

MONKSEATON HIGH SCHOOL

SUPPORTING STUDENTS WITH MEDICAL CONDITIONS POLICY

Including managing medicines

Status:

Statutory policy or document	Yes
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Approval by	Governing Body
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Agreed to publish on school website	No

Review:

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Author	Creation / Revision date	Version	Status
Business Manager (MAD)	09.12.2021	1.0	Final approved version for publication.
Business Manager (MAD)	31.10.2023	1.1	Review Removed references to school nurses. Minor formatting changes.

1. Aims

This policy applies to: all students.

The aims of this policy are to ensure that:

- Students, staff and parents / carers understand how our school will support students with medical conditions.
- Students with medical conditions are properly supported to allow them to access the same education as other students, including school trips and sporting activities.

The Governing Body will implement this policy by:

- Making sure sufficient staff are suitably trained.
- Making staff aware of students' condition, where appropriate.
- Making sure there are cover arrangements to ensure someone is always available to support students with medical conditions.
- Providing supply teachers with appropriate information about the policy and relevant students.
- Developing and monitoring individual healthcare plans (IHPs).

2. Legislation and guidance

This policy is based on the Department for Education's statutory guidance: [Supporting students at school with medical conditions](#). It also follows North Tyneside Council's Guidance on Managing Medicines in Schools (2017) and the [Department of Health guidance on the use of adrenaline auto injectors in schools \(2017\)](#).

This policy meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on governing boards to make arrangements for supporting students at their school with medical conditions.

Other legislation which have been considered in creating this policy are:

- The [Medicines Act 1968](#) which states that:
 - No child should be given medicines without the consent of their parents / carers/carers.
 - Anyone may administer a prescribed medicine, with written consent, to a third party, so long as it is in accordance with the prescriber's instructions.
 - A medicine may only be administered by a school or setting to the child for whom it has been prescribed, labelled and supplied.
 - No one but the prescriber may vary the dose or directions for administering of the medicine. In those rare cases where the dose may vary regularly, printed dose schedules should be available from the relevant health professional.
 - Medicines should be stored securely unless it has been agreed that the child keeps and administers the medication themselves e.g. inhaler.

- Records of medicines being administered should be maintained and monitored
- The [Misuse of Drugs Act 1971](#) which allows for staff to administer controlled drugs in circumstances where they have been prescribed to a child in accordance with the prescriber's instructions. E.g. methylpridate (Ritalin).
- The [Health & Safety at Work Act 1974](#) which states that employers of staff in schools must do all that is reasonably practicable to ensure the health, safety and welfare of employees. The employer must also make sure that others such as children and visitors are not put at risk.
 - Most schools will, at some time, have children on roll with medical needs requiring medication. In some cases, children with medical needs may be more at risk than other children (e.g. during school trips) and staff may need to take additional steps to safeguard the health & safety of such children.
 - Individual procedures and risk assessments for identified children will be required in some cases.
 - As some medicines may be harmful to anyone for whom they are not prescribed schools are required to ensure risks to the health of staff, children and others are properly controlled.
- The [Equality Act 2010](#) which encompasses the requirement not to discriminate against students who are deemed disabled. The implications of the act are:
 - Schools must not treat a disabled student less favourably, simply because that student is disabled. Such actions are discriminatory under any circumstances
 - Schools must not do something which applies to all students, but which is more likely to have an adverse effect on disabled students (e.g. a refusal to administer medication.)
 - Public bodies such as schools and the Local Authority have a general equality duty requiring them to advance and promote equality of opportunity, as well as take steps to remove or minimise disadvantages.
 - As some medical conditions may be classed as a disability then the Local Authority would expect schools to have considered arrangements that can reasonably be made to support children presenting such needs. This would include children who require the administration of medication.
- The [Children & Families Act 2014](#) in which section 100 places a legal duty upon schools to make arrangements for supporting students in schools with medical conditions and have regard to statutory guidance issued by the secretary of state. The aforementioned legislation places a duty of care upon the Local Authority, Schools and other settings to ensure all children in their charge are healthy and safe including:
 - The administering of medication where necessary and/or taking action in an emergency.
 - The accountability for staff leading activities that take place off site e.g. visits, field trips.

- Schools should ensure that they have sufficient members of support staff who are appropriately trained to manage medicines as part of their duties. Such actions will be expected for schools in meeting their responsibilities under the general equality duty referenced earlier.

3. Roles and responsibilities

3.1 The Local Authority

North Tyneside Council will:

- Provide guidance to schools and settings in developing their own policies regarding the management and administration of medicines.
- Provide information for parents / carers regarding guidance from the local authority on administration of medicines in schools.
- Offer advice and guidance on medical conditions and in drawing up of individual health care plans for children with medical needs.

3.2 The Governing Body

The Governing Body has ultimate responsibility to make arrangements to support students with medical conditions. The Governing Body will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

3.3 The Headteacher

The Headteacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation.
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations.
- Take overall responsibility for the development of IHPs.
- Make sure that school staff are appropriately insured and aware that they are insured to support students in this way.
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date.

3.4 Staff

Supporting students with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to students with medical conditions, although they will not be required to do so. This includes the administration of medicines.

Those staff who take on the responsibility to support students with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of students with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a student with a medical condition needs help.

3.5 Parents / carers

Parents / carers will:

- Provide the school with sufficient and up-to-date information about their child's medical needs.
- Be involved in the development and review of their child's IHP and may be involved in its drafting.
- Carry out any action they have agreed to as part of the implementation of the IHP e.g. provide medicines and equipment.

3.6 Students

Students with medical conditions will often be best placed to provide information about how their condition affects them. Students should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

4. Equal opportunities

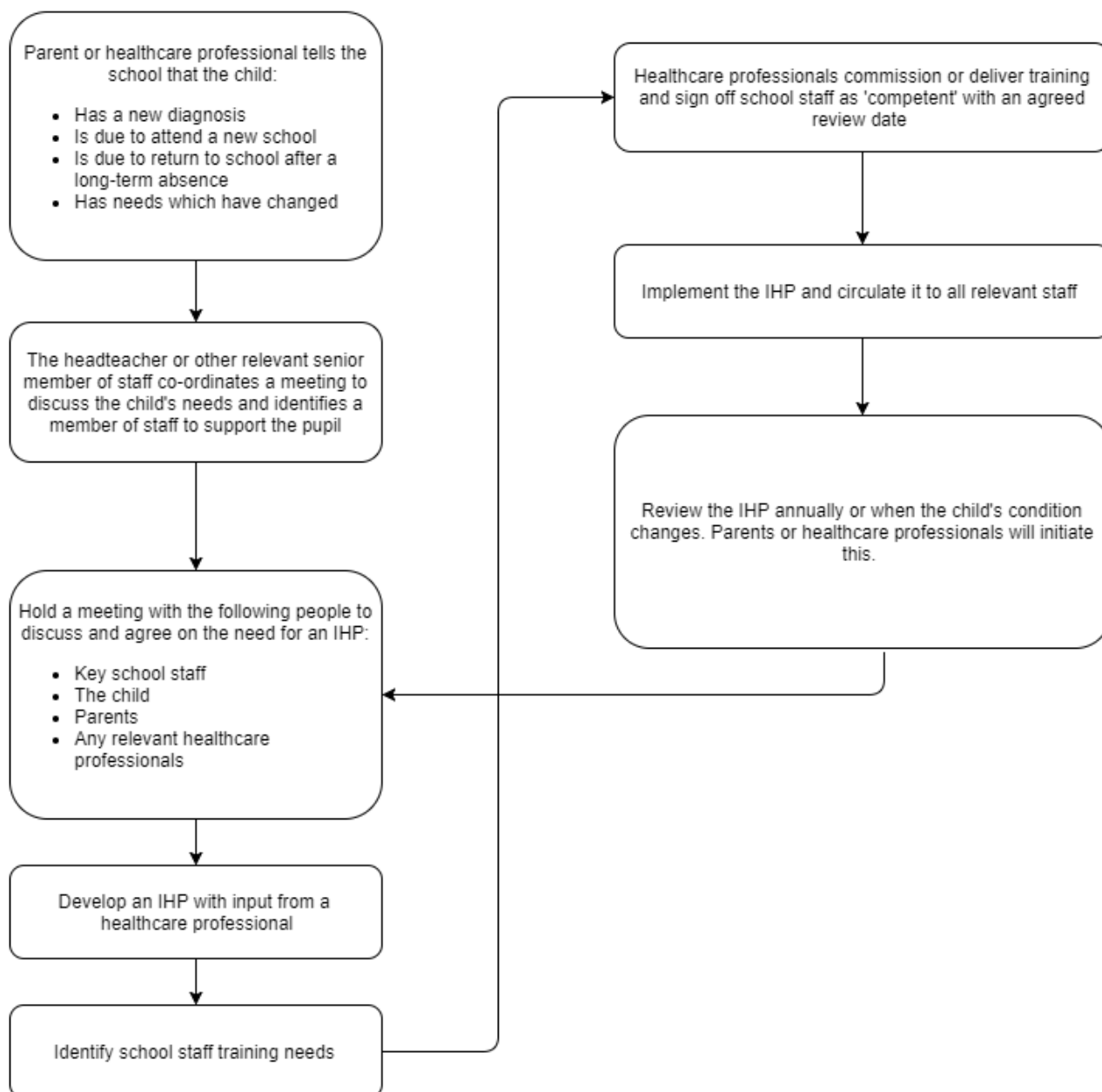
Our school is clear about the need to actively support students with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

We will consider what reasonable adjustments need to be made to enable these students to participate fully and safely on school trips, visits and sporting activities. Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that students with medical conditions are included. In doing so, students, their parents / carers and any relevant healthcare professionals will be consulted.

5. Being notified that a child has a medical condition

When the school is notified that a student has a medical condition, the process outlined below will be followed to decide whether the student requires an IHP.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for students who are new to our school.



6. Individual healthcare plans

The Headteacher has overall responsibility for the development of IHPs for students with medical conditions.

Plans will be reviewed at least annually, or earlier if there is evidence that the student's needs have changed. Plans will be developed with the student's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all students with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents / carers when an IHP would be inappropriate or

disproportionate. This will be based on evidence. If there is not a consensus, the Headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents / carers and a relevant healthcare professional, who can best advise on the student's specific needs. The student will be involved wherever appropriate.

IHPs will be linked to, or become part of, any statement of special educational needs (SEN) or education, health and care (EHC) plan. If a student has SEN but does not have a statement or EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The Governing Body, Headteacher and SENDCo will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments.
- The student's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons.
- Specific support for the student'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, including in emergencies. If a student is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring.
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the student's medical condition from a healthcare professional, and cover arrangements for when they are unavailable.
- Who in the school needs to be aware of the student's condition and the support required.
- Arrangements for written permission from parents / carers for medication to be administered by a member of staff, or self-administered by the student during school hours.
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the student can participate, e.g. risk assessments.
- Where confidentiality issues are raised by the parent/carer or student, the designated individuals to be entrusted with information about the student's condition.
- What to do in an emergency, including who to contact, and contingency arrangements.

7. Managing medicines

There is no legal duty which requires staff to administer medication; this is a voluntary role. Staff who assist with any form of medication, **in accordance with the procedures detailed**

within this guidance, are explicitly reassured that they will be acting within the scope of their employment and that they will be indemnified. Indemnity requires that the procedures are followed as described here.

Unless children are acutely ill they should attend school. To facilitate this, it may be necessary for them to take medication during school hours; however, this should only be when essential. Where clinically appropriate, medicines can be prescribed in dose frequencies, which enable it to be taken outside of school hours. Parents / carers should be encouraged to ask the prescriber about this. It is noted that medicines that need to be taken three times a day could be taken in the morning, after school and at bedtime.

Prescription and non-prescription medicines will only be administered at school:

- When it would be detrimental to the student's health or school attendance not to do so **and**
- Where we have parents' / carers' written consent.

The only exception to this is where the medicine has been prescribed to the student without the knowledge of the parents / carers.

In all cases:

- A record should be kept of medication administered to ensure correct dosage is applied.
- Staff should:
 - not deviate from the instructions provided by the prescriber.
 - not transfer the medication from their original containers.

7.1 Non-prescription medicines

Over the counter medicines, e.g. hay-fever treatments, cough/cold remedies will only be accepted in exceptional circumstances.

The parent/carer must clearly label the container with the child's name, Date of Birth (D.O.B) dosage and time of administration and complete a consent form. Staff will check that the medicine has been administered without adverse effect in the past and that parents / carers have certified that this is the case; a note to this effect must be recorded in the written parental agreement for the school to administer medicine.

There is a potential risk of interaction between prescription and over the counter medicines so where children are already taking prescription medicine(s), prior written approval from the child's GP should be considered.

The use of non-prescribed medicines will normally be limited to a 24hr period and in all cases not exceed 48hrs. If symptoms persist medical advice should be sought by the parent /carer.

Other remedies, including herbal preparations, will not be accepted for administration in school.

Students under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

7.2 Prescription medicines

Anyone giving a student any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents / carers will always be informed.

The school will only accept prescribed medicines that are:

- In-date
- Labelled with the student's name
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage.

If two medications are required, these should be in separate, clearly and appropriately labeled containers.

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

7.3 Controlled drugs

[Controlled drugs](#) are prescription medicines that are controlled under the [Misuse of Drugs Regulations 2001](#) and subsequent amendments, such as morphine or methadone.

A student who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another student to use. All other controlled drugs will be kept in a secure cupboard in the school office and only named staff will have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

7.4 Emergency medication

Emergency medication is subject to the same request and recording systems as non-emergency medication, with additionally signed consent and written individual healthcare plan.

This type of medication will be READILY AVAILABLE.

Individual healthcare plans must be checked and reviewed TERMLY.

It is the parents / carers' responsibility to notify school of any change in medication or administration.

Procedures in the individual healthcare plan should identify:

- Where the medication is stored
- Who should collect it in an emergency
- Who should stay with the child
- Who will telephone for an ambulance/medical support
- Contact arrangements for parents / carers
- Supervision of other students
- Support for students witnessing the event.

7.5 Students managing their own needs

Students who are competent will be encouraged to take responsibility for managing their own medicines and procedures. Parents / carers must complete a written request form for a child to self-administer medication. (Examples of medication include insulin or asthma medication). This will only be permitted where a child has been trained and is competent to administer their own medication.

7.6 Storage of Medication in school

On arrival at school, all medication is to be handed in to the main office, unless there is prior agreement with school and student for the student to carry medication (e.g. asthma inhalers) and details of this are entered in the medication record.

Medication must be stored in a locked, cabinet with the key stored in an accessible but restricted place known to the designated members of staff. If refrigerated storage is required this must be in a designated restricted area of the school and used solely for that purpose. Once removed from the cabinet, medication should be administered immediately and never left unattended.

7.7 Disposal of Medication

Parents / carers are responsible for ensuring that any medication, that is no longer required, is disposed of safely.

Medications will be returned to the child's parent/carer:

- When the course of treatment is complete
- When labels become detached or unreadable
- When instructions are changed
- When the expiry date has been reached

- At the end of the academic year.

A programme of periodic checks of all medication storage areas is in place (half-termly). Any medication which has not been collected by parents / carers and is no longer required will be disposed of safely by returning it to a community pharmacy.

7.8 Record keeping

The Governing Body will ensure that written records are kept of all medicine administered to students. Parents / carers will be informed if their student has been unwell at school.

The system of record keeping includes:

- Records of parental/carer consent and or health practitioner instructions including those for self-administration consent, which are reviewed and confirmed annually in addition to ongoing updating.
- Record of administration of medication including amount administered and amount remaining (running total) recorded.
- Record of medication returned to the parent/carer wherever possible.
- Record of medication disposed of and the form of this disposal.
- A parent/carer request form completed each time there is a request for medication to be administered or there are changes to medication/administration instructions. The request form must include:
 - Child's name, class, date of birth
 - Reason for request
 - Name of medication, timing of administration and dosage of medication
 - Emergency contact names and telephone numbers
 - Name and details of Doctor and/or health practitioner.
- Reasons for not administering regular medication (e.g. refusal by student) must be recorded and parents / carers informed immediately/within the timescale agreed by the health practitioner.

7.9 Administration of medication / healthcare

Employees who undertake within their role the administration of medication and health care will have appropriate training and are responsible for notifying the school when their training requires updating.

Medicine will be administered in an appropriate/confidential room.

Before medication is administered, the child's identity must be established by checking with another competent adult, who should also confirm the correct medication is being administered and countersign the administration record. Staff will follow directions for administration provided in writing by the health practitioner.

Staff will record details of each administration.

A child should never be forced to accept medication and where medication is refused parents / carers will be informed.

Staff involved in specific complex procedures e.g. medication via gastrostomy tube, oxygen therapy, will receive a certificate following training accreditation confirming their ability to perform the procedure.

7.10 Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the student's IHP, but it is generally not acceptable to:

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

- Administer, or ask students to administer, medicine in school toilets.

8. Liability and indemnity

The Governing Body will ensure that the appropriate level of insurance is in place and that this appropriately reflects the school's level of risk.

9. Complaints

Parents / carers with a complaint about their child's medical condition should discuss these directly with the Headteacher in the first instance. If the Headteacher cannot resolve the matter, they will direct parents / carers to the school's complaints procedure.

10. Monitoring arrangements

This policy will be reviewed and approved by the Governing Body every two years.

11. Links to other policies

This policy links to the following policies:

- Accessibility plan
- Complaints policy
- Equality information and objectives
- First aid policy
- Health and safety policy
- Safeguarding policy
- Special educational needs policy

Appendix A – Clinical procedures that may be delegated to staff

It is often the case that families and school staff can be trained and supported by health professionals to provide support. However, in some cases this may not be possible without direct health support.

The specific examples included below are an extract from 'managing children with health care needs: delegation of clinical procedures, training, accountability and governance issues' Royal College of Nursing, updated September 2012. As such, the list below may be delegated to non-medical staff, provided they have been given appropriate training.

The following advisory list of clinical procedures may be safely taught and delegated to unregistered health and non-health qualified staff following a child-specific assessment of clinical risk:

- Administering medicine in accordance with prescribed medicine in pre-measured dose via nasogastric tube, gastrostomy tube, orally or applied to skin, eyes and/or ears.
- Injections (intramuscular or subcutaneous). These may be single dose or multiple dose devices which are pre-assembled with pre-determined amounts of medication to be administered as documented in the individual child's care plan (preloaded devices should be marked when to be administered e.g. for diabetes where the dose might be different am or pm. In many circumstances there may be two different pens, one with short-acting insulin to be administered at specified times during the day and another for administration at night with long acting insulin).
- Inserting suppositories or pessaries with a pre-packaged dose of a prescribed medicine
- Rectal medication with a pre-packaged dose i.e. rectal diazepam
- Rectal paraldehyde which is not pre-packaged and has to be prepared – permitted on a named child basis as agreed by the child's lead medical practitioner i.e. GP or paediatrician
- Administration of buccal or intra-nasal Midazolam and Hypo stat or GlucoGel.
- Blood Glucose monitoring as agreed by the child's lead nursing/medical practitioner i.e. GP, paediatrician or paediatric diabetes nurse specialist
- Assistance with inhalers, cartridges and nebulisers
- Emergency treatments covered in basic first aid training including airway management
- Tracheostomy care including suction using a suction catheter
- Emergency change of tracheostomy tube
- Oral suction with a yanker sucker
- Assistance with prescribed oxygen administration including oxygen saturation monitoring where required
- Administration and care of liquid oxygen administration including filling of portable liquid oxygen cylinder from main tank
- Ventilation care for a child with a predictable medical condition and stable ventilation requirements (both invasive and non-invasive ventilation). NB. Stability of ventilation requirements should be determined by the child's respiratory physician and will include consideration of the predictability of the child's ventilation needs to enable the key tasks to be clearly learnt.
- Bolus or continuous feeds via a nasogastric tube
- Bolus or continuous feeds using a pump via a gastrostomy tube
- Bolus or continuous feeds using a pump via a jejunostomy tube
- Intermittent catheterisation and catheter care
- Care of Mitrofanoff
- Stoma care including maintenance of patency of a stoma in an emergency situation using for example the tip of a soft foley catheter where the stoma has been established for less than 6 months
- Replacement of gastrostomy button devices in non-urgent and urgent situations once stoma has been well established for more than 6 months and there have been no problems with the stoma

Appendix C – Model letter inviting parents / carers to contribute to individual Healthcare plan development

Dear Parent,

RE: DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition.

A central requirement of our Supporting Students with Medical Conditions policy is for an individual healthcare plan to be prepared, setting out what support each student needs and how this will be provided.

Individual healthcare plans are developed in partnership with the school, parents / carers, students and the relevant healthcare professional who can advise on your child's case.

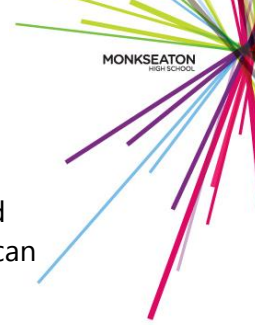
The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to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

A meeting to start the process of developing your child's individual health care plan has been scheduled for (date). I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend.

The meeting will include (add details of those who will also be present). Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I would be happy for you contact me by email or to speak by phone if this would be helpful.

Yours sincerely,



Form A – Agreement to Administer Medicine

Monkseaton High School staff will not give your child medicine unless you complete and sign this form. Our policy on supporting pupils with medical conditions states that staff can administer medicine.

Note: Medicines must be in the original container as dispensed by the Pharmacy

Date for review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed 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 the medication or if the medicine is stopped.

Signature(s) _____

Date _____

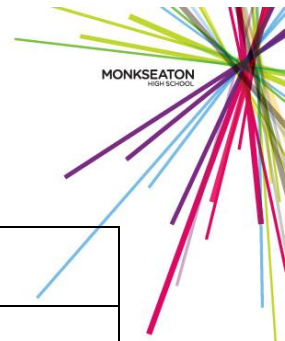
Form B – Record of Medicine/s Administered

Name of School or Setting: _____

Child's Name: _____

Quantity received	_____
No. of Doses/Volume:	_____
Date received:	_____
Quantity returned:	_____
Date returned:	_____

Date	Time	Name and strength of Medicine	Dose given	Doses/quantity Remaining	Comments	Signature of Staff Administering Medicine	Witnessed & checked by 2 nd Employee



Form C – Individual Health Care Plan

Name of School/Setting	
Child's Name	
Group/Class/Form	
Date Of Birth	
Address	
Medical Diagnosis or Condition	

Family information/Emergency Contact

Name of Parent/Carer	
Phone No (Home)	
(Work)	
(Mobile)	
Name of Emergency Contact	
Phone No (Home)	
(Work)	
(Mobile)	
Name of Health Contact	
Phone No	
Name of GP	
Phone No	

Who is responsible for providing

support in school

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

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

Daily management of medication (including emergency care e.g. before sport/at lunchtime

Additional advice from relevant health care professionals (e.g. specialist nurse etc)

Daily care requirements

Specific support for the student's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

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

Who is responsible in an emergency *(state if different for off-site activities)*

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to:

Section 2 - Authorisation for the administration of emergency medication

To be completed where administering of emergency medication may be required

Name of School or Setting	
Child's Name	
Date of Birth	

Home Address	
Name of G.P.	
Name of Hospital Consultant (if applicable)	
Details of administration of medication	

Doctor's Signature: _____ **Date:** _____

Parent/carer Signature _____ **Date:** _____

Section 3 – Individual Epilepsy Plan

To be completed where there is a known history of epilepsy

Name of School or Setting	
Child's Name	
Date of Birth	

Emergency Contact	
Name	
Relationship to child	
Phone No.	

<u>Are there any triggers or warnings prior to a seizure?</u>

<u>Description of usual seizures:</u>

<u>Frequency of seizures – Please specify</u>	
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Usual Care during a seizure

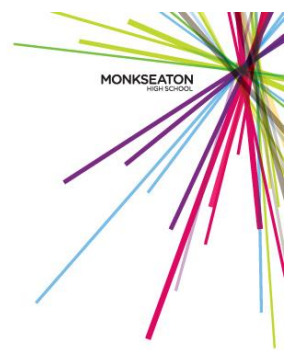
- Observe time at start of seizure
 - Stay with (name)_____ and reassure them
 - Summon help
 - Protect head from injury
 - Maintained privacy & dignity through removing other students from the area
 - Other care
-
-

Emergency care/medication:
(please write name of medication and individual action i.e. when to give, when to repeat dose)

The emergency procedure may be repeated, if necessary, 4 hours after first initiated and twice in any 24 hours period.

Post Seizure
Usual behaviour (e.g. disorientated/vomiting/sleepy/aggressive).

Note: Place in recovery position if sleepy



Form D – request for child/young person to carry their own medicine

Note: This form must be completed by the parent/carer:

(If staff have any concerns then the request should be discussed with the healthcare professionals)

Name of school/Setting	
Name of Child	
Group/Class/Form	
Name and strength of Medicine	

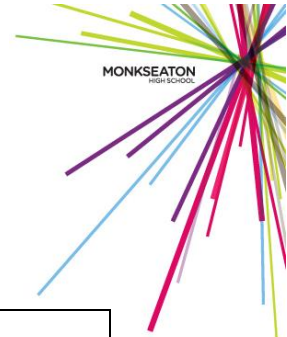
I would like my child to keep their medicine with them for use as necessary.

I confirm that my child has received suitable information, instruction and training and is competent to administer their own medication.

Signature Of Parent/Carer: _____ Date: _____

Signature Of Young Person: _____ Date: _____

Note: if more than one medicine is to be given then a separate form should be completed for each one.



Form E – Staff training record

Name of school or Setting	
Name	
Type of training received	
Date training completed	
Training provided by	
Profession & title	

I confirm that _____ (name of member of staff) has received the training detailed above and is competent to carry out necessary treatment aligned to this training. I recommend the training is updated (please state how often).

Trainer's signature: _____ Date: _____

Update of training: _____

I confirm that I have received the training detailed above

Staff signature: _____ Date: _____

Suggested review date: _____

Equality Impact Assessment

1. Name of the change, strategy, project or policy:	Supporting Pupils With Medical Conditions Policy		
2. Name of person completing this form:	Marie-Anne Dowson		
3. Has the policy/practice been assessed to consider any negative impact on the key groups?			
Yes. As this policy is based upon identified good practice for supporting students with medical conditions.			
4. Where negative impact has been identified, please complete questions 5-9, if none is identified, please sign and proceed to question 9.			
Equality Target Group (circle):	Negative impact – it could disadvantage	Reason/Mitigation against impact	
<i>Race</i>	<i>No evidence of negative impact</i>		
<i>Religion/belief</i>	<i>No Evidence of negative impact</i>		
<i>Disability</i>	<i>No Evidence of negative impact</i>		
<i>Gender</i>	<i>No Evidence of negative impact</i>		
<i>Gender</i>	<i>No evidence of negative impact</i>		
<i>Reassignment</i>	<i>No evidence of negative impact</i>		
<i>Sexual Orientation</i>	<i>No Evidence of negative impact</i>		
<i>Age</i>	<i>No Evidence of negative impact</i>		
<i>Pregnancy/Maternity</i>	<i>No Evidence of negative impact</i>		
<i>Marriage & Civil Partnerships</i>	<i>No Evidence of negative impact</i>		
5		Yes	No
(a) Is the impact legal/lawful? Seek advice from your HR Provider if necessary		N/A	N/A
(b) Is the impact intended?		N/A	N/A
6 Could you minimise or improve any negative impact? Use the space below to detail how.			
No negative impact is anticipated from the implementation of this policy			
7 Is it possible to consider a different policy/strategy/action, which still achieves your aim, but avoids any adverse impact on equality?			
No: school needs a policy in place.			
8. In light of all the information detailed in this form; what practical actions would you take to reduce or remove any adverse / negative impact?			
n/a			

PART B) To be completed when assessment and consultation has been carried out

9a) As a result of the assessment and consultation completed in Part A above, state whether there will need to be any changes made to the policy, project or planned action.

9b) As a result of this assessment and consultation, does the school need to commission specific research on this issue or carry out monitoring/data collection?

10) Have you set up a monitoring/evaluation/review process to check the successful implementation of the policy, project or change?	Yes	✓	No	As described above
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Signed:

Date: