



Reading Girls' School  
Succeeding Together

|                  |   |
|------------------|---|
| Name of Policy   | Policy for Supporting Students with Medical Conditions      |
| Scope of Policy  | This policy applies to all students with medical conditions |
| Approved by      | Safeguarding and Health and Safety Committee                |
| Date of Approval | June 2018   |
| Review period    | 2 years   |
| Review Date      | June 2020   |

This document sets out the aims, scope and practice of Reading Girls' School to meet the medical needs of students in school and to ensure access to education for students who are temporarily unable to attend school on a full-time basis due to a diagnosed medical condition. This policy reflects the guidance issued by the DfE in September 2014.

## **Aims**

The aims of this policy are:

1. To ensure that the student's medical needs temporary or long term are met.
2. To ensure that staff have access to information relevant to students' needs.
3. To make provision for appropriate training for staff.
4. To ensure that all students should continue to have access to as much education as their medical condition allows.
5. To reintegrate students back into full-time education at the earliest opportunity following a period of medical absence.
6. To maintain links with school for students who have a prolonged absence so that they do not become isolated.

Any member of RGS staff may be asked to provide support to students with medical conditions, including the administering of 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 students with medical conditions that they teach.

If, for any reason, RGS is unable to secure a willing competent person to administer medication, the function will rest with the parent/carer or the health service. This is to be made clear to parents/carers. They will then be responsible for providing a person to administer the medication, to completely monitor and test a fluctuating condition or administer medication in response to either a fluctuating or stable but enduring medical condition.

## **Information about Students' Medical Needs**

Parents/carers are asked to complete a medical information request included in the admissions paperwork. If this identifies a medical condition that requires occasional medication, a Request for the School to Give Medication form will be issued to the parents/carers (Appendix A). Information on students' medical conditions will be updated yearly via the Student Emergency Detail Forms and on SIMS. When parents/carers informs us of a medical condition that develops during a student's school career, the information is entered onto the student's record on SIMS and a Request for the School to Give Medication form is given to the parent/carer. A record of medication administered to an individual student is recorded see Appendix D

## **Individual Health Care Plan**

Where students have complex and/or long term medical conditions an Individual Health Care Plan is drawn up in consultation with the student, parents/carers and where appropriate the student's medical carers. These partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with Reading Girls' School. Individual Health Care Plans will be reviewed annually and this will be reported to the governing body. If a student has an SEN statement, or an EHCP (Education Health Care Plan) the IHCP (Individual Health Care Plan) should be linked to or become part of that statement or plan.

The school, healthcare professional and parent/carer should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate.

Where a student is returning to school following a period of hospital education or alternative provision (including home tuition) RGS will work with the Local Authority - namely Cranbury College - and education provider to ensure that the IHCP identifies the support the student will need to reintegrate effectively.

Individual Health Care Plans include:

- Details of a student's condition (including symptoms of any condition which requires prompt action)
- Special requirements e.g. dietary needs, pre-activity precautions
- Medication and any possible side effects
- What to do, and who to contact in an emergency
- The role the school can play

Individual Health Care Plans are the pivotal means through which responsibility holders communicate and record information, acknowledging this through signing of the document. This provides a high level of assurance that information has been understood and agreements on actions reached. This will also facilitate the setting of review dates, recording any changes introduced and also lends itself to future auditing.

A flowchart for identifying and agreeing the support a student needs and developing an IHCP is provided at Appendix B.

Appendix C provides an example of an Individual Health Care Plan.

### **Medication Errors**

A medication error may occur when the administration of the medication deviates from the instructions given by a medical professional or parent. Some examples of medication errors include:

- administration of medication to the wrong student
- administration of the wrong medication to a student
- administration of the wrong dosage of medication to a student
- administration of the medication via the wrong route

- administration of the medication at the wrong time.

Each medication error must be reported to the Headteacher and a record kept.

## **Training**

Reading Girls' School maintains a trained team of first aiders and these members of staff will be responsible for the administration of medication to those students who require it. Pastoral Leaders are the members of staff who are authorised to issue analgesics such as paracetamol to students as long as a completed authorisation form has been received from the parent/carer and a personal supply has been sent in by the parent/carer.

For specific medical conditions all staff will receive training from medical professionals, for example the use of epi-pens for students who can experience extreme allergic reactions. An emergency epi-pen is located in the Pastoral Leaders' Office.

If there are any changes to individual students' care plans then a new care plan should be provided and new training by a health professional will be required.

Records of training are retained by the school. Please see Appendix F

All staff when joining Reading Girls' School will receive induction training which should include:

- what the school's policy is on the administration of medicines
- where it is located
- how to respond to an emergency.

Reading Girls' School will carry out a health and safety audit each year, which will include the management of medicines, including staff training records in the audit programme.

## **School Trips**

At Reading Girls' School, all students are encouraged and supported to participate in school trips, visits and/or sporting activities. Students with medical conditions are actively included. If necessary a risk assessment will be carried out to ensure that any additional safety measures and arrangements for taking medication are in place. All staff supervising visits will be aware of any medical needs and relevant emergency procedures.

All school trips are covered by off-site activities insurance where parental consent and completion of OHA2 form are required.

## **Emergency Procedures**

If a member of staff at Reading Girls' School identifies that a student requires urgent medical attention, the following procedure is to be followed:

- the staff member should notify the main school office and request immediate support from a first aider
- the first aider will assess the situation and if necessary take advice from another first aider
- if the emergency services are to be called, the first aider should request the main school office to make the phone call and provide the relevant details of the emergency
- one first aider is to remain with the student at all times
- parents/carers are to be notified immediately
- a member of staff will accompany the student if taken to hospital by ambulance and will remain with the student until the parents/carers arrive.

### **Emergency Salbutamol inhalers**

As from the 1st October 2014, schools will be allowed to keep a salbutamol inhaler for use in emergencies.

**The emergency salbutamol inhaler should only be used by children for whom written parental/carers consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.**

- Reading Girls' School will keep an emergency inhaler and spacer in the main school office.
- Staff will be trained to administer the inhaler and spacer - and a record kept of the training received
- A register of students who have been diagnosed with asthma or prescribed the reliever inhaler will be kept with the emergency inhaler
- Written parental consent for use of the emergency inhaler will be included as part of a student's Individual Health Care Plan
- RGS will ensure that the emergency inhaler is used only by students with asthma with written parental consent for its use
- RGS will keep a record of use of the emergency inhaler and will inform parents/carers that the emergency inhaler has been administered
- On a monthly basis, the inhaler and spacer will be checked to ensure they are in working order and that the inhaler has a sufficient number of doses available
- Replacement inhalers are obtained when expiry dates approach.

Appendix G - How to recognise an asthma attack

Appendix H - What to do in the event of an asthma attack

Appendix I - Consent form: Use of emergency salbutamol inhaler

Appendix J - Letter to inform parents emergency salbutamol inhaler use

Bob Kenwick  
Chair of Governor



## Appendix A: Request to give medication

Reading Girls' School will not give your daughter medicine unless you complete and sign this form. The school has a policy that the staff can administer medicines.

|                              |  |
|------------------------------|--|
| Date for review initiated    |  |
| Student's name               |  |
| Date of birth                |  |
| Tutor group                  |  |
| Medical condition or illness |  |

### Medicine

|   |  |
|---|--|
| Name/type of medicine   |  |
| Expiry date   |  |
| Dosage and method   |  |
| Timing  |  |
| Special precautions/other instructions                          |  |
| Are there any side effects that the school needs to know about? |  |
| Self-administration - yes/no                                    |  |
| Procedures to take in an emergency                              |  |

**NB: Medicines must be in the original container as dispensed by the pharmacy**

### Contact details

|   |  |
|---|--|
| Name  |  |
| Day time tel no   |  |
| Relationship to child                                       |  |
| Address   |  |
| I understand that I must deliver the medicine personally to |  |

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

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

## Appendix B: Flowchart for developing IHCPs

Parent or healthcare professional informs school that child has been newly diagnosed, or is due to attend new school, or is due to return to school after a long term absence, or that needs have changed

Headteacher or senior member of school staff to whom this has been delegated, co-ordinates meeting to discuss child's medical support needs; and identifies member of school staff who will provide support to the student

Meeting to discuss and agree on need for IHCP to include key school staff, child, parent/carer, relevant healthcare professional and other medical/health clinician as appropriate (or to consider written evidence provided by them)

Develop IHCP in partnership - agree who leads on writing it. Input from healthcare professional must be provided.

School staff training needs identified

Healthcare professional commissions/delivers training and staff signed off as competent - review date agreed

IHCP implemented and circulated to all relevant staff

IHCP reviewed annually or when condition changes. Parent or healthcare professional to initiate.



## Appendix C Individual Health Care Plan

|                                |  |
|--------------------------------|--|
| Student's Name                 |  |
| Tutor Group                    |  |
| Date of Birth                  |  |
| Address                        |  |
| Medical diagnosis or condition |  |
| Date                           |  |
| Review date                    |  |

### Family contact information

|                         |  |
|-------------------------|--|
| Name                    |  |
| Telephone no.(work)     |  |
| Home                    |  |
| Mobile                  |  |
| Name                    |  |
| Relationship to student |  |
| Phone no (work)         |  |
| Home                    |  |
| Mobile                  |  |

### Clinic/Hospital Contact

|           |  |
|-----------|--|
| Name      |  |
| Phone no. |  |

### GP

|           |  |
|-----------|--|
| Name      |  |
| Phone no. |  |

|  |  |
|--|--|
| Who is responsible for providing support in school |  |
|--|--|

Describe medical needs and give details of symptoms, triggers, signs treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose method of administration, when to be taken, side effects, contraindications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the student's educational, social and emotional needs

Arrangements for school trips/visits etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (state if different for off-site activities)

Plan developed with

Staff training needed/undertaken - who, what, when

Form copied to

**Appendix D. Record of medicine administered to an individual student**

|                                  |  |
|----------------------------------|--|
| Student's name                   |  |
| Date medicine provided by parent |  |
| Tutor Group                      |  |
| Quantity received                |  |
| Name and strength of medicine    |  |
| Expiry date                      |  |
| Quantity returned                |  |
| Dosage and frequency of medicine |  |

Staff signature:.....

Parent/Carer signature:.....

|                      |  |  |  |
|----------------------|--|--|--|
| Date                 |  |  |  |
| Time given           |  |  |  |
| Dosage               |  |  |  |
| Name of staff member |  |  |  |
| Staff initials       |  |  |  |

|                      |  |  |  |
|----------------------|--|--|--|
| Date                 |  |  |  |
| Time given           |  |  |  |
| Dosage               |  |  |  |
| Name of staff member |  |  |  |
| Staff initials       |  |  |  |

**Appendix G HOW TO RECOGNISE AN ASTHMA ATTACK**

**The signs of an asthma attack are:**

- Persistent cough (when at rest)

- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the child could be breathing rapidly and with effort, using all the accessory muscles in the upper body)
- Nasal flaring
- Unable to talk or complete sentences. Some children will go very quiet
- May try to tell you that their chest “feels tight” or may express this as a tummy ache

**CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD**

- Appears exhausted
- Has a blue/white tinge around lips
- Is going blue
- Has collapsed

## **Appendix H WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK**

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward
- Use the child's own inhaler - if not available, use the emergency inhaler
- Remain with the child while the inhaler and spacer are brought to them
- Immediately help the child take two puffs of salbutamol via the spacer
- If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE
- If the ambulance does not arrive in 10 minutes give another 10 puffs in the same way.

**Appendix I Consent form: Use of emergency salbutamol inhaler**

1. I can confirm that my daughter has been diagnosed with asthma/ has been prescribed an inhaler (delete as appropriate)
2. My daughter has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day.
3. In the event of my daughter displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my daughter to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Parent/Carer Signature.....Date.....

Name(print).....

Student's name.....

Tutor Group.....

Parent/Carer Address and contact details:

.....  
.....  
.....

Telephone:.....

E-Mail:.....

**Appendix J Letter to inform parents/carers of Emergency Salbutamol inhaler use**

Student's name.....

Tutor group.....

Date.....

Dear.....,

(Delete as appropriate)

This letter is to formally notify you that ..... has had problems with her breathing today. This happened when .....

A member of staff helped her to use her inhaler.

She did not have her own asthma inhaler with her, so a member of staff helped her to use the emergency asthma inhaler containing salbutamol. She was given ..... puffs.

Her own asthma inhaler was not working, so a member of staff helped her to use the emergency asthma inhaler containing salbutamol. She was given ..... puffs.

Although she soon felt better, we would strongly advise you to see your own doctor as soon as possible.

Yours sincerely