the IHP is in place at the start of the new term.

***Roles and responsibilities in the creation and management of IHPs***

IHPs do not need to be complex but they should explain how the learner’s needs can be met. An IHP should be easily accessible to all who need to refer to it, while maintaining the required levels of privacy. Each plan should capture key information and actions required to support the learner effectively. The development of detailed IHPs may involve:

* the learner
* the parents
* input or information from previous education setting
* appropriate healthcare professionals
* social care professionals
* the headteacher and/or delegated responsible individual for healthcare needs across the setting
* teachers and support staff, including catering staff
* any individuals with relevant roles such as a first aid coordinator, a well-being officer, and special educational needs coordinator (SENCo).

While the plan should be tailored to each individual learner, it may include:

* details of the healthcare need and a description of symptoms
* specific requirements such as dietary requirements, pre-activity precautions (e.g. before physical education classes)
* medication requirements, e.g. dosage, side effects, storage requirements, arrangements for administration
* an impact statement (jointly produced by a healthcare professional and a teacher) on how the learner’s healthcare condition and/or treatment affects their learning and what actions are required to mitigate these effects
* actions required
* emergency protocols and contact details
* the role the education setting can play, e.g. a list of things to be aware of
* review dates and review triggers
* roles of particular staff, e.g. a contact point for parents, staff responsible for administering/supervising medication, and arrangements for cover in their absence
* consent/privacy/sensitive information-sharing issues
* staff training needs, such as with regard to healthcare administration, aids and adaptive technologies
* record keeping ‒ how it will be done, and what information is communicated to others
* home-to-school transport ‒ this is the responsibility of the local authority, who may find it helpful to be aware of the learner’s IHP and what it contains, especially in respect of emergency situations.

The aim of the plan is to capture the steps which need to be taken to help a learner manage their condition and overcome any potential barriers to participating fully in education. Those devising the plan should agree who will take the lead, but responsibility for ensuring it is finalised and implemented rests with the education setting. Many third sector organisations have produced condition-specific template IHPs that could be used.

Governing bodies should ensure the plans are reviewed at least annually or more frequently should there be new evidence that the needs of the learner have changed. They should be developed with the best interests of the learner in mind and ensure the education setting, with specialist services (if required), assess the risks to the learner’s education, health and social well-being.

Where a learner has an SEN the IHP should be linked or attached to any individual education plan, Statement of SEN, or learning and skills plan.

**Unacceptable practice**

It is not acceptable practice to:

* prevent learners from attending an education setting due to their healthcare needs, unless their attending the setting would be likely to cause harm to the learner or others
* prevent learners from easily accessing their inhalers or other medication, and prevent them from taking their medication when and where necessary
* assume every learner with the same condition requires the same treatment
* ignore the views of the learner or their parents, or ignore healthcare evidence or opinion (although these views may be queried with additional opinions sought promptly)
* send learners with healthcare needs home frequently or prevent them from staying for normal activities, including lunch, unless this is suitably specified in their IHP
* send a learner who becomes ill or needs assistance to a medical room or main office unaccompanied or with someone unable to properly monitor them
* penalise a learner for their attendance record if the absence is related to their healthcare needs. ‘Authorised absences’ including healthcare appointments, time to travel to hospital or appointment, and recovery time from treatment or illness should not be used to penalise a learner in any way. This includes, but is not limited to, participation in activities, trips or awards which are incentivised around attendance records
* request adjustments or additional time for a learner at a late stage. They should be applied for in good time. Consideration should also be given to adjustments or additional time needed in mock examinations or other tests
* prevent learners from drinking, eating or taking toilet or other breaks whenever needed in order to manage their healthcare needs effectively
* require parents, or otherwise make them feel obliged, to attend the education setting, trip or other off-site activity to administer medication or provide healthcare support to the learner, including for toileting issues
* expect or cause a parent to give up work or other commitments because the education setting is failing to support a learner’s healthcare needs
* ask a learner to leave the classroom or activity if they need to administer non-personal medication or consume food in line with their health needs
* prevent or create unnecessary barriers to a learner’s participation in any aspect of their education, including trips, e.g. by requiring a parent to accompany the learner.

**List of Annexes**

**1 Forms from Welsh Government Guidance**

**2 Flowchart for Administration of Medication**

**3 model Individual Healthcare Plan**

**4 Treatment Table – Insurance**

**Annexe 1**

**Forms**

To assist schools the Welsh Government has prepared a number of examples of forms which are set out on the following pages. Schools and settings may wish to use or adapt these according to their particular policies on administering medicines.

Form 1 Contacting Emergency Services

Form 2 Parental request for school/setting to administer medicine

Form 3 Headteacher/Head of setting agreement to administer medicine

Form 4 Record of medicine administered to an individual child

Form 5 Record of medicines administered to all children

Form 6 Request for child to carry his/her own medicine

Form 7 Staff training record - administration of medicines

Form 8 Medication/healthcare incident report

**Form 1**

**Contacting Emergency Services**

**Request for an Ambulance:**

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

1 Your telephone number **01686 626303**

2 Give your location as follows ***Ladywell Green Infant School, Park Street, Newtown, Powys***

3 State that the postcode is ***SY16 1EG***

4 Give exact location in the school/setting ***On the right before the police station and on the same site as Hafren Junior School.***

5 Give your name

6 Give name of child and a brief description of child ’s symptoms

7 Inform Ambulance Control of the best entrance and state that the crew will be met and taken to the child

8 Don’t hang up until the information has been repeated back.

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

Put a completed copy of this form by all the telephones in the school

**FORM 2**

**Parental agreement for education setting to administer medicine**

**[Insert name of education setting] needs your permission to give your child medicine. Please complete and sign this form to allow this.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of education setting | | Ladywell Green Infant School | | |
| Name of child | |  | | |
| Date of birth | |  | | |
| Group/Class/Form | |  | | |
| Healthcare Need | |  | | |
| **Medicine**  Name/type of medicine (as descirbed on the container) | |  | | |
|  | | |
| Date dispensed |  | | Expiry date |  |
| Agreed review date to be initiated by (name of member of staff) | |  | | |
| Doseage and methos | |  | | |
| Timing | |  | | |
| Special precautions | |  | | |
|  | |  | | |
| Are there any side effects that the setting needs to know about? | |  | | |
|  | |  | | |
| Self adminsitration (delete as appropriate) | | **Yes / No** | | |
| Procedures to take in an emergency | |  | | |
|  | |  | | |

PTO

|  |  |
| --- | --- |
| **Contact details** |  |
| Name |  |
| Daytime telephone no. |  |
| Relationship to child |  |
| Address |  |
|  |  |
|  |  |
| I understand that I must deliver the medicine personally to [agreed member of staff] |  |
| I understand that I must notify the setting of any changes in writing. | |
| Date |  |
| Signatures |  |
|  |  |

**FORM 3**

**Headteacher Agreement to Administer Medicine**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name of School | Ladywell Green Infant School | | | | | |
| It is agreed that [name of learner] | | |  | | | |
| Will receive (quantity and name of medicine) | | | |  | | |
| Every day at [time to be administered, e.g. lunchtime, or time] | | | | |  | |
| Will be given/supervised whilst he/she takes their medication by [name of staff] | | | | | |  |
|  | | | | | | |
| This arrangement will continue until [either end date of course of medicine or until | | | | | | |
| instructed by parents] | |  | | | | |
| Date | |  | | | | |
| Signed | |  | | | | |
| [Headteacher/Head of School/named member of staff] | | | | | | |

**FORM 4**

**Record of Medicine Administered to an Individual Child**

|  |  |
| --- | --- |
| Name of School | Ladywell Green Infant School |

|  |  |
| --- | --- |
| Name of Learner |  |

|  |  |
| --- | --- |
| 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 |  |  |  |  |  |  |
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| Time Given |  |  |  |  |  |  |
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| Dose Given |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Name of Member of Staff |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Staff Initials |  |  |  |  |  |  |

PTO

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| --- | --- | --- | --- | --- | --- | --- |
| Date |  |  |  |  |  |  |
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| Time Given |  |  |  |  |  |  |
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| Dose Given |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Name of Member of Staff |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Staff Initials |  |  |  |  |  |  |

**FORM 4 Cont.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Date |  |  |  |  |  |  |
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| Time Given |  |  |  |  |  |  |
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| Dose Given |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Name of Member of staff |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Staff Initials |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- |
| Date |  |  |  |  |  |  |
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| Time Given |  |  |  |  |  |  |
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| Dose Given |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Name of Member of staff |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Staff Initials |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
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| Date |  |  |  |  |  |  |
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| Time Given |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Dose Given |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Name of Member of staff |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Staff Initials |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Date |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 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 |  |  |  |  |  |  |

**FORM 5**

**Record of Medicines Administered to all Learners – by date**

|  |  |
| --- | --- |
| **Name of School** | Ladywell Green Infant School |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Learners Name** | **Time** | **Name of Medicine** | **Dose Given** | **Any Reactions** | **Signature**  **of Staff** | **Print Name** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
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**FORM 6**

**Request for Child to Carry His / Her Own Medicine**

*This form must be completed by parents/guardian*

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

PTO

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of School | | | |  | | | | | | |
| Learners Name | | | |  | | | | | | |
| Group/Class/Form | | | |  | | | | | | |
| Address | | | |  | | | | | | |
|  | | | |  | | | | | | |
| Name of Medicine | | | |  | | | | | | |
|  | | | | | | | | | | |
| Carry and administer | | | | |  |  | |  | | |
|  | | | | | | | | | | |
| Administer from stored location | | | | |  |  | |  | | |
|  | | | | | | | | | | |
| Procedures to be taken in an emergency | | | | | | |  | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| Contact Information | | | |  | | | | | | |
| Name | | | |  | | | | | | |
| Daytime Phone No. | | | |  | | | | | | |
| Relationship to Learner | | | |  | | | | | | |
| I would like my son/daughter to keep his/her medicine on him/her for use as necessary. | | | | | | | | | | |
| Signed | |  | | | | | | | Date |  |
| I agree to administer and/or carry my medicine. If I refuse to administer my medication as agreed, then this agreement will be reviewed. | | | | | | | | | | |
| Learner’s signature | | |  | | | | | | | |
| Date |  | | | | | | | | | |

**FORM 7**

**Staff Training Record - Administration of Medicines**

|  |  |
| --- | --- |
| Name of School |  |

|  |  |
| --- | --- |
| 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 *[please state how often]* |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Trainer’s signature |  | Date |  |

I confirm that I have received the training detailed above.

|  |  |  |  |
| --- | --- | --- | --- |
| Staff signature |  | Date |  |

|  |  |
| --- | --- |
| Suggested review date |  |

**Form 8**

**Medication/healthcare incident report**

PTO

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Learners Name | | | | |  | | | | | | | |
| Home address | | | | |  | | | | | | | |
|  | | | | |  | | | | | | | |
| Telephone No. | | | | |  | | | | | | | |
| Date of Incident | |  | | | Time of Incident | | | | | |  | |
| **Correct medication and dosage** | | | | |  | | | | | | | |
|  | | | | | | | | | | | | |
| **Medication normally administered by** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Learner | | | | |  | |  | | | | | |
|  | | | | |  | | | | | | | |
| Learner with staff supervision | | | | |  | |  | | | | | |
|  | | | | |  | | | | | | | |
| Nurse/school staff member | | | | |  | |  | | | | | |
|  | | | | |  | | | | | | | |
| **Type of error** | | | | |  | | | | | | | |
| Dose administered 30 minutes after scheduled time | | | | | | | | | |  | |  |
|  | | | | |  | | | | | | | |
| Omission |  | |  | | | Wrong dose | | | |  | |  | |
|  |  | | | |  | | | | |  | | |
| Additional dose |  | |  | | Wrong learner | | | | |  | |  |
|  |  | | | |  | | | | |  | | |
| Dose given without permissions on file | | | | |  | | | Dietary | |  | |  |
|  | | | | |  | | | | | | | |
| Dose adminsitered by unauthroised person | | | | | | | |  |  | | | |
| **Descritpion of Incident** | | | |  | | | | | | | | |
|  | | | | | | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Action Taken** | | |  |
|  | | |  |
|  | Parent notified: name, date and time | |  |
|  |  | |  |
|  |  | |  |
|  | School nurse notified; name date, | |  |
|  | and time | |  |
|  | | |  |
|  | Physician notified: name, date and | |  |
|  | time | |  |
|  | | |  |
|  | Poison control notified | |  |
|  | | |  |
|  | Learner taken home | |  |
|  | | |  |
|  | Learner sent to hospital | |  |
|  | | |  |
|  | Other | |  |
|  | | |  |
| **Notes** | |  | |
|  | | | |
|  | | | |

**Annexe 2**

**Flow Chart for the Administration of Medication**

Child is ill and is prescribed medication

Has GP given advice that child is well enough to be at school?

No

Child stays at home

Yes

Does medication have to be administered during school hours?

No

Medication given at home

Yes

Parent/guardian completes Form 2

Headteachers/schools decision

Child either remains at home or parent/guardian comes to school to administer medication

No

Yes

Headteacher confirms that medication will be administered on Form 3

Yes

Medication is brought into school with child’s and GPs details

Medication is administered and recorded

Model **Healthcare Plan**

|  |  |
| --- | --- |
| Name of School |  |

|  |  |
| --- | --- |
| Child’s Name |  |

|  |  |
| --- | --- |
| Group/Class/Form |  |

|  |  |
| --- | --- |
| Date of Birth |  |

|  |  |
| --- | --- |
| Child’s Address |  |
|  |

|  |  |
| --- | --- |
| Medical Diagnosis or Condition |  |

|  |  |
| --- | --- |
| Date |  |

|  |  |
| --- | --- |
| Review Date |  |

|  |  |
| --- | --- |
| Contact Member of Staff |  |

**Family Contact Information**

|  |  |
| --- | --- |
| Name |  |

|  |  |
| --- | --- |
| Phone No. (Work) |  |

|  |  |
| --- | --- |
| Phone No. (Home) |  |

|  |  |
| --- | --- |
| Phone No. (Mobile) |  |

|  |  |
| --- | --- |
| Name |  |

|  |  |
| --- | --- |
| Phone No. (Work) |  |

|  |  |
| --- | --- |
| Phone No. (Home) |  |

|  |  |
| --- | --- |
| Phone No. (Mobile) |  |

**Clinic/Hospital Contact**

|  |  |
| --- | --- |
| Name |  |

|  |  |
| --- | --- |
| Phone No. |  |

**G.P.**

|  |  |
| --- | --- |
| Name |  |

|  |  |
| --- | --- |
| Phone No. |  |

Describe medical needs and give details of child’s symptoms

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

Daily care requirements, e.g. before sport, at lunchtime, home, school trips

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

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

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

Who is responsible in an emergency? State if different for off-site activities

|  |
| --- |
|  |
|  |
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|  |
|  |

Form copied to

|  |
| --- |
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**Annexe 4**

**Treatment Table**

|  |  |
| --- | --- |
| **Procedure/Activity/Use of** | **Cover Available** |
| Acupuncture | No |
| Anal plugs | No |
| Apnea monitoring | Yes – in respect of monitoring via a machine following written guidelines. There is no cover available in respect of visual monitoring |
| Bathing | Yes – following training and in accordance with written guidelines |
| Blood samples | Yes – but only by Glucometer following written guidelines |
| Buccal medazolam | Yes – following written guidelines |
| Bladder wash out | No |
| Catheters | Yes – following written guidelines for the changing of bags and the cleaning of tubes. There is no cover available for the insertion of tubes |
| Colostomy/Stoma care | Yes – following written guidelines in respect of both cleaning and changing of bags |
| Chest drainage exercise | Yes – following written health care plan provided under the direction of a medical practitioner |
| Dressings | Yes – following written health care plan for both application and replacement of dressings |
| Defibrillators/First Aid only | Yes – following written instructions and appropriate documented training |
| Denture cleansing | Yes – following appropriate training |
| Ear syringe | No |
| Ear/Nose drops | Yes following written guidelines |
| Enema suppositories | No |
| Eye care | Yes – following written guidelines for persons unable to close eyes |
| First Aid | Yes – Should be qualified first aiders and applies during the course of the business for the benefit of employees and others |
| Gastronomy tube – Peg feeding | Yes – cover available in respect of feeding and cleaning following written guidelines but no cover available for tube insertion |
| Hearing aids | Yes – for assistance in fitting/replacement of hearing aids following written guidelines |
| Inhalers, and nebulisers | Yes – for both mechanical and held following written guidelines |
| Injections | Yes but only for the administering of pre-packaged does on a regular basis pre prescribed by a medical practitioner and written guidelines |
| Medipens | Yes – following written guidelines with a preassembled epipen |
| Mouth toilet | Yes |
| Naso-gastric tube feeding | Yes following written guidelines but cover is only available for feeding and cleaning of the tube. There is no cover available for tube insertion or reinsertion, which should be carried out by a medical practitioner. |
| Occupational therapy | No |
| Oral medication | Yes - subject to being pre-prescribed by a medical practitioner and written guidelines.  Where this involves children, wherever possible Parents/Guardians should provide the medication prior to the child leaving home. A written consent form will be required from Parent/Guardian and this should be in accordance with LEA procedure on medicines in schools etc.  Similar consideration should be given when asked to administer “over the counter” medicines. |
| Oxygen – administration of | Yes – but only in respect of assisting user following written guidelines, i.e. applying a mask |
| Pessaries | No |
| Reiki | Yes |
| Physiotherapy | Yes – when undertaken by suitably trained staff but excluding treatment by qualified physiotherapists. |
| Pressure bandages | Yes – following written guidelines |
| Rectal medazalam in pre-packaged dose | Yes – following written guidelines and 2 members of staff must be present |
| Rectal diazepam in pre-packaged dose | Yes – following written guidelines and 2 members of staff must be present |
| Rectal Paraldehyde | No |
| Splints | Yes – as directed by a medical practitioner |
| Suction machine | No |
| Syringe drivers- programming of | No |
| Suppositories | No other than rectal diazepam and medazalam. |
| Swabs - External | Yes – following written guidelines |
| Swabs - Internal | No – other than oral following written guidelines |
| Toe nail cutting | Yes – following written guidelines |
| Tracheostomy | No – Cover is only available for cleaning around the edges of the tube only following written guidelines |
| Ventilators | Yes – following written guidelines |

1. [↑](#footnote-ref-1)