



LONGHILL

HIGH SCHOOL

Medicine in Schools Policy

Lead Author:	Jimmy Hollingworth, School Business Manager
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Medicine in Schools Policy

I:\12. POLICIES & STATUTORY DUTY\1. Statutory Policies\MEDICINES IN SCHOOL POLICY-Ratified May 2023

Longhill High School - Medicine in Schools Policy

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Section 1

Introduction – Ethos - Summary

Most pupils will at some time have a medical condition that may affect their participation in school activities. This is more likely to be short term e.g. completion of a course of antibiotics. Other pupils have medical conditions that, if not managed, could limit their access to education. These pupils are regarded as having medical needs. Many children with medical needs are able to attend school regularly and, with support from school, can take part in most school activities.

Section 2: Introduction

2.1 Policy Statement

The Health and Safety Policy is the overall document which outlines Brighton & Hove City Council's and the school's commitment to managing health and safety. The health and safety standards support the policy and provide guidance on specific subject matters. These standards must be adhered to by council staff when drawing up their local procedures to ensure compliance with relevant legislation.

The Administration of Medicine in Schools and Early Years Settings Standard sets out actions to be undertaken when supporting children's medical needs by administering medication to children.

2.2 Aims

To ensure the school is able to support students with complex medical needs, enabling them to access education at all times.

2.3 Objectives

- To ensure the school implements effective management procedures to manage individual children's medical needs
- To ensure there are sufficient, suitably trained staff within the school to manage medicines as part of their duties
- To ensure that there is a procedure in place in the event of an emergency and that all staff are informed of the necessary actions
- To ensure that there is an effective management procedure to manage medicines/ensure they are stored and handled correctly
- To ensure record keeping is in place and up-to-date

2.4 Responsibilities

2.4.1 Chief Executive

The Chief Executive (B & H Council) is responsible for ensuring that procedures for infection control are prepared and in place. In practice this responsibility is devolved to Headteachers and supervisors, with the support and guidance of the Health, Safety & Wellbeing Team.

2.4.2 Head of Service Children and Families

The Head of Service Children and Families has a responsibility to support schools and settings by clarifying their responsibilities for the administering of medication. The Health, Safety and Wellbeing team, on behalf of the Head of Service Children and Families, will monitor the implementation of this policy through the programme of health and safety audits.

2.4.3 Headteachers, and Governing Bodies

Headteachers, and Governing bodies will:

- Review the individual establishment policy on the administration of medicines and supporting students with complex medical needs in line with this document;
- Implement effective management procedures to manage individual children's medical needs;
- Nominate sufficient staff within the school to manage medicines as part of their duties;
- Ensure that staff are appropriately trained to support students with medical needs;
- Ensure that all staff are informed about the action to be taken in the event of a medical emergency;
- Implement a management system for effective information sharing within the school and healthcare professionals;
- Agree with parents the support that can be provided on an individual basis;
- Ensure that medicines are stored and handled correctly.

2.4.4 Employees

Employees have a duty to protect their own health and safety, and of others who may be effected by their acts or omissions under the Health and Safety at Work Act 1974 (Section 7.) This duty is carried out by;

- Following instructions and procedures; and administering medication in a safe manner in accordance with training and supervision;

- Using protective equipment and controls, if provided, in a safe and proper manner not likely to cause themselves or others any harm;
- Co-operating in the implementation of this standard and its associated guidance
- Reporting problems or defects with equipment or control measures and notifying managers/supervisors of any changes that may affect risks to health.
- Reporting any incidents, including overdosing/giving the wrong amount, administering the wrong medication or failing to administer medication when it was required.

2.5 Legal and Financial Implications

The school has duties under health and safety legislation to ensure the health, safety and wellbeing of their employees and others that may be affected by its undertakings. Others could include members of the public, contractors, service users or visitors etc.

The Health and Safety Executive (HSE) can secure a prosecution **even if there has not been an incident or injury**. An organisation can be prosecuted if there has been a breach in health and safety i.e. if someone has been exposed to a risk or potentially exposed to a risk.

2.5.1 Liability of Staff Administering Medicines

Although there is no legal duty on staff to administer medicines, in the event of an emergency **all** members of staff are under a duty of care to assist a child. Section 3 (5) of The Children’s Act recognises that school staff might need to react in an emergency. The key principle is that they should act reasonably. Civil law has evolved the concept of ‘in loco parentis’. This means in civil cases judges may use case law precedent to decide whether school staff have acted as a reasonably prudent parent would.

2.5.2 Indemnity

In order to give reassurance to staff who assist with administering medication Brighton and Hove City Council agrees to fully indemnify its staff at schools providing the medicines are being administered in accordance with the procedures detailed within this standard. Staff must have been appropriately trained and be acting in accordance with the training they have received. In the most unlikely event of any civil action for damages being taken against you, the council will accept responsibility. Any member of staff will be fully supported throughout the process should an allegation be made.

2.6 Equalities

This standard applies to all staff, irrespective of their age, disability, race, religion and belief, or sexual orientation. Managers should assess the specific needs of their staff and make additional arrangements/adjustments to ensure that all staff are aware of any relevant health and safety information, with particular thought given to staff with vision impairments or learning difficulties or staff whose first language is not English.

The school is required to make reasonable adjustments for disabled students including those with medical needs and for the individual disabled student in their policies and procedures.

2.7 Procedures

Please note that parents should keep their children at home if acutely unwell or infectious.

- 2.7.1 Parents are responsible for providing the Headteacher with comprehensive information regarding the pupil's condition and medication. (see **Appendix 1** Consent form)
- 2.7.2 Prescribed medication to be observed by staff as the student self-medicates will not be accepted in school without complete written and signed instructions from the parent. (**Appendix 1- Consent Form**)
- 2.7.3 Staff will not monitor a non-prescribed medication to a child unless there is specific prior written permission from the parents.
- 2.7.4 A student under 16 will not take medication containing aspirin unless this is prescribed by a doctor.
- 2.7.5 Only reasonable quantities of medication should be supplied to the school (for example, a maximum of four weeks supply at any one time).
- 2.7.6 Where the pupil travels on school transport with an escort, parents should ensure the escort has written instructions relating to any medication sent with the pupil.
- 2.7.7 Each item of medication must be delivered to Student Services, in normal circumstances by the parent, **in a secure and labelled container as originally dispensed by the medical practitioner.**
- 2.7.8 Each item of medication must be clearly labelled with the following information:
- Pupil's Name;
 - Name of Medication;
 - Dosage;
 - Frequency of administration;
 - Date of dispensing;
 - Storage requirements (if important);
 - Expiry date.

The school will not accept items of medication in unlabelled containers.

- 2.7.9 Medication will be kept in a secure place, out of the reach of pupils. Unless otherwise indicated all medication to be administered in school will be kept in an unlocked medicine cabinet, as per instructions of the school nurse.
- 2.7.10 The school will keep records, which are available for parents. (Appendix 3)
- 2.7.11 If children refuse to take medicines, staff will not force them to do so, and will inform the parents of the refusal, as a matter of urgency, on the same day. If a refusal to take medicines results in an emergency, the school's emergency procedures will be followed.
- 2.7.12 It is the responsibility of parents to notify the school in writing if the pupil's need for medication has ceased.
- 2.7.13 It is the parents' responsibility to renew the medication when supplies are running low and to ensure that the medication supplied is within its expiry date.
- 2.7.14 The school will not make changes to dosages on parental instructions. Parents must obtain written instructions from a medical practitioner and pass these to the school.
- 2.7.15 School staff will not dispose of medicines. Medicines, which are in use and in date, should be collected by the parent at the end of each term. Date expired medicines or those no longer required for treatment will be returned to the parent for transfer to a community pharmacist for safe disposal.
- 2.7.16 For each pupil with long-term or complex medication needs, the Headteacher, will ensure that a Health Care Plan is drawn up, in conjunction with the appropriate health professionals. (Appendix 4)
- 2.7.17 Where it is appropriate to do so, pupils will be encouraged to administer their own medication, if necessary under staff supervision. Parents will be asked to confirm in writing if they wish their child to carry their medication with them in school. (Appendix 2)
- 2.7.18 Staff who volunteer to assist in the administration of medication will receive appropriate training/guidance through arrangements made with the School Health Service.
- 2.7.19 The school will make every effort to continue the administration of medication to a pupil whilst on trips away from the school premises, even if additional arrangements might be required. However, there may be occasions when it may not be possible to include a pupil on a school trip if appropriate supervision cannot be guaranteed. A risk assessment will be carried out.

2.7.20 Where children have conditions which may require rapid intervention, all appropriate staff are able to recognise the onset of the condition and take necessary action. Training and advice on recognition of symptoms will be provided by appropriate medical practitioners.

2.7.21 The appropriate number of First Aiders will be available at the school. (See Appendix 6)

2.7.22 All staff will be made aware of the procedures to be followed in the event of an emergency.

2.8 Safety Management

Some medicines may be harmful to anyone for whom they are not prescribed. The Headteacher (delegated to Student Services) has a duty to ensure that the risks to the health of others are properly controlled and monitored. This will be ensured by accurate keeping of records.

3.1 Confidentiality

The individual child and family have a right to confidentiality as with any other medical condition. Privacy and the need for prompt, effective care are to be balanced with sensitivity. The Headteacher (delegated to Student Services) will seek parents' agreement before passing on information about their child's health to other school staff or organisations. Sharing information is important if staff and parents are to ensure the best care for a pupil.

3.2 Non-Prescription Medication

School staff will only observe students to self-medicate on non-prescribed medicines if there is specific prior written permission from the parent(s) for a specified time period and reason. The full dosage instructions must be present on the medicine container and these instructions followed. Administration of non-prescribed medication should only occur if it is in the child's best interest to have such medication and the medication can be administered safely within the school or setting. Criteria, in the national standards for under 8s day care providers, make it clear that non-prescription medicines should not normally be administered.

A record of the name, date, time and dose of the medication will be kept, signed by the person administering the medication and witnessed by another.

Parents should be made aware when medication has been administered during the day to ensure over-dosing does not occur. Parents should, where possible sign the record to acknowledge that medication has been administered. Where this is not possible either a telephone call to the parents or a note should be sent home with the child with records kept.

3.3 Short Term Medical Needs

Some students may need to take medication during the school day at some time during their time in school, e.g. to finish a course of antibiotics or to apply a lotion. To allow a student to do this will minimise the time they need to be absent. However, medicines should only be taken to school where it would be detrimental to a child's health if it were not administered during the school day. Ideally, the medication could be prescribed in dose frequencies which enables it to be taken outside the school day, i.e. three times per day (breakfast, dinner, and bedtime).

3.4 Prescribed Medicines

Medicines should only be taken to school or where it would be detrimental to a child's health if it were not administered during the school day. Only medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber will be accepted. The medicines should always be provided in the original container and include the prescribed instructions for administration.

The school will not accept medicines that have been taken out of the original container or make changes to dosages on parental instruction. It would be beneficial, where clinically appropriate, if medicines are prescribed in dose frequencies which enable it to be taken out of school hours and parents should be encouraged through the school policy to request this.

3.5 Controlled Drugs

In very special Circumstances-Subject to the requirements below, only trained staff can administer a controlled drug to a student for whom it has been prescribed and the prescribed instructions must be followed. A student who has been prescribed a controlled drug may legally have it in their possession and it is permissible for schools/settings to look after a controlled drug, where it is agreed that it will be administered to the child to whom it has been prescribed.

Controlled drugs must be kept in a locked non-portable container and only named staff should be given access. A record should be kept for audit and safety purposes.

When administering controlled drugs, two members of staff must sign the record of administration form. When a controlled drug is no longer required, it must be returned to the parent/carer who will arrange safe disposal via the local pharmacy. If this is not possible, the drug should be returned to the dispensing pharmacist.

Misuse of a controlled drug, such as passing to another student for Use, is an offence and schools/settings must have a policy for dealing with drug misuse.

3.6 Long-Term Medical Needs

It is important for the school to have sufficient background information about the medical condition of a student with long term medical needs. If a student's medical needs are not fully supported, this can negatively affect a student's academic attainments and/or lead to emotional and behavioural problems. The school, therefore, needs to know about any medical needs before a child starts school or when a student develops a medical condition. Where necessary a health care plan or a protocol involving parents and relevant health professionals will be in place

This can include:

- special requirements, e.g. dietary needs;
- medication and any side effects;
- what constitutes an emergency;
- what to do and who to contact in an emergency;
- what not to do in an emergency;
- procedures to be followed when transporting the student (e.g. off-site visits or home to school transport);
- information sharing and record keeping;
- the role the staff can play.

An example of a health care plan is in Appendix 4.

The school may involve a healthcare professional to provide advice on such matters.

4. Administering Medication

4.1 Preventing Administration Errors

Medicines should be brought to school in the original container as dispensed by a pharmacist. Medication should only be given to the named child. Students must not be given medication that has been prescribed for another pupil. Parents are responsible for ensuring that there is sufficient medication to be used in school and that the medication has not passed its expiry date.

Where there is any doubt about the correct dosage to be administered, advice must be obtained from the child's healthcare professional before the medicine is administered.

Only one member of staff **at any one time** should observe the student self-medicating (to avoid the risk of double dosing).

4.2 Recording Administration

When observing the student taking their medicine staff must complete and sign a record of administration. An example of such a record book/form is in Appendix 3.

Any member of staff giving medication should check:

- pupil's name;
- written instructions provided by parents;
- prescribed dose;
- expiry date;
- that all pupils who are due to receive medication have received their medication.

4.3 Medication Administered in an Emergency

It is essential that where students have conditions which may require rapid intervention, all staff are able to recognise the onset of the condition and take appropriate action. Training and advice on recognition of symptoms can usually be offered by the healthcare professionals or parents

Where necessary an emergency action plan will be devised for students who may require rapid intervention. Healthcare professionals and parents will be consulted in such situations.

4.4 Self-Management

It is good practice to allow students who can administer their own medication to do this. Staff will supervise. This decision should be made by the parents in conjunction with the student's healthcare professional and the school.

The school policy should say whether students can carry and administer (where appropriate), their own medication, bearing in mind the safety of other students and medical advice from their healthcare professional.

Emergency medicines such as inhalers, epi-pens etc. should be stored where they are readily accessible and available in the event of an emergency. A parental consent slip must be completed and an example of this is in Appendix 2.

Where a controlled drug has been prescribed, staff should be aware that these need to be kept in a secure container. However, a student can access them for self-medication if it is agreed that it is appropriate.

4.5 Refusing Medication

If a student refuses to take their medication, they should not be forced to do so and a note should be made in the record of administration. The parents/carer will be informed of the refusal on the same day. If the refusal results in an emergency, the school emergency procedures should be followed. These procedures are set out in the health care plan for the individual student.

4.6 Hygiene/Infection Control

All staff should be familiar with normal precautions for avoiding infection and must follow basic hygiene procedures. Staff should have access to and wear protective disposable gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment.

4.7 Disposal of Medicines

Sharps boxes should always be used for the disposal of needles. Sharps boxes can be obtained by parents on prescription from the relevant healthcare professional. Collection and disposal of sharps will be arranged with the registered special waste contractor where necessary.

5. Developing an individual health care plan

A health care plan is design to identify the support a student with medical needs requires. The health care plan clarifies for staff, parents and the student, the help that can be provided. The school will be guided by the student's healthcare professional. An agreement between the school and parents will be made and reviewed on an annual basis. Persons to be involved in the production of the Health care plan may include:

- Headteacher;
- Parent/carer;
- Student (if appropriate);
- Class teacher/Head of House
- Teaching assistant or other support staff;
- Staff who are trained to administer medicines;
- Staff who are trained in emergency procedures.

The Headteacher has delegated the responsibility to Student Services staff to co-ordinate and share information on individual students with medical needs. They are also the first point of contact for parents, staff and external agencies

If a health care plan identifies the need for specific staff to have further information about a medical condition or training in administering a particular type of medication or dealing with emergencies, then training will be provided.

5.1 Offsite Activities and Educational Visits

Students with medical needs are encouraged to participate in safely managed visits.

The lead person, in liaison with the Headteacher, will consider any reasonable adjustments to be made to enable students with medical needs to participate fully and safely on the activity.

It may be decided that further control measures are necessary e.g. an additional adult to accompany an individual student. Arrangements for taking any necessary medication will need to be considered as well as the storage requirements. All staff supervising off-site activities or educational visits should be aware of any medical needs and the relevant emergency procedures. A copy of the individual health care plan should be taken on visits in the event of the information being needed, in addition to the standard data checking sheet.

If staff are concerned about whether they can provide for a student's safety or the safety of other students, they should consult with the parents, relevant healthcare professionals and the Outdoor Education Adviser.

5.2 Work Experience

The school has a primary duty of care for students including a responsibility to ensure that work experience placements are suitable for students with medical needs. The school is also responsible for students with medical needs who are educated off-site through another provider e.g. further education college.

The school will assess the suitability of all off-site provision including college or work placements. This will include the overall risk assessment of the activity, including issues such as travel to and from the placement and supervision during non-teaching time or breaks and lunch hours. This does not conflict with the responsibility of the college or employer to undertake risk assessment to identify significant risks and necessary control measures when students below the minimum school leaving age are on site.

The school will undertake a risk assessment of the whole activity that takes into account the site specific risk assessment. Responsibility for risk assessments remain with the employer or college. The school will need to ensure that these risk assessments take into account the medical needs. Parents and students must give their permission before relevant medical information is shared on a confidential basis with employers or colleges.

5.3 Sporting Activities

Most students with medical conditions can participate in sport or extra-curricular activities. For many, physical activity can benefit their overall social, mental and physical health and well-being. Any restrictions on a student's ability to participate in PE will be included in their individual health care plan and clearance may be obtained from the student's healthcare professional. Some students need to take precautionary measures before or during exercise or may need to have immediate access to their medication. If a student suffers a severe adverse medical reaction, clearance will be obtained from their healthcare professional before resuming the activity.

5.4 Home to School Transport

Most students with medical needs do not require supervision on school transport but escorts will be provided where necessary. Where home to school transport is being provided, the council must take reasonable care to ensure that students are safe during the

journey. Where students have specific medical needs, the driver and/or escort should know what to do in a medical emergency but should not, generally administer medication.

Where students have life threatening conditions or a medical need that requires an emergency response, specific health care plans should be carried on vehicles detailing the symptoms that may be displayed and the action to be taken by the driver and/or escort. Before sharing any information, parental consent must be obtained. All drivers and escorts will receive basic first aid training as well as an awareness session on complex medical needs and the procedures to be followed in an emergency.

Some students are at risk of severe allergic reactions. This risk can be minimised by not allowing anyone to eat on vehicles. It is recommended that all escorts are trained in the use of an adrenaline pen for emergencies, where appropriate.

5.5 Training

Appropriate First Aid training is provided to Student Services staff, with specific training from health care professionals for students with serious medical needs. Additional first aid is provided by Longhill Sports Centre specifically outside of the working hours of student services.

The school has additional voluntary first aid trained staff in most faculties/departments in the school; which include Technology, Science, Physical education, Science, English and MFL, Pastoral Support, SEND and Humanities.

(It is recommended by the Department for Children, Schools and Families (DCSF) that schools ensure they have sufficient members of support staff, with appropriate training, to manage medicines as part of their duties and that these duties are included in job descriptions. This applies to Student Services staff at Longhill High School.)

If staff are **not available** to administer treatment it is essential that appropriate aid is summoned urgently by telephoning for an ambulance. In some cases, the ambulance crew will be able to administer the medication on route to the nearest hospital. In any event they will be able to radio for advice and give advance warning of the child's condition before arriving at hospital.

It is essential that where children have conditions which may require rapid intervention, all staff are able to recognise the onset of the condition and take appropriate action. Training and advice on recognition of symptoms can usually be offered by the school nurse.

5.6 Information and Instruction

Parents or carers have the prime responsibility for their child's health and should provide the school with information about their child's medical condition. Where information is shared with a third party (e.g. work experience provider, escort or driver for home to school transport), consent will first be obtained from the parent/ carer.

5.7 Record Keeping

Parents are responsible for supplying information about the medication and informing the school about changes to the prescription or the support needed for students. The school will check periodically that this is the same information as that provided by the healthcare professional or on the prescribed instructions.

Data checking sheets which include medical information will be sent to parents annually to ensure accurate and up to date records are maintained.

Medicines should always be provided in the original container and should include the following written information:

- Name of student;
- name of medication;
- dose;
- method of administration;
- time and frequency of administration;
- other treatment;
- any side effects;
- expiry date.

A parental consent form must be obtained before the administration of any medication and this form will record the above details. An example of this form is in Appendix 1.

This policy will be reviewed annually and updated more frequently as required by changes to legislation, medical standards or best practice.

5.8 Provision of Emergency Hormonal Contraception

The school will follow the guidance provided by the Sussex Community NHS Trust for the provision of Emergency Hormonal contraception at Longhill.
(See Appendix 7)

The nominated members of staff to administer this process will be the designated Child Protection staff (currently Miss Winfield, Mr Stobbart, Mr Willett, Miss C South, Mr M Fleming and Miss G Brazier)

'Spare' Antihistamines are Not Permitted

Schools should NOT hold antihistamines such as Piriton for general use. Children under 16 should not be given any prescription or non-prescription medicines without their parent/carer's written consent. This is reflected in the DfE Guidance "Supporting children at schools with medical conditions" (Dec 2015). A lack of parental consent, when taken with the additional issues outlined below could give rise to significant liability for any school which did administer this type of medication in these circumstances.

The position regarding the use of 'general' antihistamines can be contrasted with the very specific legislation and guidance around the use of general epi-pens and inhalers in schools. In the absence of some similarly prescriptive guidance regarding the use of antihistamines it is the councils view that schools should not hold a stock of antihistamines for general use.

Outline of why schools must not hold and administer 'spare' antihistamines:

- There is potential liability where medication is given without parental consent and in particular where there are restrictions based on religious grounds or where a pupil may not be permitted it for other medical reasons (which may or may not be known by the school.)
- Advice from NHS Lead Pharmacist (2018) that Piriton would not be deemed the most appropriate first medication given to a child in an emergency situation due to its potential sedative effect which may mask other effects.
- NHS Lead Pharmacists view that Piriton shouldn't be administered in the case of anaphylaxis as it is an oral medication and the risk of choking where there is a restricted airway.
- Notwithstanding the two previous bullet point, in the event that there is an instruction from a 999 call handler to administer an antihistamine, only where the school holds it for that named child and where consent has been gained can it be administered. The instruction of a 999 call handler does not take the place of a prescription or parental consent.

Appendix 1

Parental Consent Form

TO BE COMPLETED BY THE PARENT/CARER OF ANY CHILD TO WHOM DRUGS MAY BE ADMINISTERED UNDER THE SUPERVISION OF SCHOOL STAFF.

If you need help to complete this form, please contact the School or the Health Visitor attached to your doctor's surgery. Please complete in block letters.

Name of Child	
Date of Birth	
School	
Home Address	

Doctor's Name	
Doctor's Phone No.	
Doctor's 24hour contact No.	
Doctor's Address	

The Doctor has prescribed (as follows) for my child:

a) Regularly:

Name of Drug/ Medicine to be given	How Often (e.g. lunchtime, after food?)	How much (e.g. half a teaspoon? 1 tablet?)

b) In special circumstances:

Describe what circumstances, and the nature and dosage of the prescribed medicine or treatment)

c) Special Procedures

Describe what circumstances, nature of dosage, procedures to be carried out, amount of food and frequency (including Administration of Rectal Valium (Diazepam), assistance with catheters, equipment for tracheostomies and tube feeding)

I request that the treatment be given in accordance with the above information by a responsible member of the school staff who has received any necessary training. I understand that it may be necessary for this treatment to be carried out during educational visits and other out of school activities, as well as on the school premises.

I undertake to supply the school with the drugs, medicines or foods in properly labelled containers and keep the school informed of any material facts or information which may affect medication being given to the child.

I accept that whilst my child is in the care of the School, the School staff stand in the position of the parent and that the school staff may therefore need to arrange any medical aid considered necessary in an emergency, but I will be told of any such action as soon as possible.

Signed (Parent/Carer):	
Home telephone number:	
Daytime telephone number	
Date:	

Alternative contact: Name:	
Relationship to child:	
Phone number:	

I undertake to provide advice if any changes in medication/medical procedures are necessary.

Name of Doctor/Consultant Paediatrician:	
Signature :	
Date :	

PARENTAL CONSENT FORM FOR PUPIL TO CARRY THEIR OWN MEDICATION

This form must be completed by parents/carers

Please complete in block letters

Name of child:	
Class:	
Address:	
Condition or illness:	
Name of Medicine:	
Procedure to be taken in an emergency:	

Contact Information

Name:	
Daytime telephone number:	
Relationship to child:	

I would like my child to keep his/her medication on him/her for use as necessary.

Signed:

Date:

Relationship to child:

HEALTH CARE PLAN

Name of Child	
Date of Birth	
Condition	
Date	
Class/ Form	
Review Date	

Contact Information

Family Contact 1

Name	
Phone: Work	
Mobile	
Home	
Relationship	

Family Contact 2

Name	
Phone: Work	
Mobile	
Home	
Relationship	

Clinic/Hospital Contact

Name	
Tel. No	

GP

Name	
Tel. No.	

Describe condition and give details of pupil's individual symptoms:

Daily care requirements (e.g., before sport/at lunchtime):

--

Describe what constitutes an emergency for the pupil and the action to take if this occurs:

--

Follow-up Care:

--

Who is responsible in an emergency: (state if differ on off-site activities):

--

Form copied to:

--

Appendix 5

The Equalities Act 2010

The Act states that children with special educational needs should have their needs met and that they will normally be in mainstream schools/settings. Unless a parent indicates that they do not want their child educated in a mainstream school, the Local Authority must ensure that the child is educated in a mainstream school/ setting unless it is incompatible with the efficient education of other children and reasonable adjustments cannot be made.

It is unlawful for any school to discriminate against disabled students (current or prospective) in relation to all education and associated services for students and prospective students - in essence, all aspects of school life, including extracurricular activities and school trips. A disabled student can be discriminated against in two ways:

- If a schools/setting treats a disabled student or prospective student less favourably than another because of his or her disability, without justification, they may be breaking the law.
- Schools/settings can also be found to have discriminated where they have failed to take "reasonable steps" which leads to disabled child/young persons and prospective students being placed at a "substantial disadvantage" compared to non-disabled child/young persons.

The key tests are that policies, procedures and practices do not lead directly to less favourable treatment or substantial disadvantage and that they provide the school with the flexibility required to respond to individual needs as they arise.

Appendix 6

Recommended minimum ratio of employees to First Aid staff

Category of risk	Number of employees at the location	Suggested number of first aid staff
Lower Risk E.g.: shops, offices, libraries etc.	Fewer than 50	At least 1 appointed person
	50 – 100	At least 1 first aider
	More than 100	1 additional first aider for every 100 employed
Medium Risk E.g.: light engineering, food processing, pest control etc.	Fewer than 20	At least 1 appointed person
	20-100	1 first aider for every 50 or part of employed
	More than 100	1 additional first aider for every 100 employed
High Risk E.g.: construction work, chemical, manufacture, sharp instruments etc.	Fewer than 5	At least 1 appointed person
	5 – 50	At least 1 first aider
	More than 50	1 additional first aider for every 50 employed
	Where hazards exist that require additional first aid skills	In addition, at least 1 first aider trained in the specific emergency action

1. Number of Employees

There are no approximate figures for the ratio of First Aiders that should be appointed to the number of employees. However, the above table can be used in the First Aid needs assessment process. When the risk of the work activity being undertaken has been assessed, the number of First Aiders can be recommended. It is essential that any establishments, with special or unusual hazards, should ensure that at least one person has received specialised training in the particular hazard or hazards concerned.

Appendix 7

Provision of Emergency Hormonal Contraception at Longhill School

Background: In line with government and local authority guidelines for the reduction of unplanned teenage pregnancy, Healthy Schools in Brighton and Hove and the Sussex Community NHS Trust Contraception and Sexual Health (CASH) Service have agreed to work collaboratively to provide Hormonal Contraception (EHC) to named clients on school premises, ensuring that clients have access to confidential and non-judgemental CASH services. All nursing staff have regular training updates in Safeguarding of Children to Level 3, are DBS checked and follow CASH Service Standard Operating Procedures for delivery of care to Under 16's. A parental consultation process has been completed prior to initiation of services.

Purpose: It has been identified that there is a small number of pupils attending school that request EHC, but are unable to access clinic based services. This agreement will outline the formal procedure to address the needs of this client group.

Aim: To provide EHC to pupils at Longhill and BACA schools, on an 'as needed' and named basis

Procedure/information for school staff:

1. It has been identified that for continuity and to maintain an effective service, schools will have designated staff to facilitate the pupil referral system.
2. Designated personnel identify need for EHC (see appendix 1), contact the Visiting Service of the Morley Street CASH Service for discussion/advice and arrange a nurse visit to the pupil on school premises, subject to clinician availability.
3. Designated personnel will contact the Outreach CASH nurse, Alex Wilson on 07920151628 or via Morley Street CASH clinic on 01273 242091
4. School personnel and CASH Nurse will arrange a time and venue for consultation +/- treatment on school site
5. School personnel will meet CASH Nurse at an arranged meeting point with pupil and escort both to a designated room. Where possible, and to minimise pupil and class disruption, visits will be arranged in break time. However, this may not always be possible, and the CASH Nurse might need to arrange a visit within class time. In this instance, and to maintain client confidentiality, it is expected that pupils will not be questioned as to the nature of their absence when leaving/returning to class. Schools may wish to issue a slip to these pupils, explaining their absence as a visit to the School Nurse.

6. In line with CASH Service guidelines, the CASH Nurses maintain client confidentiality at all times, and will not share client information outside of the consultation with school staff, unless the pupil gives consent for information sharing, or if a Safeguarding issue becomes apparent.
7. If a Safeguarding incident is identified, the CASH Nurse will make the referral, in partnership with school staff.

Procedure/information for CASH nurses:

1. Outreach nurses will receive a verbal referral from school staff. Having discussed pupil's needs with designated school staff, nurses will then make the decision to arrange a visit for treatment/ signpost pupil to alternative service/ arrange clinic visit at an alternative time.
2. If a visit to a pupil is arranged, then CASH Nurses will agree a time with school staff, and arrange to meet the staff member with the pupil at an agreed location.
3. If CASH Nurses are unable to visit a pupil within school time, the pupil will be signposted to an alternative service e.g. GP/pharmacist, or will be invited to attend clinic where possible.
4. If client follow up is required following an initial consultation, CASH Nurses will arrange this within Morley Street CASH Clinic where possible. However, should a pupil's circumstances prevent this, then CASH Nurses may arrange a follow up visit in school time, in agreement with school staff, minimising impact wherever possible to the pupil and their class.

**APPROPRIATE IDENTIFICATION OF NEED FOR EMERGENCY HORMONAL
CONTRACEPTION**

