ST BENET BISCOP
CATHOLIC ACADEMY

Supporting Students with Medical Conditions

	Document Management
Date Policy Approved:	11 October 2023
Next Review Date:	**September 2024**
Approving Body:	Local Governing Body
Policy Category:	Statutory
Policy Owner:	M Rayson – Lead First Aider

Foreword

Northumberland County Council's Corporate Health and Safety Team has prepared this model policy in consultation with paediatricians from Northumbria Healthcare NHS Foundation Trust. The content is based upon the Department for Education's (DfE) document entitled 'Supporting students at school with medical conditions' which was published in December 2015.

What's new?

July 2019

A review of the County Council's model policy was completed in July 2019 to take account of guidance issued by the Department of Health (DoH) on the use of adrenaline auto-injectors (AAI) in schools.

From 1 October 2017 the Human Medicines (Amendment) Regulations 2017 were amended to allow schools to purchase spare adrenaline auto-injector (AAI) devices, without a prescription, for emergency use in children who are at risk of anaphylaxis, in instances where their own device is not available or not working (e.g. because it is broken, or out-of-date). Even when a child has not been prescribed an AAI, in certain circumstances it is now permissible to administer the school's emergency AAI. The DoH document "Guidance on the use of adrenaline auto-injectors in Schools" dated September 2017 provides detailed advice to schools that wish to keep a spare emergency AAI on site. The decision to keep spare AAIs lies with the school, it is not a mandatory requirement.

December 2019

Since the last review of this policy in July 2019, the NHS North of England Commissioning Support Unit has issued guidance to Local Authorities in relation to the administration of non-prescribed medication, commonly known as over the counter medication, within schools. This is based on national guidance from NHS England to GPs aimed at curbing the routine prescribing of products that are for:

- A self-limiting condition, which does not require any medical advice or treatment as it will clear up on its own, such as sore throats, coughs and colds
- A condition that is suitable for self-care, which can be treated with items that can easily be purchased over the counter from a pharmacy, such as indigestion, mouth ulcers and warts and verrucae.

To clarify, GPs in Northumberland will no longer be routinely prescribing medication which is otherwise available over the counter in a pharmacy, although there will be exceptions to this in specific cases. The NHS anticipate that restricting prescribing for minor conditions could save up to £136m.

The previous NCC policy only allowed *prescribed* medication to be administered within schools, the exception to this being paracetamol. This policy has been amended to include this change in direction from the NHS, as schools may get requests from parents to administer non-prescription medication. This is covered further on page 6.

The school has taken full account of the aforementioned DfE document and information. This will ensure that our governing bodies have accurate, up-to-date information and guarantee that no statutory requirements to which they must adhere have been overlooked. Additionally, by implementing robust arrangements governors can be satisfied that such measures align with their wider safeguarding duties.

Our Academy schools publicise their own policy to parents by placing it on the school's own webpage.

Roles and Responsibilities

Responsibility of Parents

In modern terminology the term 'parent' is understood to mean not just a parent but anyone who has parental responsibility for the care of a child. Parents have the principal responsibility for the administration of medication to their children, who have the right to be educated with their peers, regardless of any short or long-term needs for medication whilst at school.

Wherever possible, medication should be given at home by parents. If prescribed medicines are to be taken three or more times per day, parents should ask the prescribing doctor if the administration of the medication can occur outside normal school hours. Generally, non-prescription over the counter medication (such as cold remedies, cough medicines, hay fever eye drops etc) will not be administered in school. However, in some circumstances the school may consider administering certain medication and each request received by a parent to do so will be assessed individually. An 'Administration of Medication to Pupils - Agreement between Parents and School' form' (Appendix 1) will be required in all cases before any medication can be administered. Further information can be found within the 'Non-Prescribed Medication' section on page 6.

The parents have the principal duty to inform the school of their children's medical conditions and to make a request for the Headteacher or Medication Coordinator to make arrangements for medication to be administered in school. This can occur if the child:

- has been newly diagnosed
- is due to return after a long absence and has a chronic illness or long-term complaints, such as asthma, diabetes, epilepsy or another condition
- is recovering from a short-term illness and is well enough to return to school whilst still receiving a course of antibiotics or other medication.
- has needs that have changed
- is due to attend a new school

Responsibility of Health Care Professionals

In situations where the condition requires a detailed individual healthcare plan or specific specialist training is required for school staff this will often require direct input from Healthcare Professionals with clinical responsibility for the child. Examples include community or specialist nurses and, in the case of children with mobility needs, occupational therapists or physiotherapists.

Often the specific details in an individual healthcare plan can only be provided by professionals who have access to the confidential notes that the Consultants and other healthcare professionals working with the child in question have prepared.

The roles of the Occupational Therapists and physiotherapists are clear; schools are able to contact them at Wansbeck General Hospital. The main switchboard number is 0344 811 8111.

The School Nursing Team also provides our schools with training on anaphylaxis and can provide a 'signposting role' should our schools have difficulty accessing professional medical assistance or if there is uncertainty about which consultant to contact.

The specialist nurses employed by the Northumbria Trust are hospital-based and work directly with the relevant consultants. They provide training for diabetes and epilepsy and can offer the necessary assistance with healthcare plans for these conditions.

Responsibility of School Staff

Each request for medicine to be administered to a pupil in school should be considered on its merits. The Headteacher, Head of Progress and/or Medication Co-ordinator should give consideration to the best interests of the pupil and the implications for the school.

It is generally accepted that school staff may administer **prescribed** medication whilst acting in loco parentis, as part of an agreed Individual Healthcare Plan. However, it is important to note that this does not imply that there is a duty upon these workers to administer medication and the following should be taken into account:

- No member of staff should be compelled to administer medication to a pupil
- No medication can be administered in school without the agreement of the Headteacher or his/her nominated representative
- The Headteacher and governors must nominate a member of staff to assume the role of Medication Coordinator, who will have overall responsibility for the implementation of this policy. The school's own Health and Safety policy should identify who has assumed this role
- Separate registers must be compiled defining those students who are permitted to use emergency inhalers and emergency AAI.
- If it has been agreed that medication can be administered named volunteers should be identified to undertake this task

- The volunteers will receive the appropriate guidance and training (where necessary)

- Parents requesting administration of medication should be given a copy of this document and asked to complete the form 'Parental Request for the Administration of Medication to Pupils'. (Appendix 1). Completion of this form safeguards staff by allowing **only prescribed medication to be administered**

- School staff may consult with the prescriber to ascertain whether medication can be given outside of school hours.

Liability and Indemnity

Members of staff administering medication, in accordance with appropriate training or the details supplied by the parent, may rest assured that they are indemnified under the conditions of the existing insurance policies. In such circumstances, any liabilities rest with the insured party (the governing body).

General Procedures

1. If **prescribed** medication cannot be given outside of school hours, parents should fill in the aforementioned request form (Appendix 1) giving the dose to be taken, the method of administration, the time and frequency of administration, other treatment, any special precautions and signed consent.

2. The parent (not the pupil) should bring all essential **prescribed** medication to school. It should be delivered personally to the Headteacher or Medication Coordinator. Only the smallest practicable amount should be kept in school.

3. All **prescribed** medication taken in school must be kept in a clearly labelled pharmacy bottle, preferably with a child safety top, which must give the owner's name, the contents and the dosage to be administered.

4. Whilst medication is in school it should be kept in a locked office, cupboard or fridge (if so required). In the event of an emergency it should be readily accessible to the named volunteer or young person, when required. NB The exceptions to this are inhalers, adrenaline auto-injectors and insulin. These medications should be carried by the child or may be kept in the classroom, depending on the child's age and developing independence.

5. Medication to be taken orally should be supplied with an individual measuring spoon or syringe. Eye drops and ear drops should be supplied with a dropper. A dropper or spoon must only be used to administer medicine to the owner of that implement.

6. When medication is given, the name of the drug, the dose, the mode of administration, the time that treatment is required to be given and date of expiry should be checked. A written record should be kept of the time it was given and by whom to avoid more than one person ever giving more than the recommended dose. This should be kept with the parental consent form (Appendix 1).

7. Where any change of medication or dosage occurs, clear written instructions from the parent should be provided. If a pupil brings any medication to school for which consent has not been given, school staff can refuse to administer it. In such circumstances the Headteacher/Medication Coordinator should contact the parent as soon as possible.

8. Renewal of medication which has passed its expiry date is the responsibility of the parent. Nevertheless, schools should have robust procedures in place to ensure that out of date medication is not administered in error. If parents are unable to collect expired medication then staff should take it to the local pharmacy so that it can be disposed of safely. The medication must not be disposed of in any other way.

9. In all cases where, following the administration of medication, there are concerns regarding the reaction of the pupil, medical advice should be sought immediately and the parents informed.

10. A new duty on schools requires them to have procedures in place to cover transitional arrangements between schools. Our schools work with the staff at feeder schools during the transition process to ensure that medical information is transferred in a confidential manner. Parents are contacted ahead of their child commencing education in our Academy schools, to renew any agreements in place and update records accordingly.

11. Parents/Carers are advised to supply spare medication for anaphylaxis and asthma. **This school does not keep an emergency supply.**

If members of staff are in doubt about any of the above procedures they should check with the parents or a health professional before taking further action.

Refusal or Forgetting to Take Medication

Please be aware that St Benet Biscop Catholic Academy cannot be held responsible for a missed dosage. It remains the student's responsibility to remember the time to have their medication.

Non-prescribed Medication

At St Benet Biscop, over the counter medication will only be administered as part of an agreed Individual Healthcare Plan. **St Benet Biscop do not keep any over the counter medication in school.** It is deemed appropriate for a student to carry and self administer a limited amount of over the counter medication to aid with general ailments such as headache or migraine, period pains and hayfever. Only the smallest practicable amount should be brought into school.

As mentioned in the “What’s New” section on page 2, the NHS North of England Commissioning Support Unit have issued guidance to Local Authorities in relation to the administration of non-prescribed medication, commonly known as over the counter medication, within schools. This is based on national guidance issued to GPs by NHS England to curb the routine prescribing of products that are for:

- A self-limiting condition, which does not require any medical advice or treatment as it will clear up on its own, such as sore throats, coughs and colds

- A condition that is suitable for self-care, which can be treated with items that can easily be purchased over the counter from a pharmacy, such as indigestion, mouth ulcers and warts and verrucae.

To clarify, GPs in Northumberland will no longer be routinely prescribing medication which is otherwise available over the counter in a pharmacy, although there will be exceptions to this in specific cases.

It is not anticipated that this change will have a major impact on schools, as the advice would remain that any treatment of minor conditions where the child is still able to attend school, should, in the main be undertaken at home by the parent or carer. Schools are not expected to administer medication such as cough medicines, cold remedies, hayfever eye drops etc. Staff should not ask parents to obtain a prescription to allow these products to be administered within school as it is extremely unlikely that the GP will provide this. The final decision on whether to administer over the counter medication lies with the Headteacher.

Where a decision is made by the Head, Head of Progress of Medication Coordinator to administer over the counter medication to a pupil, the following should be ensured:

- An ‘Administration of Medication to Pupils - Agreement between Parents and School’ form (Appendix 1) is completed and includes any information given to the parent by the GP or Pharmacist, including dosage.
- The medication is in the original packaging from the manufacturer which includes the name of the medicine and recommended dosage range (ensure this includes the dosage range for the age of the child).
- The expiry date is checked to ensure the medication is still in date.
- The dosage on the parental agreement form matches that on the packaging/information leaflet provided with the medication and the parent is contacted if there is a discrepancy.

Non prescription medication should be used on a time limited basis. If it appears that the child is frequently receiving this medicine, it may be appropriate to recommend that an appointment with the GP is needed to discuss the continued need for the medicine.

It is envisaged that the vast majority of medication administered within the schools will still be prescribed.

Paracetamol

At St Benet Biscop, paracetamol will only be administered as an agreed treatment for a long term medical condition requiring a Healthcare Plan in accordance with the guidance above and will be strictly controlled by adopting the same standards as for other medication. Once again,

a formal agreement should be made between the school and the parents (Appendix 1). The Head should authorise specific members of staff to dispense the tablets. In order to monitor and prevent the danger of any individuals overdosing on the medication the nominated member of staff should keep a record of when it was issued, giving such information as the name of the pupil and the time and the dose which was administered. Before administering the medication, members of staff should always ask the child whether any side effects or allergic reactions have been experienced previously.

Paracetamol should never be administered without first checking maximum dosages and when the previous dose was taken. A record must be kept of the dose given, and the parents contacted indicating the amount and frequency of the doses administered. Overall control of the administration of such analgesics can help in preventing students bringing their own supplies into school.

St Benet Biscop Catholic Academy **do not** keep paracetamol or other over the counter medication in school for minor ailments such as headaches, period pain, hayfever or other mild allergies.

On no account should aspirin or preparations that contain aspirin be given to students unless a doctor has prescribed such medication.

Individual Healthcare Plan

This section of the policy covers the role of individual healthcare plans in supporting students at school who have long-term, severe or complex medical conditions. The new statutory guidance imposes a requirement to identify the member of staff who is responsible for the development of these plans.

The governing body will ensure that there are robust school arrangements to:

- establish the need for a plan
- ensure that plans are adequate
- review plans at least annually or earlier if evidence indicating that the child's needs have changed is brought to its attention.

Healthcare plans (Appendix 3) are developed with the child's best interests in mind and the school should ensure that it assesses and manages risks to the child's education, health and social well-being and minimises disruption.

Personalised risk assessments, moving and handling risk assessments, emergency procedures and other such documents should be used to supplement the individual healthcare plan, as appropriate.

To ensure compliance with the new statutory guidance the following issues have been taken into account:

- the medical condition, its triggers, signs, symptoms and treatments
- the pupil's resulting needs, including medication (with details of dose, side-effects and storage arrangements) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage his/her condition, dietary requirements and environmental issues such as crowded corridors, travel time between lessons
- specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions
- the level of support needed, (some children will be able to take responsibility for their own health needs), including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring
- who will provide this support, their training needs, expectations of their role and confirmation of their proficiency to provide support for the child's medical condition from a healthcare professional, together with an indication of the arrangements for cover that will be available when those supporting are unavailable
- who in the school needs to be aware of the child's condition and the support required
- the need to establish arrangements which enable written permission from parents and the Headteacher to be drawn up, thus authorising a member of staff to administer medication or allowing the pupil to self-administer during school hours

- the designated individuals to be entrusted with information about the child's condition where the parent or child has raised confidentiality issues

- what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

- the separate arrangements or procedures required for school trips, educational visits or other extra-curricular activities. In practice, these should be logged on the EVOLVE system, together with supporting information, such as personalised risk assessments. These arrangements enable the child to participate fully in such activities and ensure social inclusion, as recommended by the Outdoor Education Advisory Board's National guidance 3.2e 'Inclusion'.

St Benet Biscop Catholic Academy process

- Condition Notified to School by parent/health professional
    - Relevant paperwork sent to parent/carer
    - Head of Progress/SENCO notified
- For complex conditions or students returning to school:
    - Head of Progress advised – meeting with parent/school nurse arranged to discuss needs and complete relevant paperwork
    - Personalised Risk Assessment produced as required

Practical Advice for Common Conditions

A small number of children need medication to be given by injection, auto-injectors or other routes. The most appropriate arrangements for managing these situations effectively are best determined by agreement between the school, parent, school nurse (where there is one) and the doctor who prescribed the medication. Experience suggests that it is helpful to have a meeting of all interested parties in school, as it is essential that parents and teaching staff are satisfied with the arrangements that are made.

Members of staff willing to administer medication should be made fully aware of the procedures and should receive appropriate training from competent healthcare staff. More information on training requirements is given below in the sections of this policy covering common medical conditions. The majority of parents will be aware of the contact details for their child's specialist nurse. Schools should contact them directly in the first instance. The School Nursing Team can be contacted for advice and is able to direct inquirers to other health agencies, where necessary. An individual healthcare plan for each pupil with a medical need must be completed and conform to the procedures.

The medical conditions in children that most commonly cause concern in schools are anaphylaxis, asthma, diabetes and epilepsy. Essential information about these conditions is given below.

Anaphylaxis

What is Anaphylaxis?

Anaphylaxis is an extreme allergic reaction that occurs rarely in people who have an extreme sensitivity to a particular substance known as an allergen. It can affect the whole body, including the airways and circulation. Often it occurs within minutes of exposure to the allergen, though sometimes it does not arise until many hours later.

What Causes it?

Common causes of anaphylaxis include:

- Edible triggers, such as peanuts, tree nuts, fish, shellfish, dairy products and eggs
- Other triggers, such as natural latex, the venom of stinging insects (for example wasps, bees and hornets) penicillin and any other drugs or injections

Anaphylactic shock is the most severe form of allergic reaction. This occurs when the blood pressure falls dramatically and the patient loses consciousness.

What are the Signs of the Condition?

Common signs of anaphylaxis in children include:

- swelling in the throat, which can restrict the air supply thus causing breathing difficulties.
- severe asthma
- dizziness
- itchy skin, generalised flushing of the skin, tingling or itching in the mouth or hives anywhere on the body
- swelling of the lips, hands and feet
- abdominal cramps, nausea and vomiting.

What is the Treatment for the Condition?

The treatment for a severe allergic reaction is an injection of adrenaline (also known as epinephrine) into the muscle of the upper outer thigh via a pre-loaded injection device, such as an epiPen, anapen or jext. An injection should be given as soon as a reaction is suspected.

Anaphylaxis should always be regarded as a medical emergency which requires that an ambulance be called immediately.

What Arrangements are in Place at our School?

Healthcare Plan

Anaphylaxis is manageable. With sound precautionary measures, the development of a suitable healthcare plan and support from members of staff, school life may continue as normal for all concerned.

It is important that our schools have appropriate local procedures for the use of adrenaline auto-injectors, which include the following:

- awareness among all members of staff that the child has this particular medical condition
- awareness of the symptoms associated with anaphylactic shock
- knowledge of the type of injector to be used
- labelling of injectors for the child concerned, for example adrenaline, anti-histamine
- knowledge of the locations where the injector is stored, preferably in an easily accessible place such as a medication box
- the provision of appropriate instruction and training to nominated members of staff
- familiarity with the names of those trained to administer treatment
- an understanding of the need to keep records of the dates of issue
- knowledge of emergency contacts

This type of information is suitably displayed in the areas where the medication is be kept. This information will include the name of the child and, ideally, a photograph. Care will be given to ensure confidentiality. The information will be accessible but not publicly displayed. This information will be kept in the administration office. The information will accompany the medication on school trips. The arrangements for swimming and other sporting activities will also be considered.

Collectively, it is for the Head, the child's parents and the medical staff involved to decide how many adrenaline devices the school should hold, and where they should be stored.

Where children are deemed sufficiently responsible for carrying their own emergency treatment with them, it is nevertheless important that a spare set should always be kept safely on site. This will be accessible to all staff and stored in a secure place. It is quicker for staff to use an injector that is with the child rather than taking time to collect one from a central location. In an emergency situation it is important to avoid any delay.

Spare Emergency AAI

St Benet Biscop Catholic Academy **do not** keep spare AAIs on the premises. We recommend that parents/carers ensure that their child carries their own and provides a spare to be kept in student reception.

Disposal

Once an AAI has been used it cannot be reused and must be disposed of according to manufacturer's guidelines. Used AAIs can be given to the paramedics on arrival or can be disposed of in a pre-ordered sharps bin.

School trips including sporting activities (also see page 10)

Schools should conduct a risk-assessment for any pupil at risk of anaphylaxis taking part in a school trip, in much the same way as they already do so with regard to safe-guarding etc. Pupils at risk of anaphylaxis should have their AAI with them, and there should be staff trained to administer the AAI in an emergency. Schools may wish to consider whether it may be appropriate, under some circumstances, to take spare AAI(s) on some trips.

Food Management

Day-to-day policy measures are needed for food management; awareness of the child's needs in relation to the menu, individual meal requirements and snacks in school. When catering staff are employed by a separate organisation, it is important to ensure that the Catering Manager is fully aware of the child's particular requirements. A `kitchen code of practice' is therefore put in place. The catering team undertake regular allergen training.

Excluding food to which a child is allergic from the premises is not always feasible, although appropriate steps to minimise any risks to allergic children will be taken. Allergen information within recipes can be obtained from the Catering Manager at the parent or child's request.

Information

Information about allergens and nuts in school are displayed on the school website and records are kept by the Catering Manager about pupils' allergies.

Training

Where members of staff have volunteered to inject adrenaline in an emergency the school will arrange for them to deliver an appropriate training session in the use of the auto-injectors. Colleagues are reassured that these devices are simple to administer. This training will be reviewed annually to familiarize staff with procedures.

Asthma

What is Asthma?

People with asthma have airways which narrow as a reaction to various triggers. The narrowing or obstruction of the airways causes breathing difficulties.

What Causes it?

There are many things that can trigger an asthma attack. Common examples include:

- viral infections
- house dust mites
- pollen
- smoke
- fur
- feathers
- pollution
- laughter
- excitement
- stress

What are the Signs of the Condition?

The most common symptoms of an asthma attack include:

- coughing
- wheezing
- difficulty breathing
- nasal flaring
- a tight feeling in the chest (younger children may express this as ‘tummy ache’ or feeling like someone is sitting on their chest)
- Inability to talk or complete sentences (some children will go very quiet).

What is the Treatment for the Condition?

The main types of medicines used to treat asthma are discussed briefly below:

Relievers

Usually it is a reliever that a child will need during the school day. Relievers (usually blue inhalers) are medicines that are taken immediately to relieve the symptoms of asthma during an attack. They quickly relax the muscles surrounding the narrowed airways thus allowing them to open wider, making it easier for the child to breathe. They are sometimes taken before exercise.

Preventers

Preventer inhalers can be brown, red or orange in colour and can sometimes be in the form of tablets. Preventers are usually used out of school hours and it is rare for them to be needed during the school day.

Preventers protect the lining of the airways, help to calm the swelling and stop the tubes in the lungs from being so sensitive.

Spacers

Both kinds of inhalers are often used in combination with spacers which help deliver medicine to the lungs more effectively. Where prescribed, the spacer should be individually labelled with the child's name and kept with the inhaler.

Nebulisers

A nebuliser is a machine that creates a mist of medicine that is then breathed through a mask or mouthpiece. They are becoming increasingly less common. Pupils with asthma should not normally need to use a nebuliser in school. However, if they do have to use one then members of school staff will need to receive appropriate training from a healthcare professional.

Training

Since emergency treatments vary in each case, the parents will often be best placed to inform schools of the child's treatment regime. There may be a specialist nurse from the local NHS Trust who can deliver training and will have access to the medical advice that has informed the healthcare plan.

Children with asthma will often be looked after solely by their GP or Asthma Nurse. Although the GP would be unable to provide training it is likely that they will provide the information that would help school staff to complete the healthcare plans. Children with complex conditions may have access to a specialist nurse with expert knowledge in oncology, nephrology, gastroenterology, urology or cystic fibrosis, who may be able to assist.

Designated Members of Staff

Designated members of staff should be trained in:

- recognising asthma attacks (and distinguishing them from other conditions with similar symptoms)
- responding appropriately to a request for help from another member of staff
- recognising when emergency action is necessary
- administering salbutamol inhalers through a spacer
- keeping appropriate records of asthma attacks.

ALL Members of Staff

In additional to this, it would be reasonable for **ALL** members of staff to be:

- trained to recognise the symptoms of an asthma attack and, ideally, how to distinguish them from other conditions with similar symptoms
- aware of this policy
- aware of how to check if a child is on the asthma register
- aware of how to access the emergency inhaler and who the designated members of staff are, and the policy on how to access their help

Asthma UK has produced demonstration films on using a metered-dose inhaler and spacers suitable for staff and children.

http://www.asthma.org.uk/knowledge-bank-treatment-and-medicines-using-your-inhalers

What Arrangements are in Place at our School?

Healthcare Plan

Pupils with asthma will need to have an individual healthcare plan.

It is important for school to agree with parents of children with asthma how to recognise when their child's asthma gets worse and what action needs to be taken at that time. An Asthma Action Plan (available from Asthma UK) is a useful way to store written information about a child's asthma. The child's GP or Asthma Nurse will complete this in conjunction with the child and his/her parent. It includes details of the inhalers used, asthma triggers for the child, emergency action and contacts for the GP or Asthma Nurse. This can be attached to the healthcare plan.

Asthma Register

A register of children who have been diagnosed with asthma or prescribed a reliever inhaler should be kept. This is particularly crucial in larger schools, where there may be many children with asthma, and it will not be feasible for individual members of staff to be aware of which children these are.

Schools will ensure that the asthma register is easy to access, and allows for a quick check to take place to establish if a child is recorded as having asthma and that consent for an emergency inhaler to be administered has been obtained.

Carrying the Medication

Pupils with asthma need to keep their reliever inhalers with them at all times.

It is good practice to allow students who have asthma to carry their own medication from a relatively early age. This is especially important if the inhaler or nebuliser is needed to relieve symptoms regularly or if attacks are sporadic and particularly severe. Children with asthma learn from their past experience of attacks; they usually know just what to do and will probably carry the correct emergency treatment.

If students are not able to do so then inhalers should be stored safely away and members of staff should issue them when the child needs the medication. This method may be more appropriate for younger students with asthma who may not be able to use the inhaler without help or guidance.

If the child is too young or immature to take personal responsibility for his/her inhaler, members of staff should make sure that it is stored in a safe but readily accessible place, and clearly marked with the child's name.

All asthma medicine should be clearly labelled with the child’s name. The expiry date of the medicines should be checked every six months.

Emergency Salbutamol Inhalers in Schools

Schools are not required to hold an inhaler – this is a discretionary power enabling them to do so if they wish.

St Benet Biscop Catholic Academy does not keep a supply of inhalers on site for use in an emergency. We recommend that parents/carers supply the school with a spare to be kept in the school office.

The Medication Coordinator or Headteacher should monitor the protocol to ensure compliance with it.

Salbutamol

Salbutamol is a relatively safe medicine, particularly if inhaled, but all medicines can have some adverse effects. Those of inhaled salbutamol are well known, tend to be mild, temporary and not likely to cause serious harm. The child may feel a bit shaky or may tremble, or may say that they feel their heart is beating faster. The main risk of allowing schools to hold a salbutamol inhaler for emergency use is that it may be administered inappropriately to a breathless child who does not have asthma. It is essential, therefore, that schools follow the advice on page 14 in relation to whom the emergency inhaler can be used by if one is held.

Children may be prescribed inhalers for their asthma which contain an alternative reliever medication to salbutamol (such as terbutaline). The salbutamol inhaler should still be used by these children if their own inhalers are not accessible – it will still help to relieve their asthma and could save a life.

Storage and Care of Inhalers

Schools should ensure that if an inhaler is held, the inhaler and spacers are kept in a safe central location, such as the school office or staffroom, which is known to all members of staff, and to which they have access to at all times. However, the inhaler must be stored out of the reach and sight of children. The inhaler and spacer should not be locked away.

If held, the inhaler should be stored at the appropriate temperature (in line with the manufacturer's guidelines), usually below 30^{o}C, protected from direct sunlight and extremes of temperature. Any emergency inhalers and spacers should be kept separate from any individual child's inhaler; the emergency inhaler should be clearly labelled to avoid confusion with a child's inhaler. An inhaler should be primed when first used (for example, spray two puffs). As it can become blocked again when not used over a period of time, it should be regularly primed by spraying two puffs.

To avoid possible risk of cross-infection, the plastic spacer should not be reused. It can be given to the child to take home for future personal use. The inhaler itself, however, can usually be reused, provided it is cleaned after use. The inhaler canister should be removed, and the plastic inhaler housing and cap should be washed in warm running water, and left to dry in air in a clean, safe place. The canister should be returned to the housing when it is dry, and the cap replaced, and the inhaler returned to the designated storage place. However, if there is any risk of contamination with blood (for example if the inhaler has been used without a spacer), it should also not be re-used but disposed of.

The two named volunteers have responsibility for ensuring that, if an emergency inhaler is held:

- on a monthly basis the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available
- replacement inhalers are obtained when expiry dates approach
- replacement spacers are available following use
- the plastic inhaler housing (which holds the canister) has been cleaned, dried and returned to storage following use, or replacements are available if necessary.

Disposal

Manufacturers' guidelines usually recommend that spent inhalers are returned to the pharmacy to be recycled. To do this legally, schools need to register as a lower-tier waste carrier, as a spent inhaler counts as waste for disposal. The hyperlink to enable schools to register is provided below:

https://www.gov.uk/waste-carrier-or-broker-registration

However, following discussions, the Council's Waste Management and Disposal Team has determined that owing to the very small quantities of emergency inhalers which Northumberland schools will produce, a more sensible and pragmatic solution is for each school to put them into its recycling and rubbish bins, as described below:

- If schools have an NCC recycling collection then the empty metal canister can be recycled via these bins, as the Council does permit empty aerosols to be added to its collections

- The plastic part of the inhaler should be placed into the rubbish bin, following which it will be sent with other waste to the 'energy from waste' plant

PE and Off-site Activities

Children with asthma should participate in all aspects of school life, including physical activities. They need to take their reliever inhaler with them on all off-site activities and these should also be available during physical education and sports activities. Physical activity benefits children with asthma in the same way as other children. Swimming is particularly beneficial, although endurance work may need to be avoided. Some children may need to take their reliever asthma medicines before any physical exertion. Warm-up activities are essential before any sudden activity especially in cold weather. Particular care may be necessary in cold or wet weather.

The emergency inhaler kit should be easily accessible should the child's primary inhaler not be available.

Action During an Attack

When a child has an attack they should be treated according to their individual healthcare plan as previously agreed. If the child does not have his/her prescribed reliever inhaler available, then the school's emergency inhaler can be used in the circumstances described previously.

An ambulance should be called if:

- the symptoms do not improve sufficiently after 10 puffs on the inhaler
- the child is too breathless to speak
- the child is becoming exhausted
- the child has a blue/white tinge around the lips
- the child has collapsed

Because asthma varies from child to child, it is impossible to provide emergency guidance that will apply uniformly in every single case. The guidelines below will be used:

Emergency Action in the Event of an Asthma Attack

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

Diabetes

What is Diabetes?

Diabetes is a condition where the amount of glucose in the blood is too high because the body cannot use it properly.

What Causes it?

Diabetes is a disorder caused when the pancreas produces an insufficient amount of the hormone insulin or when insulin production is absent. There are two main types of diabetes which are discussed briefly below:

Type 1 Diabetes

Type 1 diabetes develops when the insulin-producing cells have been destroyed and the body is unable to generate any of the substance. It is treated with insulin either by injection or pump, a healthy diet and regular physical activity. The majority of affected children have Type 1 diabetes.

Type 2 Diabetes

Type 2 diabetes develops when the body does not produce enough insulin or the insulin that is produced does not work properly. This type of diabetes is treated with a healthy diet and regular physical activity, though medication (and/or insulin) is often required. In both instances each child may experience different symptoms and these should be discussed when drawing up the healthcare plan.

What is the Treatment for the Condition?

For most children diabetes is controlled by injections of insulin each day. Some children may require multiple injections, though it is unlikely that they will need to be given injections during school hours.

In some cases, the child's condition may be controlled by an insulin pump. Most children can manage their own injections, however, if doses are required at school then supervision may be required and a suitable, private place to inject will need to be identified.

It has become increasingly common for older children to be taught to count their carbohydrate intake and adjust their insulin accordingly. This means that they have a daily dose of long-acting insulin at home, usually at bedtime and then insulin with breakfast, lunch and evening meal, and before substantial snacks. The child is taught how much insulin to give with each meal, depending on the amount of carbohydrate eaten. The child is then responsible for administering injections and the regime to be followed would be detailed in the individual healthcare plan.

It is essential that children with diabetes make sure that their blood glucose levels remain stable. They may check their levels by taking a small sample of blood and using a small monitor at regular intervals. They may need to do this during the school lunch break, before PE or more regularly if their insulin needs to be adjusted. The majority of older children will be able to undertake this task without assistance and will simply need a suitable place to do it. However, younger children may need adult supervision to carry out the test and/or interpret the results.

When members of staff agree to administer blood glucose tests or insulin injections, they should be trained by an appropriate health professional, usually a specialist nurse with clinical responsibility for the treatment of the particular child.

What Arrangements are in Place at our School?

Healthcare Plan

A healthcare plan will be needed for students with diabetes.

Children with diabetes need to be allowed to eat regularly during the day. This may include eating snacks during class-time or prior to exercise. Schools may need to make special arrangements for students with diabetes if the school has staggered lunchtimes. Members of staff need to be made aware that if a child should miss a meal or snack he/she could experience a hypoglycaemic episode (commonly known as a ‘hypo’) during which the blood glucose level falls too low. It is, therefore, important that staff should be aware of the need for children with diabetes to have glucose tablets or a sugary drink to hand. After strenuous activity a child may experience similar symptoms, in which case the teacher in charge of physical education or other sessions involving physical activity should be aware of the need to take appropriate action.

What are the Signs of a Hypoglycaemic Episode?

Staff should be aware that the following symptoms, either individually or in combination, may be an indicator of low blood sugar:

- Hunger
- Sweating
- Drowsiness
- Pallor
- Glazed eyes
- Shaking or trembling
- Lack of concentration
- Irritability
- Headache
- Mood changes, especially angry or aggressive behaviour

Each child may experience different symptoms and this should be discussed when drawing up individual healthcare plans.

Emergency Action

If a child experiences a ‘hypo’, it is very important that he/she is not left alone and that a fast acting sugar, such as glucose tablets, a glucose rich gel or a sugary drink is brought to the child and given immediately. Slower acting starchy food, such as a sandwich or two biscuits and a glass of milk, should be given once the child has recovered, some 10-15 minutes later.

An ambulance should be called if:

- The child’s recovery takes longer than 10-15 minutes
- The child becomes unconscious

Hyperglycaemia

Some children may experience hyperglycaemia, which is a high glucose level.

The underlying cause of hyperglycaemia will usually be from loss of insulin producing cells in the pancreas or if the body develops resistance to insulin.
More immediate reasons for it include:

- Missing a dose of diabetic medication, tablets or insulin
- Eating more carbohydrates than the body and/or medication can manage
- Being mentally or emotionally stressed
- Contracting an infection

The symptoms of hyperglycaemia include thirst and the passing of large amounts of urine. Tiredness and weight loss may indicate poor diabetic control. If these symptoms are observed members of staff should draw these signs to the attention of parents. If the child is unwell, is vomiting or has diarrhoea this can lead to dehydration. If the child is giving off a smell of pear drops or acetone this may be a sign of ketosis and dehydration and he/she will require urgent medical attention.

Further information on this condition can be found on the Diabetes UK website.

Epilepsy

What is Epilepsy?

Epilepsy is characterised by a tendency for someone to experience recurrent seizures or a temporary alteration in one or more brain functions.

What Causes it?

An epileptic seizure, sometimes called a fit, turn or blackout can happen to anyone at any time. Seizures can happen for many reasons and can result from a wide variety of disease or injury.

Triggers such as anxiety, stress, tiredness and illness may increase the likelihood that a child will have a seizure. Flashing or flickering lights and some geometric shapes or patterns can also trigger seizures. The latter is called photosensitivity and is very rare. Most children with epilepsy can use computers and watch television without any problem.

What are the Signs of the Condition?

Seizures can take many different forms and a wide range of terms may be used to describe the particular seizure pattern that individual children experience.

What the child experiences depends on whether all of the brain is affected or the part of the organ that is involved in the seizure. Not all seizures involve loss of consciousness. When only a part of the brain is affected, a child will remain conscious with symptoms ranging from the twitching or jerking of a limb to experiencing strange tastes or sensations such as pins and needles. Where consciousness is affected; a child may appear confused, wander around and be unaware of their surroundings. They could also display unusual, such as plucking at clothes, fiddling with objects or making mumbling sounds and chewing movements. They may not respond if spoken to. Afterwards, they may have little or no memory of the seizure.
Most seizures last for a few seconds or minutes, and stop of their own accord. In some cases, seizures go on to affect all of the brain and the child loses consciousness. Such seizures might start with the child crying out, then the muscles becoming stiff and rigid. The child may fall down. Then there are jerking movements as muscles relax and tighten rhythmically. During a seizure breathing may become difficult and the child's colour may change to a pale blue or grey colour around the mouth. Some children may bite their tongue or cheek and may wet themselves.

After a seizure a child may feel tired, be confused, have a headache and need time to rest or sleep. Recovery times vary. Some children feel better after a few minutes while others may need to sleep for several hours.

Another type of seizure affecting all of the brain involves a loss of consciousness for a few seconds. A child may appear `blank' or `staring', and sometimes there will be fluttering of the eyelids. Such absence seizures can be so subtle that they may go unnoticed. They might be mistaken for daydreaming or not paying attention in class.

What is the Treatment for the Condition?

The great majority of seizures can be controlled by anti-epileptic medication. It should not be necessary to take regular medicine during school hours.

What Arrangements are in Place at our School?

Healthcare Plan

An individual healthcare plan is needed when a pupil has epilepsy.

Parents and health care professionals should provide information to the school's Medication Coordinator so that it can be incorporated into the individual healthcare plan, detailing the particular pattern of an individual child's epilepsy. If a child experiences a seizure whilst at school, details should be recorded and communicated to parents including:

- any factors which might possibly have acted as a trigger to the seizure – for example visual/auditory stimulation, anxiety or upset.
- any unusual 'feelings' which the child reported prior to the seizure
- the parts of the body demonstrating seizure activity, such as limbs or facial muscles
- the time when the seizure happened and its duration
- whether the child lost consciousness
- whether the child was incontinent

The above information should form an integral part of the school's emergency procedures and relate specifically to the child's individual healthcare plan. The healthcare plan should clearly identify the type or types of seizures, including descriptions of the seizure, possible triggers and whether emergency intervention may be required.

Children with epilepsy should be included in all activities. Extra care may be needed in some areas such as swimming or participating in science lessons. The Medication Coordinator should discuss any safety issues with the child and parents as part of the healthcare plan, and these concerns should be communicated to members of staff.

Emergency Action

An ambulance should be called during a convulsive seizure if:

- it is the child's first seizure
- the child has injured him/herself badly
- the child has problems breathing after a seizure
- a seizure lasts longer than the period identified in the child's healthcare plan
- a seizure lasts for five minutes and members of staff do not know how long the seizures usually last for a particular child
- there are repeated seizures, unless this is usual for the child, as described in the child's health care plan

Emergency Action: Epilepsy - First Aid for all Seizures

- Ensure that the child is out of harm's way. Move the child only if there is danger from sharp or hot objects or electrical appliances. Observe these simple rules and let the seizure run its course
- Check the time the child starts to fit
- Cushion the head with something soft (a folded jacket would do) but do not try to restrain convulsive movements
- Do not try to put anything at all between the teeth
- Do not give anything to drink
- Loosen tight clothing around the neck, remembering that this could frighten a semi-conscious child and should be done with care
- Arrange for other children to be escorted from the area, if possible
- Call for an ambulance if:
    - a seizure shows no sign of stopping after a few minutes
    - a series of seizures take place without the individual properly regaining consciousness
- As soon as possible, turn the child onto his/her side in the semi-prone (recovery/unconscious) position, to aid breathing and general recovery. Wipe away saliva from around the mouth
- Be reassuring and supportive during the confused period which often follows this type of seizure. If rest is required, arrangements should be made for this purpose
- If there has been incontinence cover the child with a blanket to prevent embarrassment. Arrange to keep spare clothes at school if this is a regular occurrence

If a child is known to have epilepsy:

- It is not usually necessary for the child to be sent home following a seizure, but each child is different. If the Headteacher feels that the period of disorientation is prolonged, it might be wise to contact the parents. Ideally, a decision will be taken in consultation with the parents when the child's condition is first discussed, and a Healthcare Plan drawn up
- If the child is not known to have had a previous seizure medical attention should be sought
- If the child is known to have diabetes this seizure may be due to low blood sugar (a hypoglycaemic attack) in which case an ambulance should be summoned immediately

During a seizure it is important to make sure the child is in a safe position, not to restrict a child's movements and to allow the seizure to take its course. Putting something soft under the child's head during a convulsive seizure will help to protect it from injury.

Nothing should be placed in the child's mouth. After a convulsive seizure has stopped, the pupil should be placed in the recovery position and a member of staff should stay with him/her until the child has fully recovered.

Status Epilepticus

Status epilepticus is a condition described as one continuous, unremitting seizure lasting longer than five minutes or recurrent seizures without regaining consciousness between them for greater than five minutes. It must always be considered a medical emergency.

A five minute seizure does not in itself constitute an episode of status and it may subsequently stop naturally without treatment. However, applying emergency precautions after the five minute mark has passed will ensure that prompt attention will be available if a seizure does continue. Such precautions are especially important if the child's medical history shows a previous episode of status epilepticus.

Any child not known to have had a previous seizure should receive medical assessment as soon as possible. Both medical staff and parents need to be informed of any events of this nature.

Emergency Medication

St Benet Biscop Catholic Academy does not keep spare emergency medication on site. Any required emergency or rescue medication must be provided by the parent/carer and the relevant consent forms completed.

Two types of emergency medication are prescribed to counteract status, namely:

- Rectal diazepam, which is given rectally (into the bottom). This is an effective emergency treatment for prolonged seizures.
- Buccal (oromucosal) midazolam. This is a new authorised treatment for prolonged acute convulsive seizures, which is placed via syringe into the buccal cavity (the side of the mouth between the cheek and the gum). It may be considered as an alternative to rectal diazepam for this purpose.

These drugs are sedatives which have a calming effect on the brain and are able to stop a seizure. In very rare cases, these emergency drugs can cause breathing difficulties so the person must be closely watched until they have fully recovered.

Training in the administration of buccal midolazam and rectal diazepam is essential and is provided by the specialist nurse with clinical responsibility for the treatment of the particular child. Special training should be updated annually.

Administration of Buccal Midazolam and Rectal Diazepam

Any child requiring buccal midazolam or rectal diazepam should have his/her medication reviewed every year. As an additional safeguard, each child requiring buccal midazolam or rectal diazepam should have his/her own specific healthcare plan that will focus exclusively on this issue. All interested parties should be signatories to this document.

Buccal midazolam and rectal diazepam can only be administered in an emergency if an accredited first-aider, trained in mouth to nose/mouth resuscitation, is easily accessible (that is only one or two minutes away). At least one other member of staff must be present as well.

Arrangements should be made for two adults to be present for such treatment, at least one of whom is the same sex as the child; this minimises the potential for accusations of abuse. The presence of two adults can also make it much easier to administer treatment. Staff should protect the dignity of the child as far as possible, even in emergencies.

Staying with the child afterwards is important as buccal midazolam and diazepam may cause drowsiness. Moreover, those who administer buccal midazolam and rectal diazepam should be aware that there could be a respiratory arrest. If breathing does stop a shake and a sharp voice should usually start the child breathing again; if this does not work it will be necessary to give mouth to mouth resuscitation.

Unacceptable Practice

The DfE's statutory guidance makes it very clear that governing bodies should ensure that the school's 'Policy on Supporting Pupils with Medical Conditions' is explicit about what practice is not acceptable. It will enable governors to demonstrate unequivocally to a scrutinising authority that they are not adhering to or advocating practices that are deemed unacceptable, prejudicial or which promote social exclusion.

Although school staff should use their discretion and judge each case on its merits whilst referencing the child's individual healthcare plan, it is not considered acceptable practice to:

- 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 or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans
- if the 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, such as hospital appointments
- prevent students 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 assisting 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 which would hinder their participation in any aspect of school life, including school trips by, for example, requiring parents to accompany the child

Complaints

Should parents or students be dissatisfied with the support provided they should discuss their concerns directly with the school.

If, for whatever reason, this does not resolve the issue, they may make a formal complaint via the school's existing complaints procedure. A copy of which is available from the school on request.

Administration of Medication to Pupils
Agreement between Parents and School (Appendix 1)

Wherever possible, it is requested that parents/carers administer the daily doses out of school hours. However, if this is not possible it will be necessary for the school and parents to make a formal agreement to enable members of staff to administer medication to pupils during the school day by completing the form below.

Only medication that the child's doctor has prescribed can be administered, hence school do not administer 'over-the-counter' medication. However, if 'over the counter' medication is part of an agreed treatment plan, it is permissible for it to be administered provided that the practice is strictly controlled in the same way as is prescribed medication.

Note: Medicines must be kept in the original container as dispensed by the pharmacy.

Part 1 – To be Completed by Parent/Carer		
To: The Headteacher of St Benet Biscop Catholic Academy		
Student Name:		**Date of Birth:**
Medical Condition:		**Form Class:**
Is this condition:	**Long Term/Permanent**	**Temporary/Short Term**
I wish for him/her to have the following medicine administered by school staff, as indicated below:		
Name of Medication:		
Dose/Amount to be given:		
Time(s) at which to be given:		
Means of administration:		
How long will the child require this medication to be administered?		
Known side effects and any special precautions (please attach details)		
Procedures to take in case of emergency (please attach details)		
ADDITIONAL INSTRUCTIONS *(eg take after food, with water, contact parent before administering)*		

Emergency Contact 1	**Emergency Contact 2**
Name:	Name:
Telephone:	**Telephone:**
Work:	Work:
Home:	Home:
Mobile:	Mobile:
Relationship:	Relationship:

I undertake to deliver the medicine personally to the Headteacher or Medication Coordinator and to replace it whenever necessary. I also undertake to inform the school immediately of any change of treatment that the doctor or hospital has prescribed.	
Name:	**Signature:**
Relationship to child:	**Date:**

CONSENT

I confirm that I will comply with the conditions detailed overleaf and I give my consent for medication to be administered by a member of the school staff in the circumstances described above.	
Name: (Parent/Carer)	**Signature:**
Relationship to child:	**Date:**

Part 2 –For office use Only **To be completed by Medication Coordinator**	
Confirmation of agreement to administer medicine	
It is agreed that:	*(Student name)*
Will receive:	*(quantity and name of medicine)*
Every day at:	(*time medicine to be administered, eg. lunchtime or afternoon break)*
Medication will be given or supervised by:	*(member(s) of staff)*
This arrangement will continue until:	*(either the end date for the course of medicine or until the parents instruct otherwise).*
ADDITIONAL INSTRUCTIONS *(eg take after food, with water, contact parent before administering)*	
Name	**Signature:**
School: **St Benet Biscop Catholic Academy**	

	Yes	**No**
Healthcare Plan		
SEND Link		

Parental Request for Child to Carry and Self-administer Medicine (Appendix 2)

This form must be completed by a parent/carer and refers only to <u>prescription</u> medication

To: Headteacher		
School: *St Benet Biscop Catholic Academy*		
Name of student:		Class:
Address:		
Medical Condition:		
Is this condition:	Long term/Permanent	Short term/Temporary
Name of Medication:		
Dosage:		
Procedures to be taken in an emergency:		
Contact Information		
I would like my child to keep his/her medicine on him/her for use, as necessary.		
Name:	Relationship to student:	
Daytime Telephone No:		
Signature:	Date:	

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

Healthcare Plan for a Pupil with Medical Needs (Appendix 3)

To be completed by the parent/carer in relation to long term and complex medical needs only

Details of Child and Condition		
Name of student:		*Add photo here*
Date of birth:		
Class/Form:		
Medical Condition:		
Does this condition represent an auto immune deficiency?	Yes/No	
Triggers:		
Signs/Symptoms:		
Treatments:		

Medication Needs of Student		
Is medication **prescribed** to treat this condition?	Yes	No
If 'Yes', is medication required to be administered **whilst at school**	Yes	No
Complete this section only if medication is required to be administered in school		
Students are encouraged to administer their own medication. Can the student self manage their own medication?	Yes	No
If **'Yes'** Parent/Carer must complete **App 2 - Parental Request for child to carry and self administer medication.** *Students should only bring the amount required for one day into school*		
If **'No'** Parent/Carer must complete **App 1 - Administration of Medication to Pupils Agreement between Parents and School** *Medication cannot be administered without parental approval*		

Medication:
Dose:
Specify if any other treatments are required:
If the student can self-manage his/her medication, specify the arrangements in place to monitor this:
Indicate the level of support needed, including in emergencies: *(some children will be able to take responsibility for their own health needs)*
Known side-effects of medication:
Storage requirements:
Additional Support
What facilities and equipment are required? *(such as changing table or hoist)*
What testing is needed? *(such as blood glucose levels):*

Where necessary to manage the condition, is access to food and drink necessary?	Yes/No

Describe what food and drink needs to be accessed
Identify any dietary requirements:
Identify any environmental considerations *(such as crowded corridors, travel time between lessons):*
Action to be taken in an emergency *(If one exists, attach an emergency healthcare plan prepared by the child's lead clinician):*

Emergency Contacts	
Family Contact 1 Name:_____ Telephone *Work*:_____ *Home*:_____ *Mobile*:_____ Relationship:_____	***Family Contact 1*** Name:_____ Telephone *Work*:_____ *Home*:_____ *Mobile*:_____ Relationship:_____
Clinic or Hospital Contact Name:_____ Telephone: *Work*:_____	***GP*** Name:_____ Telephone: *Work*:_____
Signatures	
Signed: ***Date:***	***Relationship to Child:***

This section to be completed by St Benet Biscop staff	
Staff Providing Support	
Give the names of staff members providing support *(State if different for off-site activities):*	
Describe what this role entails:	
Have members of staff received training? (*details of training should be recorded on the Individual Staff Training Record, Appendix 4)*	
Where the parent or child have raised confidentiality issues, specify the designated individuals who are to be entrusted with information about the child's condition:	
Detail the contingency arrangements in the event that members of staff are absent:	
Indicate the persons (or groups of staff) in school who need to be aware of the child's condition and the support required:	
Other Requirements	
Detail any specific support for the pupil's educational, social and emotional needs *(for example, how absences will be managed; requirements for extra time to complete exams; use of rest periods; additional support in catching up with lessons or counselling sessions)*	
Signed: *(Medical Coordinator)*	
Date:	Review Date: