

# **Elmore Green Primary School**

## **Supporting Children with Medical**

### **Conditions Policy**

**January 2023**

This **policy**, provided by has been produced in line with the requirements of the Department for Education statutory guidance, Walsall Council and NHS Walsall.

## Introduction

Children and young people with medical conditions are entitled to a full education and have the same rights of admission to school as other children. This means that no child with a medical condition should be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made.

This document sets out Elmore Green's policy for supporting pupils with medical conditions. It has the full support of governors, the headteacher and senior staff. It will be reviewed regularly and will be made readily available to parents and school staff.

In implementing our policy, we will follow the statutory guidance set out in the Department for Education's document "[Supporting pupils at school with medical conditions](#)".

## Policy

We will ensure that pupils with medical conditions, in terms of both physical and mental health, are properly supported so that they have full access to education, including school trips and physical education, and can access and enjoy the same opportunities at school as any other child.

We will ensure that arrangements are in place in school to support pupils with medical conditions. These arrangements should give parents and pupils confidence in our ability to provide effective support for medical conditions in school.

We will consult with our health colleagues, social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported.

Where children with medical conditions may be considered disabled, we will ensure that we comply with our duties set out in the Equality Act 2010.

Where children with medical conditions have a special educational need (SEN) and have a statement, or Education, Health and Care (EHC) plan we will comply with the [Special educational needs and disability \(SEND\) code of practice](#).

We will ensure that staff are properly trained to provide the support that pupils need.

Where children are classed as Clinically Extremely Vulnerable, we will follow all advice and guidance from Public Health England (PHE).

We will comply with the PHE document 'Health protection in schools and other childcare facilities' (2017).

**Sue Lemm**  
**[Chair of governors]**

**Penny Jones-McDonald**  
**[Head Teacher]**

23.1.23

## **Policy implementation**

The Head Teacher has overall responsibility for implementing this policy implementation.

The Head Teacher is responsible for ensuring that sufficient staff are suitably trained.

The Head Teacher will ensure that all relevant staff are made aware of the child's condition. This will include briefing relevant supply teachers.

The Head Teacher will ensure that arrangements are in place to cover for staff absence or staff turnover. To ensure that someone is always available.

The Head Teacher will ensure that appropriate risk assessments are in place for school visits, holidays, and other school activities outside of the normal timetable, and that monitoring of individual healthcare plans takes place.

## **Notification that a pupil has a medical condition**

Once we are notified that a pupil has a medical condition, we will ensure that appropriate arrangements (staff training and support) are put in place prior to the start of the relevant school term.

Where pupils have a new diagnosis or join us mid-term we will make every effort to ensure that appropriate arrangements are in place within two weeks.

Where pupils transfer between schools, we will liaise with pupil's previous school to help ensure a smooth transition.

Likewise, where pupils transfer between classes in a setting or when a new teacher starts, liaison will take place to ensure a smooth transition.

## **Individual healthcare plans**

We will liaise with our healthcare colleagues and parents/carers (and the child, if appropriate) to ensure that, where appropriate, individual healthcare plans are developed to support pupils.

We recognise that responsibility to ensure that healthcare plans are finalised and implemented rests with the school and the parent/carer; however, when additional health care support is required to inform the plan, this will be sought on a case by case basis from relevant health care professionals.

Healthcare plans will be readily accessible to all who need to refer to them, but we will ensure that confidentiality is maintained.

We will ensure that healthcare plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed.

Healthcare plans will consider the following:

- the medical condition, its triggers, signs, symptoms and treatments;
- the pupil'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 pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
- the level of support needed (some children will be able to take responsibility for their own health needs) including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;
- who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child'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 child'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 pupil 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 child can participate, e.g. risk assessments;
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and
- what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

## Roles and responsibilities

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. The school's ability to provide effective support often depends on working co-operatively with other agencies. We will ensure that we engage in effective partnership working with healthcare professionals (and, where appropriate, social care professionals), the local authority, parents and pupils.

Key roles and responsibilities are set out below:

**The Governing Body** – has overall responsibility for making sure arrangements to support pupils with medical conditions are in place and that the policy for supporting pupils with medical conditions is developed and implemented. This includes ensuring pupils with medical conditions are supported to enable their full participation in all aspects of school life and ensuring that staff receive suitable training and are competent to support those children.

**The Head Teacher** – is responsible for the policy and its effective implementation with partners. This includes ensuring that all staff are aware of the policy and understand their role in its implementation.

The Head teacher will ensure that all staff who need to know are made aware of a child's condition and ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations.

The headteacher has overall responsibility for the development of individual healthcare plans and will contact the relevant healthcare professional in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.

**School staff** – any member of school staff may be asked to provide support to pupils with medical conditions, including administering medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach.

School staff will receive appropriate training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. All school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

**School Nursing Service** – The school nursing service may support staff on implementing a child's individual healthcare plan, e.g. by providing advice and possibly training. School nurses can liaise with lead clinicians on appropriate support for the child and associated staff training needs.

The community nursing team can also be a valuable source of advice and support.

**Other healthcare professionals, including GPs and paediatricians** – Specialist local health teams are able to provide support for children with particular conditions (e.g. asthma, diabetes, epilepsy), and should liaise appropriately with school nurses when requested.

**Pupils** – with medical conditions are often best placed to provide information about how their condition affects them and, wherever possible, will be fully involved in discussions about their medical support needs. They will also be asked to contribute as much as possible to the development of their individual healthcare plan.

**Parent/carers** – are asked to provide the school with sufficient and up-to-date information about their child's medical needs. In some cases, they will be the first to notify the school that their child has a medical condition. Parents/carers are key partners and will be involved in the development and review of their child's individual healthcare plan. Parents/carers are requested to carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

**The local authority** – is the commissioner of school nurses for maintained schools and academies. Under Section 10 of the Children Act 2004, local authorities have a duty to promote co-operation between relevant partners such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and NHS England, with a view to improving the

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wellbeing of children with regard to their physical and mental health, and their education, training and recreation.

The local authority will provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively.




**Others** – the DfE guidance makes it clear that other health colleagues have a role to co-operate with schools and the local authority in supporting children with medical conditions. The guidance also notes that Ofsted will expect schools to have effective policies in place (see [DfE guidance](#)).

## Staff training and support

Any member of school staff providing support to a pupil with medical needs will receive suitable training, appropriate to the individual healthcare plans of children they support.

Staff must not give prescription medicines or undertake healthcare procedures without appropriate training. However, in some cases, written instructions from the parent or on the medication container dispensed by the pharmacist may be considered sufficient.

In liaison with health colleagues, we have identified three levels of support and associated training, identified by a traffic light system:

	Green – basic training to allow straightforward support, e.g. giving out medication, asthma support, EpiPen, etc.
	Amber – more specialist, bespoke, training for pupils with complex needs. Usually for pupils in special schools, but increasing required in mainstream settings
	Red – care that has to be delivered by trained medical staff

The **School Nursing Service** will facilitate training to school staff. A programme of basic (Green level) training is offered on a regular basis, at a central venue, and advertised to local schools. **Attendance certificates will be issued.** The school will ensure that an appropriate number of staff attend this training and key points will be shared with all appropriate colleagues.

We will liaise with the School Nursing Service to ensure that, where necessary to support a child's individual healthcare plan, bespoke (Amber level) training is given to staff. This training may need to be delivered by more specialist nurses.

All training will be refreshed at least every three years; however, there will be an elective yearly refresher for any staff who feel they need more frequent updates.

This policy will be shared as part of the induction process for new staff. All new staff will receive this training within the first year of their appointment.

## **The child's role in managing their own medical needs**

After discussion with parents/carers, children who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be reflected within individual healthcare plans.

Wherever possible and practical, children will be allowed to carry their own medicines and relevant devices or will be able to access their medicines for self-medication quickly and easily. Children who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant, trained staff will help to administer medicines and manage procedures for them.

## **Managing medicines on school premises**

The school's policy on medicines in school is:

- Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- No child will be given prescription or non-prescription medicines without their parent/carer's written consent – except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents/carers. In such cases, every effort will be made to encourage the child to involve their parents/carers while respecting their right to confidentiality.
- Children will not be given medicine that contains aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, will never be administered without first checking maximum dosages and when the previous dose was taken. Parents/carers will be informed.
- The school will only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin, which must still be in date, but is generally inside an insulin pen or a pump, rather than in its original container.
- "Over the counter" medicines – General Sales List or Pharmacy Only medicines may be sent into school for administration by staff with consent and agreement from parent/carer ensuring the medication form is completed. Medicines may only be administered on a short-term basis (unless alternative arrangements have been made with the head teacher) and will be issued in accordance with the parent/carer's instructions. These are stored in the School Office.
- Named prescribed items (inhalers, auto-adrenaline injectors) can be kept securely in classrooms with parent/carer consent.
- All medicines will be stored safely. Children will be told where their medicines are at all times and will be able to access them immediately. Where relevant, they will be told who has the key to the storage facility.
- Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to children and not locked away. This is particularly important when outside of school premises, e.g. on school trips.
- Where a child has been prescribed a controlled drug, they may legally have it in their possession if they are competent to do so; however, it will be made clear to them that

passing it to another child for use is an offence. Monitoring arrangements will be put in place as appropriate. Otherwise, controlled drugs that have been prescribed for a pupil will be securely stored and only named staff will have access to them; albeit they will be kept easily accessible in an emergency. A record will be kept of any doses used and the amount of the controlled drug held in school.

- School staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines will do so in accordance with the prescriber's instructions. A record of all medicines administered to individual children will be kept, stating what, how and how much was administered, when and by whom. Any side effects of the medication administered will be noted.
- When no longer required, medicines will be returned to the parent to arrange for safe disposal. Sharps boxes will always be used for the disposal of needles and other sharps.
- School can purchase inhalers, spacers, auto-adrenaline injectors (eg Epipens) as spares. They are only to be used with consent from parents and carers.

## Record keeping

The school will ensure that written records are kept of all medicines administered or clinical procedures carried out to children. Parents/carers will be informed if their child has been unwell at school.

## Emergency procedures

We will have a risk management processes and arrangements in place for dealing with emergencies for all school activities wherever they take place, including on school trips within and outside the UK.

Where a child has an individual healthcare plan, it should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures.

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

## Day trips, residential visits and sporting activities

We will actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and make reasonable adjustments to allow them to take part. Pupils will always be included; unless evidence from a clinician, such as a GP, states that this is not possible.

Our planning arrangements will take account of any adjustments needed to ensure that pupils with medical conditions are included. This requires consultation with parents/carers and pupils and advice from relevant healthcare professional to ensure that pupils can participate safely.

## Other issues

With regard to **home-to-school transport**, where appropriate, transport healthcare plans will be put in place for pupils with life-threatening conditions.



With regard to **asthma inhalers** held for emergency use. We will hold emergency inhalers and spacers in school. We will ensure that staff are trained in use of the inhalers and will follow the Department of Health protocol on their storage and use. They will **only** be administered to children with a diagnosis and only where parents/carers have given written permission to do so.

With regard to **adrenaline auto-injectors** held for emergency use. We will hold emergency adrenaline auto-injectors in school. They will **only** be administered to children with a diagnosis and only where parents/carers have given written permission to do so.

### **Unacceptable practice**

The school's policy is explicit about what practice is not acceptable. Although staff will use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is not generally acceptable practice to:

- Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- Assume that every child with the same condition requires the same treatment;
- Ignore the views of the child or their parents/carers; or ignore medical evidence or opinion (although this may be challenged);
- Send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- If the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- Penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments;
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- Prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents/carers to accompany the child.

### **Liability and indemnity**

Staff are assured that when providing support to pupils with medical conditions, they are covered by the school's insurance.

### **Complaints**

Any complaints regarding the school's support to pupils with medical conditions should be made in the first instance to the headteacher. If for whatever reason this does not resolve the issue, parents/carers and pupils may make a formal complaint via the school's complaints procedure.

### **Ensuring a good education for children who cannot attend school because of health needs**

All children, regardless of their personal circumstance or education setting should receive a good education. LAs are responsible for arranging suitable full-time education for children of

compulsory school age who, because of illness, would not receive suitable education without such provision. Alternative provision should address a pupil's individual needs whether they be health related, behavioural related, or otherwise through an appropriately tailored approach. This should also include social and emotional needs, for example ensuring that pupils feel fully part of their school community, are able to stay in contact with classmates, and have access to the opportunities enjoyed by their peers.

In all cases, effective collaboration between all relevant services (LAs, CAMHS, NHS, schools and, where relevant, school nurses) is essential to delivering effective education for children with additional health needs. When a child is in hospital, liaison between hospital teaching staff, the LA's alternative provision/home tuition service and the child's school can ensure continuity of provision and consistency of curriculum.

A child unable to attend school because of health needs must not, therefore, be removed from the school register without parental consent and certification from the school medical officer, even if the LA has become responsible for the child's education. Continuity is important for children and knowing that they can return to their familiar surroundings and school friends can help their recovery and their educational progress.

At Elmore Green, if a child has a prolonged absence due to a health needs, we are able to provide a programme of Remote Learning tailored to their individual needs (*see school's Remote Learning Policy - November 2020*).

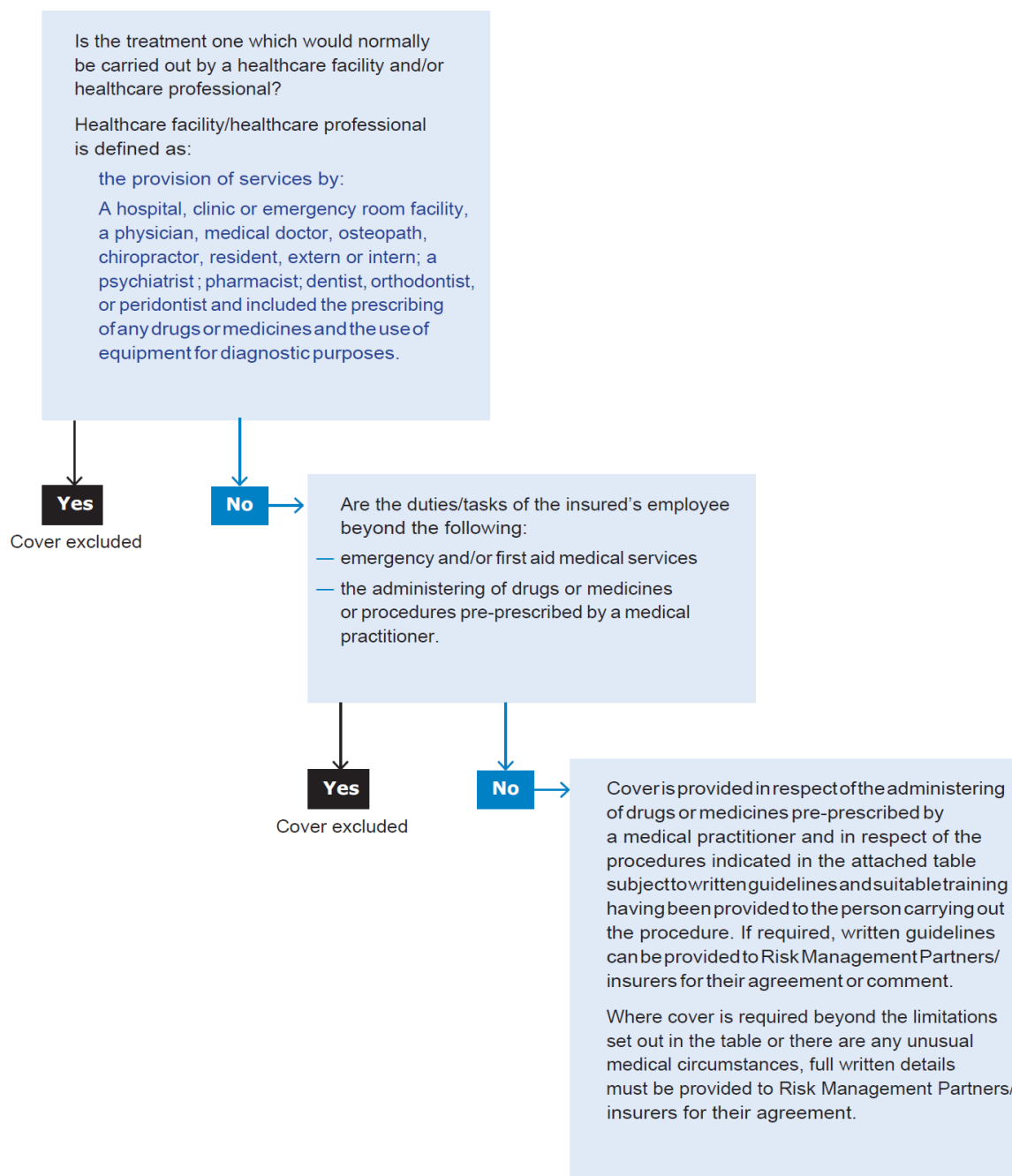
When reintegration into school is anticipated, LAs should work with the school (and hospital school, PRU/home tuition services if appropriate) to plan for consistent provision during and after the period of education outside school. As far as possible, the child should be able to access the curriculum and materials that he or she would have used in school. The LA should work with schools to ensure that children can successfully remain in touch with their school while they are away. This could be through school newsletters, emails, invitations to school events or internet links to lessons from their school.

Under equalities legislation schools must consider whether they need to make any reasonable adjustments to provide suitable access for the child. Where the absence is likely to be lengthy, the reintegration plan may only take shape nearer to the likely date of return, to avoid putting unsuitable pressure on an ill child in the early stages of their absence. While most children will want to return to their previous school routine at once, some will need gradual reintegration over a longer period.

**Appendix 1 – Insurance cover: Medical treatment decision tree**

Public Liability insurance does not normally cover medical malpractice. However, our insurers recognise that in delivering services to clients some of our staff will occasionally be asked to carry out tasks previously considered the remit of the 'medical/healthcare professional'. Our Public Liability has therefore been extended to cover a range of treatments given by staff (usually by carers and teachers who are not medical/healthcare professionals i.e. not doctors, nurses, physiotherapists, etc.).

It must be stressed that our insurance cover does not extend to treatments that would be properly carried out by a healthcare professional. The following decision tree should help clarify which treatments are covered. In addition, the RAG rated examples of treatments (Appendix 2) should cover most scenarios encountered in school and other council settings.



### Appendix 2 – Examples of treatment (RAG rated)

Procedure	Description	Acceptable to Underwriters	RAG (Standard CP)
<b>Anal Plugs</b>	Plug to prevent bowel movements in incontinent adults or children.	No	
<b>Bathing</b>		Yes - following training and subject to routine visits to service users by senior officer to check for abuse Safe Manual Handling Practice to be followed	
<b>Bladder wash out</b>		No	
<b>Blood Pressure</b>	Taking of BP by automated machine	Yes – following training and variation	SCP

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Procedure	Description	Acceptable to Underwriters	RAG (Standard CP)
	only	from specified limits in Health Care Plan referred to medical staff	
<b>Blood Samples</b>	Glucometer or fingerprick only	Yes – following written Health Care Plan and adherence to manufacturers' guidelines	
<b>Body fluid balance monitoring</b>	Measurement and recording of fluids in and urine out via toilet capture device	Yes – following training and referral of abnormalities to medical staff	SCP
<b>Breathing monitoring</b>	Visual monitoring	Yes – as routine check only	SCP
	Monitoring by machine	Yes – following written Health Care Plan	SCP
<b>Buccal medazolam</b>	Administered by mouth	Yes – following written Health Care Plan	
<b>Catheters</b>	Change bags and cleaning of tube	Yes – following written Health Care Plan	
	Insertion of tube	No	
<b>Colostomy/Stoma care</b>	Change bags	Yes – following written Health Care Plan	
	Cleaning	Yes – following written Health Care Plan	
<b>Contact lens fitting</b>	Insertion of contact lenses	No	
<b>Defibrillators/First aid only</b>	In emergency	Yes – following written Health Care Plan	SCP
<b>Denture cleansing</b>		Yes – following appropriate training and using proprietary cleaner only	
<b>Dressing care (external)</b>	Application	Yes – following written Health Care Plan	
	Replacement	Yes – following written Health Care Plan	
<b>Ear Syringe</b>		No	
<b>Ear/nose drops</b>		Yes	
<b>Enema suppositories</b>		No	
<b>Eye care</b>	For individuals unable to close eyes	Yes – following written Health Care Plan	SCP
<b>Eye drops</b>		Yes	
<b>First Aid</b>	In emergency (including use of defibrillators)	Yes – by employees with valid first aid certificate	
<b>Gastrostomy tube Peg feeding (Through the abdominal wall)</b>	A tube to be inserted	Yes – by qualified medical staff only	
	Feeding and cleaning	Yes – following written Health Care Plan	
	Reinsertion of gastrostomy tube Testing	No – by qualified medical staff only	
<b>Gastrostomy tube Peg feeding with medication</b>		Yes – following written Health Care Plan and in consultation with pharmacist, and prescribed by a medical professional	
<b>Gastrostomy tube Bolus feed via a gastrostomy tube</b>	Using a large syringe or feed bag to provide 'bulk' feed	Yes – following written Health Care Plan	
<b>Gastrostomy tube Pump feeds via a gastrostomy</b>	Pumps are usually used to provide a constant feed – say through the night	Yes – following written Health Care Plan	
<b>Hearing aids</b>	Checking	Yes – following written Health Care Plan	SCP
	Fitting (but not measuring for a hearing aid)	Yes – following written Health Care Plan	SCP
	Replacement (but not measuring for a hearing aid)	Yes – following written Health Care Plan	SCP
<b>Inhalers and nebulisers</b>	Provide assistance to user – both hand held and mechanical	Yes – following written Health Care Plan	SCP

Procedure	Description	Acceptable to Underwriters	RAG (Standard CP)
<b>Injections</b>	Assembling syringes and administering intravenously or controlled drugs	No	
	Pre-packaged doses administered on a regular basis*	Yes – see medipens below	
	Carer using judgment to determine frequency and dosage	No	
<b>Manual evacuation</b>	Of the bowel	Yes – but not undertaken by school staff	
<b>Medipens</b> (Epipens & Anapens)	For anaphylactic shock (intramuscular) with a preassembled pre-dose loaded epipen epinephrine or adrenaline/epinephrine.	Yes – following written Health Care Plan	SCP
<b>Mouth toilet</b>	For individuals unable to swallow	Yes	
<b>Nasal Suction</b>	Clearing of the nose via a fitted tube or stent	Yes – following written Health Care Plan. Excluding insertion of tube or stent	
<b>Naso-gastric tube feeding</b>	Tube to be inserted. Carers and staff will be trained on an individual basis for individual child/young person/adult.	No - by qualified acute sector medical staff only so that the tube can be scanned to check for correct insertion.	
	Feeding and cleaning of tube	Yes – following written Health Care Plan	
	Reinsertion Testing	No - by qualified acute sector medical staff only so that the tube can be scanned to check for correct insertion	
<b>Naso-gastric tube Bolus nasogastric feeds</b>	This is where a syringe is used to provide a bulk feed	Yes – following written Health Care Plan	
<b>Oral medication – prescribed</b>	Antibiotic syrup, tablets etc.	Yes - as prescribed and directed by a medical professional following written Health Care Plan (refer to additional notes below)	
<b>Oral suction – beyond back of mouth</b>	To remove excess secretions from the upper respiratory tract for individuals who are unable to do so independently	No	
<b>Oxygen – administration of</b>	Provide assistance to user	Yes – following written Health Care Plan	
<b>Pessaries</b>		No	
<b>Physiotherapy</b>		Yes – when undertaken by suitably trained staff but excluding treatment by qualified physiotherapists.	
<b>Postural drainage exercise</b>	Drainage exercises for individuals with e.g. cystic fibrosis	Yes – following written Health Care Plan provided under the direction of a physiotherapist	
	Chest drainage involving insertion of tube into lungs	No	
<b>Pressure bandages</b>	Application to assist with positioning of digits	Yes – following written Health Care Plan	
<b>Pulse rate</b>	Finger pressure on wrist only	Yes – following training and variation from specified limits in Health Care Plan referred to medical staff	SCP
<b>Rectal midazolam pre-packaged dose</b>	Tends to be used for individuals suffering from repeated epileptic fits	Yes – following written Health Care Plan and 2 members of staff must be present	
	Emergency situation	Yes – following written Health Care Plan and 2 members of staff must be present	
<b>Rectal diazepam in pre-packaged dose</b>	Tends to be used for individuals suffering from repeated epileptic fits	Yes – following written Health Care Plan and 2 members of staff must be present	

Procedure	Description	Acceptable to Underwriters	RAG (Standard CP)
	Routine administration		
	emergency situation	Yes – following written Health Care Plan and 2 members of staff must be present	
<b>Rectal Paraldehyde</b>	Used for individuals suffering from repeated epileptic fits- and cannot use other forms of medication Routine and emergency – needs to be applied by catheter– highly skilled application/ and drug storage	No	
<b>Splints, braces, corsets etc.</b>	Application of appliances	Yes – as directed by a medical professional	
<b>Syringe drivers- Programming of</b>		No	
<b>Suppositories or pessaries</b> Inserting with a pre-packaged doses		No – other than Rectal diazepam and midazolam. See above	
<b>Swabs</b>	External (cleansing of the skin and inside mouth/ nose and taking of swabs of external wounds for analysis)	Yes	
	Internal(other than oral) invasive	No	
<b>Temperature taking</b>	Via ear only	Yes – following training and variation from specified limits in Health Care Plan referred to medical staff	SCP
<b>Toe nail cutting</b>		Yes – however, if the patient has, diabetes or vascular disease a chiropodist should do this.	
<b>Topical medication and application of patches</b>	Pre-prescribed medication only -Creams lotions etc.	Yes – following training and written Health Care Plan and as prescribed and directed by a medical professional. Excluding 1st application of patches.	SCP
<b>Tracheostomy care</b>	Clean round edge of tube only	Yes – following written Health Care Plan	
	Replacement, suction	No	
	Emergency:	No	
<b>Ventilators</b>	Use of	Yes – following written Health Care Plan	
<b>Venepuncture</b>	A method of collecting blood	No	

Note: if you need to undertake any treatments with a Red RAG rating, you should contact Risk and Insurance, to discuss what the treatment involves – it might be that, in some circumstances, our insurers are able to cover the treatment.

**Local Authority Education**

Day Schools only (not residential)

<p><b>Oral medication - prescribed</b></p>	<p>Antibiotic syrup, tablets etc.</p>	<p>Yes as prescribed and directed by a health care professional (i.e. Doctor)</p> <ul style="list-style-type: none"> <li>• Adherence to Authorities Medication Policy</li> <li>• Parental consent form completed</li> </ul>	<p>Health Care Plans required for the administration of oral medication over a period of 8 days or more</p>
<p><b>Oral medication as directed and authorized by a parent/Guardian</b></p>	<p>Paracetamol, antihistamine (i.e. for hay fever etc.)</p>	<p>Yes :</p> <ul style="list-style-type: none"> <li>• Adherence to Authorities Medication Policy</li> <li>• Parental consent form completed</li> </ul>	<p>Health Care Plans required for the administration of oral medication is over a period of 8 days or more</p>

**Residential establishments**

<p><b>Oral medication - prescribed</b></p>	<p>Antibiotic syrup, tablets etc.</p>	<p>Yes as prescribed and directed by a health care professional (i.e. Doctor)</p> <p>Adherence to Authorities Medication Policy</p>	<p>Health Care Plans must be amended to include reference to the oral medication if administration is required for a period of 8 days or more *</p>
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### Appendix 3 – Parent/carer agreement for setting to administer medicine

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

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	
Strength of medicine	
Timing	
Duration of medicine	
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	

**NB: Medicines must be in the original container as dispensed/purchased**

**Contact Details**

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]
Emergency Contact(s)	

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

I understand that it may be necessary for this medicine to be administered during educational visits and other out of school/nursery activities, as well as on the school/nursery premises.

I confirm that the dose and frequency requested is in line with the manufacturers' instructions on the medicine.

I also agree that I am responsible for collecting any unused or out of date medicines and returning them to the pharmacy for disposal. If the medicine is still required, it is my responsibility to obtain new stock for the school/nursery.

Signature(s): ..... Date: .....

## **Appendix 4 – Useful Contacts**

Guidance:

[asthma.org.uk](http://asthma.org.uk)

[anaphylaxis.org.uk](http://anaphylaxis.org.uk)

[Epilepsy.org.uk](http://Epilepsy.org.uk)

The Spotty Book – Notes on Infectious diseases in Schools and Early Years settings (Public Health England Guidance) <https://link.walsall.gov.uk>

### Walsall School Nursing Service

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