



Charles Darwin School

Supporting pupils in school with medical conditions

This policy contains guidance on the use of the emergency salbutamol inhalers for emergency use
with asthma attacks with consent

Persons Responsible: Healthcare Lead at Charles Darwin School

Governors: Mr Iain Turner

SLT: Mrs Louise Rees

Formally approved by the Ethos committee: 13 October 2014

Reviewed and readopted: 25 September 2017

Reviewed and readopted: 3 February 2020

1. What legislation is this guidance issued under?

- 1.1. Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained school, proprietors and academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions.
- 1.2. In meeting the duty, the governing body, proprietor or management committee must have regard to guidance issued by the Secretary of State under this section. Section 100 will come into force on 1 September 2014.

2. Key points

- 2.1. The Supporting pupils in school with medical conditions policy, gives an opportunity to ensure that:
 - 2.1.1. Pupils at school with medical conditions are supported so that they have full access to education, including school trips and physical education.
 - 2.1.2. The Governing body will ensure that arrangements are in place in school to support pupils at school with medical conditions.
 - 2.1.3. The Governing body will ensure that school leaders consultant health and social care professionals, pupils and parents/carers to ensure that the needs of the children with medical conditions are effectively supported.

3. Introduction

- 3.1. On 1 September 2014 a new duty came into force for governing bodies to make arrangements to support pupils at school with medical conditions. The statutory guidance in this document is intended to help Charles Darwin School's governing body to meet their legal responsibilities and sets out the arrangements they will be expected to make, based on good practice. The aim is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in Charles Darwin School so that they can play a full and active role in school life, remain healthy and achieve their academic potential.
- 3.2. Parents of children with medical conditions are often concerned that their child's health will deteriorate when they attend school. This is because pupils with long-term and complex medical conditions may require on-going support, medicines or care while at school to help them manage their condition and keep them well. Others may require monitoring and interventions in emergency circumstances. It is also the case that children's health needs may change over time, in ways that cannot always be predicted, sometimes resulting in extended absences. It is therefore important that parents feel confident that schools will provide effective support for their child's medical condition and that pupils feel safe. In making decisions about the support they provide, schools should establish relationships with relevant local health services to help them. It is crucial that schools receive and fully consider advice from healthcare professionals and listen to and value the views of parents and pupils.
- 3.3. In addition to the educational impacts, there are social and emotional implications associated with medical conditions. Children may be self-conscious about their

condition and some may be bullied or develop emotional disorders such as anxiety or depression around their medical condition. In particular, long-term absences due to health problems affect children's educational attainment, impact on their ability to integrate with their peers and affect their general wellbeing and emotional health. Reintegration back into school should be properly supported so that children with medical conditions fully engage with learning and do not fall behind when they are unable to attend. Short term and frequent absences, including those for appointments connected with a pupil's medical condition, (which can often be lengthy), also need to be effectively managed and appropriate support put in place to limit the impact on the child's educational attainment and emotional and general wellbeing.

- 3.4. Some children with medical conditions may be disabled. 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 (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with SEN, this guidance should be read in conjunction with the SEN code of practice.

4. Procedure to be followed when notification is received that a pupil has a medical condition

- 4.1. The school's Healthcare Lead will ensure that transitional arrangements for entry to Charles Darwin School are in place. This will be for Year 6 into 7 entry, casual admissions and Managed Moves.
- 4.2. For children starting in Year 7, arrangements to support medical conditions should be in place for the start of the relevant term. In other cases, such as a new diagnosis or casual admissions, every effort will be made to ensure arrangements are in place within two weeks¹. (See 4.5 below.)
- 4.3. A formal diagnosis does not need to be in place before providing medical support to pupils. Evidence in school may suggest support is required. In these situations, consultation with parents/carers by the school's Healthcare Lead will be required prior to any agreed additional medical support.
- 4.4. An asthma register will be kept, detailing who has been diagnosed with asthma and prescribed a reliever inhaler. Parental consent will be requested for the use of the emergency salbutamol inhaler held at school should it be necessary. [See Appendix 5 for further details on emergency inhaler use and consent form.]
- 4.5. See Appendix 1. New Year 7 medical registration paperwork was piloted in 2017 and was then rolled out to all year groups.

¹ Statutory Guidance April 2014 – 'Supporting pupils at school with medical conditions'

5. Individual Healthcare Plans

- 5.1. Individual healthcare plans [IHP] will be written if a pupil requires one due to their medical condition. A new IHP pro forma was used from July 2017 (Health Conditions in school Alliance - see Appendix 2).
- 5.2. The plan will provide clarity about what needs to be done, when and by whom and will be reviewed as a minimum annually by the healthcare lead. (See Appendix 3 for model process.)
- 5.3. A new short term plan will be piloted from September 2017. This will be completed in consultation with the young person and family. See Appendix 4 for pro forma.
- 5.4. Not all children will require a healthcare plan. The school, healthcare professional and parent/carer should agree if one is needed to support a child adequately in school.
- 5.5. A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan is provided in the appendix of this policy (Appendix 3).
- 5.6. The level of detail within the healthcare plan will depend on the complexity of the child's condition and the degree of support needed.
- 5.7. Where a child has Special Educational Needs but does not have a statement or EHC plan, their Special Educational Needs should be mentioned in their individual healthcare plan.
- 5.8. Plans will be drawn up in partnership by those who can best advise on the needs of the child. Pupils should be involved whenever appropriate.
- 5.9. Care plans are reviewed annually or if a child's medical needs change. New Year 7 care plans will be reviewed in the second term giving time for pupils to settle in, but sooner if needed.
- 5.10. Healthcare plans will consider:
 - 5.10.1. The medical condition, triggers, signs, symptoms and treatments.
 - 5.10.2. The pupil's resulting needs, including medication and other treatments, time, faculties, equipment testing, access to food and drink, dietary requirements and environmental issues, eg, crowded corridors, movement time between lessons.
 - 5.10.3. Specific support for the pupil's educational, social and emotional needs, eg, managing absences, counselling.
 - 5.10.4. Level of support needed, including in emergencies. If a child is self-medicating, this must be clearly stated.
 - 5.10.5. Who will provide the support, training needs, cover arrangements for when Lead is unavailable.
 - 5.10.6. Who in school needs to be aware of the child's condition.
 - 5.10.7. Written permission from parents/carers for medication to be administered by a member of staff or self-administered.
 - 5.10.8. Procedures required for school trips or other activities outside normal timetable.
 - 5.10.9. What to do in an emergency, including who to contact and contingency arrangement.

6. The child's role in managing their own medical needs

- 6.1. Having taken consideration of Government Guidelines² children who are felt competent will be encouraged to take responsibility for managing their own medicines and procedures. This should be after due consideration by parents/carers who have a responsibility to ensure their child is aware of:
 - 6.1.1. Frequency of dosage (small quantity only to be carried – sufficient for that day).
 - 6.1.2. Time of dosage.
 - 6.1.3. The importance of keeping their medication to themselves using it appropriately and in no situation, sharing it with others due to potential for an adverse reaction.
 - 6.1.4. No medication containing aspirin should be held by a child.
- 6.2. Self-medication should be reflected in an individual's healthcare plan where one exists.
- 6.3. Wherever possible, children should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily.
- 6.4. If it is not appropriate for a child to self-manage their medication, a relevant member of staff will help administer medicines and manage procedures for them.
- 6.5. If a child refuses to take medicines or carry out a necessary procedure, staff will not force them to do so. The parents/carers will be informed by the relevant member of staff so that alternative options can be considered.

7. Managing medicines on school premises

- 7.1. Medicines should be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- 7.2. No child under 16 should be given prescription or non-prescription medicines without their parent's written consent - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality. (Schools should set out the circumstances in which non-prescription medicines may be administered.)
- 7.3. A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, eg for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed unless previous consent has been given.
- 7.4. Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.
- 7.5. Charles Darwin School will only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still

² Statutory Guidance April 2014 – 'Supporting pupils at school with medical conditions'

be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container. All parents/carers are requested to complete the 'Parental Agreement for Prescribed Medicine'. A copy of this agreement is included in the appendix of this policy (Appendix 2).

- 7.6. The administration of medication will only be done in school at the following times, unless in an emergency:

Break time

Lunch time

Exceptionally, immediately before or after school

- 7.7. All medicines should be stored safely. Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will be easily available to children. This is particularly important to consider when outside of school premises eg on school trips.
- 7.8. A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, in the opinion of the school, but passing it to another child for use is an offence. Monitoring arrangements may be necessary. Charles Darwin School should otherwise keep controlled drugs that have been prescribed for a pupil securely stored in a double-locked container and only named staff should have access. Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held in school.
- 7.9. School staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions. Up to a month's prescription of a controlled drug can be held in school. Schools should keep 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.
- 7.10. When no longer required, medicines should be returned to the parent to arrange for safe disposal. If parents/carers fail to collect medicines for safe disposal, the school can do so accordingly. Sharps boxes should always be used for the disposal of needles and other sharps.
- 7.11. The school will not normally allow intimate or invasive treatment to take place in school. However, in exceptional circumstances, the Head teacher is authorised to agree to clothing being removed for treatment. Two adults must be present when these take place, at least one of whom must be of the same gender as the pupil.

8. Unacceptable practice

- 8.1. Although Charles Darwin school staff will use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, where appropriate, it is not generally acceptable practice to:
 - 8.1.1. Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary.
 - 8.1.2. Assume that every child with the same condition requires the same treatment.
 - 8.1.3. Ignore the views of the child or their parents; or ignore medical evidence or opinion, (although this may be challenged).
 - 8.1.4. 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.
 - 8.1.5. If the child becomes ill, send them to Student Services unaccompanied or with someone unsuitable.
 - 8.1.6. Penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments.
 - 8.1.7. Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively. A toilet pass may need to be issued by the Family and Healthcare Lead in consultation with the relevant Achievement Coordinator in certain circumstances.
 - 8.1.8. 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.
 - 8.1.9. Prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, eg by requiring parents to accompany the child.

9. Roles and responsibilities

- 9.1. Supporting a child with a medical condition during school hours is not the sole responsibility of one person. Charles Darwin School will work in co-operation with a variety of agencies and professionals, such as:
 - 9.1.1. School staff, in particular, the Healthcare lead trained First Aiders and identified members of Students Services.
 - 9.1.2. Health Care professionals, in particular, the school nurse allocated from Bromley Healthcare.
 - 9.1.3. Social Care professionals where appropriate.
 - 9.1.4. Parents and carers.
 - 9.1.5. Children.

- 9.2. It is expected that relevant professionals work collaboratively and in partnership to ensure that the needs of pupils with medical conditions are met effectively.
- 9.3. The Student Services Manager will have the responsibility to line manage the Healthcare lead and deputise when appropriate.
- 9.4. The Deputy Head (Welfare) will ensure that the procedures are understood and adhered to, that opportunities for training are provided and that there is effective communication and consultation with parents, children and health professionals concerning pupils' medical needs.
- 9.5. 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.
- 9.6. All staff are expected to maintain professional standards of care though they have no contractual or legal duty to administer medication.
- 9.7. Relevant Charles Darwin School staff will have opportunities to train in First Aid to ensure that they feel confident to deal with minor everyday injuries. Designated First Aiders, PE staff and staff taking educational visits, key administrative staff and site staff will be given training to administer first aid and/or medication, where appropriate.
- 9.8. The Headteacher should ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in emergency situations. This may involve recruiting staff for this purpose.
- 9.9. The Governing body should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.
- 9.10. It is expected that pupils with medical conditions are fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual health plan.
- 9.11. It is expected that parents provide the school with sufficient and up-to-date information about their child's medical condition. Parents will be involved in the development and review of individual health care plans, and are expected to carry out actions they have agreed, eg, provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

10. Staff training

- 10.1. The school understands that certain medical conditions are debilitating and potentially life threatening, particularly if poorly managed or misunderstood.
- 10.2. The school also understands the importance of medication and care being taken as advocated by healthcare professionals and parents.
- 10.3. Charles Darwin School is committed to providing appropriate training for staff who volunteer to participate in emergency first aid at work.
- 10.4. The relevant health care professional should lead on identifying and agreeing with the school, the type and level of training required and how this can be obtained.
- 10.5. The school's Healthcare lead will ensure that whole school awareness training is adequate for supporting pupils with medical conditions. New staff will also receive this same training.

- 10.6. Charles Darwin School may choose to arrange training themselves. The lead in arranging this is the school's Healthcare lead, who should also ensure that staff training remains up-to-date.
- 10.7. Training should be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.
- 10.8. Staff at Charles Darwin School must not give prescription medicines or undertake healthcare procedures without appropriate training. A first aid certificate does not constitute appropriate training in supporting children with medical conditions.

11. Record keeping

- 11.1. Written records will be kept of all medicines administered to children. The record will be kept by the school's Healthcare lead in Student Services and medication given logged on SIMs.
- 11.2. The Deputy Head (Welfare) will check the 'Administration of Medication Record' to ensure it is being completed and to ensure that the agreed procedures are being followed.
- 11.3. Parents/carers should be informed if the Healthcare lead or equivalent feels it is necessary. This might be due to the child needing to go home.

12. Emergency procedures

- 12.1. The school makes sure that all staff understand their duty of care to students in the case of a medical emergency.
- 12.2. Key staff feel confident in knowing what to do in a medical emergency.
- 12.3. In an emergency situation regarding health, the school's Healthcare Lead is expected to manage the situation. Support in this is available from Student Services where there are staff trained in First Aid and school procedures.
- 12.4. Where a child has an individual health care plan, this should clearly define what constitutes an emergency and explain what to do.
- 12.5. Parents/carers must be informed of this emergency situation as soon as possible. Continued efforts should be made to ensure this is achieved.
- 12.6. If child needs to be taken to hospital before a parent/carer arrives in school, the school's Healthcare Lead should accompany a child to hospital by ambulance and stay with the child until the parent/carer arrives. A member of staff from Student Services should deputise and accompany, if necessary.
- 12.7. Student Services should continue to attempt to make contact with the parent and ensure home contact details are given to the member of staff at the hospital so that this can continue after 4:00pm if necessary
- 12.8. The Deputy Head for Welfare should be made aware if a member of staff accompanies a pupil to hospital. They should have contact details of the healthcare lead at the hospital.

- 12.9. Details of all students by year who have asthma; severe allergies requiring them to carry an epipen; diabetes or epilepsy are held in central staff offices including PE and the staff room. Information is shared securely with all staff and held securely on the school's shared area where two passwords are needed for access.

13. Day trips residential visits and sporting activities

- 13.1. The school's Healthcare Lead and the member of SLT responsible for trips (for 2019-20 Rebecca Kearney AHT) will ensure that arrangements for trips and residential visits are clear and unambiguous regarding pupils with medical conditions.
- 13.2. Parents are asked for information regarding medical conditions on a consent form for any trip. The trip leader develops a plan to manage any students with medical or special needs in conjunction with learning development and the school's healthcare lead. It is expected that this would also involve reviewing SIMS and the school's shared area.
- 13.3. The school will ensure that any reasonable adjustments are made to ensure children who request to go on day trips and residential visits with a medical condition can do so. The school will make arrangements for the inclusion of pupils in such activities in consultation and with support of the family/carer.
- 13.4. The school may request that a risk assessment is carried out by the SENCo so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included.

14. Other areas considered at Charles Darwin School

- 14.1. The driver of the school minibus to and from school will be made aware of any pupils that they regularly transport having an individual healthcare plan. This will be discussed with them by the school's Healthcare Lead.
- 14.2. The school has two defibrillators as part of the first aid equipment, one in the Student Services corridor and one in the leisure centre reception area. From January 2017 First Aid training includes defibrillator training. Key members of staff will be trained in the use of this machine. This training will be updated when necessary.
- 14.3. The school will hold asthma inhalers for emergency use only from 1st October 2014. These will be issued under the supervision of the school's Healthcare Lead. The school will follow the department of Health's protocol for this from 1st October 2014. See Appendix 5 for the School's policy on the emergency use of salbutamol inhalers in school. A list of asthmatics is held in the first aid room and in PE.
- 14.4. It is expected that for residential trips, medicines are provided parents/carers in the week before the trip for pupils with a medical condition. However, if parents/carers provide medicines as late as the morning of a residential trip, the school can take no liability if insufficient time is provided for staff to familiarise themselves with procedures.

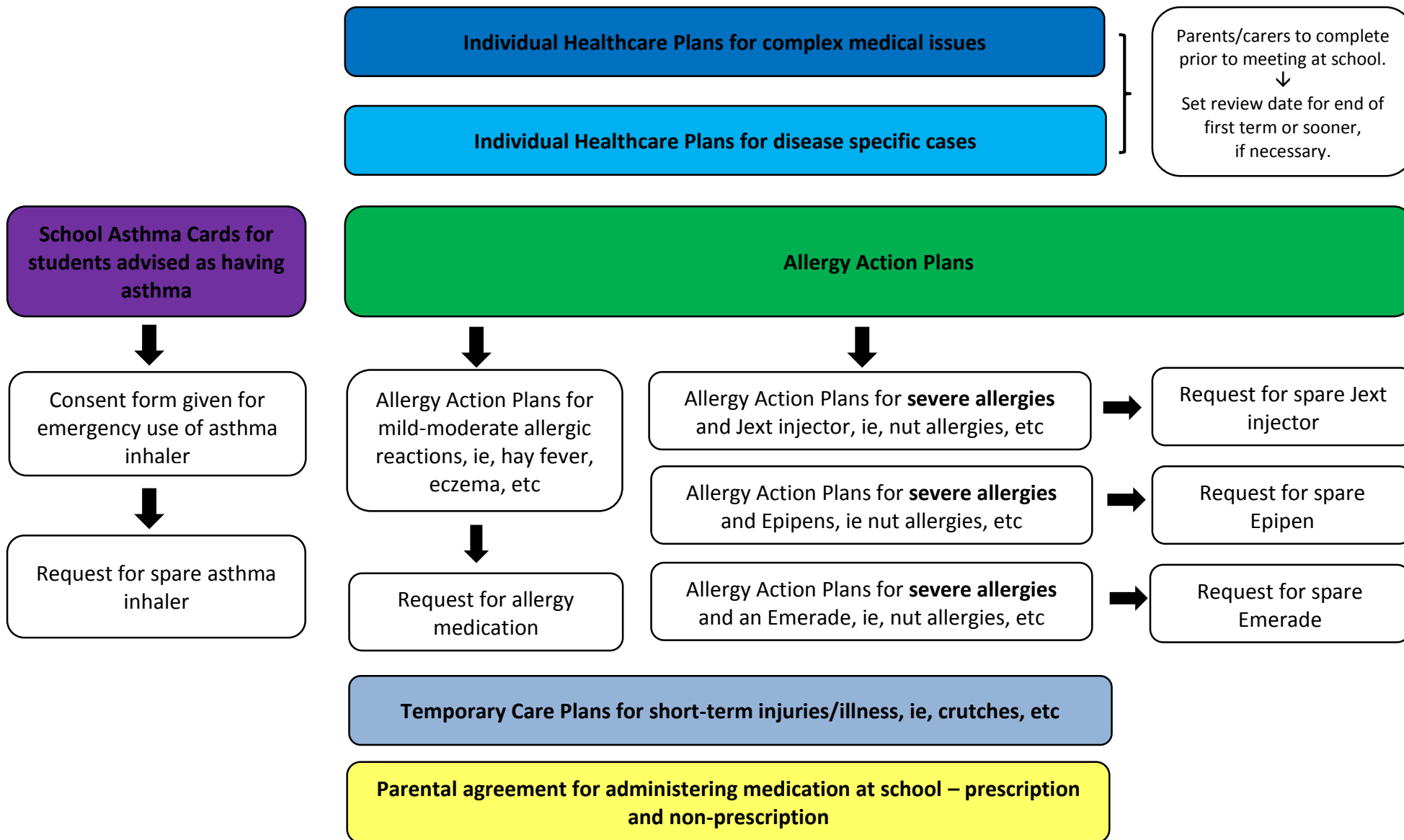
15. Staff indemnity

- 15.1. Charles Darwin School fully indemnifies all staff against claims for any alleged negligence, providing they are acting within their conditions of service and following Charles Darwin School's guidelines.
- 15.2. The indemnity covers situations where an incorrect dose is administered or where any other mistake in the procedure is made. Charles Darwin School will meet any claims in these circumstances.

16. Complaints

- 16.1. Should parents 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 complaints procedure. Making a formal complaint to the Department for Education should only occur if it comes within a scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted. As Charles Darwin School is an academy, it will be relevant to consider whether the academy has breached the terms of its Funding Agreement or failed to comply with any other legal obligation placed on it. Ultimately, parents (and pupils) will be able to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

2019/20 New Year 7 Medical registration paperwork



Health Conditions in Schools Alliance www.medicalconditionsatschool.org.uk

Individual Healthcare Plan

1 CHILD/ YOUNG PERSON'S INFORMATION

1.1 CHILD/ YOUNG PERSON DETAILS

Child's name:	
Date of birth:	
Year group:	
Nursery/School/College:	
Address:	
Town:	
Postcode:	
Medical condition(s): Give a brief description of the medical condition(s) including description of signs, symptoms, triggers, behaviours.	
Allergies:	
Date:	
Document to be updated:	

1.2 FAMILY CONTACT INFORMATION

Name:	
Relationship:	
Home phone number:	
Mobile phone number:	
Work phone number:	
Email:	

Name:	
Relationship:	
Home phone number:	
Mobile phone number:	
Work phone number:	
Email:	

Name:	
Relationship:	
Home phone number:	
Mobile phone number:	
Work phone number:	
Email:	

1.3 ESSENTIAL INFORMATION CONCERNING

THIS CHILD / YOUNG PERSON'S HEALTH NEEDS

	Name	Contact details
Specialist nurse (if applicable):		
Key worker:		
Consultant paediatrician (if applicable):		
GP:		
Link person in education:		
Class teacher:		
Health visitor/ school nurse:		
SEN co-ordinator:		
Other relevant teaching staff:		
Other relevant non-teaching staff:		
Head teacher:		
Person with overall responsibility for implementing plan:		
Any provider of alternate provision:		

This child/ young person has the following following treatment.

_ medical condition(s) requiring the

Medical condition	Drug	Dose	When	How is it administered?

Does treatment of the medical condition affect behaviour or concentration?	
Are there any side effects of the medication?	
Is there any ongoing treatment that is not being administered in school? What are the side effects?	

Any medication will be stored _____

2. ROUTINE MONITORING (IF APPLICABLE)

Some medical conditions will require monitoring to help manage the child/ young person's condition.

What monitoring is required?	
When does it need to be done?	
Does it need any equipment?	
How is it done?	
Is there a target? If so what is the target?	

3. EMERGENCY SITUATIONS

An emergency situation occurs whenever a child/ young person needs urgent treatment to deal with their condition.

What is considered an emergency situation?	
What are the symptoms?	
What are the triggers?	
What action must be taken?	
Are there any follow up actions (eg tests or rest) that are required?	

4. IMPACT ON CHILD'S LEARNING

How does the child's medical condition effect learning? i.e. memory, processing speed, coordination etc	
Does the child require any further assessment of their learning?	

5. IMPACT ON CHILD'S LEARNING and CARE AT MEAL TIMES

	Time	Note
Arrive at school		
Morning break		
Lunch		

Afternoon break		
School finish		
After school club (if applicable)		
Other		

Please refer to home-school communication diary Please refer to school planner

6. CARE AT MEAL TIMES

What care is needed?	
When should this care be provided?	
How's it given?	
If it's medication, how much is needed?	
Any other special care required?	

7. PHYSICAL ACTIVITY

Are there any physical restrictions caused by the medical condition(s)?	
Is any extra care needed for physical activity?	
Actions before exercise	
Actions during exercise	
Actions after exercise	

8. TRIPS AND ACTIVITIES AWAY FROM SCHOOL

What care needs to take place?	
When does it need to take place?	
If needed, is there somewhere for care to take place?	
Who will look after medicine and equipment?	
Who outside of the school needs to be informed?	
Who will take overall responsibility for the child/young person on the trip?	

9. SCHOOL ENVIRONMENT

Can the school environment affect the child's medical condition?	
How does the school environment affect the child's medical condition?	
What changes can the school make to deal with these issues?	
Location of school medical room	

10. EDUCATIONAL, SOCIAL & EMOTIONAL NEEDS

Pupils with medical conditions may have to attend clinic appointments to review their condition. These appointments may require a full day's absence and should not count towards a child's attendance record.

Is the child/young person likely to need time off because of their condition?	
What is the process for catching up on missed work caused by absences?	
Does this child require extra time for keeping up with work?	
Does this child require any additional support in lessons? if so what?	
Is there a situation where the child/young person will need to leave the classroom?	
Does this child require rest periods?	
Does this child require any emotional support?	
Does this child have a 'buddy' e.g. help carrying bags to and from lessons?	

11. STAFF TRAINING

Governing bodies are responsible for making sure staff have received appropriate training to look after a child/young person. School staff should be released to attend any necessary training sessions it is agreed they need.

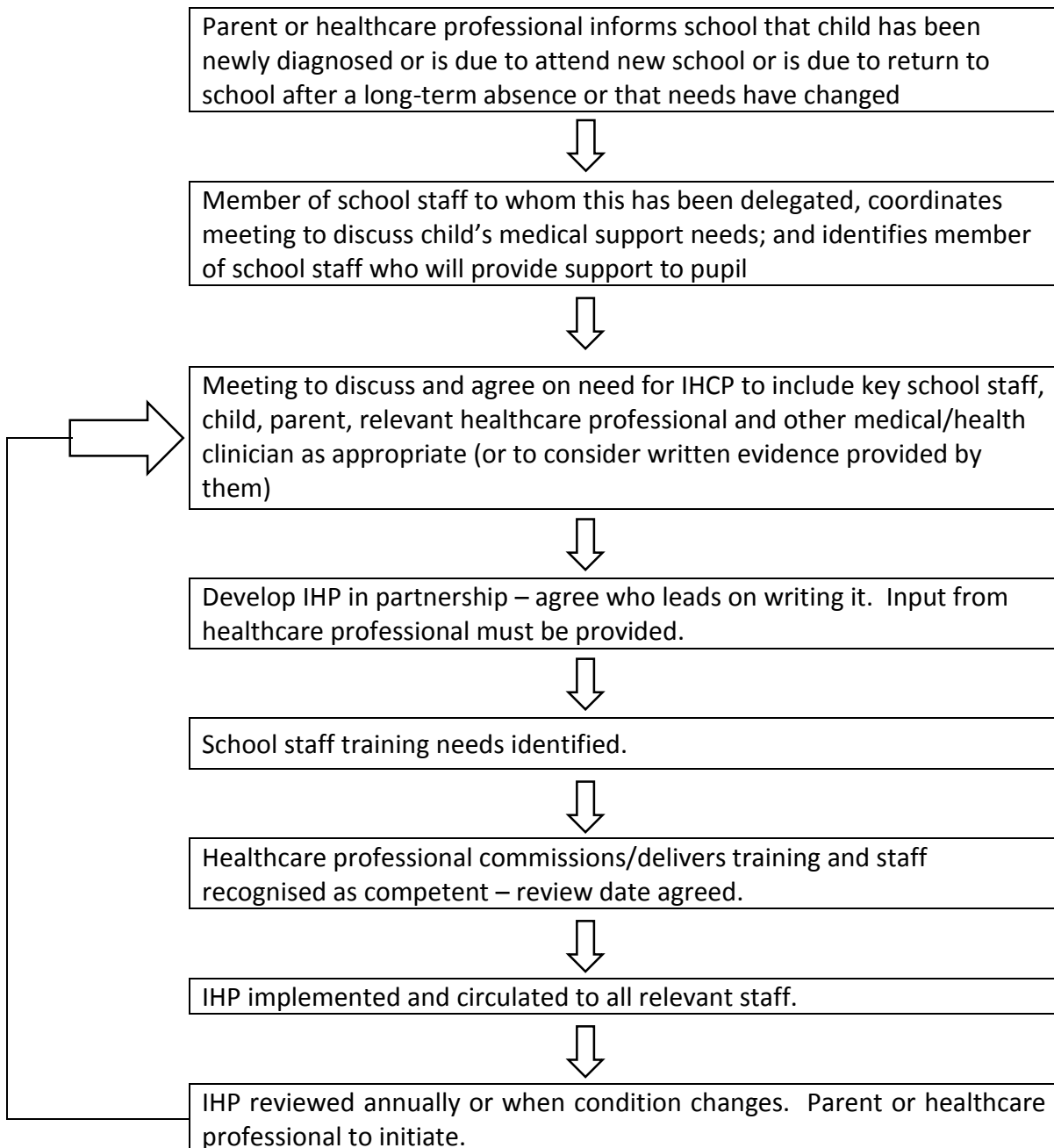
What training is required?	
Who needs to be trained?	
Has the training been completed? Please sign and date.	

Please use this section for any additional information for this child or young person.

	Name	Signatures	Date
Young person			
Parents/ carer			
Healthcare professional			
School representative			
School nurse			

This general Individual Healthcare Plan was developed from a plan originally designed by a subgroup led by Sandra Singleton; with Margot Carson, Elaine McDonald, Dawn Anderson, Paula Maiden, Jayne Johnson, Jill Cullen, Helen Nurse, Linda Connellan and Daniel Hyde, on behalf of the North West Paediatric Diabetes Network.

MODEL PROCESS FOR DEVELOPING INDIVIDUAL HEALTHCARE PLANS



Template Care Plan for short term injuries/illnesses

Appendix 4

Student Name:	Form:
----------------------	--------------

Details of the injury/illness:

Estimate of the duration of the injury/illness:

Details of any medication/equipment required and provide for the school:

Assessment of adjustments required: a lift key, have an escort with them, leave lesson 5 minutes early etc

Assessment of what adjustments are required for classrooms and PE locations:

Daytime contact details for parents/carers:

Name:	Contact No:
Name:	Contact No:

Review on a weekly or monthly basis:

Member of staff completing form:	Date: _____/_____/20____
---	------------------------------------

PLEASE COMPLETE AND RETURN IN ALL CASES:

- Sections 1 and 3 **MUST** be completed in all cases.
- Section 2 should only be completed if student is currently being prescribed medication.



**PARENTAL AGREEMENT FOR SCHOOL TO ADMINISTER
PRESCRIBED MEDICINE**

The school will not give your child medicine unless you complete and sign this form, and the school has a policy that staff can administer medicine.

1.

Name of school:		Class:	
Name of child:			
Date of Birth:			
Medical condition of illness:			

2.

Medicine			
Name/type of medicine (as described on the container)			
Date dispensed:		Expiry date:	
Dosage and method:			
When to be given:			
Are there any side effects that the school need to know about?			
Self administration?		Yes/no (delete as appropriate)	
Procedures to take in an emergency:			
Is there a "Care Plan" in place?		Yes/no (delete as appropriate)	

3.

Contact details	
Daytime telephone no:	
Name and phone no. of GP:	
Agreed review date to be initiated by name of member of staff	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of if the medication is stopped.

If asthma is cited as a medical condition, by signing you are consenting that the school's emergency inhaler can be used should the need arise.

Name: Signature:

Relationship to the child: Date:

Use of the emergency salbutamol inhaler in Charles Darwin School

1. Summary

- 1.1. From 1st October 2014 the Human Medicines [Amendment] [No 2] regulations has allowed schools to keep a salbutamol inhaler for use in emergencies.

2. Children who can use an inhaler

- 2.1. The emergency salbutamol inhaler should only be used by children
- who have been diagnosed with asthma and prescribed an inhaler
 - **OR** who have been prescribed a reliever inhaler
 - **AND** for whom written parental consent for use of the emergency inhaler has been given.
- See Appendix 3 part 2 for the consent form sent to parents/carers.

3. Reliever inhalers

- 3.1. Children at Charles Darwin School are expected to carry their own reliever inhaler at school to treat symptoms and for use in the event of an asthma attack. If they are unable to manage their asthma themselves they should keep their inhaler on them, and if not, it should be easily accessible to them.
- 3.2. Pupils are responsible for keeping their inhaler with them during PE lessons.

4. Use of an emergency inhaler

- 4.1. The use of an emergency inhaler should be specified in a pupil's individual care plan where appropriate.
- 4.2. Emergency inhalers are held in the First Aid room and the PE office.

5. Disposal of spent inhalers

- 5.1. The school's healthcare lead has the responsibility for the purchase, storage, care and disposal of the emergency inhaler, following section 3 of the "Guidance on the use of emergency salbutamol inhalers in schools" September 2014. Guidelines recommend spent inhalers are then returned to the pharmacy.

6. Deputising for the school's Healthcare Lead

- 6.1. The Students Services Manager will be fully aware of the procedures to deputise for the school's healthcare lead in their absence.

7. Asthma register

- 7.1. An asthma register will be completed as part of the “Supporting pupils with medical conditions policy”. This will be easy to access with the inhaler, designed to allow a quick check of whether or not a child is recorded as having asthma, and consent for an emergency inhaler to be administered has been given.

8. Display of guidance

- 8.1. Staff will have guidance on responding to asthma symptoms and an asthma attack. These will be displayed in key areas such as the staff room, student services, PE department and the medical room.

9. Designated First Aiders

- 9.1. Designated First Aiders will have necessary training on managing an asthma attack.

10. Designated responsibility for administering the emergency inhaler

- 10.1. The school’s Healthcare lead is the designated member of staff who has responsibility for helping to administer an emergency inhaler. Two members of staff in Student Services will also be trained in helping to administer the emergency inhaler to provide sufficient coverage.

**Charles Darwin School
Consent form:
Use of emergency salbutamol inhaler**

Pupil's name: **Form:**.....

Child showing symptoms of asthma / having asthma attack

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler [delete as appropriate].
2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day.
3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed : **Date:**

Parent's name:
[Please print]

Parent's address and contact details

.....
.....
.....

Telephone:

Mobile:

Email:.....

**Please email completed form to
asthmaregister@cdarwin.com**