

**Bridgend County Borough Council**  
**Cyngor Bwrdeistref Sirol Pen-y-bont ar Ogwr**

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# **Bridgend County Borough Council**

## **HEALTHCARE NEEDS POLICY**

**December 2017**

## Healthcare Needs Policy for Bridgend County Borough Council

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# 1. Key Principles

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All children and young people should have access to an appropriate education that affords them the opportunity to achieve their personal potential.

Bridgend County Borough Council (BCBC) is committed to supporting learners with healthcare needs and the provision of high quality care within maintained nursery, primary, secondary and special schools and pupil referral units (PRU's). In Bridgend, various settings are successful with the appropriate guidance and support at including children and young people with needs of increasing complexity. It is highly likely at some time that a setting could have a child or young person on roll with a significant healthcare need.

Bridgend is also committed to protecting children who are experiencing or at risk of abuse, neglect and other harm (section 25 of the Childrens Act 2004). Local authorities (LA's) in Wales have a duty under Section 15 of the Social Services and Well-being (Wales) Act 2014, to provide services within Bridgend with the purpose of preventing or delaying the development of people's needs for care and support and a range or related purposes.

A child or young person with medical conditions may be considered as disabled under the definition set out in the Equality Act (2010) and/or have a statement of special educational needs (SEN).

A child or young person with a long-term, complex medical condition may require on-going support, medicines or care with interventions. It is also the case that a child or young person's healthcare needs may change over time, in ways that cannot always be predicted, sometimes resulting in extended absences.

It is therefore important that parents feel confident that settings will provide effective support for their child or young person's medical condition and that they feel safe and happy.

Healthcare issues can affect every learner either short term or long term and support from the education setting may have an impact on their quality of life and future chances. Therefore, governing bodies and headteachers should ensure arrangements focus on meeting the needs specific to the learner and consider how this impacts on their education, attainment and well-being. Arrangements should give learners and parent's confidence that provision is suitable and effective.

As a local authority (LA) in partnership with governing bodies, we will ensure arrangements properly support learners and minimise disruption or barriers to their education. These arrangements will also consider any wider safeguarding duties while seeking to ensure all learners can access and enjoy the same opportunities.

Bridgend recommends that the arrangements and procedures the education setting put into place should be placed within a single healthcare needs policy for that setting. This will provide an accessible guide to assist staff when responding to the

healthcare needs of learners. The healthcare needs policy needs to be made available online and should not contain any personal or confidential information.

The following key points should be considered:

- Learners with healthcare needs should be properly supported so that they have full access to education, including trips and physical education.
- Governing bodies must ensure that arrangements are in place to support learners with healthcare needs, ensuring staff consult relevant professionals such as LA, health board, learners and parents to understand the learners healthcare needs effectively.
- Staff should understand and work within the principles of inclusivity. Being aware of the needs of their learners through the appropriate and lawful sharing of the individual learner's healthcare needs.
- Staff should understand their role in supporting learners with healthcare needs and appropriate training should be provided including feeling confident in what to do in a healthcare emergency.
- Whenever appropriate, learners should be encouraged and supported to take responsibility for the management of their own healthcare needs.
- A flexible approach to delivering the curriculum may be needed in order to help learners reintegrate with the education setting during periods of absence

## 2. Local Authority's legal requirements

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As a LA, BCBC must make arrangements for the provision of suitable education (at school or otherwise) for children of compulsory school age who may not otherwise receive it for any period due to illness, exclusion from school or otherwise (see section 19(1) of the Education Act 1996). For young persons (i.e. those who are over compulsory school age, but under the age of 18), LA's have a power (rather than a duty) to make such arrangements in those circumstances (see section 19(4) of the Education Act 1996). In determining what arrangements to make under section 19(1) or (4) in the case of any child or young person, the LA must have regard to any guidance given by the Welsh Ministers.

In Bridgend, we promote and safeguard the welfare of children in schools and other places of learning, including supporting children with healthcare needs by ensuring that education function and arrangements are in line with Section 175 of the Education Act 2,002 and have regard to the non-statutory advice contained in Supporting Learners with Healthcare needs which was issued by the Welsh Ministers.

The LA is aware of the need for governing bodies to promote the well-being of learners at the school in line with Section 21(5) of the Education Act 2002 and as mentioned in section 25(2) of the Children Act 2004, which includes physical and mental health and emotional well-being, education, training and recreation, and social well-being.

All learners with healthcare needs are entitled to a full education. In addition to the duties set out above, consideration must also be given to whether the learner is

defined as disabled under the Equality Act 2010 and the principles of the United Nations Convention on the Rights of the Child (UNCRC).

LA's in Wales have a duty under section 15 of the 2014 Social Care and Wellbeing Act to provide preventative services in their area. The purpose of these services would be to prevent or delay people developing a need for care and support.

The Social Services and Well-being (Wales) Act 2014 ('the 2014 Act') is a single act that brings together LAs' duties and functions in relation to improving the well-being of people who need care and support, and carers who need support. The Act provides the statutory framework to deliver the Welsh Government's commitment to integrated social services departments with a strong family orientation.

As a LA we have a duty under section 15 of the Social Services and Well-being (Wales) Act 2014 to provide services in their area with the purpose of preventing or delaying the development of people's needs for care and support and a range of related purposes. The local authority will endeavour to work together to assess need and put in place packages continuing care in partnership with local organisations, including health boards and local authority social services in line with The Welsh Government's *Children and Young People's Continuing Care Guidance* (2012)<sup>1</sup>.

The Education (School Premises) Regulations 1999 S.I. 1999/2 set out requirements (LA responsibility) regarding facilities at maintained schools. These include requirements regarding accommodation for medical examination, treatment of learners and the care of sick or injured learners (regulation 5).

As corporate parents, in common law, those responsible for the care and supervision of children, including teachers and other school staff in charge of children, owe a duty of care to act as any reasonably prudent parent would when taking care of their own children.

### **Other relevant provisions**

The Data Protection Act 1998 regulates the processing of personal data, which includes the holding and disclosure of it.

The Learner Travel (Wales) Measure 2008 places duties on local authorities and governing bodies in relation to home-school transport.

The Misuse of Drugs Act 1971 and regulations deals with restrictions (e.g. concerning supply and possession) on drugs which are controlled. Learners may be prescribed controlled drugs.

## **3. Roles and responsibilities**

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### **Local Authority**

<sup>1</sup> [gov.wales/docs/phhs/publications/121127careen.pdf](http://gov.wales/docs/phhs/publications/121127careen.pdf)

Bridgend County Borough Council recognises it is required to:

- Make reasonable adjustments to ensure disabled children and young persons are not at a substantial disadvantage compared to their peers, ensuring needs are met.
- Make arrangements to promote co-operation between various bodies or persons, with a view to improving, among other things the wellbeing of children in relation to their physical and mental health, their education, training and recreational activities (sharing data when appropriate. This could be through working within the Wales Accord on Sharing Personal Information).
- Work with other agencies including other local health boards, health professionals, education professionals, and other relevant professionals.
- Create an accessible environment to ensure inclusivity and accessibility in the fullest sense to learners with healthcare needs.
- Make reasonable provision of counselling services for young people aged 11-18 and learners in Year 6 of primary school.
- Work with education settings to ensure learners with healthcare needs receive suitable education.
- Provide support, guidance and advice including how to meet the training needs of education setting staff, so that governing bodies can ensure that the support specified within the Individual Healthcare plan (IHP) can be delivered effectively.

### **Governor Support Officers**

To ensure that governing bodies fulfils their roles and responsibilities and are aware of their statutory duties which are:

- In discharging their functions relating to the conduct of the school, governing bodies of maintained schools (including maintained nursery schools) must promote the well-being of learners at the school. (Section 21(5) of the Education Act 2002). This duty relates to all learners, including those with healthcare needs.
- Governing bodies of maintained schools (including maintained nursery schools) must make arrangements for ensuring that their functions relating to the conduct of the school are exercised with a view to safeguarding and promoting the welfare of children (i.e. those under 18) who are learners at the school (see section 175(2) of the Education Act 2002).
- Having a statutory duty to promote the well-being of learners. Schools should give consideration to how they can meet these needs, including providing learner's access to information and material aimed at promoting spiritual and moral well-being and physical and mental health (Article 17 of the UNCRC).
- Complying with applicable statutory duties, including those under the Equality Act 2010 (e.g. the duty to make reasonable adjustments in respect of learners with healthcare needs if they are disabled, as outlined above).
- Ensuring the arrangements are in line with other relevant policies and procedures, such as health and safety, first aid, risk assessments, the Data Protection Act 1998, safeguarding measures and emergency procedures.

- Governing bodies are also subject to duties under the Equality Act 2010

### **Inclusion Support Officers**

To monitor and ensure that schools meet the outlined duties and make reasonable adjustments under the Equality Act 2010 which are relevant in the context of learners with healthcare needs who are also disabled and make reasonable adjustments (See guidance).

To work with the LA to prepare and implement an accessibility strategy in relation to schools for which they are the responsible body. This is a strategy for (over a particular period):

- Increasing the extent to which disabled learners can participate in the schools' curriculum.
- Improving the physical environment of the schools for the purpose of increasing the extent to which disabled learners are able to take advantage of education and benefits, facilities or services provided or offered by the schools.
- Improving the delivery to disabled learners of information which is readily accessible to learners who are not disabled.
- Ensure that schools must prepare and implement an accessibility plan. Such a plan involves the same content as an accessibility strategy, except that it relates to the particular school.

LAs and the governing body of local authority-maintained educational establishments (e.g. maintained schools) are subject to the public sector equality duty. This requires them, in the exercise of their functions, to have due regard to particular matters related to equality (section 149). They are also under specific duties for the purpose of enabling better performance of the public sector equality duty (see the Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011 S.I.2011/1064).

### **Education Welfare Officers**

Working with governing bodies and schools to ensure that children with healthcare needs are able to attend school/ other settings as their needs dictate and to trigger and work with other services as appropriate to ensure maximum learning that healthcare needs allow.

### **Safeguarding Support Officers**

Working within the above legal framework, (see local authority's legal requirements) to ensure that children are safe, in the appropriate educational provision and their wellbeing and healthcare needs are addressed and supported.

### **Headteachers, Teachers-in-charge (PRUs), teachers and other staff members**

The headteacher should ensure arrangements to meet the healthcare needs of their learners are sufficiently developed and effectively implemented, by:

- Working with the governing body to ensure compliance with applicable statutory duties when supporting learners with healthcare needs, (see legal requirements).
- Ensuring the arrangements are in place to meet the learners healthcare needs are fully understood by all parties involved by working collaboratively with parents, governing bodies, school staff, other local authority departments and agencies (outside of the LA) to develop the most appropriate arrangements, and delegation of responsibilities or tasks to a headteacher, member of staff or professional as appropriate.
- Having overall responsibility for the development of Individual Healthcare Plans (IHP's) and Risk Assessments for pupils, using person centred planning. The headteacher may delegate the day to day management of the learners healthcare needs to another member of staff.
- Ensuring that there is awareness of healthcare needs across the education setting in line with the learner's rights to privacy and that all staff have adequate information, supervision and training to provide the necessary support to the individual learners and implement the arrangements set out in all IHPs and in emergency situations/ staff absence.
- Appointing a named member of staff who is responsible for learners with healthcare needs, liaising with parents, learners, the home tuition service, the local authority, the key worker and others involved in the learner's healthcare.
- Ensuring that learners have an appropriate and dignified environment to carry out their healthcare needs.
- Providing regular reports to the governing body and local authority on the status of pupils with healthcare needs within their school care and notify the LA when a learner is likely to be away from the education setting for a significant period due to their healthcare needs.
- Ensuring all learners with healthcare needs are not excluded from activities they would normally be entitled to take part in without a clear evidence based reason and that appropriate healthcare support has been agreed and put in place.

### **Teachers and other staff members**

Any staff member who has been suitably trained, within the education setting may be asked to provide support to learners with healthcare needs, including assisting or supervising the administration of medicines. This role is entirely voluntary and no staff member can be required to administer or supervise medication unless it forms part of their contract, terms and conditions or a mutually agreed job plan.

In addition to the training provided to staff, the education setting should also ensure staff:

- Fully understand the education setting's healthcare needs policies and arrangements, emergency procedures and arrangements and know who the first aiders are and the signs, symptoms and triggers of common life-threatening medical conditions.

- Be aware of which learners have more serious or chronic healthcare needs and where appropriate are familiar with the learners IHP's and Individual Risk Assessments and what to do in an emergency.
- Staff should understand and work within the principles of inclusivity, ensuring lessons and activities are designed in a way which allows those with healthcare needs to participate fully.
- Whenever appropriate, learners should be encouraged and supported to take responsibility for the management of their own healthcare needs.
- Staff should ask and listen to the views of learners and their parents, which should be taken into consideration when putting support in place, ensuring learners know who to tell if they feel ill, need support.
- Keep parents informed of how the healthcare need is affecting the learner in the education setting. This may include reporting any deterioration, concerns or changes to learner or staff routines.

### **Designated members of staff who support learners with healthcare needs**

- Ensure compliance with applicable statutory duties when supporting learners with healthcare needs, (see legal requirements) in conjunction with the head teacher and governing body.
- Should fulfil all the above roles and responsibilities of staff.
- Have responsibility (working with the headteacher) for the development and monitoring of IHP's and Risk Assessments for pupils, using person centred planning.
- Ensure staff awareness and training is current and liaise with parents, learners, the home tuition service, the LA, the key worker and others involved in the learner's healthcare ensuring healthcare needs are met.
- Monitor access to the curriculum, changes in healthcare needs.

### **First Aiders**

- Should be aware of all children with healthcare needs, their IHPs and emergency procedures, and access training to support healthcare needs.
- Assist the designated member of staff to update training and staff awareness.

### **Governing Bodies**

- Should oversee the development and implementation of arrangements to ensure the school complies with applicable statutory duties, including those under the Equalities Act (2010). Section 21(5) of the Education Act 2002 and section 25(2) of the Children Act 2004. ( See guidance)
- Work collaboratively with parents, school staff, other LA departments and agencies (outside of the LA) to develop the most appropriate arrangements, and delegation of responsibilities or tasks to a head teacher, member of staff or professional as appropriate
- Ensure arrangements are in place for the development, monitoring and review of the health needs arrangements as well as relevant policies and procedures such as health and safety, first aid, risk assessments, the Data Protection Act 1998, safeguarding measures and emergency procedures. This may include

working with other external agencies and internal departments to develop an individual (pupil) Healthcare Plan – IHP, supported by up to date information and ensuring confidentiality.

Ensuring robust systems are in place, including appropriate insurance, for dealing with healthcare emergencies on- and off-site activities, including access to emergency medication such as inhalers or adrenaline pens and that staff with responsibility for supporting learners with healthcare needs are appropriately trained

## **Working with others**

Bridgend County Borough Council will:

- Make arrangements to promote cooperation between various bodies or persons, with a view to improving, among other things, the well-being of children in relation to their physical and mental health, their education, training and recreation<sup>2</sup>. Data sharing will be through working within the Wales Accord on Sharing Personal Information (WASPI) Information Sharing Protocols or Data Disclosure Agreements, using the WASP coordinator.

Governing Bodies will:

- Ensure the roles and responsibilities of all those involved in the arrangements to support the healthcare needs of learners are clear and understood by all those involved, including any appropriate delegation of responsibilities or tasks to a headteacher, member of staff or professional as appropriate.
- Work collaboratively with parents and other professionals to develop healthcare arrangements to meet the best interests of the learner.

Head teachers will:

- Extend awareness of healthcare needs across the education setting in line with the learner's right to privacy.
- Appoint a named member of staff who is responsible for learners with healthcare needs, liaising with parents, learners, the home tuition service, the LA, the key worker and others involved in the learner's care.

*Parents and learners should:*

- Receive and give updates regarding healthcare issues/changes that occur within the education setting, including infectious diseases/ conditions.
- Be involved in the creation, development and review of an IHP (if any). Informing how their healthcare needs can be met in the education setting.
- Provide the education setting with sufficient and up-to-date information about healthcare needs, and any changes, including any guidance regarding the administration of medicines and/or treatment from healthcare professionals.

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<sup>2</sup> Section 25 of the Children Act 2004 [www.legislation.gov.uk/ukpga/2004/31/section/25](http://www.legislation.gov.uk/ukpga/2004/31/section/25)

Where appropriate, learners should be encouraged and enabled to manage their own healthcare needs.

- Provide relevant in-date medicines, correctly labelled, with written dosage and administration instructions.
- Ensure a nominated adult is contactable at all times and all necessary forms are completed and signed.

### **NHS Wales school health nursing service, third sector organisations and other specialist services**

Healthcare and practical support can be found from a number of organisations and specialist health professionals such as GPs, paediatricians, speech and language therapists, occupational therapists, physiotherapists, dieticians and diabetes specialist nurses and voluntary bodies. Education settings have access to a health advice service. The scope and type of support the service can offer may include:

- Offering advice on the development of IHPs.
- Assisting in the identification of the training required for the education setting to successfully implement IHPs.
- Supporting staff to implement a learner's IHP through advice and liaison with other healthcare, social care and third sector professionals.

## **4. Creating an accessible environment**

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All learners with healthcare needs are entitled to a full education. In addition to the duties set out in the Education Act 2002, consideration must also be given to whether the learner is defined as disabled under the Equality Act 2010. Schools and governing bodies must comply with the duties of this Act, including those within an education context.

Bridgend will promote learners and parents being actively involved in the planning of support and management of healthcare needs. Through person centred practices individual's needs should be at the centre of decision making and processes. The UNCRC states learners should have access to appropriate information essential for their health and development and have opportunities to participate in decisions affecting their health.

Bridgend with governing bodies will need to ensure their education settings are inclusive and accessible in the fullest sense to learners with healthcare needs. This includes the following:

- **Physical access to education setting buildings**

BCBC has written an accessibility strategy for all schools they are responsible for under the Equality Act 2010<sup>3</sup>. This strategy addresses:

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<sup>3</sup> [www.legislation.gov.uk/ukpga/2010/15/contents](http://www.legislation.gov.uk/ukpga/2010/15/contents)

'improving the physical environments of schools for the purpose of increasing the extent to which disabled learners are able to take advantage of education and benefits, facilities or services provided or offered by the schools' (Schedule 10, Equality Act 2010<sup>4</sup>).

- **Reasonable adjustments – auxiliary aids or services**

The Equality Act 2010 places a duty on learning establishments to make 'reasonable adjustments' for learners who are disabled as defined by the Act. In regard to these learners, auxiliary aids or services (with the appropriate number of trained staff) must be provided.

- **Day trips and residential visits**

Governing bodies should ensure the education setting actively supports all learners with healthcare needs to participate in trips and visits. Governing bodies must be aware of their legal requirements (see guidance) to make reasonable adjustments to trips and residential visits ensuring full participation from all learners.

Staff should be aware of how a learner's healthcare needs may impact on participation, and seek to accommodate any reasonable adjustments which would increase the level of participation by the learner including sharing personal information with third parties for off-site activities, such as healthcare needs and emergency procedures (in compliance with the Data Protection Act 1998 and in respecting the learner's right to privacy).

- **Social interactions**

Governing bodies should ensure the involvement of learners with healthcare needs is adequately considered in structured and unstructured social activities, such as during breaks, breakfast club, productions, after-hours clubs and residential visits.

The education setting should make all staff aware of the social barriers learners with healthcare needs may experience and how this can lead to bullying and social exclusion. A proactive approach is needed to remove any barriers.

- **Exercise and physical activity**

The education setting should fully understand the importance of all learners taking part in physical activities and staff should make appropriate adjustments to sports and other activities to make them accessible to all learners, including after-hours clubs and team sports.

Staff should be made fully aware of learners' healthcare needs and potential triggers, how to respond appropriately, seeking guidance when considering how participation in sporting or other activities may affect learners with healthcare needs.

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<sup>4</sup> [www.legislation.gov.uk/ukpga/2010/15/schedule/10](http://www.legislation.gov.uk/ukpga/2010/15/schedule/10)

Separate 'special provisions' for particular activities should be avoided, (though advice from healthcare or physical education professionals and the learner can be sought) with an emphasis instead on activities made accessible for all.

Staff should also understand that it may be appropriate for some learners with healthcare needs to have medication or food with them during physical activity.

- **Food management**

Where food and snacks are provided by or through the education setting, in school or on trips, consideration must be given to dietary needs of learners, e.g. those who have diabetes, coeliac disease, allergies and intolerances, providing menus in advance or alternatives, with complete lists of ingredients and nutritional information to encourage collaborative working. Gluten and other intolerances or allergens must be clearly marked.

While healthy school and 'no sweets' policies are recognised as important, learners with healthcare needs may need to be exempted from these policies, and not excluded from the classroom or put in isolation.

- **Risk assessments**

Staff should be clear when a risk assessment is required and be aware of the risk assessment systems in place. They should start from the premise of inclusion and have built into them a process of seeking adjustments or alternative activities rather than separate provision. This is in line with Equality Act 2010 to prepare and implement accessibility strategies and plans (See guidance)

## 5. Sharing information

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### **Healthcare professionals**

BCBC's Education and Family Support Directorate will actively work with individual schools and multi agencies including NHS Wales School health nursing service, third sector organisations and other specialist services to develop Healthcare plans where necessary. This information will be used to develop school and pupil specific risk assessments and IHP's where necessary.

Internal departments within BCBC and individual schools may, where appropriate and with permission share information internally in order to develop support plans and risk assessments. This may include the ALN, Safeguarding, Health & Safety and Catering departments. This list is not exhaustive and contact with both external and internal agencies will be taken on an individual case basis.

**Governing bodies** ensure healthcare needs arrangements are in place, which are supported by clear communication with staff, parents and other key stakeholders to

ensure full implementation. All information is kept up to date by designated staff. All information-sharing techniques such as staff noticeboards and school intranets are agreed by the learner and parent in advance of being used, to protect confidentiality.

**Teachers, supply teachers and support staff (this may include catering staff and relevant contractors)** have access to the relevant information, particularly if there is a possibility of an emergency situation arising. This may include, a display of relevant information, allowing for learners privacy, training, good communication and use of the school's information management system. (See individual school's healthcare policies)

**Parents and learners** as active partners in schools. Parents and learners should be made fully aware of the care being received and their own rights and responsibilities. This may be through a variety of different methods, which could include, easily accessible healthcare policies, (on line), copies of IHPs, and becoming familiar with the information sharing policy. School councils could be involved, working with peers and friendship groups to provide support. (See individual school's healthcare policies).

## 6. Procedures and record keeping for the management of learners' healthcare needs

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In order to maintain the confidentiality of the pupil, electronic records of individual (pupils) Health Plans (IHP's) and Risk Assessments will be shared with and kept with a designated officer or employee within the school and internal departments and will not be shared without the permission of the pupil, parents, school or other internal and external agencies. The pupil's IHP and risk assessments will be reviewed periodically with other relevant agencies, parent and learner (or as a result of any significant changes) by the individual school.

The education setting should create procedures which state the roles/responsibilities of all parties involved in the identification, management and administration of healthcare needs.

The following documentation should be collected and maintained, where appropriate:

1. Contact details for emergency services
2. Parental agreement for educational setting to administer medicine
3. Head of educational setting agreement to administer medicine
4. Record of medicine stored for and administered to an individual learner
5. Record of medicines administered to all learners by date
6. Request for learner to administer own medicine
7. Staff training record – administration of medicines
8. Medication incident report

New records should be completed when there are changes to medication or dosage. The learning setting should ensure that the old forms are clearly marked as being no longer relevant and stored in line with their information retention policy. These

forms/templates can be found in the guidance document. Electronic versions can be found on the Welsh Government website.

## 7. Storage, access and administration of medication and devices

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The arrangements for storage, access and administration of medicines and devices should be identified by individual schools.

Governing bodies should ensure the education setting's policy is clear regarding the procedures to follow for managing medicines and devices. Storage, access and administration procedures will always be contextual to the education setting and the requirements of the learner. Where necessary a further individual pupil risk assessment may be required which the school is responsible for developing and implementing. However, the following general principles should be reflected.

### **Supply of medication or devices**

Education settings should not store surplus medication. Parents should be asked to provide appropriate supplies of medication. These should be in their original container, labelled with the name of the learner, medicine name, dosage and frequency, and expiry date. Education settings should only accept prescribed medicines and devices that:

- are in date
- have contents correctly and clearly labelled
- are labelled with the learner's name
- are accompanied with written instructions for administration, dosage and storage
- are in their original container/packaging as dispensed by the pharmacist (with the exception of insulin which is generally available via an insulin pen or a pump).

Where non-prescribed medicine is held by the education setting, e.g. liquid paracetamol, it should:

- be in date
- have its contents correctly and clearly labelled
- be labelled with the learner's name
- be accompanied with written instructions for administration, dosage and storage – this can be from the parent
- be in its original container/packaging.

### **Storage, access and disposal**

While all medicines should be stored safely, the type and use of the medication will determine how this takes place. It is important for learners to know where their medication is stored and how to access it.

- **Refrigeration**  
Some medicines need to be refrigerated. The refrigerator temperature will need to be regularly monitored to ensure it is in line with storage requirements. Medicines can be kept in a refrigerator containing food, but should be in an airtight container and clearly labelled. A lockable medical refrigerator should be considered if there is a need to store large quantities of medicine.
- **Emergency medication**  
Emergency medication must be readily available to learners who require it at all times during the day or at off-site activities. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline auto-injectors (pens) should be readily available to learners and not locked away. This is particularly important to consider when outside of the education setting's premises, e.g. on trips. If the emergency medication is a controlled drug it should be kept as securely as possible so as to minimise the risk of unauthorised access while also allowing quick access if this might be necessary in an emergency. Monitoring may be necessary. Where staff administer emergency medication to a learner, this should be recorded.
- **Non-emergency medication**  
All non-emergency medication should be kept in a secure place with appropriate temperature or light controls. If it is a controlled drug, additional security measures and controls are advisable.
- **Disposal of medicines**  
When no longer required, medicines should be returned to parents to arrange safe disposal. Sharp boxes must always be used for the disposal of needles and other sharp instruments, and disposed of appropriately.

### **Administration of medicines**

- Where the learner is under 16, assistance or administration of prescribed or non-prescribed medicines requires written parental consent, unless Gillick competence is recorded. The administration of all medication should be recorded.
- Where medication is prescribed to be taken in frequencies which allow the daily course of medicine to be administered at home, parents should seek to do so, e.g. before and after school and in the evening. There will be instances where this is not appropriate.
- Learners under 16 should never be given aspirin or its derivatives unless prescribed to them.
- Unless there is an agreed plan for the learner to self-medicate (16 years and above or Gillick competent), all medication should be administered by a suitably trained member of staff, who is available to the learner with healthcare needs. In other cases, it may need to be supervised in accordance with the IHP.

- Staff should check the maximum dosage and the amount and time of any prior dosage administered.
- Certain medical procedures may require administration by an adult of the same gender as the learner, and may need to be witnessed by a second adult. The learner's thoughts and feelings regarding the number and gender of those assisting must be considered when providing intimate care. There is no requirement in law for there to be more than one person assisting<sup>i</sup>. This should be agreed and reflected in the IHP and risk assessment.
- The education setting should have an intimate care policy<sup>ii</sup>. It should be followed, unless alternative arrangements have been agreed, and recorded in the learner's IHP.
- If a learner refuses their medication, staff should record this and follow their defined procedures informing parents as soon as possible. If a learner misuses any medication, their parents should be informed as soon as possible. The education setting should ask parents to seek healthcare advice as appropriate. If parents cannot be contacted immediately, staff need to consider seeking immediate healthcare advice.
- Staff involved in the administration of medication should be familiar with how learners consent to treatment. Further information on this from the Welsh Government can be found in the *Patient Consent to Examination and Treatment – Revised Guidance* (NHS, 2008)<sup>5</sup>.
- All staff supporting off-site visits should be made aware of learners who have healthcare needs. They should receive the required information to ensure staff are able to facilitate an equal experience for the learner. This information may include health and safety issues, what to do in an emergency and any other additional necessary support that the learner requires, including medication and equipment.

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<sup>5</sup> [gov.wales/docs/dcells/publications/150114-keeping-learners-safe.pdf](http://gov.wales/docs/dcells/publications/150114-keeping-learners-safe.pdf)

<sup>6</sup> Intimate care can be defined as any care which involves washing or carrying out a procedure to intimate personal areas which most people usually carry out themselves but some learners are unable to do because of their young age, physical difficulties or other special needs. Examples include care associated with continence and menstrual management as well as day-to-day tasks such as help with washing, toileting or dressing. It also includes supervision of learners involved in intimate self-care.

<sup>7</sup> Please note this circular will be revised in spring 2017. The current version can be accessed at [www.wales.nhs.uk/sites3/page.cfm?orgid=465&pid=11930](http://www.wales.nhs.uk/sites3/page.cfm?orgid=465&pid=11930)

## 8. Emergency Procedures

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Governing bodies should ensure that the school has developed and implemented a procedure for handling emergency situations, both generic, in the form of emergency evacuation procedures as well as arrangements specific to the individual pupil.

Where a learner has an IHP or risk assessment this should clearly define what constitutes an emergency and explain what to do. Staff should be made aware of emergency symptoms and procedures relating to specific pupils.

Other learners in the education setting should also know what to do in general terms in an emergency, such as to inform a member of staff immediately. If a learner needs to be taken to hospital, a staff member should stay with the learner until a parent arrives. This includes accompanying them in an ambulance to hospital. The member of staff should have details of any known healthcare needs and medication.

Guidance is available on storage, handling, training and administration of medications is available from the Corporate Health & Safety department.

It is the schools responsibility (though Bridgend will liaise with schools) to develop and manage pupils risk assessments ensuring, that they include the instructions on the use, handling and storage of the medication as identified in the pupils IHP's as well as in the guidance available.

The findings of the risk assessment will be shared and reviewed with all relevant parties both within the school to include teachers and staff as well as across Bridgend's departments to ensure that all stakeholders are aware of the healthcare needs of the pupil and they are monitored.

## 9 Training

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The Governing body must ensure staff who volunteer or who are contracted to support those with healthcare needs are provided with appropriate training which is kept up to date, to ensure competency and confidence in supporting health needs. School policies should clearly set out how a sufficient number of these staff will be identified and supported. Appropriate training records should be kept. The IHP will set out alternative arrangements for staff absence in administering medicines.

If a learner has complex needs on their IHP, input is needed from healthcare services and the LA who will be able to advice and signpost to further training and support, but where no specialist training is required the role of the staff is to facilitate the learner to meet their own healthcare needs.

All staff, irrespective of whether they have volunteered to assist or support learners with healthcare needs, may come into contact with learners who have healthcare needs. All staff should have a basic understanding of common conditions to ensure recognition of symptoms and understand where to seek appropriate assistance.

Our policy includes a procedure on how to raise awareness of common conditions, a healthcare needs policy and staff roles in carrying out arrangements. New and temporary staff are made aware of what preventative and emergency measures are in place so staff can recognise the need for intervention and react quickly.

## 10 Education other than at school (EOTAS)

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BCBC acknowledges that young people may be educated outside of mainstream educational settings for a number of reasons e.g. ill-health, a PRU or at home and will work with other agencies both within the LA and outside to ensure that a well-being plan is developed for the pupil which will consider their health and wellbeing needs as well as their educational needs. LAs have a duty (sections 19(1) and 19(4) of the Education Act 1996) to make arrangements for the provision of suitable education for all children and young people of compulsory school age.

A learner who is unable to attend their education setting because of their healthcare needs should have their educational needs identified, and receive educational support quickly so they continue to be provided with suitable education. In a responsive form, reflecting the needs of what may be a changing health status.

In the case of a short absence (likely to last for less than 15 school days) the learner's school should provide work to be completed at home, if the learner's condition permits, and support the learner to catch up on their return. The LA will be ready to make arrangements for learners in cases where it is clear that the learner is likely to be absent from school for a significant period, e.g. more than 15 school days, whether consecutive or cumulative over the course of an academic year.

Where absences are anticipated or known in advance, close liaison between the school and the LA should enable the EOTAS service to be provided from the start of absence.

The LA should take into account any period of education provided in hospital when considering whether it needs to provide EOTAS for a learner and what to provide. Providing as many lessons as the learner's condition allows and encouraging continuity by linking with schools especially for those working on examinations.

The LA's policy for EOTAS for learners with healthcare needs should include arrangements for the service, staffing, timing of the provision, and a named person who parents, hospital teachers and others can contact, links with related services in the LA and outside. EOTAS is monitored and evaluated by the LA to ensure, value for money, new developments and good standards of provision providing effective levels.

Cooperation between education, health and administrative staff in hospital is essential. Close liaison between home/hospital teachers and mainstream teachers underpins the provision of an effective educational programme for the learners with parents acting as a useful link.

Learners with complex healthcare needs may be discharged from hospital with a written care plan which can be integrated into any IHP.

Local authorities should arrange for the continuation of education for learners over 16, but less than 18 years old, where because of illness, the learner needs to study to complete their qualifications. Where the learner has a statement of SEN, the local

authority remains responsible for that learner until they are 19 at least. – see the *Special Educational Needs Code of Practice for Wales* (2004).

## Integration

Settings should be proactive in working with all agencies, including involving other learners in supporting the transition into school. Staff should be trained in a timely manner to assist the learner's return. The support should be considered by key parties, including the parent and learner and should be reflected in the IHP.

Transition should be supported by parents, education will need to liaise with hospital/home tuition as appropriate, regarding learners' achievements and progress. Contact with a nurse specialising in the learner's specific condition may also be beneficial following any discharge from hospital.

All agencies involved with the learner, should be aware of their role in reintegrating learners as soon as possible, and local authorities should ensure education welfare officers understand their role in relation to those with healthcare needs.

## 11. School transport

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There are statutory duties on local authorities, headteachers and governing bodies in relation to learners travelling to the place where they receive their education or training<sup>6</sup>. LAs may need to arrange home-to-school transport for a learner, or provide appropriately trained escorts for such journeys to facilitate the attendance of a learner with health needs. Information and guidance on this is set out in the *Learner Travel: Statutory Provision and Operational Guidance* (2014) document<sup>7</sup>. For further guidance see

<sup>8</sup>

<http://gov.wales/docs/det/publications/140616-ltogg-en.pdf> and <sup>9</sup>

<http://gov.wales/topics/educationandskills/allsectorpolicies/learner-travel/?lang=en>

## 12. Reviewing policies, arrangements and procedures

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Governing bodies should ensure all policies; arrangements and procedures are reviewed regularly by the education setting. IHPs and risk assessments may require frequent reviews depending on the healthcare need. This should involve all key stakeholders including, where appropriate, the learner, parents, education and health professionals and other relevant bodies, subject to strict confidentiality and will only be shared with the knowledge and permission of all of the stakeholders

## 13. Insurance Arrangements

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BCBC has public Liability Insurance which covers all schools. Governing bodies of maintained education settings should ensure an appropriate level of insurance is in

place to cover the setting's activities in supporting learners with healthcare needs. The level of insurance should appropriately reflect the level of risk. Additional cover may need to be arranged for some activities, e.g. off-site activities for learners with particular needs.

## 14. Complaints procedure

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If the learner or parent is not satisfied with the education setting's health care arrangements they are entitled to make a complaint.

BCBC has a Corporate Complaints Policy, any complaints regarding council (staff, policies, processes etc.) must be considered under the Council's Corporate Complaints Policy.

Governing bodies must have a complaints procedure specific to their educational setting and this must be published and/or available for viewing when requested. The complaints procedure should also be summarised in their policy for supporting learners with healthcare needs.

If the complaint is Equality Act 2010-/disability-related, then consideration of a challenge to the Special Education Needs Tribunal for Wales (SENTW) can be made.

## 15. Individual healthcare plans (IHPs)

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BCBC acknowledges that IHP's are essential where healthcare needs are complex, fluctuating, long term or where there is a high risk that an emergency intervention is needed. IHP's set out what support is required by the learner. Governing bodies should ensure their healthcare needs policy includes information on who has overall responsibility for the development of IHP's.

Not all learners with healthcare needs require an IHP and each education setting is expected to implement a process whereby the most appropriate interventions are considered and implemented. (See flow chart in guidance). The development of detailed IHP's may involve learner, parent/ carers, education, healthcare professionals, social care and any others with relevant roles. (See guidance for flow chart).

IHPs do not need to be complex but they should be tailored to each individual and explain how the learner's needs can be met. An IHP should be easily accessible to all who need to refer to it, while maintaining the required levels of privacy. Each plan should capture key information and actions required to support the learner effectively. Details can be found in the guidance.

The aim of the plan is to capture the steps which need to be taken to help a learner manage their condition and overcome any potential barriers to participating fully in education.

Governing bodies should ensure the plans are reviewed at least annually or more frequently should there be new evidence that the needs of the learner have changed. They should be developed with the best interests of the learner in mind and ensure the education setting, with specialist services (if required), assess the risks to the learner's education, health and social well-being.

Where a learner has an SEN the IHP should be linked or attached to any individual education plan or Statement of SEN

## 16. Unacceptable Practice

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BCBC recognises that it must not act in a manner where individuals pupils needs are not considered to the fullest. Unacceptable practice in this respect would include:

- Preventing learners from attending an education setting due to their healthcare needs, unless their attending the setting would be likely to cause harm to the learner or others.
- Preventing learners from easily accessing their medication when and where necessary, or eating, drinking, resting or using the toilet if needed.
- Require parents / carers to attend education setting, trip, off site activity to administer medication or provide healthcare support to the learner, including toileting.
- Assume every learner with the same condition requires the same treatment and support.
- Ignore the view of the learner, parent or guardian. Ignore the views of healthcare professionals and other stakeholders.
- Penalise learners for their attendance record if the absence is related to their healthcare needs.
- Not requesting adjustments or extra time for tests or assessment where needed.
- Prevent or create unnecessary barriers to a learner's participation in any aspect of their education, including particular lessons, lunch time or trips, e.g. by requiring a parent to accompany the learner.

School policies outline what is best practice and head teachers and governing bodies should share these with staff, to ensure that the above unacceptable practices do not occur. Schools should detail children with healthcare needs in appropriate policies. Best practice will be promoted by local authorities, governing bodies and schools following the guidance produced by Welsh Government

Short term and Long term absences should be monitored and managed carefully to ensure progress and attainment. Any reintegration should be appropriately supported to ensure that the child with healthcare needs engages fully with learning.

Please see the 'Unacceptable Practice' section in the Welsh Government 'Supporting Learners with Healthcare Needs' statutory guidance:

<http://learning.gov.wales/resources/browse-all/supporting-learners-with-healthcare-needs/?lang=en>

## Annex 1: Useful Contacts

### **Asthma**

Asthma UK Cymru  
Helpline: 0300 2225800  
[www.asthma.org.uk](http://www.asthma.org.uk)

### **Anaphylactic shock**

Allergy UK  
Helpline: 01322 619898  
[www.allergyuk.org](http://www.allergyuk.org)

Anaphylaxis Campaign  
Helpline: 01252 542029  
[www.anaphylaxis.org.uk](http://www.anaphylaxis.org.uk)

### **Child support organisations**

Action for Children  
Tel: 0300 123 2112  
[www.actionforchildren.org.uk](http://www.actionforchildren.org.uk)

Action for Sick Children  
Helpline: 0800 074 4519  
[www.actionforchildren.org.uk](http://www.actionforchildren.org.uk)

Barnardo's Cymru  
Tel: 029 2049 3387  
[www.barnardos.org.uk/wales](http://www.barnardos.org.uk/wales)

Children in Wales  
Tel: 029 2034 2434  
[www.childreninwales.org.uk](http://www.childreninwales.org.uk)

### **Diabetes**

Diabetes UK Cymru  
Tel: 029 2066 8276  
[www.diabetes.org.uk/](http://www.diabetes.org.uk/)

Diabetes IHP template  
[www.diabetes.org.uk/Guide-to-diabetes/Your-child-and-diabetes/Schools/IHP-a-  
childs-individual-healthcare-plan/](http://www.diabetes.org.uk/Guide-to-diabetes/Your-child-and-diabetes/Schools/IHP-a-childs-individual-healthcare-plan/)

Diabetes UK school and parent resource packs  
[www.diabetes.org.uk/Guide-to-diabetes/Your-child-and-diabetes/Schools/Diabetes-in-school-resources](http://www.diabetes.org.uk/Guide-to-diabetes/Your-child-and-diabetes/Schools/Diabetes-in-school-resources)

## **Epilepsy**

Epilepsy Action Wales  
Tel: 01633 253407  
Helpline: 0808 800 5050  
[www.epilepsy.org.uk/incvolved/branches/cymru](http://www.epilepsy.org.uk/incvolved/branches/cymru)

Epilepsy Wales  
Helpline: 0800 2289016  
[www.epilipsy-wales.org.uk](http://www.epilipsy-wales.org.uk)

Young Epilepsy  
Helpline: 01342 831342  
[www.youngpilepsy.org.uk](http://www.youngpilepsy.org.uk)

## **Learning Difficulties**

Learning Disability Wales  
Tel: 029 2068 1160  
[www.ldw.org.uk](http://www.ldw.org.uk)

MENCAP Cymru  
Helpline 0808 808 1111  
[www.mencap.org.uk](http://www.mencap.org.uk)

Special Needs Advisory Project (SNAP) Cymru  
Helpline 0845 120 3730  
[www.snapcymru.org](http://www.snapcymru.org)

## **Medical-based support organisation**

The National Autistic Society Cymru  
Helpline: 0808 800 4104  
[www.autism.org.uk/](http://www.autism.org.uk/)

Bobath Children's Therapy Centre Wales  
Tel: 029 2052 2600  
[www.bobathwales.org](http://www.bobathwales.org)

Cerebra-for brain-injured children and young people  
Tel: 01267 244200  
[www.cerebra.org.uk](http://www.cerebra.org.uk)

Crohn's in Childhood Research Association (CICRA) - for children with Crohn's and colitis  
Tel: 0208 949 6209

[www.cicra.org](http://www.cicra.org)

CLIC Sargent - for children with cancer  
Helpline: 0300 330 0803 [www.clicsargent.org.uk](http://www.clicsargent.org.uk)

Coeliac UK  
Helpline: 0333 332 2033  
[www.coeliac.org.uk/local-groups/?region=wales](http://www.coeliac.org.uk/local-groups/?region=wales)

Cystic Fibrosis Trust  
Helpline: 0300 373 1000  
[www.cysticfibrosis.org.uk](http://www.cysticfibrosis.org.uk)

Headway - the brain injury association  
Helpline: 0808 800 2244  
[www.headway.org.uk/home.aspx](http://www.headway.org.uk/home.aspx)

Migraine Action  
Tel: 08456 011 033  
[www.migraine.org.uk](http://www.migraine.org.uk)

Multiple Sclerosis Society  
Helpline: 0808 800 8000  
[www.mssociety.org.uk](http://www.mssociety.org.uk)

Muscular Dystrophy UK  
Helpline: 0800 652 6352  
[www.musculardystrophyuk.org](http://www.musculardystrophyuk.org)

National Attention Deficit Disorder Information and Support Service (ADDiSS)  
Tel: 0208 952 2800  
[www.addiss.co.uk](http://www.addiss.co.uk)

National Eczema Society  
Helpline: 0800 089 1122  
[www.eczema.org](http://www.eczema.org)

Prader-Willi Syndrome Association UK  
Helpline: 01332 365676  
[www.pwsa.co.uk](http://www.pwsa.co.uk)

Spina Bifida and Hydrocephalus Information (Shine)  
Tel: 01733 555988  
[www.shinecharity.org.uk](http://www.shinecharity.org.uk)

Welsh Association of ME and CFS Support  
Helpline: 029 2051 5061  
[www.wames.org.uk](http://www.wames.org.uk)

## **Mental Health**

Child and Adolescent Mental Health Service (CAMHS)  
[www.mental-health-matters.org.uk/page7.html](http://www.mental-health-matters.org.uk/page7.html)

Mind Cymru  
Tel: 02920 395123  
[www.mind.org.uk/about-us/mind-cymru](http://www.mind.org.uk/about-us/mind-cymru)

## **Public Bodies**

Contact a Family - for families with disabled children  
Helpline: 0808 808 3555  
[www.cafamily.org.uk](http://www.cafamily.org.uk)

Children's Commissioner for Wales  
Tel: 01792 765600  
[www.childcomwales.org.uk](http://www.childcomwales.org.uk)

Equality and Human Rights Commission  
Helpline: 0808 800 0082  
[www.equalityhumanrights.com](http://www.equalityhumanrights.com)

Health and Safety Executive  
Tel: 02920 263120  
[www.hse.gov.uk](http://www.hse.gov.uk)

National Children's Bureau Council for Disabled Children  
Tel: 020 78436000  
[www.ncb.org.uk](http://www.ncb.org.uk)

National Health Service Direct Wales  
Tel: 0845 4647  
[www.nhsdirect.wales.nhs.uk/contactus/feelingunwell](http://www.nhsdirect.wales.nhs.uk/contactus/feelingunwell)

Information Commissioner's Office Wales  
Tel: 029 2067 8400  
Helpline: 0303 123 1113  
[ico.org.uk/for-organisations/education](http://ico.org.uk/for-organisations/education)

## **Children's Rights**

Children's Rights Wales

The United Nations Convention on the Rights of the Child (UNCRC) is a list of rights for all children and young people, no matter who they are or where they live. These rights are the things that they need to be safe, healthy and happy.

[www.childrensrights.wales](http://www.childrensrights.wales)

## **Sensory Impairment**

Action on Hearing Loss  
Helpline: 0808 808 0123  
Textphone: 0808 808 9000  
[www.actiononhearingloss.org.uk/default.aspx](http://www.actiononhearingloss.org.uk/default.aspx)

The National Deaf Children's Society (NDCS) Cymru  
Tel: 0808 800 8880  
[www.ndcs.org.uk/family\\_support/support\\_in\\_your\\_area/wales](http://www.ndcs.org.uk/family_support/support_in_your_area/wales)

Royal National Institute of Blind People (RNIB)  
Helpline: 0303 123 9999  
[www.rnib.org.uk/wales-cymru-1](http://www.rnib.org.uk/wales-cymru-1)

Sense Cymru - services across Wales for deafblind people and their families  
Tel: 0300 330 9280  
Textphone: 0300 330 9282  
[www.sense.org.uk/content/sense-cymru-wales](http://www.sense.org.uk/content/sense-cymru-wales)

### **Speech and Language**

Afasic Cymru - helping children who have difficulty speaking and understanding  
Helpline: 0300 666 9410  
[www.afasiccymru.org.uk](http://www.afasiccymru.org.uk)

## Annex 2: Form Templates

Education settings may wish to use or adapt the forms listed below according to their particular policies on supporting learners with healthcare needs.

- Form 1 – Contacting emergency services
- Form 2 – Parental agreement for education setting to administer medicine
- Form 3 – Headteacher/head of setting agreement to administer medicine
- Form 4 – Record of medicine stored for and administered to an individual learner
- Form 5 – Record of medicines administered to all learners – by date
- Form 6 – Request for learner to carry/administer their own medicine
- Form 7 – Staff training record – administration of medicines
- Form 8 – Medication/healthcare incident report

These forms are downloadable as Word documents from [gov.wales/topics/educationandskills/publications/guidance/medicalneeds/?lang=en](http://gov.wales/topics/educationandskills/publications/guidance/medicalneeds/?lang=en) to enable schools or settings to personalise them.

## **Form 1:      Contacting emergency services**

### **Request for an Ambulance**

Dial **999**, ask for an ambulance, and be ready with the following information where possible.

1.    State your telephone number.
2.    Give your location as follows [insert your address].
3.    State that the postcode is [insert your address].
4.    Give the exact location in the education setting [insert a brief description].
5.    Give your name.
6.    Give the name of the learner and a brief description of symptoms.
7.    Inform Ambulance Control of the best entrance and state that the crew will be met and taken to [name location].
8.    Don't hang up until the information has been repeated back.

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

Put a completed copy of this form by all the telephones in the education setting.

**Form 2: Parental agreement for education setting to administer medicine**

**[Insert name of education setting] needs your permission to give your child medicine. Please complete and sign this form to allow this.**

Name of education setting

Name of child

Date of birth

Group/class/form

Healthcare need

**Medicine**

Name/type of medicine

(as described on the container)

Date dispensed

Expiry date

Agreed review date to be initiated by [name of member of staff]

Dosage and method

Timing

Special precautions

Are there any side effects that the setting needs to know about?

Self-administration (delete as appropriate) **Yes/No**

Procedures to take in an emergency

**Contact details**

Name

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver the medicine personally to [*agreed member of staff*]

I understand that I must notify the setting of any changes in writing.

Date

Signature(s) .....

**Form 3: Headteacher/head of setting agreement to administer medicine**

Name of setting

It is agreed that [name of learner] ..... will receive

[quantity or quantity range and name of medicine] .....

every day at ..... [time medicine to be administered, e.g. lunchtime/afternoon break]

[Name of learner] ..... will be given/supervised while

they take their medication by [name of member of staff] .....

This arrangement will continue until [either end date of course of medicine or until

instructed by parents/carers] .....

Date

Signed .....

[The headteacher/head of setting/named member of staff]

**Form 4: Record of medicine stored for and administered to an individual learner**

Name of setting

Name of learner

Date medicine provided by parent

Group/class/form

Quantity received

Name and strength of medicine

Expiry date

Quantity returned

Dose and frequency of medicine

Staff signature .....

Signature of parent/carer .....

Date

Time given

Dose given

Name of member of staff

Staff initials

Date

--	--	--

Time given

--	--	--

Dose given

--	--	--

Name of member of staff

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Staff initials

--	--	--

Date

--	--	--

Time given

--	--	--

Dose given

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Name of member of staff

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Staff initials

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Date

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Time given

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Dose given

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Name of member of staff

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Staff initials

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Date

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Time given

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Dose given

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Name of member of staff

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Staff initials

--	--	--

Date

--	--	--

Time given

--	--	--

Dose given

--	--	--

Name of member of staff

--	--	--

Staff initials

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**Form 5: Record of medicines administered to all learners – by date**

Name of setting

<b>Date</b>	<b>Learner's name</b>	<b>Time</b>	<b>Name of medicine</b>	<b>Dose given</b>	<b>Any reactions</b>	<b>Signature of staff</b>	<b>Print name</b>

**Form 6: Request for learner to carry/administer their own medicine**

This form must be completed by the parent/carer.

**If staff have any concerns discuss this request with healthcare professionals.**

Name of setting

Learner's name

Group/class/form

Address

Name of medicine

Carry and administer

Administer from stored location

Procedures to be taken in an emergency

**Contact information**

Name

Daytime telephone no.

Relationship to learner

I would like my child to administer and/or carry their medicine.

Signed parent/carer ..... Date

I agree to administer and/or carry my medicine. If I refuse to administer my medication as agreed, then this agreement will be reviewed.

Learner's signature ..... Date

**Form 7: Staff training record – administration of medicines**

Please ensure that the Education Workforce Council registration is updated accordingly.

Name of setting

Name

Type of training received

Date of training completed

Training provided by

Profession and title

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

I recommend that the training is updated [please state how often] .....

Trainer's signature ..... Date

I confirm that I have received the training detailed above.

Staff signature ..... Date

Suggested review date

**Form 8: Medication/healthcare incident report**

Learner's name \_\_\_\_\_

Home address \_\_\_\_\_ Telephone no. \_\_\_\_\_

Date of incident \_\_\_\_\_ Time of incident \_\_\_\_\_

**Correct medication and dosage:** \_\_\_\_\_

**Medication normally administered by:**

Learner	<input type="checkbox"/>
Learner with staff supervision	<input type="checkbox"/>
Nurse/school staff member	<input type="checkbox"/>

**Type of error:**

Dose administered 30 minutes after scheduled time   
Omission  Wrong dose  Additional dose   
Wrong learner   
Dose given without permissions on file  Dietary   
Dose administered by unauthorised person

\_\_\_\_\_ **Description of incident:**

\_\_\_\_\_ **Action taken:**

Parent notified: name, date and time \_\_\_\_\_

School nurse notified: name, date and time \_\_\_\_\_

Physician notified: name, date and time \_\_\_\_\_

Poison control notified     Learner taken home     Learner sent to hospital

Other: \_\_\_\_\_

**Note:**

\_\_\_\_\_