William Austin Junior School

Policy for Supporting Pupils with Medical Needs, the Administration of Medicines and Medical Treatment

Introduction
Many pupils will at some time during their school career have a medical condition that requires medicines to be administered for a short time or in order for them to participate in school activities. Some pupils with medical needs may require long-term appropriate management in order for them to access education.

This policy has taken into account the statutory guidance from the DFE: Supporting pupils at school with medical conditions [December 2015]:

Pupils with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.

Governing Bodies should ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are properly understood and effectively supported.

This policy should be used in conjunction with the school's policy for Safeguarding which details child protection procedures.

First Aiders
The Headteacher will ensure that at all times during the school day there are adequate numbers of qualified First Aiders, who are trained to deal with medical emergencies. These are members of staff, who have volunteered to become recognised First Aiders, and have successfully passed the First Aid at Work certificate.

The Senior First Aider is based in the school medical room. In the absence of the Senior First Aider a qualified First Aider will assume the responsibilities.

Current lists of trained First Aiders are displayed in the Medical Room, all classrooms and in significant locations around the school.

First Aid qualifications remain valid for three years Saiqa Malik will ensure that refresher training is organised to maintain competence and that new persons are trained should first aiders leave.

Insurance and Staff Protection
The Headteacher will ensure that the following procedures are adhered to, at all times, before allowing medical treatment or medicines to be administered:

1. The parents/carers must have completed a school Indemnity Form (Appendix 2) giving consent for the administration of medicines to be given by the First Aiders or designated members of staff.

2. The First Aiders and designated members of staff, who administer medical treatment and / or medicines, must have been properly and fully trained.

3. No member of staff, who has not been designated to administer medical treatment or medicines, may do so. If they do, then they are personally responsible for their acts, unless acting in an emergency.

School staff should not, as a general rule, administer medical treatment or medicines without first receiving appropriate information and/or training. However, teachers and other school staff in charge of pupils have a common law duty to act as any reasonable prudent parent would to make sure that pupils are healthy and safe on school premises and this might, in an emergency extend to administering medical treatment. Section 3(5) of the Children Act 1989 provides scope for teachers to do what is reasonable for the purpose of safeguarding or promoting children's welfare. This can give protection to teachers acting responsibly in emergency situations such as on a school trip.

When a member of staff, acting in the course of their employment and in accordance with the permission of the Headteacher, administers any medical or emergency treatment to any pupils then that person will be indemnified by the Council's liability insurance in respect of a claim for negligence relating to injury or loss caused by their actions, provided that they:

- have been designated by the Headteacher to administer medical or emergency treatment,
- have received full training by a qualified health professional, relevant to the medical or emergency treatment begin administered,
- have acted as any reasonable prudent parent would do in an emergency,
- have used the relevant protective equipment for that purpose,
- have strictly adhered to the Individual Health Plan where one is in place.

AED's (automated external defibrillators) are located in the Sports Hall and shared with the Infant school.

Individual Health Plans

When a child has a medical condition likely to require treatment in school, which goes beyond straightforward administration of medicines, then an Individual Health Plan (IHP) should be drawn up by a health professional/GP. This will include a description of the child's condition [its triggers, signs, symptoms and treatments] and an explanation of what treatment is to be given, under what condition, and by whom – it should also detail what constitutes an emergency and which procedures to follow. The IHP will be drawn up with input form the Health Care Professional, in consultation with the child's parents/carers, school staff and the child's GP. The Health Care Professional will discuss with the Senior First Aider and/or Inclusion Manager whether there are any training needs for the school and how these can be met. The Head Teacher and Inclusion Manager will ensure that sufficient staff are suitably trained by the appropriate health care professional.

Children's health needs may change over time in ways that cannot be predicted, sometimes resulting in extended absences. In such cases, school will liaise with health care professionals and Educational Welfare Service in order to support education off site. Reintegration back into school will be planned to ensure children fully engage and do not fall behind. Short-term and frequent absences, including those for medical appointments [which can be lengthy at times], will also be managed and appropriate support put in place to minimise the impact on the child's educational attainment and general wellbeing.

In addition to the educational impacts, there are social and emotional impacts associated with medical conditions. Children will be monitored closely and supported where necessary to ensure that they feel included in their peer group and that their condition is not having an adverse effect on their emotional wellbeing.

Specific support for the child's educational, social and emotional needs will focus on the needs of each individual child and may include: consideration of how absences will be managed; any requirements for extra time to complete tests; use of rest periods or additional support in catching up with lessons; and counselling sessions. Some children who are competent should be encouraged to take responsibility for managing their own medicines and procedures but this will be planned taking into account advice from health care professionals and parents/carers.

All staff are made aware of any relevant health care needs and copies of health care plans are available from the Medical Room. Staff will receive appropriate training related to health conditions of pupils and the administration of medicines by a health professional as appropriate.

[Appendix 1: Model process for developing individual health care plans, DFE Supporting pupils at school with medical conditions, December 2015]

Education Visits/Trips
Children who require medication or management of their medical condition should be included in education visits/trips unless evidence from a clinician such as a GP states that this is not possible. The Disability Discrimination Act 2001 provides that:

"It is unlawful for the body responsible for a school to discriminate against a disabled pupil in the education or associated services provided for, or offered to, pupils at the school by that body."

Staff should consider what reasonable adjustments can be made to enable children with medical needs to participate fully and safely on visits. Plans to meet the medical needs of pupils during educational visits/trips should be drawn up in conjunction with the parents/carers, Inclusion Manager, teaching staff and School Nurse, including, wherever possible, the pupils themselves. Only in very exceptional circumstances, after risk assessments have been undertaken, will a pupil be excluded.

[Appendix 2: Unacceptable practice, DFE Supporting pupils at school with medical conditions, December 2015]

Administration of Medication
No paracetamol or other medication must be kept on the school premises for the general use by children.

The adult in charge will use their professional judgement regarding children who request taking cough / throat sweets during the day. The sweets must be in the original package. If there is a prescribed limit to the number that can be taken in a day then they are considered to be medication and should only be permitted when the parents/carers have completed a Form of Indemnity.

The Senior First Aiders shall be responsible for the administration and storage of medication. The First Aiders and designated members of staff may also administer medication.

The Headteacher or Senior First Aider will ensure that the Form of Indemnity is completed and signed by the parents/carers before giving any medication. This form is kept in the medical room. If the Form of Indemnity has not been completed by the parents/carers then the Senior First Aider will attempt to contact the parents/carers for the form to be completed. If this is not achieved then the medicine will be held in the Medical Room and returned to the child at the end of the school day. Under no circumstances will the medicine be administered to the child.

The Senior First Aider will complete the Indemnity Form to confirm medication has been administered. These forms are kept in a folder in the Medical Room in a daily medical log. These forms are then stored in a folder labelled Indemnity Forms.

All medication must be signed out by a member of staff when taking medication out of the medical room for visits and PE. Medication must be signed in on return.

[Appendix 3: School Medicine Record/ Indemnity Form]
The medication should be in the original container. If the medication is prescribed the container should be labelled with the child's name, the name of medication, the dosage to be given and the expiry date (if available).

Medication should only be taken to school when absolutely essential. Parents/carers should be encouraged to request, where possible, that medication be prescribed in dose frequencies, which enable it to be taken outside school hours.

Children are not permitted to keep medication with them. All medications must be handed to the Senior First Aider and stored in the Medical Room. If it is necessary to store medicine in the refrigerator, this will be stated on the label. These medicines are stored in the refrigerator in the Medical Room.

Inhalers are stored in individual named boxes in the Medical Room. Children are not permitted to self-administer medication, except for inhalers.

The person administrating the medicines should:

- Confirm the identity of the pupil.
- Check the label on the medicine container against the Indemnity Form and check the expiry date.
- Check the Indemnity Form to see if the medicine is being given at the right time e.g. midday, before or after food etc. and has not already been given by another member of staff.
- Check the dose to be given with the instructions that are recorded on the School Medical Record:
  if tablets - ensure that they are not handled,
  if liquid - shake the bottle first before measuring with a 5 ml medicine spoon or an oral dose dispenser (for quantities less than 5 ml) and pour away from the label,
  if soluble or dispersible tablet - add to at least 15 ml of water and wait for it to dissolve or disperse.
- Give the medication to the pupil and watch him/her take it. Always give the pupil a glass of water to 'wash' the medication into the stomach.
- Wash the spoon or oral dose dispenser if used.
- Record date, time and signature on the Indemnity Form. Return the medicine and spoon etc to the medicine cupboard.
- Letter given to child to give to parent confirming time and dose medication given. (Appendix 5)

Medication that is out of date or no longer required should not be allowed to accumulate. At that time, it should be returned immediately to the relevant parents/carers in person for disposal. All medication has an expiry date after which it should not be used. If there is no date all medication should be returned at the end of each term for disposal.

Some medications e.g. eye drops and eye ointments, have to be discarded four weeks after opening (this information is stated on the pack). The date of opening must always be recorded on the container for these preparations.

Treatment guidelines for specific illnesses are retained in the Medical Room

Treatment Guidelines for specific illnesses

1. **Asthma**

Definition

Asthma is an over-reactive condition of the airways causing shortness of breath and wheezing in response to a variety of stimuli.

Treatment

Treatment is usually by inhalers.

- Relievers (blue containers) - which act almost immediately, are used as needed. These are easily accessible in the Medical Room by the child. A child requesting to use their inhaler is able to come to the medical room when they need to. If the child is having an attack the adult in charge must send for the inhaler to be brought to the classroom. No child having an asthma attack should be sent to the Medical Room.
- Preventers (brown containers) - which act slowly, do not influence an acute attack, and are usually used twice a day. These should be kept at home unless needed more than twice a day in which case a letter would be sent in by parents or carers.

Storage and Use

A 'Form of Indemnity' must be completed when a pupil brings an inhaler to school. The boxes are named and stored in the Medical Room. All inhalers are clearly marked with the child's name and class. Inhalers should always be

taken on educational visits/trips and sports activities. Children requiring inhalers should be noted on the Risk Assessment form for school trips.

The Daily Log contains records of children who take their inhalers on a daily basis. Parents informed of dose via letter.

To ensure that replacements of inhalers are brought from home, the Senior First Aider will write or make a phone call home to inform the parents and make a diary note to check that it has been brought. In an emergency a spare school inhaler may be used.

Treatment of the Acute Attack

- If a child experiences a severe attack, check that the reliever medicines are taken correctly.
- Reassure the child but do not put an arm round the shoulders as this restricts breathing.
- Sit the child up and loosen collars and ties. Offer a drink of water. Do not lay the child flat as this worsens breathing. If there is no improvement in 5 – 10 minutes try a second dose of reliever inhaler.
- Contact the parents/carers if possible.
- If the second dose does not help in 5 – 10 minutes and especially if the child is deteriorating (unable to talk, becoming exhausted, lips turning blue), then call an ambulance. Do not wait for the parent/carer to be contacted or to arrive. If a second dose produces partial relief a third dose can be given.

Nebulisers

Where a child requires a nebuliser in school an Individual Health Plan should be in place. Advice will be given on storage, care and use of equipment.

Nebulisers are electrically operated devices, which convert liquid medicine into easily absorbed fine droplets. These are a more efficient way of giving the same treatment as inhalers. This may be valuable in an acute attack, because they do not depend on being able to co-ordinate operation and inhalation as inhalers do.

It may be appropriate to take them on educational visits/trips especially residential trips. Children usually know all about their nebuliser and a member of staff will be given appropriate training.

2. **Epilepsy**

Definition

Epilepsy results from abnormal electrical activity in the brain causing physical effects, which depend on the area of the brain involved.

Where a child has epilepsy an Individual Health Plan should be in place.

The most common kinds are:

- Absences (Petit Mal)
  The child appears vacant for a few seconds, but does not fall to the ground or twitch. He/she then carries on as if nothing has happened, and is usually unaware of the “absences”.
- Focal or Partial Seizures
  Focal or Partial seizures can progress to a more generalised Clonic (Grand Mal).
- Major seizures (Tonic-Clonic (Gran Mal))
  There is a generalised twitching or jerking with loss of consciousness and often incontinence. On recovery the child may be drowsy, have a headache, and be anxious or confused. Major seizures are alarming to witness.

Some children can have more than one type of seizure. A child’s seizure pattern can change as a child develops. Where a changing pattern of seizure is identified the IHP will be reviewed.

Treatment

There are several anti-epilepsy drugs in common use. Most children will take their medication twice a day at home, but a few will need a dose in school. The regular medication will not cut short an existing seizure. Other medication such as rectal diazepam may do so. If a child has been prescribed rectal diazepam the Senior First Aider may wish to learn how to administer it. Some children can be vulnerable to consecutive seizures, which, if left uncontrolled, can

result in permanent damage. In an emergency situation it may be necessary for rectal diazepam to be administered by ambulance staff. This information will be included in the IHP.

Implications
Epilepsy is common in children with learning difficulties.

Uncontrolled 'absences' can be very frequent, merge in into each other producing a withdrawn child who cannot learn. Establishing control may produce a dramatic difference.

Most anti-epilepsy drugs can have side effects, particularly drowsiness and poor concentration. It may be necessary to tolerate some side effects, and their effect on learning, in order to maintain control, but marked drowsiness, or frequent seizures should be reported to parents/carers so that they can inform the child's GP and consider changes in treatment.

A very small percentage of children with epilepsy are photosensitive. Seizures may be 'triggered' by external factors such as flashing lights. Other triggers may include stress, high temperature and illness. Care should be taken in relation to seating and distance from the TV and VDU screens and ambient lighting. Advice should be included in the IHP.

Most children with epilepsy can participate safely in most activities, but will need extra supervision for swimming, PE activities involving climbing and practical lessons. A few severely affected children my need their curriculum to be modified and may need to wear protective headgear. This information will be included in the IHP.

Management of a Major Seizure
- Seizures are alarming to witness and other children may need a lot of reassurance after the event. If this is the first time the child has experienced a major seizure then the parents/carers should be contacted as soon as possible and the Senior First Aider will telephone for an ambulance.
- When a seizure occurs, the adult in charge should send for the Senior First Aider immediately. The adult should try to prevent injury. If possible move furniture rather than the child. Do not try to force anything into the mouth.
- When First Aid help is present it is the responsibility of the member of staff to remove the rest of the children from the vicinity.
- As soon as possible (when major twitching stops) put the child in the recovery position.
- As the child recovers, talk reassuringly, but encourage him/her to continue resting quietly. Many children like to sleep for a time after a seizure, but some can rejoin normal activities within a few minutes.
- The parents/carers should be informed of the seizure. It is not necessary to send the child home unless very drowsy or confused, but each instance should be judged individually.
- If the seizure persists for more than 5 – 10 minutes the Headteacher or Senior First Aider will call an ambulance.

If a child has been prescribed rectal diazepam and the Senior First Aider has been trained to administer it then it should be given in accordance with the specific training for that child and his or her IHP.

3. **Diabetes**

Definition
Diabetes occurs when the body's production of insulin is inadequate to deal with the sugars and starches derived from food and circulating in the blood.

Where a child has diabetes an Individual Health Plan should be in place.

Insulin has to be supplied by injection and the amount balanced against food intake and energy requirements. This is a complex process and many different regimes are in use, tailored to the individual in term of diet, as well as type and frequency of insulin injections. Control is easier to establish in some children than others.

If the balance between insulin, food and activity is not maintained, the blood sugar will rise or fall. Both may cause problems, but the effects of high blood sugar occur fairly slowly and are not usually evident in school.

Low blood sugar (hypoglycaemia, insulin reaction) occurs much more quickly and requires prompt treatment with some form of sugar. If a diabetic child is unwell, it is safe to assume low blood sugar and give sugar. If you are right, the child will recover rapidly; if you are wrong, little extra sugar will do no harm

Recognition of Low Blood Sugar – "Hypo"

A "Hypo" often occurs after exercise or before a meal, but not exclusively so. Diabetic children must therefore have their meals punctually.

The symptoms of a "Hypo" are variable. All diabetics will have been deliberately given experience of a "Hypo" while in hospital to help them recognise when they need sugar. Most will therefore know when an attack is starting and how to treat it.

Parents/carers will know how their child is affected, and should be asked to complete a card giving these details, which should be readily available for reference.

Signs to look for are paleness, sweating, anxiety, drowsiness, confusion, behaviour changes, (some may be tearful, some aggressive and rude). Sufferers may complain of blurred vision, headaches or nausea.

Treatment of a "Hypo"

- Give sugar in an easily absorbed form (Dextrosol tablets, Lucozade, Hypostop Gel) or if the child is well enough to eat, whatever snack is usually carried. If there is no improvement within a few minutes, repeat the treatment.
- If there is still no improvement or if at any stage the child becomes unconscious or has a seizure, then call an ambulance. Inform the parents/carers.
- It is important to give sugar quickly and therefore a supply should immediately accessible for children with diabetes.
- Because of the effect of exercise, it is vital the PE teachers of diabetic children have a supply of sugar available on playing fields and at swimming pools, which may be some distance from the school buildings. This also applies of educational visits/trips when extra food should also be taken in case of unexpected delays.

Remember to inform parents/carers of all "Hypo" as their frequency is a guide as to how well the child's diabetes is being controlled.

Never send a diabetic child, who is unwell, to the medical room unaccompanied.

General Considerations

Children suffering with diabetes are advised to take a snack before exercise to prevent "Hypo". This must always be allowed, and a supply of suitable carbohydrates kept in school.

It must also be understood that diabetic children must not be delayed at mealtimes and that there may be occasions when they need to eat a snack in class to prevent a "Hypo". On all educational visits/trips, extra food should always be carried in case of unexpected delays.

4. **Heart Problems**

Children with heart problems need to maintain basic fitness as far as they are able and over-protection can be just as harmful as pushing them too hard.

Where a child suffers from heart problems an Individual Health Plan should be in place.

Most such children have a good idea of their abilities, and, unless there are specific instructions to the contrary verified by a Paediatrician, they should be allowed to take part in all normal school activities, including games and PE as far as they feel able. However, they must also be allowed to drop out and rest if they need to do so and must not be pushed into continuing until they feel ready. Very few will misuse this facility.

Some children with heart problems go blue very readily. This is alarming but not necessarily serious, especially in cold weather. The child's usual colour will usually return once the child is warm and rested. If there are other

symptoms (unusually breathlessness, dizziness, chest pain), call an ambulance immediately and inform the parents/carers.

5. Attention Deficit (Hyperactivity) Disorder – AD(H)D

Definition

This disorder is characterised by inattention, impulsiveness and hyperactivity. All three components are usually present but in varying degrees.

Inattention is manifested by difficulty in concentration, poor short-term memory appearing not to listen, constantly forgetting and losing things. Some children, particularly girls, frequently day dream, and may be thought to have "absences".

Impulsiveness is a tendency to act before thinking. These children interrupt, blurt out answers, have difficulty taking turns, may be easily led, and fail to recognise danger until too late. They are characterised by "Act first, think later". Hyperactive children are always on the move, fidget even when seated, leave their seats on the slightest pretext and are often noisy and talkative.

Environmental and cultural factors are also significant and alongside these factors, school, home and peer influence and expectations need to be considered in assessment.

Management

This is most appropriately arranged through a multi-disciplinary approach.

School staff can help by providing a structured environment, breaking work into small manageable chunks and making sure the child actually listens to instructions, which should be as short as possible. Rewards are more effective than punishment.

Behaviour management strategies can be suggested by the Inclusion Manager, Educational Psychologist, and Behaviour Support Team and by the Child & Adolescent Mental Health Service.

A few children, particularly the younger ones, may be helped by dietary manipulation – generally the elimination of food colourings, preservatives and additives, sometimes dairy food, fizzy drinks and excessive sugar.

For those children who have not responded to the above measure's medication may be suggested.

Medication

Where a child requires medication in school an Individual Health Plan should be in place.

- Medication usually takes the form of stimulants, which have been shown to increase the amount of neurotransmitter substances available in the brain. The most commonly used is Methylphenidate (Ritalin or Equasym) and is a controlled drug. Schools are advised to keep no more than a week's supply of tablets for each pupil for whom it has been prescribed. It must be stored in a locked cupboard.
- Methylphenidate is short active – each dose lasts about 4 hours, sometimes less. It is normally given in the morning and at lunchtime and sometimes teatime. The total dose and the exact timing will vary from child to child. Schools will be informed by the medical adviser when Methylphenidate is started and of changes in dose. There may be occasions when parents/carers have been advised to vary the dose within certain limits in order to find the best regime for their child. Schools should be informed on the dose range in these cases. This will be recorded on the IHP.
- A 'long acting' form of Methylphenidate has recently become available thus minimising the need to administer the drug in school.
- Methylphenidate is best given with or after food, in order to avoid appetite suppression. It is effective in 70 – 90% of cases and the effect is often dramatic the best results are obtained when it is combined with behaviour management strategies, but there is good evidence that Methylphenidate along is the single most effective treatment for AD(H)D. All pupils on Methylphenidate should be reviewed every six months and any recommendations recorded on the IHP.

Because of the short-term memory difficulties characteristic of the condition, sufferers frequently forget to go and get their lunchtime doze of tablets. The Senior First Aider will check the child's record card to ensure that all medication is taken at the correct time.

6. **Anaphylaxis**

Definition

Anaphylaxis is an acute severed allergic reaction requiring immediate medical attention. The reaction usually occurs immediately following, ingestion, inhalation or injection of a certain food or substance, (Allergen). On rare occasions the reaction can occur up to several hours following exposure.

Children who have asthma are more likely to have severer reaction than those who do not.

Common Triggers include:

- Peanuts and some other nuts
- Dairy produce
- Egg
- Fish / shellfish
- Soya
- Wheat
- Fruit
- Drugs, including Penicillin
- Wasp/bee stings
- Latex

Recognition of the signs and symptoms

Someone who has any allergy produces allergic antibodies to an allergen. Contact with the allergen causes the release of chemical including histamine to be released from the cells in the blood and tissues. These chemicals cause various sings and symptoms in varying degrees of severity, ranging from an itchy rash to total collapse. The term anaphylaxis refers to the most severe form of allergic reaction when the blood pressure falls and the child loses consciousness. Anaphylaxis may be characterised by the following:

Tingling, itchy mouth
Generalised rash, flushing of the skin, hives
Streaming eyes
Swelling of the lips, eyelids or face
Runny nose
Sweating
Dizziness
Swelling in the throat
Difficulty in swallowing
Difficulty in breathing
Impending sense of doom
Abdominal cramps, vomiting, diarrhoea
Sudden feeling of weakness due to hypotension
Collapse and unconsciousness

Treatment

- Any child who is known to have a severe reaction will have an IHP drawn up.
- The aim should be to prevent the allergic reaction occurring. This involves very careful attention to the school environment to ensure that the likelihood of contact with the allergen is minimised.
- The emergency treatment for a severe allergic reaction is an injection of adrenaline, prescribed as an Epipen.
- The injection is given into the thigh and can be administered through light clothing in an emergency situation. Emergency medical support must be sought immediately and the child should be transferred to hospital even

following apparent recovery after the Epipen administration. An asthmatic child should also be given their reliever inhaler.

- The parents/carers should be contacted.
- A mild allergic reaction can be treated with oral anti-histamines. If a child has anti-histamine medicine, this should be given first and the child carefully and closely observed. If the symptoms are not relieved, then the adrenaline injection should be administered, especially if the child has had a previous severed reaction.

7 **Other Medical Problems**

Any child requiring significant treatment will have an IHP drawn up, which will detail the support and medication required. The Senior First Aider will be responsible for ensuring the necessary training is undertaken and the required treatment is provided by the designated trained persons as stated in the child's IHP.

Associated resources and organisations - medical conditions

Complaints procedure:

School aims to work in partnership with parents/carers in order to effectively meet the needs of pupils with medical conditions. Should parents/carers feel dissatisfied with the support provided they may follow the arrangements set out below:

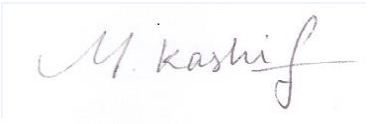
- In the first instance they should discuss concerns directly with the school
- If for whatever reason this does not resolve the issue, they should contact the Governor with the responsibility for Special Educational Needs.
- In the unlikely event that the matter is not dealt with satisfactorily, the parent may contact an officer from the Local Education Authority.

This policy will be monitored and reviewed by the Headteacher on an annual basis.

Policy updated: March 2024

Staff responsible: Welfare Assistant

This policy was ratified by the Governing body/Local Authority on: 5th March 2024

Signed on behalf of the Governing Body:  (signature)

M. Kashif - Chair of Governors

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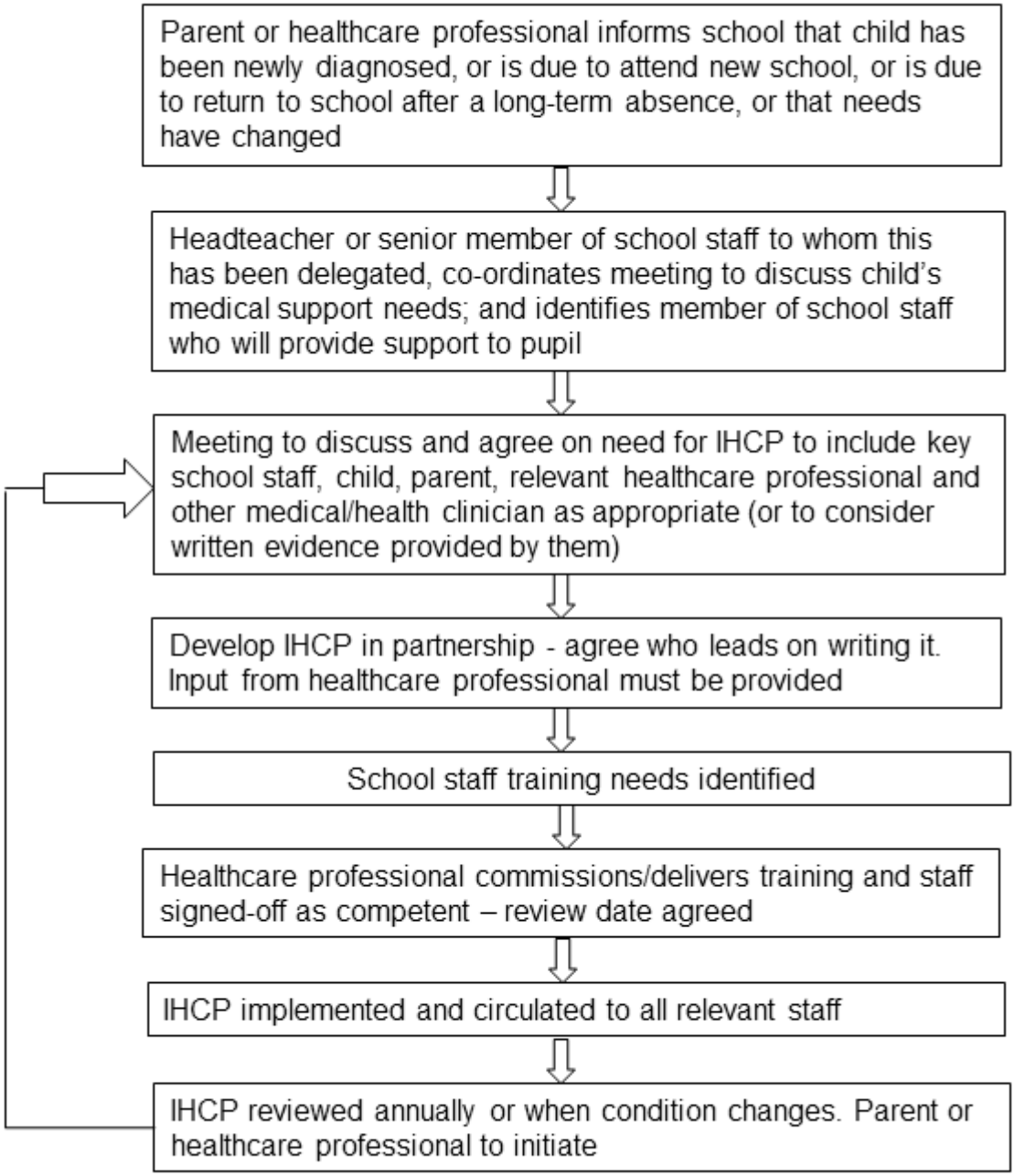
Appendix 1: Process for developing individual healthcare plans



Appendix 2: Unacceptable practice

Although school staff should 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; or 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 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 children 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 child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- 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 to accompany the child

Appendix 3

Parental/carer consent to administer a prescribed medicine

William Austin Junior School

- All prescribed medicines must be in the original container as dispensed by the pharmacy, with the child's name, the name of the medicine, the dose and the frequency of administration, the expiry date and the date of dispensing included on the pharmacy label.
- A separate form is required for **each medicine**.

Child's name	
Child's date of birth	
Class/form	
Name of medicine	
Strength of medicine	
How much (dose) to be given. For example: **One tablet** **One 5ml spoonful**	
At what time(s) the medication should be given	
Reason for medication	
Duration of medicine Please specify how long your child needs to take the medication for.	
Are there any possible side effects that the school needs to know about? If yes, please list them	

I give permission for my son/daughter to administer their own medication in accordance with the agreement of the school and medical staff.	Yes	
	No	
	Not applicable	

Mobile number of parent/carer	
Daytime landline for parent/carer	
Alternative emergency contact name	
Alternative emergency phone no.	
Name of child's GP practice	
Phone no. of child's GP practice	

- I give my permission for the staff member to administer the prescribed medicine to my son/daughter during the time he/she is at school. 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.
- I understand that it may be necessary for this medicine to be administered during educational visits and other out of school activities, as well as on the school premises.
- I also agree that I am responsible for collecting any unused or out of date medicines and returning them to the pharmacy for disposal and supplying new stock to the school, if necessary.
- The above information is, to the best of my knowledge, accurate at the time of writing.

Parent/carer name	
Parent/carer signature	
Date	

Medical room use only:

Date													
Time Given													
Initials													

Date													
Time Given													
Initials													

Date													
Time Given													
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Appendix 4

Consent to administer 'over-the-counter' (OTC) medicine
William Austin Junior School

- All OTC medicines must be in the original container.
- A separate form is required for **each medicine**.

Child's name	
Child's date of birth	
Class/form	
Name of medicine	
Strength of medicine	
How much (dose) to be given. For example: **One tablet** **One 5ml spoonful**	
At what time(s) the medication should be given	
Reason for medication	
Duration of medicine Please specify how long your child needs to take the medication for	
Are there any possible side effects that the school needs to know about? If yes, please list them	

Mobile number of parent/carer	
Daytime landline for parent/carer	
Alternative emergency contact name	
Alternative emergency phone no.	
Name of child's GP practice	
Phone no. of child's GP practice	

- I give my permission for the staff member to administer the OTC medicine to my son/daughter during the time he/she is at school. 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 no longer needed.
- I understand that it may be necessary for this medicine to be administered during educational visits and other out of school activities, as well as on the school 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.
- The above information is, to the best of my knowledge, accurate at the time of writing.

Parent/carer name	
Parent/carer signature	
Date	

Medical room use only:

Date														
Time Given														
Initials														

Date														
Time Given														
Initials														

Date														
Time Given														
Initials														

Date														
Time Given														
Initials														

Appendix 5

Date _____ Time _____

To the family of _____Class_____

Your child was given:

☐ Calpol / Nurofen / Paracetamol

☐ Anti-allergen

☐ Other _____

Dose:

☐ 5ml

☐ 7.5ml

☐ Other _____

At (time)_____

Yours sincerely

Mrs J Adams
Headteacher

FIRST

NAME	*VALID UNTIL*	*LOCATION*
MS S MALIK	3rd AUG 2024	MEDICAL ROOM
MRS S YEARWOOD-MAY	10th JAN 2025	OFFICE/REPRO/MEDICAL ROOM
MRS J DOHERTY	26th SEP 2025	OFFICE/REPRO/MEDICAL ROOM
MRS S DURKIN	21st FEB 2025	THE HIVE
MRS S SOUTH	9th NOV 2025	THE HIVE
MR P OSBORNE	24th SEPT 2024	PE TEACHER
MR C BRITTEN	12th APRIL 2024	PE TEACHING ASSISTANT
MRS J SLATER	12th APRIL 2024	FAMILY CENTRE
MRS A AKHTAR	28TH APRIL 2024	FAMILY CENTRE
MRS K RITCHIE	10TH NOV 2025	SEN OFFICE
MRS S SOUTH		THE HIVE

Positive Handling
The Team Teach Approach

MRS J ADAMS	MARCH 2025	HEADTEACHER
MRS T PARKAR	OCTOBER 2025	DEPUTY HEAD
MR A MCMULKIN	MARCH 2025	ASSISTANT HEAD
MRS S DOUGLAS	OCTOBER 2025	INCLUSION MANAGER
MRS S DURKIN	OCTOBER 2025	BEHAVIOUR TA
MR C BRITTEN	MARCH 2025	PE TEACHING ASSISTANT
MRS F FARUK	MAY 2023	HLTA
MRS S SOUTH	NOVEMBER 2025	BEHAVIOUR TA