

# PRIOR HEATH INFANT SCHOOL POLICY AND PROCEDURES STATEMENT

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**TITLE: Pupils with Medical Needs Policy**

**DATE: February 2023**  
**REVIEW: February 2026**

**APPROVED/MONITORED BY: FGB (Full Governing Body)**  
**AGREED BY: WHOLE SCHOOL STAFF and GOVERNORS**

## **Introduction**

Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools to make arrangements for supporting pupils at their school with medical conditions. This policy follows the Department for Education's statutory guidance Supporting Pupils at School with Medical Conditions (December 2015) and Surrey County Council's guidance, Supporting Children and Young People with Medical Conditions, January 2023.

## **School Context**

The staff at Prior Heath Infant School are committed to providing pupils with a high-quality education whatever their health need, disability or individual circumstances. We aim to 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, remain healthy and achieve their academic potential. We believe that all pupils should have access to as much education as their particular medical condition allows, so that they maintain the momentum of their learning whether they are attending school or going through periods of treatment and recuperation. We promote inclusion and will make all reasonable adjustments to ensure that children and young people with a disability, health need or SEN are not discriminated against or treated less favourably than other pupils.

## **Principles**

This policy and any ensuing procedures and practice are based on the following principles:

- All children and young people are entitled to a high-quality education.
- Disruption to the education of children with health needs should be minimised.
- If children can be in school, they should be in school. Children's diverse personal, social and educational needs are most often best met in school. Our school will make reasonable adjustments where necessary to enable all children to attend school.
- Effective partnership working and collaboration between schools, families, education services, health services and all agencies involved with a child or young person are essential to achieving the best outcomes for the child.
- Children with health needs often have additional social and emotional needs. Attending to these additional needs is an integral element in the care and support that the child requires.

- Children and young people with health needs are treated as individuals, and are offered the level and type of support that is most appropriate for their circumstances; staff should strive to be responsive to the needs of individuals.

As a school we will not:

- Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary.
- Assume that every child with the same condition requires the same treatment.
- Ignore the views of the child or their parents; or ignore medical evidence or opinion (although this may be challenged).
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans.
- If a child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable.
- Penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments.
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively.
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs.
- Prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

### Definition of health needs

For the purpose of this policy, pupils with health needs may be:

- pupils with **chronic or short-term health conditions or a disability** involving specific access requirements, treatments, support or forms of supervision during the course of the school day or
- **sick children**, including those who are physically ill or injured or are recovering from medical interventions, or
- children with **mental or emotional health problems**.

This policy does not cover self-limiting infectious diseases of childhood, e.g. measles.

Some children with medical conditions may have a disability. A person has a disability if he or she has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities. Where this is the case, governing bodies **must** comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEN) and may have a statement, or Education, Health and Care Plan (EHCP) which brings together health and social care needs, as well as their special educational provision.

## **Roles and Responsibilities**

All staff have a responsibility to ensure that all pupils at this school have equal access to the opportunities that will enable them to flourish and achieve to the best of their ability. In addition, all staff receive First Aid training every three years and designated staff have additional responsibilities as well as additional support and training needs.

### **Designated school medical needs officer**

The member of staff responsible for ensuring that pupils with health needs have proper access to education is the Headteacher. She will be the person with whom parents/carers will discuss particular arrangements to be made in connection with the medical needs of a pupil. It will be her responsibility to pass on information to the relevant members of staff within the school. This person will liaise with other agencies and professionals, as well as parents/carers, to ensure good communication and effective sharing of information. This will enhance pupils' inclusion in the life of the school and enable optimum opportunities for educational progress and achievement.

### **Parents/carers and pupils**

Parents hold key information and knowledge and have a crucial role to play. Both parents and pupils will be involved in the process of making decisions. Parents are expected to keep the school informed about any changes in their children's condition or in the treatment their children are receiving, including changes in medication. Parents will be kept informed about arrangements in school and about contacts made with outside agencies.

### **School staff**

Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help. Staff must familiarise themselves with the medical needs of the pupils they work with. Training will be provided in connection with specific medical needs so that staff know how to meet individual needs, what precautions to take and how to react in an emergency.

### **The Headteacher**

The Headteacher is responsible for ensuring that all staff are aware of this policy and understand their role in its implementation. The Headteacher will ensure that all staff who need to know are aware of a child's condition. She will also ensure that sufficient numbers of trained staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. The Headteacher has overall responsibility for the development of individual healthcare plans. She will also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. She will contact the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.

### **The Governing body**

The governing body is responsible for making arrangements to support pupils with medical conditions in school, including ensuring that this policy is developed and implemented. They will ensure that all pupils with medical conditions at this school are supported to enable the fullest participation possible in all aspects of school life. Governors will ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life. The governing body will ensure that

sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. They will also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

### **School health teams**

School health teams are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school. They may support staff on implementing a child's individual healthcare plan and provide advice and liaison.

### **Other healthcare professionals**

GPs and Paediatricians should notify the school nurse when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing healthcare plans.

### **Staff training and support**

In carrying out their role to support pupils with medical conditions, school staff will receive appropriate training and support. Training needs will be identified during the development or review of individual healthcare plans. The relevant healthcare professional will lead on identifying and agreeing with the school, the type and level of training required, and how this can be obtained. The school will ensure that training is sufficient to ensure that staff are competent and confident in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans.

Staff will not give prescription medicines or undertake health care procedures without appropriate advice from healthcare professionals and, where appropriate, training. A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.

This policy will be publicised to all staff to raise awareness at a whole school level of the importance of supporting pupils with medical conditions, and to make all staff aware of their role in implementing this policy. This policy is included in our induction procedure for all new staff.

## **Procedures**

### **Notification**

Information about medical needs or SEND is requested on admission to the school. Parents and carers are asked to keep the school informed of any changes to their child's condition or treatment. If appropriate, meetings with the parents/carers and other professionals are held before the pupil attends school to ensure a smooth transition into the class.

Information supplied by parents/carers is transferred on to the SIMS database. A summary of the class Medical and Dietary Needs Register is produced and is kept in the office, the medical room and the classrooms so that it can be referred to easily.

Any medical concerns the school has about a pupil will be raised with the parents/carers and discussed with the school nurse. Most parents/carers will wish to deal with medical matters themselves through their GP.

## **Individual Healthcare Plans**

Not all children with medical needs will require an individual healthcare plan. A Child/young person Medication Request Form (Appendix E) must be completed for any medication to be administered in school. Any child requiring treatment for allergy and anaphylaxis will need to complete an Anaphylaxis Care and Treatment Plan (Appendix F).

The school, healthcare professional and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. A model letter inviting parents to contribute to individual healthcare plan development is provided at Appendix A. Individual healthcare plans will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. Plans are also likely to be needed in cases where medical conditions are long-term and complex. Plans provide clarity about what needs to be done, when and by whom. A flow chart for identifying and agreeing the support a child needs, and developing an individual healthcare plan is provided at Appendix B.

Individual healthcare plans should capture the key information and actions that are required to support the child effectively. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support. A template for individual healthcare plans is provided at Appendix C.

Individual healthcare plans, and their review, may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child. Plans will be drawn up in partnership between the school, parents, and a relevant healthcare professional, e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils will also be involved whenever appropriate.

Partners should agree who will take the lead in writing the plan, but responsibility for ensuring that it is finalised and implemented rests with the school. Plans are reviewed at least annually, or earlier if evidence is presented that the child's needs have changed. Plans are developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social well-being and minimises disruption.

Where a child has SEN but does not have an EHCP, their special educational needs will be mentioned in their individual healthcare plan. Where the child has a special educational need identified in an EHCP, the individual healthcare plan will be linked to or become part of that EHCP.

Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), the school will work with the appropriate hospital school to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

## **Home tuition**

When pupils are too ill to attend, the school will establish, where possible, the amount of time a pupil may be absent and identify ways in which the school can support the pupil in the short term (e.g. providing work to be done at home in the first instance). The school will make a referral to the Inclusion Service as soon as they become aware that a child is likely to be or has been absent for 15 school days. Where children have long-term health needs, the pattern of illness and absence from school can be unpredictable, so the most appropriate form of support for these children should be discussed and agreed between the school, the family, the Inclusion Officer and the relevant medical professionals. A flowchart of support offered for pupils with health needs is provided at Appendix D.

## **Medicines in school**

If a child refuses to take medicine or carry out a necessary procedure, staff will not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents will then be informed so that alternative options can be considered.

## **Managing medicines on school premises**

Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours. Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.

No child will be given prescription or non-prescription medicines without their parent's/carer's written consent. A template for obtaining parental agreement for the school to administer medicine is provided at Appendix E.

Medicines should be brought to the school by the parent or other responsible adult and handed to a member of the office staff. Parents must bring in any equipment required to administer the medicine e.g. medicine spoons, oral syringes.

The school only accepts 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 generally be available inside an insulin pen or a pump, rather than in its original container.

All medicines are stored safely. All staff are informed of where the children's medicines are at all times and are able to access them immediately. Where relevant, they know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens are always readily available to children and not locked away.

A child under 16 will never be given medicine containing aspirin unless prescribed by a doctor. Medication for pain relief will never be administered without first checking maximum dosages and when the previous dose was taken by communicating with parents. A template for recording medicine administered to an individual child is provided at Appendix E.

Staff administering medicines will do so in accordance with the prescriber's instructions. The school keeps a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted. A template for recording staff training, where appropriate, on the administration of medicines is provided at Appendix G.

When no longer required, medicines will be returned to the parent to arrange for safe disposal. Sharps boxes will always be used for the disposal of needles and other sharps. Instructions regarding any specific requirements for the disposal of equipment/waste product, e.g. syringes, gloves, should be kept with the medication and equipment.

### **Arrangements for administering medicines in settings**

- Staff may administer a controlled drug to the child/young person for whom it has been prescribed.
- Staff administering prescribed medicines should do so in accordance with the prescriber's instructions.
- A record will be kept of all medicines administered to individual children, stating what, how and how much, when and by whom. Any side effects of the medication should be noted. In addition, for controlled drugs a record of the amount held should be kept.
- Staff must not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any individual healthcare plan). Healthcare professionals, including the school nurse, can provide confirmation of the proficiency of staff in a medical procedure, or administering medicines.
- Staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so unless it is within their contract of employment.
- Unless it is an emergency situation, medicines must be administered in a location where privacy and confidentiality of the child/young person may be maintained. Facilities should be available if the child/young person needs to rest and recover.
- Medicines must be administered and documented for one child/young person at a time and completed before the next child/young person is seen. Staff must wash their hands before and after administering medicines.
- Before administering a medicine staff must check:
  - The identity of the child/young person.
  - The written parental consent form for administration of the medicine(s).
  - That the written instructions received from the parent and the medicines administration record match the instructions on the pharmacy dispensed label of the medicine container i.e. name of the medicine, formulation, strength and dose instructions.
  - The name on the pharmacy dispensed label matches the name of the child/young person.

- Any additional or cautionary information on the label or manufacturer's information which may affect the times of administration, e.g. an hour before food, swallow whole do not chew, or may cause drowsiness.
  - The medicine administration record to ensure the medicine is due at that time and it has not already been administered.
  - The medicine is in date and is not past its expiry date. The expiry date of the medicine (if one is documented on the medicine container or the pharmacy dispensed label). Some medicines once their container is opened will have a shortened expiry date from the date it was opened. If this is the case the manufacturer's information or pharmacy label will state this. For these medicines the date opened and the shortened expiry date, calculated from the pharmacy or manufacturer's information, must be written on the label. It must be written as 'date opened' and 'expiry date' to distinguish the two dates.
  - All the necessary equipment required to administer the medicine is available e.g. medicine spoon, oral syringe, injecting syringe. This equipment should be stored securely.
- If there are concerns or doubts about any of the details listed above the member of staff must not administer the medicine. They must check with the child/young person's parent or a health professional before taking further action. All advice and actions must be documented, signed and dated and stored securely in line with the settings record administration policy.
  - Staff involved with the administration of medicines should be alert to any excessive requests for medication by children/young people or by parents on their behalf. In any cases of doubt advice may be obtained from health professionals.
  - The medicine formulation must not be interfered with prior to administration (e.g. crushing a tablet) unless there are written instructions on the pharmacy label and information provided from the parent/health professional. This advice and information must be documented.
  - Immediately after the medicine has been administered the appropriate written records must be completed, signed and dated.
  - If for any reason the medicine is not administered at the times stated on the medicine administration record the reason for non-administration must be recorded, signed and dated. Parents must be informed as soon as possible on the same day.

## **Record Keeping**

Governing bodies should ensure that written records are kept of all medicines administered to children. Records offer protection to staff and children and provide evidence that agreed procedures have been followed.

A new consent form (Appendix E) must be completed if a new medicine is to be administered or if there are changes to the existing medicine(s) e.g. different dose, strength, times. A verbal message is not acceptable. A new supply of correctly labelled medicine must be provided by the parent.



## **Disposal of medicines**

School staff should not normally dispose of medicines, including controlled drugs, when no longer needed but should return to parents. Parents are responsible for disposal of expired medicines or those no longer required. In exceptional cases where this may not be possible, schools are advised to take them to a local pharmacy for disposal.

Used Auto Adrenaline Injector devices can be given to ambulance paramedics on arrival.

## **Emergency Situations**

If a child becomes unwell at school (other than minor cuts/bruises) and needs to be sent home, parents will be contacted and asked to collect their child as soon as possible. Until they arrive, the child will be looked after in the medical room by office staff. It is the responsibility of the parent to accompany their child to their GP surgery or hospital outpatient department as appropriate.

In some situations, it may be necessary for professional medical care to be sought immediately, e.g. for suspected fractures, eye injuries, serious head injuries, acute illness or other serious medical conditions (e.g. after using pre-loaded adrenaline injection) that will not respond to first aid treatment. In such cases, office staff will contact the emergency services to request an ambulance (Appendix H) and communicate with parents.

A member of staff should always accompany a child taken to hospital by ambulance and should stay until the parent arrives. Health professionals are responsible for any decisions on medical treatment when parents are not available. The member of staff accompanying the child cannot give consent to any medical treatment.

Where a child has an individual healthcare plan, this will clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other children in the school will be informed what to do in general terms, such as informing a teacher immediately if they think help is needed. If a child needs to be taken to hospital, staff will stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance.

## **Day trips and Sporting Activities**

Pupils with medical conditions are actively supported to participate in school trips and visits, or in sporting activities. In planning such activities, teachers will undertake the appropriate risk assessment and will take into account how a child's medical condition might impact on their participation. Arrangements for the inclusion of pupils in such activities with any required adjustments will be made by the school unless evidence from a clinician such as a GP states that this is not in the child's best interests.

## **Medic alert – bracelets/necklaces**

Medic alert bracelets/necklaces are worn to alert others of a specific medical condition in case of an emergency. As these items can be a source of potential injury in P.E., consideration should be given to their temporary removal and safe keeping by the class teacher. In such cases staff will need to be alerted to the significance of these items and be clear who they belong to when taking charge of them.

## **Liability and Indemnity**

The school's insurance arrangements are sufficient and appropriate to cover staff providing support to pupils with medical conditions. Staff providing such support are entitled to view the school's insurance policies.

## **Complaints**

If parents or pupils are dissatisfied with the support provided they should discuss their concerns directly with the school in the first instance. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

## Appendix A

### Model Letter Inviting Parents to Contribute to Individual Healthcare Plan

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 pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

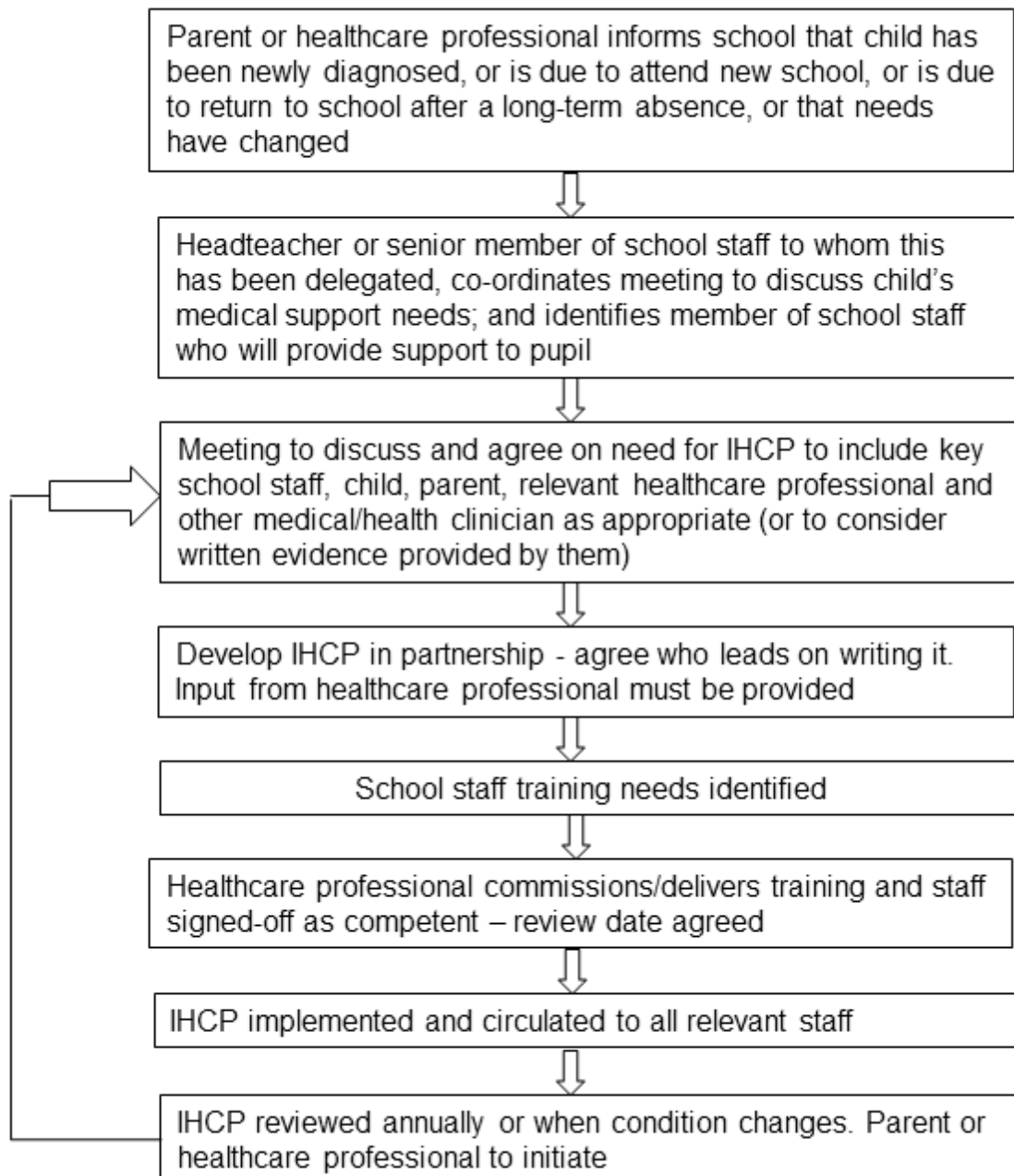
A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely

Headteacher

## Appendix B A Flow Chart for Developing an Individual Healthcare Plan



## Appendix C

### Individual Healthcare Plan Template

Name of school/setting	
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

#### Family Contact Information

Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

#### Clinic/Hospital Contact

Name	
Phone no.	

#### G.P.

Name	
Phone no.	

Who is responsible for providing support in school	
--	--

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

## Appendix D Pathways of Support for Pupils with Health Needs

Prior Heath Infant School follows the pathways indicated below in order to ensure clarity and fairness of procedures. Within these pathways, all children and young people with health needs will receive consideration and appropriate support based on their individual requirements.

The criteria for home tuition support are:

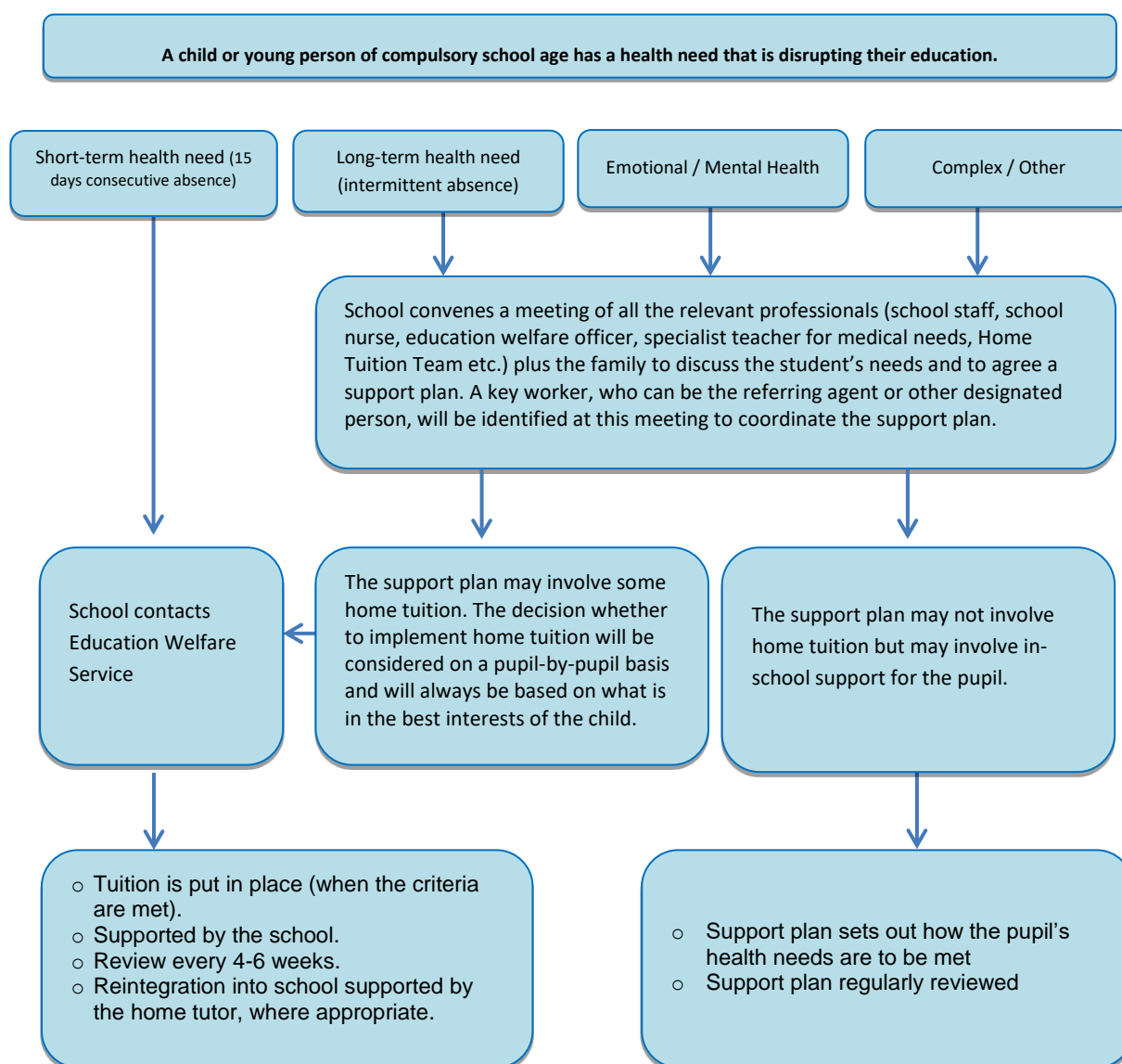
- The pupil is a resident of Surrey; and
- The pupil is of compulsory school age; and
- The pupil is (due to be) temporarily absent for at least 15 consecutive school days because of medical reasons, including mental ill-health.

or

- The pupil's long-term medical condition causes them to be absent for at least 15 days over the course of the current academic year.

and

- The referral is supported by medical evidence from a specialist medical consultant of the need for home tuition (evidence from a GP is not appropriate).





**Prior Heath Infant School**  
 Prior Road, Camberley, Surrey. GU15 1DA  
 Tel: 01276 25546

Headteacher: Mrs. Lindsey Chivers

**Appendix E: Child/Young Person Medication Request**

Child's Name & Class: \_\_\_\_\_

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

Condition or Illness: \_\_\_\_\_

Parent's Daytime no: \_\_\_\_\_ Parent's Home no: \_\_\_\_\_

GP Name: \_\_\_\_\_ Phone no: \_\_\_\_\_

Please tick the appropriate box

My child will be responsible for the self-administration of medicines as directed below.

I agree to members of staff administering medicines/providing treatment to my child as directed below or in the case of an emergency, as staff consider necessary.

Name of medicine	Dose	Frequency /times	Completion date of course if known	Expiry date of medicine
Special Instructions				
Allergies				
Other prescribed medicines child takes at home				

**NOTE :** Medicines must be in the original container as dispensed by the pharmacy.

Where possible the need for medicines to be administered at school should be avoided. Parents are therefore requested to try to arrange the timing of doses accordingly.

Parents must ensure that the medicine held by the setting has not exceeded its expiry date.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Parent / Guardian)



### Record of Medicine administered to an individual child

Child's name : \_\_\_\_\_ Date of Birth: \_\_\_\_\_

	Date	Time	Medicine given	Dose	Staff initials
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
21					
22					
23					
24					
25					

## Appendix F

### Allergy and Anaphylaxis Care and Treatment Plan

#### This child/young person is at risk of Anaphylaxis



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

DOB: \_\_\_\_\_

Current Year/Class: \_\_\_\_\_

GP/Local Hospital No: \_\_\_\_\_

(Name) \_\_\_\_\_ may suffer from an anaphylaxis reaction  
if he/she is exposed to \_\_\_\_\_

(Name) \_\_\_\_\_ also has (other medical conditions)

His/her usual allergic symptoms are:

--

#### Procedures

In the event of an acute allergic reaction, staff will follow this procedure:

- Contact Ambulance Service – dial 112 or 999
- One adult will inform the Headteacher immediately of action taken
- Then inform the following contact numbers in order of priority

<b>Contact No 1</b> Name: Telephone No: Relationship:
<b>Contact No 2</b> Name: Telephone No: Relationship:
<b>Contact No 3</b> Name: Telephone No: Relationship:

- ❖ One adult should stay with the child/young person to assess the severity of symptoms and in case of:
  - Itchiness
  - Tingling of lips and face
  - Tummy cramps
  - Vomiting
  - Blotchiness of skin

Give \_\_\_\_\_ (Oral Antihistamine) \_\_\_\_\_ ml at once

- ❖ In cases of:
  - Wheeziness
  - Swelling of face and throat
  - Difficulty in breathing/swallowing
  - Feeling faint

Place child/young person on floor in recovery position (Safe Airway Position)

Give preloaded adrenaline injection to outer thigh (this can be administered through light clothing).

- ❖ If no breathing/pulse, initiate basic life support (CPR).
- ❖ If there is no improvement to above action within 10 minutes and there are symptoms of weakness/floppiness pallor then:

Repeat preloaded adrenaline injection once more if 2<sup>nd</sup> preloaded adrenaline injection is available

- ❖ Hand over child/young person's care to Ambulance Team/parents on their arrival
- ❖ Handover preloaded adrenaline injection to ambulance staff or if this hasn't been done, safely dispose of it.
- ❖ Record all medication given with date and time of administration

**Awareness**

The Headteacher will arrange for the staff in the setting to be briefed about his/her condition and about other arrangements contained in this document.

The setting staff will take all reasonable steps to ensure that \_\_\_\_\_ (Name) does not eat any food items unless they have been prepared/approved by his/her parents.

\_\_\_\_\_ (Name) parents will remind their child regularly of the need to refuse any food items, which might be offered to them by other children/young people.

In particular, \_\_\_\_\_ (Name) parents will provide for him/her the following food items: \_\_\_\_\_

## Medication/Staff training

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

It is the parents' responsibility to ensure the setting has appropriate up-to-date medication. The following volunteers from the school have undertaken to administer the medication. A training session was attended by:

Name \_\_\_\_\_ Date/s \_\_\_\_\_

Name \_\_\_\_\_ Date/s \_\_\_\_\_

Further advice is available to setting staff at any point in the future where they feel the need for assistance. The medical training will be repeated on \_\_\_\_\_.

If there are proposals, which mean that, he/she may leave the setting site, prior discussions will be held between the setting and his/her parents to agree appropriate provision and safe handling of his/her medication.

## STAFF INDEMNITY

The County Council provides a staff indemnity for any setting staff (of those settings buying into Surrey County Council Insurance) who agree to administer medication to a child/young person given the full agreement of the parents and the setting.

## AGREEMENT AND CONCLUSION

A copy of these notes will be held by the setting and the parents. A copy will be sent to the GP for information.

Any necessary revisions will be the subject of further discussions between the setting and parents.

### Signed and agreed:

*Child / Young Person*

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

*Parent / Guardian*

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

### School / Setting Representative Agreement:

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name: \_\_\_\_\_ Job Title \_\_\_\_\_

## Appendix G

### Training Record – Administration of Medicines

Name of school/setting

Name

Type of training received

Date of training completed

Training provided by

Profession and title


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

Trainer's signature

Date

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

Staff signature

Date

Suggested review date

## Appendix H

### 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 (school office is: 01276 25546)
2. Your name
3. Your location as follows:   Prior Heath Infant School  
  Prior Road  
  Camberley  
  Surrey  
  GU15 1DA
4. State what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. Provide the exact location of the patient within the school setting
6. Provide the name of the child and a brief description of their symptoms. Include information about any known condition/allergies etc.
7. Inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient