



St John Evangelist Catholic School wishes to ensure that pupils with medical conditions receive appropriate support and care at school. This policy is written with regard to Section 100 of the Children and Families Act 2014. We aim to support children and ensure that we pay attention to the social and emotional aspects of their medical condition. We will work to ensure that no child experiences bullying or social isolation because of their condition.

The school governing body will ensure that arrangements are in place to support pupils with medical conditions in school. The Curriculum Committee of the governing board will review the arrangements yearly.

### **What is a medical condition?**

In this policy we refer to short-term illnesses and chronic medical conditions. The school will have in place medical Care Plans for pupils who have a medical diagnosis which requires medical intervention and/or medicine whilst in school. The plan will include relevant and up-to-date information about the child, the medical condition, and how the condition should be managed and monitored in school. The key roles and responsibilities are set out in appendix two. The day-to-day responsibility for children and young people rests with the Head teacher and the designated members of staff who have daily contact with the individual pupils. Parents will be given clear information about who is responsible in the school and who to contact to ask questions or give information.

The school will not have plans in place for pupils who have short-term illnesses such as coughs, colds and common childhood illnesses. The school will have a medical Care Plan in place for all children who have a medical diagnosis of:

- Asthma
- Epilepsy
- Diabetes
- Heart condition
- Liver and kidney conditions
- Cancer
- Genetic conditions affecting health
- Other serious medical conditions.

## **Procedure when the school is notified that a pupil has a medical condition**

St John Evangelist Catholic School will arrange a meeting with the parents as soon as possible after the school has been informed. The information may come from the parent, the school nurse, a health visitor or other medical professional. The Inclusion Leader will invite the parents, the school nurse and any other relevant health professionals (if possible) to the meeting. At the meeting the Inclusion Leader will gather all the relevant information including, diagnosis, signs and symptoms and treatment plan. The meeting will also cover the emotional needs of the child and include emotional support as appropriate. The school will consult with parents about how much information can be shared with the child's class and peer group. The plan will be put in place and the relevant members of staff will be informed. The school organises staff training for serious medical conditions. The Head teacher will be kept informed of the operational implications of the Care Plan.

## **The School's Right to Challenge**

The school will listen to children and parents but may challenge and ask for a second opinion if there is doubt or dispute about a child's medical condition. The Head teacher will consult with the Local Education Authority and the NHS paediatrician based at the Northern Health Centre, Holloway Rd, London N7. The Local Education Authority will also be asked to give advice if there is a dispute between the parents and the school.

Appendix one is a list of key contacts in Islington.

## **Staff Training**

- Teachers and support staff will receive training about individual pupils' medical conditions which will be organised by the school Inclusion Leader.
- The Head teacher will be responsible for monitoring and reviewing the quality of staff training.
- New members of staff will receive relevant and up-to-date information about managing medical conditions in schools.
- Temporary and supply staff will be shown the folder containing children's medical Care Plans when they are working in a class. All supply teachers have access to, and are asked to, read the teacher's Class Medical Care Plan Folder (kept in every classroom) when they are taken to the classroom.

## **Individual Medical Care Plans**

- The Inclusion Leader will write individual Medical Care Plans in partnership with the parent and relevant health care professionals – see appendix three.
- The Medical Care Plan will be shared with relevant members of staff and reviewed annually or as appropriate if there are significant changes.
- The Medical Care Plan will include details about the child's condition, treatment, symptoms and warning signs.

- The Care Plan will be kept in the Office Medical Care Plan's folder, the child's file in the office and in the Teacher's Class Care Plan Folder in the classroom. If a pupil has a Care Plan for a medical condition which could result in an emergency (999 call or administration of emergency medication such as an Epi-pen) notification of this (Child's photo and information that he/she has a Care Plan) is displayed in the Staffroom and Office.

## **Managing Medicines in School**

### **This applies to all pupils including those who do not have an individual medical Care Plan:**

- If medicines (including asthma pumps) are to be administered in school the parents must complete and sign an agreement form which will be renewed annually.
- It is preferable that pupils take medicine at home, before or after the school day. Parents are encouraged to ask their GPs for medical prescriptions that fit around the school day. If there are any difficulties the parent should make an appointment with either the Inclusion Leader or the Head teacher.
- No pupil will be given medicine without parental consent unless there is a clear and dire emergency and ambulance/emergency personnel are in attendance or school is directed to do so by them whilst they are on their way to the school.
- Prescribed medicines must be in date, prescribed by a NHS doctor/medical professional, and provided in the original container with dosage instructions and the child's name on the medication.
- Parents must regularly renew the school supply of medicines and be responsible for visiting the GP to collect repeat prescriptions.
- At the end of the school year, medication will be sent to the next class, ready for September.
- Medicines will be safely stored in the office or staffroom. If a child has an asthma pump this will be stored in the classroom. Parents are requested to obtain three Epi-pens if they are prescribed to the child, one will be kept in the staffroom and two in the child's classroom.
- An electronic record of all medication held in school will be kept by the Administration Officer. A 'Medical List' for each class is kept in the class Medical Care Plan Folder along with any medication which is kept in the classroom (such as Asthma inhalers).
- The school will not be held responsible for any side-effects due to the correct administration of prescribed drugs.
- The school will never give medicine to a child whose name is not on the prescription.

## **Complaints**

At St John Evangelist Catholic School we will work with parents to ensure that children and young people with medical conditions are treated fairly and in a way that will promote good health outcomes.

All complaints should be made under the school's Complaints Policy. Should parents or pupils 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.

## **Managing Medicines in School**

St John Evangelist School is committed to reducing the barriers to sharing in school life and learning for all pupils. This policy sets out the steps which the school will take to ensure full access to learning for all pupils with medical needs and that they are able to attend school.

This policy has been developed in line with the DFE publication "Supporting pupils at School with Medical Conditions" December 2015.

### **1. Managing prescription medicines which need to be taken during the school day:**

1.1 Parents/carers should provide full written information about their child's medical needs.

1.2 Short-term prescription requirements should only be brought to school if it is detrimental to the child's health not to have the medicine during the school day. If the period of administering medicine is 8 days or more, there must be an individual medical Care Plan drawn up for the child.

1.3 The school will not accept medicines that have been taken out of the container as originally dispensed, nor make changes to prescribed dosages.

1.4 The school will not administer medicines that have not been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber, unless it is done as part of a medical Care Plan. The school will inform the parents of this policy.

1.5 Some medicines prescribed for children (e.g. methylphenidate, known as Ritalin) are controlled by the Misuse of Drugs Act. Members of staff are authorised to administer a controlled drug, in accordance with the prescribers' instructions. Misuse of a controlled drug is an offence and will be dealt with under the school's behaviour policy.

1.6 Medicines should always be provided in the original container as dispensed by a pharmacist and should include the prescriber's instructions for administration. In all cases this should include:

- Name of child
- Name of medicine
- Dose
- Method of administration
- Time/frequency of administration
- Any side effects
- Expiry date (see paragraph 35).

1.7 The school will refer to the DFE guidance document when dealing with any other particular issues relating to managing medicines.

## **2. Procedures for managing prescription medicines on trips, outings and during sporting activities:**

2.1 The school will consider what reasonable adjustments might be made to enable children with medical needs to participate fully and safely on visits. This may extend to reviewing and revising the visits policy and procedures so that planning arrangements incorporate the necessary steps to include children with medical needs. It will incorporate risk assessments for such children.

2.2 If staff are concerned about how they can best provide for a child's safety or the safety of other children on a visit, they should seek parental views and medical advice from the school health service or the child's GP. Please refer to the EVOLVE guidance on planning educational visits.

2.3 The school will support children wherever possible in participating in physical activities and extra-curricular sport. Any restriction on a child's ability to participate in PE should be recorded on their medical Care Plan.

2.4 Some children may need to take precautionary measures before or during exercise and made need access, for example, to asthma inhalers. Staff supervising sporting activities will be made aware of relevant medical conditions and will consider the need for a risk assessment to be made.

## **3. The roles and responsibilities of staff managing administration of medicines and for administering or supervising the administration of medicines:**

3.1 Close co-operation between schools, parents/carers, health professionals and other agencies will help provide a suitably supportive environment for children with medical needs.

3.2 It is important that responsibility for child safety is clearly defined and that each person responsible for a child with medical needs is aware of what is expected of them.

3.3 The school will always take full account of temporary/supply staff when informing staff of arrangements for the administration of medicines.

3.4 The school will always designate a minimum of two people to be responsible for the administering of medicine to a child.

3.5 Where the Head teacher agrees to administer a non-prescribed medicine it must be in accordance with this policy. Criteria in the national standards for under 8s day care make it clear that non-prescription medicines should not normally be administered. If a child suffers from acute frequent or acute pain the parent/carers should be encouraged to refer the matter to the child's GP.

3.6 National Guidance states "A child under 16 should never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor." The school will inform parents of this policy.

3.7 If a child refuses to take medicine, staff will not force them to do so. Staff should record the incident and follow agreed procedures (which should be set out in the policy or the child's medical Care Plan). Parent/carers will be informed of the

refusal on the same day. If refusal results in an emergency, the school's normal emergency procedures will be followed.

#### **4. Parental Responsibilities in respect of their child's medical needs:**

- 4.1 It is the parent/carer's responsibility to provide the Inclusion Lead/ Head teacher with sufficient written information about their child's medical needs if treatment or special care is needed.
- 4.2 Parents are expected to work with the Head teacher to reach an agreement on the school's role in supporting their child's medical needs, in accordance with the school's policy.
- 4.3 Written parental agreement is given before passing on information about their child's health to other staff. Sharing information is important if staff and parent/carers are to ensure the best care for a child.
- 4.4 If parents/carers have difficulty understanding or supporting their child's medical condition themselves, they should be encouraged to contact either the school nurse or the health visitor as appropriate.
- 4.5 It is the parent/carers' responsibility to keep their children at home when they are acutely unwell.
- 4.6 It requires only one parent/carer to agree to or request that medicines are administered to a child. It is likely that this will be the parent with whom the school has day-to-day contact.
- 4.7 Prior written agreement should be obtained from parents/carers for any medicines to be given to a child.

#### **5. Assisting Children with long-term or complex medical needs:**

5.1 Where there are long-term medical needs for a child, including administration of medicine for a period of 8 days or more, a medical Care Plan should be completed using one of the following proformas:

- Basic Care Plan (which also includes allergies)
- Asthma Care Plan
- Diabetes Care Plan
- Epilepsy Care Plan
- Anaphylaxis Care Plan

5.2 A medical Care Plan clarifies for staff, parent/carers and the child the help that can be provided. The school seeks medical guidance from the school nurse and/or the child's GP or paediatrician if needed.

5.3 The school will agree with parents how often they should jointly review the medical Care Plan. It is sensible to do this once a year, but much depends on the nature of the child's particular needs; some may need reviewing more frequently.

5.4 The school will judge each child's needs individually as children vary in their ability to cope with poor health or a particular medical condition. Plans will also take into account a pupil's age and need to take personal responsibility.

5.5 Developing a Care Plan should not be onerous, although each plan will contain different levels of detail according to the needs of the individual child.

5.6 In addition to input from the school health service, the child's GP and other health care professionals depending on the level of support the child needs, those who may need to contribute to a medical Care Plan include:

- Head teacher
- Inclusion Leader
- Parent/carer
- Child (if appropriate)
- Class teacher
- Teaching Assistant
- Staff who are trained to administer medicines
- Staff who are trained in emergency procedures

5.7 The school will consult with the DFE publication "Supporting pupils in school with medical conditions" (December 2015) when dealing with the needs of children with the following:

- Asthma
- Epilepsy
- Diabetes
- Anaphylaxis

5.8 Regarding Epilepsy, some children may be prescribed rectal diazepam as a treatment for prolonged seizures. Staff involved must have received training from local health services. A written authorisation from the GP, Consultant or Epilepsy Specialist Nurse must have been received for the child, along with instructions for use. Two adults must be present for such treatment, at least one being of the same gender as the child. The dignity of the child must be protected as far as possible.

## **6. Off-site Education**

The school has a responsibility for an overall risk assessment of any off-site activity, including issues such as travel to and from the placement and supervision during non-teaching time or breaks or lunch hours. This does not conflict with the responsibility of the school to undertake a risk assessment to identify significant risks and necessary control measures when pupils below the minimum school leaving age are on site.

## **7. Policy on children carrying and taking their prescribed medicines themselves:**

7.1 It is good practice to support and encourage pupils, who are able, to take responsibility to manage their own medicines. If such medicines are taken under supervision, this should be recorded.

7.2 There is no set age when a child can take responsibility for their own medicine. This needs to be a joint decision between the school, parents/carers and the pupil.

7.3 Where pupils have been prescribed controlled drugs, these must be kept in safe custody.

## **8. Staff support and training in dealing with medical needs:**

8.1 The school will ensure that there are sufficient members of support staff who manage medicines. This will involve participation in appropriate training.

8.2 Any member of staff who agrees to accept responsibility for administering prescribed medicines to a child, does so voluntarily and will have appropriate training and guidance. They will also be made aware of the possible side effects of the medicines and what to do if they occur. The type of training necessary will depend upon the individual case.

8.3 Teachers' conditions of employment do not include giving or supervising a pupil taking medicines. Agreement to do so must be voluntary.

8.4 The school will ensure that staff receive proper training where necessary, in line with the contractual duty on Head teachers to ensure that their staff receive the training. The Head teacher will ensure that all staff and parents/carers are aware of the policy and procedures for dealing with medical needs.

8.5 Staff who have a child with medical needs in their class, will be informed about the nature of the condition and when and where the child may need extra attention.

8.6 The child's parents/carers and health professionals should provide the information specified above.

8.7 All staff should be aware of the likelihood of an emergency arising and what action to take if one occurs.

8.8 Back up cover should be arranged for when the member of staff responsible is absent or unavailable.

8.9 At different times of the day other staff, such as lunch time supervisors, may be responsible for children. They will also be provided with training and advice.

## **9. Record Keeping:**

9.1 Parents/carers should tell the school about the medicines that their child needs to take and provide details of any changes to the prescription or support required. However, staff should make sure that this information is the same as that provided by the prescriber. Any change in prescription should be supported by either new directions on the packaging of medication or by a supporting letter from a medical professional.



9.2 All medication administered (short-term, long-term or in an emergency) are recorded in the “Medication Administered Folder” kept in the office. A note of which pupils are receiving short or long term medication each day is displayed in the office. Consent forms should be delivered personally by the consenting parent/carer. Staff should check that any details provided by parents/carers, or in particular cases by a paediatrician or specialist nurse, are consistent with the instructions on the container.

9.3 It is the parent/carers responsibility to monitor when further supplies of medication are needed in school. It is not the school’s responsibility.

9.4 Parents/carers should use a “yellow or blue slip” (available from the office) to inform, and confirm that, a member of staff will administer medicine to their child or the child will self-administer the medication (with supervision by a member of staff).

The “yellow slip” is used for when a child needs to administer independently or be supported by a member of staff to administer their own medication e.g. anti-biotic.

The “blue slip” is used for when emergency medication may be needed to be administered by a member of staff e.g. an Auto Adrenalin Injector (AAI).

9.5 A separate letter is given to parents to gain their permission for the school to give Calpol to their child and the parent will be asked/informed by phone.

9.6 It is sensible for schools to keep records of any medication given to pupils (date, time, dose and staff involved). These records offer protection to staff that they have followed agreed procedures.

## **10. Safe storage of medicines:**

10.1 The school will only store, supervise and administer medicine that has been prescribed for an individual.

10.2 Medicines will be stored strictly in accordance with product instructions – paying particular note to temperature and in the original container in which dispensed.

10.3 Staff will ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine, the method and frequency of administration, any side effects and the expiry date.

10.4 Where a child needs two or more prescribed medicines, each will be in a separate container.

10.5 Non-health care staff will never transfer medicines from their original containers.

10.6 Children will be informed where their own medicines are stored.

- 10.7 All emergency medicines, such as asthma inhalers and adrenaline pens, will be readily available to children and will not be locked away.
- 10.8 School does not allow children to carry their own inhaler.
- 10.9 Other non-emergency medicines will be kept in a secure place not accessible to children.
- 10.10 A few medicines need to be refrigerated. They can be kept in a refrigerator containing food but must be clearly labelled. It is acceptable for a staffroom fridge to be used for storage, as long as medical items are clearly labelled.
- 10.11 Access to medicines: Children need to have immediate access to their medicines when required. The school will make special access arrangements for emergency medicines that it keeps. However, it is also important to make sure that medicines are kept securely and only accessible to those for whom they are prescribed.

### **11. Disposal of Medicines:**

- 11.1 Staff should not dispose of medicines. Parents/carers are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. If the school has to dispose of used/date-expired medication it will be taken to a pharmacy for their disposal procedures.
- 11.2 Sharps boxes will always be used for the disposal of needles. Collection and disposal of the boxes will be arranged with the local authority.

### **12. Hygiene and infection control:**

- 12.1 All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures.
- 12.2 Staff will have access to protective disposable gloves and will take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment.

### **13. Access to the school's emergency procedures:**

- 13.1 As part of general risk management processes the school must have arrangements in place for dealing with emergency situations. This could be part of the school's first aid policy and provision.
- 13.2 Other children should know what to do in the event of an emergency, such as telling a member of staff.
- 13.3 All staff should know how to call emergency services. Guidance on calling an ambulance can be found in Appendix 2.
- 13.4 All staff should know who is responsible for carrying out emergency procedures in the event of need.

13.5 A member of staff will always accompany a child taken to hospital by ambulance, and will stay until the parent arrives.

13.6 Health professionals are responsible for any decisions on medical treatment when parents/carers are not available.

13.7 Staff should never take children to hospital in their own car; it is safer to call an ambulance.

13.8 Care Plans will include instructions as to how to manage a child in an emergency, and identify who has the responsibility in an emergency. Those with responsibility at different times of day (e.g. lunch time supervisor) will need to be very clear of their role.

#### **14. Risk assessment and management procedures:**

14.1 This policy will operate within the context of the school's Health and Safety Policy.

14.2 The school will ensure that risks to the health of others are properly controlled.

14.3 The school will provide, where necessary, individual risk assessments for pupils or groups with medical needs.

14.4 The school will be aware of health and safety issues relating to dangerous substances and infection.

#### **15. Use of Emergency Salbutamol Inhalers (see Guidance on the use of emergency Salbutamol Inhalers in school) and Auto Adrenalin Injectors (AAI) e.g. Epi-Pens (see Guidance on the use of adrenaline auto-injectors in school):**

15.1 The school should buy a non-prescription salbutamol inhaler and spacer, for use in an emergency.

15.2 The emergency inhaler must only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with Asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.

15.3 The emergency inhaler will only be used if the pupil's prescribed inhaler is not available.

15.4 If an emergency inhaler is used by a pupil, the parent will be informed straightaway and asked to replace the inhaler and spacer the next day. The school will aim to use the child's personal spacer with emergency inhaler but if this is not possible the emergency spacer will be used.

15.5 The school should buy a non-prescription Auto Adrenalin Injector (AAI) e.g. Epi-pen for use in an emergency (where possible).

- 15.6 The emergency Auto Adrenalin Injector (AAI) must only be used by children, for whom written parental consent for use of the emergency AAI has been given, who have been diagnosed with Anaphylaxis and prescribed an AAI e.g. Epi-Pen.
- 15.7 The emergency AAI will only be used if the pupil's prescribed AAI is not available.

**Key Contacts in Islington:**

<b>Condition / concern</b>	<b>Organisation</b>	<b>Contact</b>
Mental Health	CAMHS	Stephen O'Sullivan CAMHS Lead for School <a href="mailto:stephen.osullivan1@nhs.net">stephen.osullivan1@nhs.net</a>
School Nursing Team	Highbury Grange Health Centre	<a href="mailto:Whh-tr.islington.schoolnursing@nhs.net">Whh-tr.islington.schoolnursing@nhs.net</a> 0203 316 8021
Asthma (allergy + anaphylaxis)	Whittington Hospital	Islington Asthma Friendly School Lead <a href="mailto:Monique.rodasano@nhs.net">Monique.rodasano@nhs.net</a>
Epilepsy	Whittington Hospital	Paediatric Epilepsy Clinical Nurse Specialist <a href="mailto:Sharon.buchanan@nhs.net">Sharon.buchanan@nhs.net</a>
Diabetes	Whittington Hospital	Roma Romano-Morgan, lead paediatric diabetes specialist nurse <a href="mailto:roma.romano-morgan@nhs.net">roma.romano-morgan@nhs.net</a>
Healthy Weight	My Team (Health and Wellbeing Team)	Marjon Willers: Specialist Dietitian for Schools and Children's Centres <a href="mailto:Marjon.willers@nhs.net">Marjon.willers@nhs.net</a>
Immunisations	Whittington Health	Christine Ogundele ( <a href="mailto:christine.ogundele@nhs.net">christine.ogundele@nhs.net</a> ) Immunisations Specialist Nurse
Female Genital Mutilation	LBI	Heather Vacciana, Anti Bullying Co-or & DV Prevent Officer <a href="mailto:Heather.vaccianna@islington.gov.uk">Heather.vaccianna@islington.gov.uk</a>
Allergies	Whittington Hospital	Dee Brown, Clinical Nurse Specialist Paediatric Allergy & Asthma <a href="mailto:neeta.patel@nhs.net">neeta.patel@nhs.net</a>
HIV / AIDS	Body and Soul	Jane King <a href="mailto:office@bodyandsoulcharity.org">office@bodyandsoulcharity.org</a>

### Key roles and responsibilities

#### 1.1 The Local Authority (LA) is responsible for:

- 1.1.1. Promoting cooperation between relevant partners and stakeholders regarding supporting pupils with medical conditions.
- 1.1.2. Providing support, advice and guidance to schools and their staff.
- 1.1.3. Making alternative arrangements for the education of pupils who need to be out of school for fifteen days or more due to a medical condition.

#### 1.2 The Governing Board is responsible for:

- 1.2.1. The overall implementation of the Supporting Pupils with Medical Conditions Policy and procedures of St John Evangelist Catholic School.
- 1.2.2. Ensuring that the Supporting Pupils with Medical Conditions Policy, as written, does not discriminate on any grounds including, but not limited to: ethnicity/national origin, culture, religion, gender, disability or sexual orientation.
- 1.2.3. Handling complaints regarding this policy as outlined in the school's Complaints Policy.
- 1.2.4. Ensuring that all pupils with medical conditions are able to participate fully in all aspects of school life.
- 1.2.5. Ensuring that relevant training provided by the LA (e.g. through Richard Cloudesley Outreach Service) and other agencies is delivered to staff members who take on responsibility to support children with medical conditions.
- 1.2.6. Guaranteeing that information and teaching support materials regarding supporting pupils with medical conditions are available to members of staff with responsibilities under this policy.
- 1.2.7. Ensuring that written records are kept of any and all medicines administered to individual pupils.
- 1.2.8. Ensuring the level of insurance in place reflects the level of risk.

#### 1.3 The Head teacher is responsible for:

- 1.3.1. Ensuring the policy is developed effectively with partner agencies.
- 1.3.2. Making staff aware of this policy.

- 1.3.3 Ensuring a sufficient number of trained members of staff are available to implement the policy and deliver individual Care Plans in normal, contingency and emergency situations.
- 1.3.4 If necessary, facilitating the recruitment of a member of staff for the purpose of delivering the promises made in this policy.
- 1.3.5 Ensuring the correct level of insurance is in place for teachers who support pupils in line with this policy.

#### **1.4 The Inclusion Leader is responsible for:**

- 1.4.1 The day-to-day implementation and management of the Supporting Pupils with Medical Conditions Policy and procedures of St John Evangelist Catholic School.
- 1.4.2 Liaising with healthcare professionals and the Head teacher/Assistant Head regarding the training required for staff.
- 1.4.3 Making staff, who need to know, aware of a child's medical condition.
- 1.4.4 Developing medical Care Plans.
- 1.4.5 Contacting the school nursing service in the case of any child who has a medical condition that needs support.

#### **1.5 Staff members are responsible for:**

- 1.5.1 Taking appropriate steps to support children with medical conditions.
- 1.5.2 Where necessary, making reasonable adjustments to include pupils with medical conditions into lessons.
- 1.5.3 Administering medication, if they have agreed to undertake that responsibility.
- 1.5.4 Undertaking training to achieve the necessary competency for supporting pupils with medical conditions, if they have agreed to undertake that responsibility.
- 1.5.5 Familiarising themselves with procedures detailing how to respond when they become aware that a pupil with a medical condition needs help.

#### **1.6 School nurses are responsible for:**

- 1.6.1 Notifying the school when a child has been identified with requiring support in school due to a medical condition.
- 1.6.2 Liaising locally with lead clinicians on appropriate support.

## **1.7 Parents and carers are responsible for:**

- 1.7.1 Keeping the school informed about any changes to their child/children's health.
- 1.7.2 Completing a parental agreement for school to administer medicine form before bringing medication into school.
- 1.7.3 Providing the school with the medication their child requires and keeping it up to date.
- 1.7.4 Collecting any leftover medicine at the end of the course.
- 1.7.5 Discussing medications with their child/children prior to requesting that a staff member administers the medication.
- 1.7.6 Where necessary, developing a medical Care Plan for their child in collaboration with the Inclusion Leader, other staff members and healthcare professionals.



# St John Evangelist School: Individual Basic Care Plan

## School Care Plan

<b>Name:</b>	<b>Date of Birth:</b>
<b>School address:</b> St John Evangelist Catholic Primary School Duncan Street Islington N18BL	<b>Parental Responsibility:</b>
<b>Emergency Contacts:</b>	
<b>1.</b>	<b>2.</b>
<b>GP:</b>	<b>Hospital Consultant:</b>
<b>Address:</b>	<b>Address:</b>
<b>Telephone:</b>	<b>Telephone:</b>

<b>Medical Condition:</b>
<b>Treatment:</b>

<b>Signs and Symptoms of an Emergency:</b>
<b>What to do in an Emergency?</b>

<b>Location of Emergency Treatment:</b>
Medication is kept in child's medical bag in the class medical box which is located _____ . There is also emergency treatment located in the first aid cupboard in the staffroom.
<b>Members of staff trained to administer emergency medication:</b>
All staff are trained to administer emergency medication

**Parental and Pupil Agreement**

I agree that the medical information contained in this plan may be shared with individuals involved with my/my child's care and education (this includes emergency services). I understand that I must notify the school of any changes in writing.

**Signed (Pupil):**

Date:

Print name:

**Signed (Parent/Carer):**

Date:

Print name:

**Permission for Emergency Medication**

I agree that I/my child can be administered my/their medication by a member of staff in an emergency.

Name of medication:

**Signed (Pupil):**

Date:

Print name:

**Signed (Parent/Carer):**

Date:

Print name:

**School Agreement**

**Signed:**

Date:

Print name:

Job Title:

# St John Evangelist School: parental agreement for setting/child to administer medicine

**St John Evangelist Catholic Primary School**  
 Duncan Street, Islington, London N1 8BL



## Self Administered Medicine Consent Form

<b>Childs Name:</b>		<b>Class:</b>	
Parents Name:		Date:	
<b>Medical Diagnosis:</b>			
Name of Medication:			
Dose:			
Frequency:			
Medication Expiry Date:			

I give permission for my child ..... to self-administer the above medication.

Signed: ..... Parents Name: .....

Date: .....

# St John Evangelist School: record of medicine administered to an individual child

Name of school/setting	
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature \_\_\_\_\_

Signature of parent \_\_\_\_\_

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

**C: Record of medicine administered to an individual child (Continued)**

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			



## St John Evangelist School: staff training record – administration of medicines

Name of school/setting

Name

Type of training received

Date of training completed

Training provided by

Profession and title


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

Trainer's signature \_\_\_\_\_

Date \_\_\_\_\_

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

Staff signature \_\_\_\_\_

Date \_\_\_\_\_

Suggested review date \_\_\_\_\_

## **St John Evangelist School: contacting emergency services**

**Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.**

**Speak clearly and slowly and be ready to repeat information if asked.**

**If a child has an ambulance protocol read the script clearly (this is displayed in the office).**

1. Your telephone number & the School's 020 7226 1314
2. Your name
3. Your location as follows: St John Evangelist Catholic Primary School  
Duncan Street, Islington, London N1 8BL
4. State what the postcode is – N1 8BL
5. Provide the exact location of the patient within the school setting
6. Provide the name of the child and a brief description of their symptoms
7. Inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient