Palfrey Junior School

Supporting Children with Medical Conditions Policy

This policy, provided by Walsall Council and NHS Walsall has been produced to assist schools in developing a policy for supporting pupils with medical conditions, as required the Department for Education statutory guidance.

Document Control

Date	Release	Reason for Issue	Issued By
Nov 2019	1.1	General update to existing policy, including local amendments to Template Form B	Chris Close

Document Owner

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Chris Close	Health & Safety Manager	01922 654620

Palfrey Junior School	Role	Contact details	Date adopted	Date for review
Cheryl Collis	**Head of School**	**01922 721092**	**September 2020**	**Reviewed May 2026 -3 years or when DfE guidance changes 2029**

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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 Palfrey Junior School's policy for supporting pupils with medical conditions. It has the full support of governors, the headteachers 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". We will also use the template forms provided by the Department for Education:

- Template B: parental agreement for setting to administer medicine
- Template D: record of medicine administered to all children

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.

Bernadette Reilly **Cheryl Collis**

[Chair of governors] **[Headteacher]**

Policy implementation

Angela Hill (Executive Head) has overall responsibility for implementing this policy implementation.

Cheryl Collis, Emily Kinsey Heads of School and Jo Nutting/Jodie Breakwell Business Manager are responsible for ensuring that sufficient staff are suitably trained.

Cheryl Collis and Emily Kinsey will ensure that all relevant staff are made aware of the child's condition. This will include briefing relevant supply teachers.

Cheryl Collis and Emily Kinsey will ensure that arrangements are in place to cover for staff absence or staff turnover. To ensure that someone is always available.

Cheryl Collis and Emily Kinsey 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 (and if appropriate the pupil) to ensure that, where appropriate, individual healthcare plans are developed to support pupils.

We recognise that responsibility to ensure that healthcare plans are finalized and implemented rests with the school and the parent; 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 Executive Head – 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 Heads of School 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 Heads of School have 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 nurses – It is not the role of the school nursing service to ensure that the school is taking appropriate steps to support children with medical conditions, but they 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 may be 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.

Parents – 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 are key partners and will be involved in the development and review of their child's individual healthcare plan. Parents 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 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 received 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.

The child's role in managing their own medical needs

After discussion with parents, 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.

Each class has a medication box that follows the children wherever they go in order to ensure quick and easy medication. A log showing that the medication has been administered will be completed. This box will contain asthma medication, Epipens, Piriton, or emollients. Eye drops, antibiotics, pain relief, insulin or other medications that require set dosages will be stored in the medicines fridge located in the main office. Staff will always supervise the administration of medicines or help to manage procedures.

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 under 16 will be given prescription or non-prescription medicines without their parent's written consent – except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort will be made to encourage the child or young person to involve their parents while respecting their right to confidentiality.

- Children under 16 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 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's instructions.
- All medicines will be stored safely. Children know where their medicines are at all times and will be able to access them immediately. They will be either in their class medicine box or in the medicine fridge in the main office.
- 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.

Record keeping

The school will ensure that written records are kept of all medicines administered or clinical procedures carried out to children. Parents 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 appropriate, other pupils in the school will be made aware, in general terms, of what to do; for example informing a teacher immediately if they think help is needed.

If a child needs to be taken to hospital, staff will stay with the child until the parent 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 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 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. We will always contact parents first for permission to administer the emergency inhaler. However if the child's condition deteriorates or parents cannot be contacted, school will give the emergency inhaler in order to preserve life, prevent worsening and promote recovery.

With regard to **adrenaline auto-injectors** held for emergency use. We will not hold emergency adrenaline auto-injectors in school. We will ensure that staff are trained in use of the injectors and will follow the Department of Health protocol on their storage and use.

Menstruation

Girls are starting their periods at younger ages than in years gone by. So it is now more likely in school that we will have to deal with the onset of menstruation.

If girls start their period at home, it is most likely that parents will inform school about this. Girls are then discreetly advised by a member of SLT, the pastoral lead or their teacher or TA how changing and disposal of sanitary products can be managed.

- Throughout the advisory conversation, girls are reassured by members of staff that this is nothing to be ashamed of and that it is perfectly normal and natural. However it will be kept confidential within school and only divulged to those who need to know.

- Staff will advise girls to keep sanitary towels in their bag, so that they are at hand in the cloakroom next to the toilets if they wish to change their protection during the day.

- Their teacher and TA will be informed that if a girl whose periods have started needs to be excused during lessons, then changing her sanitary protection may be the reason why.

- During this advisory conversation the adults will take the girl to the appropriate toilets and show which cubicle contains the sanitary disposal bin. The girl will then be shown how to use it correctly.

- The girl will also be reassured that if they forget or run out of sanitary products, then school hold a stock that they can go to a trusted adult to obtain.

- If they have any problems, they feel upset or unwell then staff will deal with them with sympathy and understanding. Staff should try to make them as comfortable as possible.

- Year 5 pupils also will receive lessons on menstruation.

  If a girl starts her period whilst in school:

- If she informs any member of staff that this is or might be the case, then sanitary products can be provided if the girl does not have any of her own.

- The girl's parents will be notified and are welcome to come into school to check on and reassure their daughter.

- Staff will not check girls' underwear to see if they have started their period. The girl herself may check or a parent may be called to do the checking depending on the age or capability of the child in question.

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; 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;
- 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; or
- 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.
- Children that have to remove clothing in order to receive first aid or medical intervention should only do so with two members of staff in a private room and not a toilet. Staff may call on SLT to assist/undertake if they do not feel comfortable with the procedure.

Liability and indemnity

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

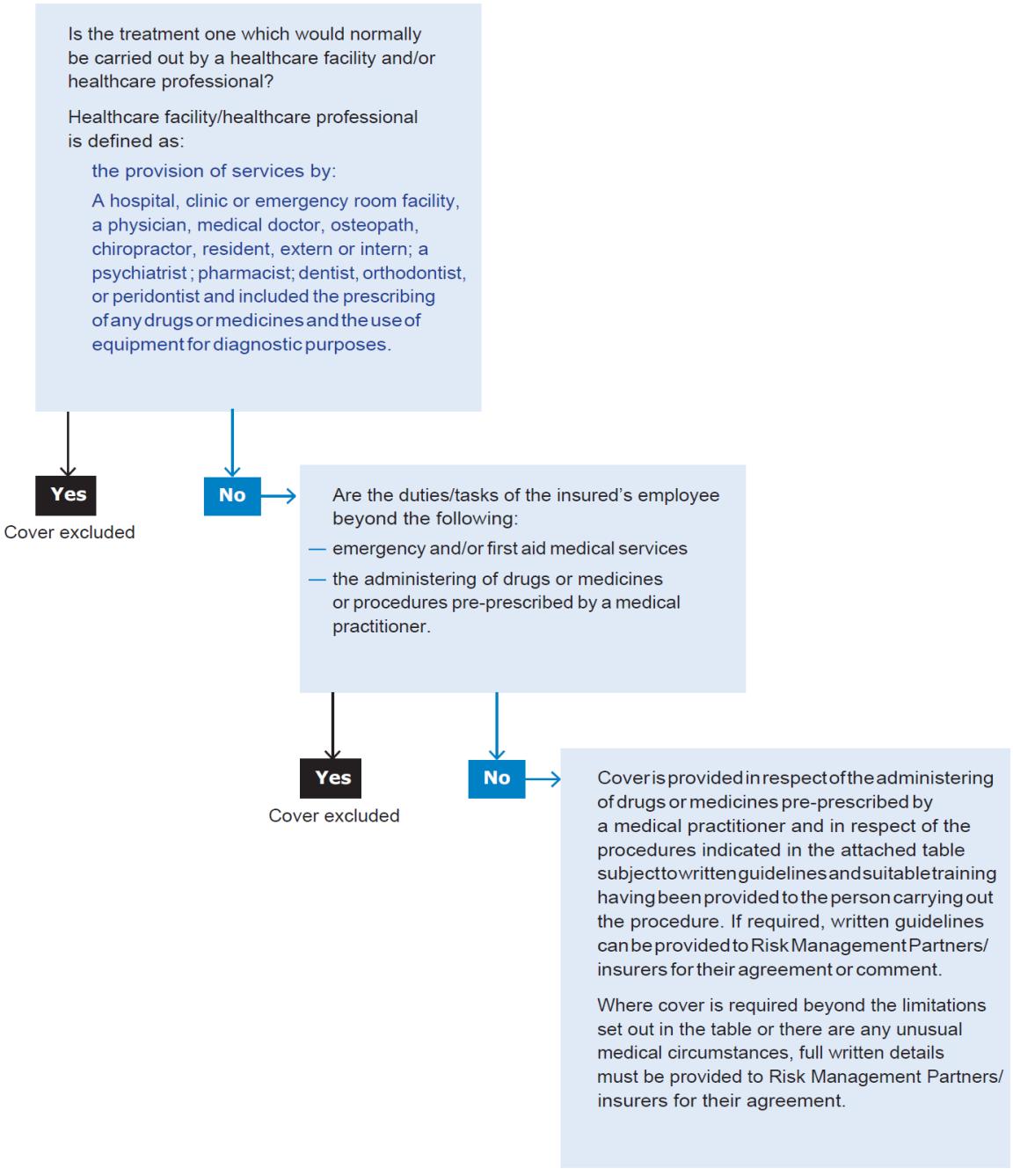
Complaints

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 and pupils may make a formal complaint via the school's complaints procedure.

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)
Anal Plugs	Plug to prevent bowel movements in incontinent adults or children.	No	
Bathing		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	
Bladder wash out		No	
Blood Pressure	Taking of BP by automated machine only	Yes – following training and variation from specified limits in Health Care Plan referred to medical staff	SCP
Blood Samples	Glucometer or fingerprick only	Yes – following written Health Care Plan and adherence to manufacturers' guidelines	
Body fluid balance monitoring	Measurement and recording of fluids in and urine out via toilet capture device	Yes – following training and referral of abnormalities to medical staff	SCP
Breathing monitoring	Visual monitoring	Yes – as routine check only	SCP
	Monitoring by machine	Yes – following written Health Care Plan	SCP
Buccal medazolam	Administered by mouth	Yes – following written Health Care Plan	
Catheters	Change bags and cleaning of tube	Yes – following written Health Care Plan	
	Insertion of tube	No	
Colostomy/Stoma care	Change bags	Yes – following written Health Care Plan	
	Cleaning	Yes – following written Health Care Plan	
Contact lens fitting	Insertion of contact lenses	No	
Defibrillators/First aid only	In emergency	Yes – following written Health Care Plan	SCP
Denture cleansing		Yes – following appropriate training and using proprietary cleaner only	
Dressing care (external)	Application	Yes – following written Health Care Plan	
	Replacement	Yes – following written Health Care Plan	
Ear Syringe		No	
Ear/nose drops		Yes	
Enema suppositories		No	
Eye care	For individuals unable to close eyes	Yes – following written Health Care Plan	SCP
Eye drops		Yes	
First Aid	In emergency (including use of defibrillators)	Yes – by employees with valid first aid certificate	
Gastrostomy tube Peg feeding (Through the abdominal wall)	A tube to be inserted	Yes – by qualified medical staff only	
	Feeding and cleaning	Yes – following written Health Care Plan	
	Reinsertion of gastronomy tube Testing	No – by qualified medical staff only	
Gastrostomy tube Peg feeding with medication		Yes – following written Health Care Plan and in consultation with pharmacist, and prescribed by a medical professional	
Gastrostomy tube Bolus feed via a gastrostomy tube	Using a large syringe or feed bag to provide 'bulk' feed	Yes – following written Health Care Plan	
Gastrostomy tube Pump feeds via a gastrostomy	Pumps are usually used to provide a constant feed – say through the night	Yes – following written Health Care Plan	
Hearing aids	Checking	Yes – following written Health Care Plan	SCP

Procedure	Description	Acceptable to Underwriters	RAG (Standard CP)
	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
Inhalers and nebulisers	Provide assistance to user – both hand held and mechanical	Yes – following written Health Care Plan	SCP
Injections	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	
Manual evacuation	Of the bowel	Yes – but not undertaken by school staff	
Medipens (Epipens & Anapens)	For anaphylactic shock (intramuscular) with a preassembled pre-dose loaded epipen epinephrine or adrenaline/epinephrine.	Yes – following written Health Care Plan	SCP
Mouth toilet	For individuals unable to swallow	Yes	
Nasal Suction	Clearing of the nose via a fitted tube or stent	Yes – following written Health Care Plan. Excluding insertion of tube or stent	
Naso-gastric tube feeding	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	
Naso-gastric tube Bolus nasogastric feeds	This is where a syringe is used to provide a bulk feed	Yes – following written Health Care Plan	
Oral medication – prescribed	Antibiotic syrup, tablets etc.	Yes - as prescribed and directed by a medical professional following written Health Care Plan (refer to additional notes below)	
Oral suction – beyond back of mouth	To remove excess secretions from the upper respiratory tract for individuals who are unable to do so independently	No	
Oxygen – administration of	Provide assistance to user	Yes – following written Health Care Plan	
Pessaries		No	
Physiotherapy		Yes – when undertaken by suitably trained staff but excluding treatment by qualified physiotherapists.	
Postural drainage exercise	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	
Pressure bandages	Application to assist with positioning of digits	Yes – following written Health Care Plan	
Pulse rate	Finger pressure on wrist only	Yes – following training and variation from specified limits in Health Care Plan referred to medical staff	SCP
Rectal midazolam pre-packaged dose	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	

Procedure	Description	Acceptable to Underwriters	RAG (Standard CP)
Rectal diazepam in pre-packaged dose	Tends to be used for individuals suffering from repeated epileptic fits Routine administration	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	
Rectal Paraldehyde	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	
Splints, braces, corsets etc.	Application of appliances	Yes – as directed by a medical professional	
Syringe drivers- Programming of		No	
Suppositories or pessaries Inserting with a pre-packaged doses		No – other than Rectal diazepam and midazolam. See above	
Swabs	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	
Temperature taking	Via ear only	Yes – following training and variation from specified limits in Health Care Plan referred to medical staff	SCP
Toe nail cutting		Yes – however, if the patient has, diabetes or vascular disease a chiropodist should do this.	
Topical medication and application of patches	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
Tracheostomy care	Clean round edge of tube only	Yes – following written Health Care Plan	
	Replacement, suction	No	
	Emergency:	No	
Ventilators	Use of	Yes – following written Health Care Plan	
Venepuncture	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)

Oral medication - prescribed	Antibiotic syrup, tablets etc.	Yes as prescribed and directed by a health care professional (i.e. Doctor) • Adherence to Authorities Medication Policy • Parental consent form completed	Health Care Plans required for the administration of oral medication over a period of 8 days or more
Oral medication as directed and authorized by a parent/Guardian	Paracetamol, antihistamine (i.e. for hay fever etc.)	Yes : • Adherence to Authorities Medication Policy • Parental consent form completed	Health Care Plans required for the administration of oral medication is over a period of 8 days or more

Residential establishments

Oral medication - prescribed	Antibiotic syrup, tablets etc.	Yes as prescribed and directed by a health care professional (i.e. Doctor) Adherence to Authorities Medication Policy	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 *

Appendix 3 – Template B: parental 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 *(as described on the container)*	
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?	
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: .....