



HERITAGE HOUSE SCHOOL

SUPPORTING LEARNERS WITH MEDICAL CONDITIONS POLICY

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Adapted from The Key
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1. Aims

At Heritage House School we understand that medical conditions requiring support at school can affect quality of life and may be life-threatening.

Our school will support learners with medical conditions so that they have full access to all of school life.

This policy aims to:

- Make sure that learners, staff and parents/carers understand how our school will support learners with medical conditions
- Set out the roles and responsibilities for everyone in the school community in regard to learners with medical conditions
- Set out the procedure for creating, reviewing and managing individual healthcare plans (IHPs)
- Set out how we will manage medicines in school
- Reassure parents/carers that the school will help their child feel safe, supported and included

The named person with responsibility for implementing this policy is Jacqueline Clearkin, Headteacher.

2. Legislation and statutory responsibilities

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 learners at their school with medical conditions.

It is also based on the statutory guidance on [supporting learners with medical conditions at school](#) and the Early Years Foundation Stage statutory framework from the Department for Education (DfE).

3. Roles and responsibilities

3.1 The governing board

The governing board has ultimate responsibility to make arrangements to support learners with medical conditions.

The governing board will:

- Review this policy in a timely manner, in line with the relevant legislation and requirements
- Make sure that the policy sets out the procedures to be followed whenever the school is notified that a learner has a medical condition
- Monitor practice, and staff training, in regards to learners with medical conditions, in line with this policy

The governing board delegates the day-to-day implementation of this policy to the Headteacher.

3.2 The headteacher

The headteacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Make sure 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
- Make sure that all staff who need to know are aware of a child's condition
- Take overall responsibility for the development and monitoring of individual healthcare plans (IHPs)
- Make sure that school staff are appropriately insured and aware that they are insured to support learners in this way
- Manage cover arrangements in the case of staff absence or turnover, to make sure a suitable staff member is always available, and supply staff are briefed appropriately about learner's medical needs

- Approve risk assessments for school visits and school activities outside the normal school timetable that involve provision for learners with medical conditions
- Contact the school nursing service in the case of any learner who has a medical condition that may require support at school
- Make sure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date
- Implement systems for obtaining information about a child's needs for medicines and keeping this information up to date

3.3 Staff

Supporting learners 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 learners 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 learners 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 learners with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a learner with a medical condition needs help.

3.4 Parents/ carers

Parents/carers will:

- Provide the school with sufficient and up-to-date information about their child's medical needs
- Provide evidence of appropriate prescription and written permission for medicines to be administered by staff
- Be involved in the development and review of their child's IHP and may be involved in its drafting (A request will be sent to parents using Template K)
- Carry out any action they have agreed to as part of the implementation of the IHP, e.g. provide medicines and equipment, replacing medication before the expiry date as necessary, dispose of expired medicines to a pharmacy for safe disposal
- Ensure they or another nominated adult are contactable at all times

3.5 Learners

Due to the special educational needs of learners at Heritage House School, learners may not always be able to provide information about how their condition affects them and contribute to the development of their IHP.

Where appropriate, learners with medical conditions will be consulted to provide information about how their condition affects them. Adaptations and additional resources may be used to support learner voice. Learners will be involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan.

3.6 School nurses and other healthcare professionals

Our school nursing service will notify the school when a learner has been identified as having a medical condition that will require support in school. This will be before the learner starts school, wherever possible. They may also support staff to implement a child's IHP.

Healthcare professionals, such as GPs and paediatricians, will liaise with the school's nurses and notify them of any learners identified as having a medical condition. They may also provide advice on developing IHPs.

4. Equal opportunities

The school will adhere to the legal responsibilities under the Equality Act 2010 and will not unlawfully discriminate against any learners. Our school is clear about the need to actively support learners with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

The school will consider what reasonable adjustments need to be made to enable these learners 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 learners with medical conditions are included. In doing so, learners, their parents 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 learner has a medical condition, the process outlined below will be followed to decide whether the learner 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 learners who are new to our school.

See Appendix 1.

5.1 Obtaining information about medicines

We will:

- For new starters, send a form to all parent/carers of learners after their place at the school has been confirmed, but before their first school year starts, to confirm any medicine(s) their child needs. Where a learner has a new diagnosis and/or a learner has moved to the school mid-term, we will send a form and put arrangements in place within 2 weeks
- Send a reminder to parents/carers at the start of each year in a newsletter, as well as a form to complete, if their child requires certain medicine(s)

We ask that parents/carers proactively inform us by either phone call to the school office on 01494 771445 or an email to office@heritagehouse.bucks.sch.uk if their child's medical needs change during the school year.

6. Individual healthcare plans (IHPs) - Template A

The headteacher has overall responsibility for the development of IHPs for learners with medical conditions.

For learners who have emergency healthcare plans prepared by their lead clinician, these are used to inform the development of their individual healthcare plan.

Plans will be reviewed at least annually, or earlier if there is evidence that the learner's needs have changed. Where appropriate the Healthcare Plan will be reviewed at the learner's Annual Review.

Plans will be developed with the learner's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all learners with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the learner's specific needs. The learner will be involved wherever appropriate.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a learner has SEN but does not have an 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 board and the headteacher, will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments
- The learner'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 learner'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 learner 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 learner'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 learner's condition and the support required
- Arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the learner 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 learner can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/learner, the designated individuals to be entrusted with information about the learner's condition
- What to do in an emergency, including who to contact, and contingency arrangements

7. Managing medicines

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

- When it would be detrimental to the learner's health or school attendance not to do so **and**
- Where we have parents' written consent (Template B)

The person administering the medicine will keep a written record. Parents/carers will always be informed on the same day the medicine has been administered, or as soon as reasonably possible.

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

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

Anyone giving a learner any medication (for example, for pain relief) will first check recommended and maximum dosages for the learners age, and when the previous dosage was taken.

Parents will always be informed.

The school will only accept prescribed medicines that are:

- In-date
- Labelled
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage

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

Medicines should be brought to the school office by parents/ carers. Parents will be asked to sign the relevant consent form or if they provide the form downloaded from the school's website, this will be checked. Parents should note the expiry date so that they can provide a new prescription as and when required.

Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours. For example, **Antibiotics** prescribed three times a day can be taken out of the school day. The school will support children who have been prescribed antibiotics that need to be taken **four** times day.

All medicines will be stored safely. Learners will be informed about where their medicines are at all times and be able to access them immediately. Medicines will be stored strictly in accordance with product instructions and in the original container in which it was dispensed. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to learners and not locked away. A few medicines require refrigeration. They will be kept in a clean lockable storage container, clearly labelled and stored in the allocated refrigerator, which is located in the Medical Room and not accessible to learners. A temperature log of the refrigerator will be taken during the period of storage.

An audit of learner's medication will be undertaken every half term disposing of any medication that is no longer required. Medicines will be returned to parents to arrange for safe disposal when no longer required. Sharps boxes will be used for the disposal of needles and other sharps.

If a child refuses to take their medicine, staff will not force them to do so. Staff will record the incident and follow agreed procedures (which are set out in the learner's Healthcare Plan) and contact parents. If a refusal results in an emergency, the emergency procedures detailed in the Healthcare Plan will be followed.

If the designated person has concerns about a procedure or a medication that they are being asked to administer they will not administer the medicine, but check with the parents or a health professional before taking further action.

7.1 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 learner 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 learner to use. All other controlled drugs are kept in a secure cupboard in the school office and only named staff have access.

School staff may administer a controlled drug to the child for whom it has been prescribed in accordance with the prescriber's instructions. Controlled drugs will be easily accessible in an emergency.

A record of any doses used and the amount held will be kept, i.e. total number of doses (tablets) provided to the school, the dose given and the number of doses remaining. Where the dose is half a tablet then this will be cut using a tablet cutter at the time that the medication is required. Half tablets will be retained but not issued at the time of the next dose; a fresh tablet will be cut. Half tablets will be returned to the parent for disposal.

A controlled drug, as with all medicines, will be returned to the parent when no longer required to arrange for safe disposal. If this is not possible, it will be returned to the dispensing pharmacist.

Some learners with epilepsy are prescribed rectal diazepam or buccal midazolam. Templates C (Rectal Diazepam) or Template D (Buccal Midazolam) will be used to gain authorisation for administration from parents.

7.2 Non-prescription Medication

- Non-prescription medication, including pain relief will only be given in exceptional circumstances and only with the expressed permission of the Headteacher, for example, for learners returning to school after sustaining a fracture, dental treatment or older girls with dysmenorrhoea (painful periods). An exception may be made for school residential visits.
- The school will not keep Calpol or hay fever remedies to administer on an ad-hoc basis during the school day. Parents will be contacted if their child has a fever. If learners require medication to control hay fever symptoms then parents will be asked to take their children to their GP for a formal diagnosis and advice on appropriate medication.
- Parents will be asked to sign a consent form confirming that the medicine has been administered without adverse effect to the child in the past and that they will inform the school immediately if this changes.
- The school will only administer paracetamol to those learners requesting analgesics; generally non-prescription ibuprofen will not be given.
- If ibuprofen is the analgesic of choice then parents will be advised that a dose could be given before school (ibuprofen is effective for six hours); if required the school will 'top up' the pain relief with paracetamol.
- When a learner requests pain relief staff will first check maximum dosages and when the previous dose was taken. Parents will be contacted for confirmation. If parents are unavailable, a dose will not usually be given before 12 noon.
- A record will be made of all doses given using Template E

7.3 Learners managing their own needs

- Learners who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents and it will be reflected in their IHPs.
- Learners will be allowed to carry their own medicines and relevant devices wherever possible.
- IHPs will include procedure for staff to follow if a learner refuses to carry out a necessary procedure or take medicine.

7.4 Unacceptable practice

Although school staff will use their discretion and judge each case on its merits with reference to the learner's IHP, they will keep in mind that it is not generally acceptable practice to:

- Prevent learners from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every learner with the same condition requires the same treatment
- Ignore the views of the learner or their parents
- 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 learner becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise learners for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Prevent learners 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 learner, 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 learners from participating, or create unnecessary barriers to learners participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- Administer, or ask learners to administer, medicine in school toilets
- Medication will never be prepared ahead of time and left ready for staff to administer.

8. Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All learners' IHPs will clearly set out what constitutes an emergency and will explain what to do.

If a learner needs to be taken to hospital, staff will stay with the learner until the parent arrives, or accompany the learner to hospital by ambulance.

9. School's arrangements for common conditions

9.1 Asthma

- An inventory of all learners with asthma will be compiled;
- An Individual Healthcare Plan will be developed;
- All staff will be trained annually to recognise the symptoms of an asthma attack and know how to respond in an emergency following the guidance in Templates F;
- Emergency salbutamol inhalers and spacers are kept in the school office.
- Emergency salbutamol inhalers will only be given to learners previously diagnosed with asthma whose reliever inhaler is not in school or whose inhaler has run out, who are on the register and whose parents have signed the consent form;
- All staff will know how and when to use the emergency salbutamol inhaler
- Parents will be asked to sign Template G giving permission to administer an emergency dose(s);
- Parents will be informed of any emergency dosages given using Template G.

9.2 Anaphylaxis (Severe Allergic Reaction)

- All staff will attend annual training on the symptoms of anaphylaxis, which includes information and practice on when and how to use the adrenaline auto-injector.
- An Individual Healthcare Plan will be developed which includes the arrangements the school will make to control exposure to allergens;
- Auto-injectors will be kept readily available

9.3 Epilepsy

- An Individual Healthcare Plan will be developed;
- A appropriate number of staff will be trained in identifying the symptoms and triggers for epilepsy, including administering medication
- There will be a trained member of staff available **at all times** to deliver emergency medication. Details will be recorded on the learner's Healthcare Plan.
- A medical room with a bed will be kept available so that if needed the learner will be able to rest following a seizure, in a safe supervised place.
- The school will offer support with a mentoring or buddying system to help broaden an understanding of the condition;
- The school will enable students to take a full part in all outings and activities,
- The school will make necessary adjustments e.g. exam timings, coursework deadlines, timetables.
- The school will liaise fully with parents and health professionals;

- Some learners with epilepsy are prescribed rectal diazepam or buccal midazolam. This will be administered by staff who are specifically trained to undertake this task and have agreed to this responsibility.
- The administration of medication will be recorded on Template E or I as appropriate.
- Two adults will be present for the administration of rectal diazepam, at least one being of the same gender as the child. The dignity of the learner will be protected as far as possible, even in an emergency;
- If appropriate, a record will be kept of the learner's seizures, using Template N, so that any changes to seizure patterns can be identified and so that this information can be shared with the learner's parents and healthcare team.

9.4 Diabetes

- An Individual Healthcare Plan will be developed;
- Learners diagnosed with Type 1 diabetes and have been prescribed insulin will be supported by staff who have specifically agreed to this responsibility and have received training and support from the Diabetic Nurses Team.
- A suitable private place will be provided for learners to carry out blood tests and administer doses, e.g. Medical Room;
- Learners will not be prevented from eating drinking or taking toilet breaks whenever they need to in order to manage their medical condition effectively.
- If a learner has a hypo, they will not be left alone; a fast-acting sugar, such as glucose tablets, a glucose rich gel, or a sugary drink will be given immediately.
- Once the learner has recovered, slower acting starchy food, such as a sandwich or two biscuits and a glass of milk, will be given, some 10-15 minutes later.

10. Training

Staff who are responsible for supporting learners with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHPs. Staff who provide support to learners with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the headteacher. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the learners
- Fulfil the requirements in the IHPs
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

Buckinghamshire Council recommend that at least three members of staff attend Supporting Learners with Medical Conditions training to understand County policy and to ensure medicines are appropriately managed within the school.

Following training, school will maintain a record of staff who have completed each healthcare training.

11. Record keeping

The governing board will ensure that written records are kept of all medicine administered to learners for as long as these learners are at the school. (Template E) These records start what, how and how much was administered and any side effects if the medications to be administered at school will be noted.

A second person will witness the administration of all medicines, including controlled drugs.

Parents will be informed if their learner has been unwell at school.

IHPs are kept in a readily accessible place which all staff are aware of.

10.1 Recording information about medicines

We will:

- Enter each learner's medicine need in the school's system
- Update our records when parents/carers of learners inform us of changes to their child's needs
- Keep a record of changes, labelling the most recent record for each child
- Make sure that all staff have access to records so that they are informed about learners' medical needs
- Securely hold this information digitally in accordance with the UK GDPR
- Inform parents/carers about how they can access their child's information (provided no relevant exemptions apply to their disclosure under the Data Protection Act 2018)

12. Liability and indemnity

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

The details of the school's insurance policy are: DfE Risk Protection Arrangement (RPA) membership

The policy includes Employers Liability. Limit of Indemnity is unlimited

Public/Products Liability;

Public Liability is unlimited, Products Liability is unlimited

Professional Indemnity is unlimited

The school will contact their insurers to extend their cover should a medical intervention fall outside the conditions covered by this policy.

13. Complaints

Parents 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 to the school's complaints procedure.

14. Monitoring arrangements

This policy will be reviewed and approved by the governing board every year.

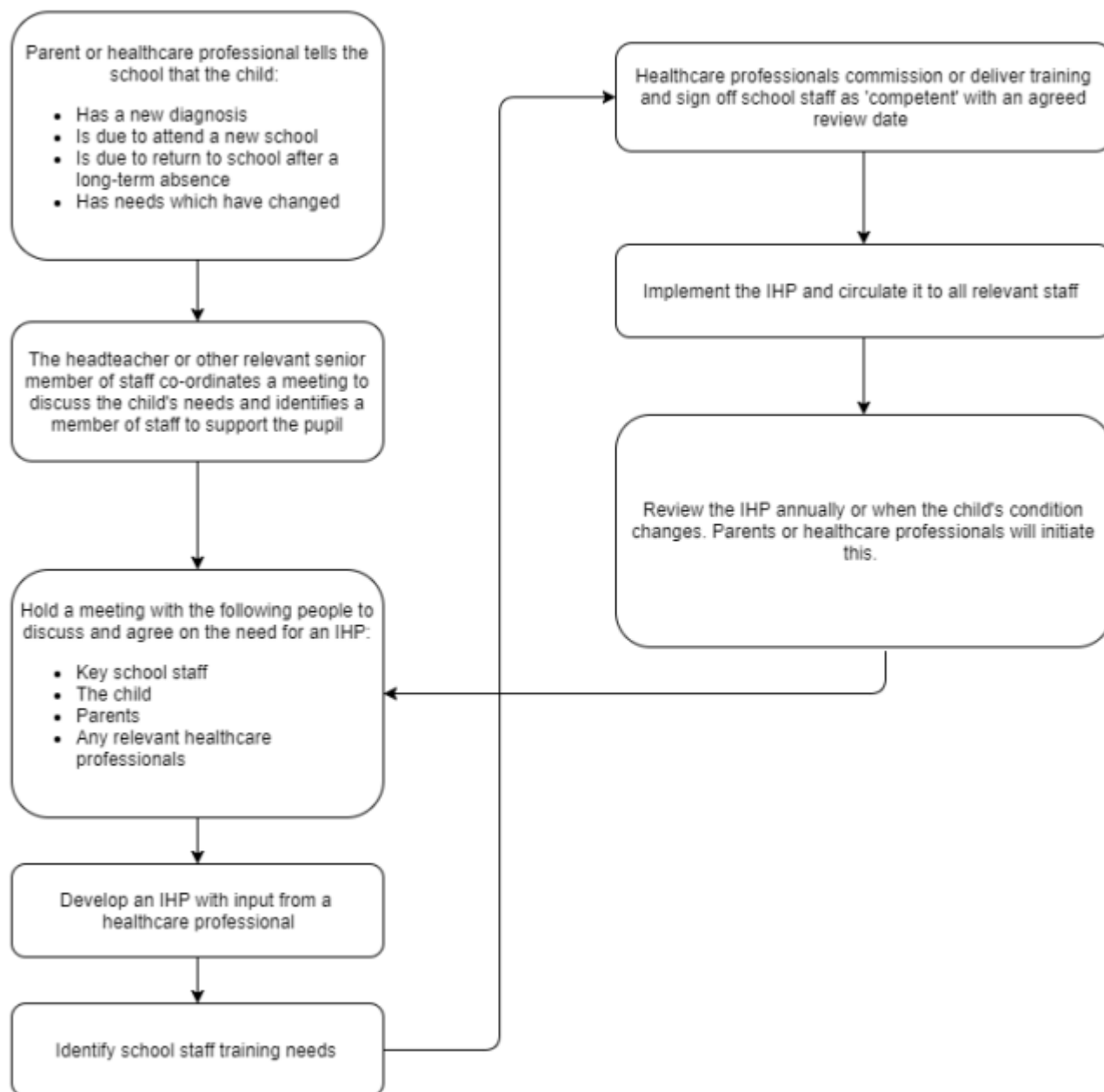
15. Links to other policies

This policy links to the following policies:

- Accessibility plan
- Complaints
- Equality information and objectives

- First aid
- Health and safety
- Safeguarding
- Special educational needs information report and policy

Appendix 1: Being notified a child has a medical condition



Appendix 2: Procedures for children who are sick or infectious

- › Learners who have an infectious disease shouldn't attend school/nursery
- › Parents should notify the school if their child has an infectious disease
- › If a learner becomes unwell during the day – for example, they have a temperature, sickness, diarrhoea or stomach pains – the parents or carers will be contacted to collect their child
- › Learners with a temperature, sickness, diarrhoea or an infectious disease should not attend school while they are sick. Depending on the sickness, staff may ask parents to take their child to the doctor before they return to school
- › Staff will notify parents if a risk to other learners exists

Children with specific infectious diseases set out in the [UK Health Security Agency's exclusion table](#) will not be allowed to return to school until the appropriate exclusion period has passed.

We will take the following steps to prevent the spread of infection:

- › Reducing or eliminating sources of infection through good hygiene practices
- › Good handwashing practice
- › Encouraging and facilitating healthy eating
- › Ensuring that regulated food hygiene standard requirements in the maintenance of food preparation areas and preparation of food are followed
- › Championing and educating staff, parents, carers and pupils on the importance of immunisation as a tool against infection (while recognising the individual's right to choose)
- › Establishing a daily cleaning routine for:
 - › Personal care facilities
 - › Play areas
 - › Toys, activities and equipment

HEALTHCARE PLAN

Name of Child	
Class	
Date of Birth	
Address	
Date	
Review Date	

Family Contact 1

Name / Relationship	
Home Phone	
Work Phone	
Mobile Phone	

Family Contact 2

Name / Relationship	
Home Phone	
Work Phone	
Mobile Phone	

Emergency Contact

Name/Relationship	
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Medical Diagnosis/Condition

Describe medical needs and give details of Child's symptoms

Current Medication

(include name of meds, dose, time and any known side effects)

Does your Child have emergency medication?

If yes, please complete an additional care plan

YES

NO

Does your Child have medication that needs to be given on an as required basis?

Please list and complete a 'Request for School to Administer Medication – Parental Agreement' form for each medication

Does your Child have epilepsy?

If yes, please give brief details and complete the separate 'Epilepsy Care Plan'

YES

NO

Does your Child have...

Asthma

YES

NO

Anaphylaxis

YES

NO

Please give brief details

Please complete separate asthma/anaphylaxis care plan

Does your Child have any allergies?

Please give details

Does your Child have any special diet or feeding difficulties?

Please give brief details

If peg fed please complete an 'Enteral Feeding Care Plan' and also read the 'Heritage House Enteral Feeding Guidelines'

Does your Child have any personal care needs?

Please give details

YES

NO

Does your Child have any mobility needs?

Please give details

YES

NO

Does your Child need any additional equipment, e.g. wheelchair, walker, standing frame, feeding equipment, suction machine etc?

If yes, please see school nurse to discuss

YES

NO

How does your son/daughter communicate?

Method of expressing pain/being unwell (e.g. Shouting, crying, grinding teeth)

The best way to give information:

The best time to give information:

Any other specific health needs that your Child needs support with in school

Specific support for Social, emotional and mental health needs

Information to support offsite visit

Other Professionals involved with the Child		
G.P Name	Address	Telephone No.
Consultant Name	Address	Telephone No.
Consultant Name	Address	Telephone No
Consultant Name	Address	Telephone No

Community Children's Nurse	Address	Telephone No
Social Worker	Address	Telephone No
Dietician	Address	Telephone No
Other	Address	Telephone No

Please inform the school if any changes to this information as it arises

Please speak to the school nurse if you wish to discuss your Child's health needs

Generic consent form to be completed annually by Parents/Carers

Name of Child
Class

<p>In the event of an emergency in which I am not available, I give consent for my Child to receive medical treatment.</p> <p><i>(e.g. emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. This will also include emergency first aid treatment considered necessary by trained staff)</i></p>	<p>YES NO</p>
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I give consent for Heritage House staff to apply a plaster if one is needed	YES NO
I will apply sun cream before school when required	YES NO

Please sign
Print Name
Relationship to Child
Signed
Date



Parental agreement for school to administer medicine

The school will not give your child medicine unless you complete and sign this form in accordance to the school policy. Medicines must be in the original container and labelled as dispensed by the pharmacy.

Date for review to be initiated by

Name of child

Date of birth

Group/class/form

Medical condition or illness

Medicine

Name/type of medicine
(as described on the container)

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

Prescription/Non-Prescription
(Delete as appropriate)

Prescription	Non-prescription

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name

Daytime telephone no.

Relationship to child

Address

Any other instructions	
-------------------------------	--

Doctor's name & contact details:

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's policy.

Prescribed Medication: 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. *(delete as appropriate)*

Non-prescription medication: I confirm that I have administered this non-prescription medication, without adverse effect, to my child in the past. I will inform the school immediately, in writing, if my child subsequently is adversely affected by the above medication. *(delete as appropriate)*

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

Date: Parent/Guardian Signature:

Relationship to Learner:

Administration of Rectal Diazepam

LEARNERS NAME	
DATE OF BIRTH	
PARENT/GUARDIAN CONTACT DETAILS	
G.P.	
CONSULTANT	
TYPE OF SEIZURE LEARNER EXPERICENCES	

RECTAL DIAZEPAM TREATMENT PLAN

Please give rectal diazepammg after a prolonged seizure lasting overminutes

WHAT IS THE USUAL REACTION(S) TO RECTAL DIAZEPAM	
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If there are any difficulties in the administration of rectal diazepam e.g. Constipation/diarrhoea, what action should be taken?

Can a second dose of rectal diazepam be given yes / no

If yes, give rectal diazepammgminutes after giving the first dose.

WHEN TO CALL 999

After the first dose of rectal diazepam

OR

If prescribed dose(s) of rectal diazepam fails to control the seizure

Parent/guardian signature.....
print.....
Doctors signature.....
Print.....
Date.....

RECORD USE OF RECTAL DIAZEPAM

DATE			
TYPE OF SEIZURE			
LENGTH OF SEIZURE			
1ST DOSE GIVEN & TIME			
OUTCOME			
2ND DOSE GIVEN & TIME			
OUTCOME			
RECORDED BY – SIGN & PRINT			
WITNESSED – SIGN & PRINT			
PARENT/GUARDIAN INFORMED			

ADMINISTRATION OF BUCCAL MIDAZOLAM

LEARNERS NAME	
DATE OF BIRTH	
PARENT/GUARDIAN CONTACT DETAILS	
G.P.	
CONSULTANT	
TYPE OF SEIZURE LEARNER EXPERICENCES	

MIDAZOLAM TREATMENT PLAN

Please give buccal midazolammg/.....mls after a prolonged seizure lasting overminutes

WHAT IS THE USUAL REACTION(S) TO BUCCAL MIDAZOLAM	
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Can a second dose of buccal midazolam be given yes / no

If yes, give buccal midazolammg/.....mlsminutes after giving the first dose.

WHEN TO CALL 999

AFTER THE FIRST DOSE OF BUCCAL MIDAZOLAM

OR

If prescribed dose(s) of midazolam fails to control the seizure

Parent/guardian signature.....
print.....

Date.....

If a learner has a seizure and this could affect Local Authority transport arrangements, a Leader in school/ LSA-Healthcare Lead will contact parent/carer to discuss home / respite transport arrangements

RECORD USE OF BUCCAL MIDAZOLAM

DATE			
TYPE OF SEIZURE			
LENGTH OF SEIZURE			
1ST DOSE GIVEN & TIME			
OUTCOME			
2ND DOSE GIVEN & TIME			
OUTCOME			
RECORDED BY – SIGN & PRINT			
WITNESSED – SIGN & PRINT			
PARENT/GUARDIAN INFORMED			

Record of medicine administered to all children

Template E (Heritage House –Record of Medicine Administration)

Name of school

Date	Child's name	Time	Name of medicine	Batch Number	Dose given	Any reactions	Signature	Print name of staff	Reason for Administration
/ /									
/ /									
/ /									
/ /									
/ /									
/ /									
/ /									
/ /									
/ /									
/ /									

HOW TO RECOGNISE AN ASTHMA ATTACK

The signs of an asthma attack are

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
- Nasal flaring
- Unable to talk or complete sentences. Some children will go very quiet.
- May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache)

CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD

- Appears exhausted
- Has a blue/white tinge around lips
- Is going blue
- Has collapsed

WHAT TO DO IN THE EVENT OF ASTHMA ATTACK

- 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 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 they feel better. The child can return to school activities when they feel 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

Template G (Asthma Consent and administration of medicaton)

LEARNERS NAME	
DATE OF BIRTH	
PARENT/GUARDIAN CONTACT DETAILS	
G.P.	
CONSULTANT	
Child/Young Persons Asthma triggers:	
What Medicines and dosages are taken daily:	
How will we know when your child/young Persons asthma is getting worse?	
If your child/young person's asthma is getting worse how many puffs of their blue reliever inhaler should they take? How often?	

ASTHMA ATTACK

Signs of an Asthma attack: If the blue reliever inhaler isn't helping, the child can't talk or walk easily, the child is breathing hard and fast, or the child is coughing, they may be having an asthma attack.

The child/young person should be sat upright and kept calm. One puff of reliever inhaler should be given every 30-60 seconds to a total of 10 puffs.

Parents will be called to seek medical attention for their child/young person, if they respond to the inhaler. If after 10 puffs the child/young person is still having the attack then 999 (ambulance) should be called. If the ambulance takes more than 15 minutes to arrive, the child should take another _____ Puff/s of the blue inhaler every 30-60 seconds (up to 10 puffs).

Please give any further advice necessary:

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.

Parent/Guardian

Signature.....

Print.....Date.....

RECORD USE OF INHALER

DATE and TIME	How many Puffs	Staff signature	Witnessed by

STEP HAND WASHING TECHNIQUES



1
Palm to palm



2
Between fingers



3
Back of hands



4
Base of thumbs



5
Back of fingers



6
Fingernails



7
Wrists



8
Rinse and wipe dry