

Burnside College

Health & Safety Statement - Appendix N

Supporting Pupils with Medical Conditions Policy

2024 - 2025

Reviewed by: DPW - Oct 2024
Ratified by Governors - Dec 2024

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1. Aims

This policy aims to ensure that:

- Pupils, staff and parents understand how our school will support pupils with medical conditions
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities

The governing board will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of pupils' conditions, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- Providing supply teachers with appropriate information about the policy and relevant pupils
- Developing and monitoring individual healthcare plans (IHPs)

2. Legislation and Statutory Responsibilities

This policy meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education's statutory guidance on [supporting pupils with medical conditions at school](#).

3. Roles and Responsibilities

3.1 The governing body

The governing board has ultimate responsibility to make arrangements to support pupils with medical conditions. The governing body will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

3.2 The headteacher

The headteacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- Ensure that all staff who need to know are aware of a child's condition
- Take overall responsibility for the development of IHPs
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- When appropriate, contact the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse

- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

3.3 Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

3.4 Parents

Parents/carers will:

- Provide the school with sufficient and up-to-date information about their child's medical needs
- Be involved in the development and review of their child's IHP and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHP, e.g. provide medicines and equipment, and ensure they or another nominated adult are contactable at all times
- Ensure their child attends school unless they are acutely ill. To facilitate this it may be necessary for them to take medication during school hours; however this should only be when essential. Where clinically appropriate medicines can be prescribed in dose frequencies, which enable it to be taken outside of school hours. Parents/carers are encouraged to ask the prescriber about this. It is noted that medicines that need to be taken three times a day could be taken in the morning, after school and at bedtime.

3.5 Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

3.6 School nurses and other healthcare professionals

The school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible. They may also support staff to implement a child's IHP.

Healthcare professionals, such as GPs and paediatricians, will liaise with the school's nurses and notify them of any pupils identified as having a medical condition. They may also provide advice on developing IHPs.

4. Equal Opportunities

Our school is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

5. Being notified that a child has a medical condition

When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHP.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

6. Individual Healthcare Plans

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to Ms H Newton.

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil has SEN but does not have an EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing board and the headteacher/role of individual with responsibility for developing IHPs, will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments
- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons
- Specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions
- The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable
- Who in the school needs to be aware of the pupil's condition and the support required
- Arrangements for written permission from parents for medication to be administered by a member of staff, or self-administered by the pupil, during school hours
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact, and contingency arrangements

7. Managing Medications

Prescription and non-prescription medicines will only be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so and
- Where we have parents' written consent
- Non-prescribed medicines over the counter pain relief / antihistamines will only be administered for a limited time (24 hour period and in all cases not exceeding 48 hours).

The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents.

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents will always be informed.

The school will only accept prescribed medicines that are:

- In-date
- Labelled with the child's name
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage

All prescribed medication must be accompanied by a written confirmation by a health practitioner (e.g. GP, clinical nurse specialist, nurse practitioner) including the time/dose to be given in school.

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

If two medications are required, these should be in separate, clearly and appropriately labelled containers.

On arrival at school, all medication is to be handed to the designated member of staff by the parent/carer, unless there is a prior agreement with school and parent for the pupil to carry medication (e.g. asthma inhalers / epipen) and details of this are entered in the medication record (Form G). Students carrying own asthma inhalers / epipens should also carry asthma plan / epipen plan.

It is the students responsibility to alert a member of staff if medication has not been administered at the agreed time.

All medicines will be stored safely. Pupils will be informed about where their medicines are at all times and be able to access them promptly. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.

Medicines will be returned to parents to arrange for safe disposal when no longer required.

7.1 Controlled Drugs

[Controlled drugs](#) are prescription medicines that are controlled under the [Misuse of Drugs Regulations 2001](#) and subsequent amendments, such as morphine or methadone.

All controlled drugs are kept in a secure cupboard in the school office and only named staff have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

7.2 Pupils Managing their own needs

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents and it will be reflected in their IHPs.

Pupils will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHP and inform parents so that an alternative option can be considered, if necessary.

7.3 Storage of Medication in school

Medication must be stored in a locked filing cabinet with the key stored in an accessible but restricted place known to the designated members of staff.

If fridge storage is required this must be lockable or located in a lockable designated room for the sole purpose of medicines.

Once removed from the cabinet, medication should be administered immediately and never left unattended.

7.4 Documentation

Samples of documentation are included in the appendices. **Verbal messages are not acceptable.**

Each pupil receiving medication will have the following documentation:

- Written agreement by parent/carer for school to administer medication (Form A)
- Written confirmation of administration from a health practitioner for prescribed medicines
- Pupil record of medication administered. (Form C)
- Parental/carer consent for school trips (Form F)

In addition, pupils with complex medical needs will have an Individual Health Care Plan (IHCP). (Form B) / Asthma Plan / Allergy Plan.

7.5 Administration of Medication

Staff who have volunteered or who are employed for the purpose of administering medication and health care:

- Should receive training and advice from the appropriate health practitioner through the Local Authority.
- Training will be updated appropriately and recorded. (Form H)
- Are responsible for notifying the school when their training requires updating and for ensuring this is arranged.

- Staff involved in specific complex procedures e.g. medication via gastrostomy tube, oxygen therapy, will receive a certificate following training accreditation confirming their ability to perform the procedure.
- Medicine should be administered in an appropriate/confidential room.
- Before medication is administered, the child's identity must be established by checking with another competent member of staff, who should confirm the correct medication is being administered and countersign the administration record.
- Staff will follow directions for administration of medication provided in writing by the health practitioner.
- Staff will record details of each administration of medication. (Form C).
- A child should never be forced to accept medication and where medication is refused parents will be informed.

In the event of your child having an asthma attack/allergic reaction (anaphylactic shock) the school will follow the Department of Health guidelines and use your child's own inhaler/epipen if available. However, if not, the school emergency salbutamol inhaler/epipen will be used.

7.6 Self-Administration of Medication

Parents/carers must complete a written parental agreement form for a child to self-administer medication (Form A). (Examples would include Insulin and or asthma medication. This is not a conclusive list). This would only be permitted where a child has been trained and is competent in administering their own medication (Form G)

7.7 Record Keeping

A system of record keeping will include:

- Records of parent/carer consent and health practitioner instructions including those for self-administration consent, which should be reviewed and confirmed annually (September) in addition to ongoing updating (this includes annual asthma reviews).
- Record of administration of medication including amount administered and amount remaining (running total) is to be kept in a bound book.
- Record of medication returned to the parent/carer wherever possible.
- Record of medication disposed of and the form of this disposal.

A parent/carer agreement form should be completed each time there is a request for medication to be administered or there are changes to medication / administration instructions (Form A).

The agreement form must include:

- Child's name, class, date of birth
- Reason for request
- Name of medication, timing of administration and dosage of medication - confirmed in writing by a health practitioner if prescribed medication
- Emergency contact names and telephone numbers
- Name and details of Doctor and/or health practitioner

Reasons for not administering regular medication e.g. refusal by a student must be recorded and parents informed immediately / within the timescale agreed by the health practitioner.

The school must keep records of medication administered in a bound book. This bound book must be kept in a lockable filing cabinet (Form C).

7.8 Emergency Medication

Emergency medication is subject to the same request and recording systems as non-emergency medication, with signed consent and a written IHP.

This type of medication will be readily available.

Consent and the IHP is to be kept with the medication.

The IHP must be checked and reviewed termly.

It is the parents'/carers' responsibility to notify school of any change in medication or administration.

Procedures in the IHP (Form B) should identify:

- Where the medication is stored
- Who should collect it in an emergency
- Who should stay with the child
- Who will telephone for an ambulance/medical support
- Contact arrangements for parents/carers
- Supervision of other pupils
- Support for pupils witnessing the event

7.9 Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable to:

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents
- Ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments

- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

8. Emergency Procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives, or accompany the pupil to hospital by ambulance.

8.1 Automated External Defibrillator (AED)

The school has on site three Automated External Defibrillators (AED). An AED is a machine used to give an electric shock when a person is in cardiac arrest, i.e. when the heart stops beating normally. Cardiac arrest can affect people of any age and without warning. If this happens, swift action in the form of early cardiopulmonary resuscitation (CPR) and prompt defibrillation can help save a person's life. Survival rates as high as 75% have been reported where CPR and defibrillation are delivered promptly. This is why the statutory guidance on supporting pupils at school with medical conditions advises schools to consider purchasing an AED as part of their first-aid equipment. (DFE).

The school has three AED devices which are located at:

- Main reception
- PE Office
- Science Department (3G11)

First Aiders on Reception have been trained on the use of AEDs as part of their First Aid training and in the event of an emergency will follow the [DFE AEDS Guidance](#).

8.2 Emergency Evacuation of the College

In the event of an evacuation of the college buildings, Mrs H Newton (First Aider) will have available an 'emergency medical/medicine bag'. The contents of this bag is regularly reviewed in line with current reported/consented medical conditions.

9. Training

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the headteacher or their delegated representative. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- Fulfil the requirements in the IHPs
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

Healthcare professionals can provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

Staff must not give prescribed medication or undertake healthcare procedures without appropriate training.

10. Record keeping

The governing body will ensure that written records are kept of all medicine administered to pupils for as long as these pupils are at the school.

Parents/carers will be informed if their child has been unwell at school.

IHPs are kept in a readily accessible place which all staff are aware of.

11. Liability and indemnity

The governing body will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

Burnside College is a member of the Department for Education's risk protection arrangement (RPA).

12. Complaints

Parents with a complaint about their child's medical condition should discuss these directly with their child's Progress Leader in the first instance. If the Progress Leader cannot resolve the matter, they will direct parents to the Director of Support Services and ultimately the school's complaints procedure if the matter can not be resolved.

13. Monitoring arrangements

This policy will be reviewed and approved by the governing board annually

14. Links to other policies

This policy links to the following policies:

- Equality Accessibility plan
- Equality information and objectives
- Health and Safety Policy and appendices
- Safeguarding and Child Protection Policy
- Special Educational Needs information report and policy
- Attendance and Registration Policy
- Complaints Policy and Procedure

15. Proformas (which can be used in relation to this policy)

Form A - Parental Agreement for administration / self-administration of medication

Form B - Health Care Plan

Form C - Record of Medicines Administered

Form D - Contacting of Emergency Services

Form E - Record of Disposal of Medication

Form F - EVF4 – Parental Consent – Medication on Educational Trips

Form G - Request for child to carry his/her own medication

Form H - Staff Training Record

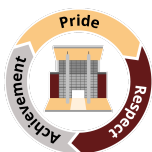
Form I - Individual Epilepsy Plan

Form J - Record of Emergency Salbutamol Inhaler administered

Form K - Authorisation for the administration of emergency medication

Form L - Letter informing parents of use of emergency Salbutamol Inhaler

Form M - Letter for developing an Individual Healthcare Plan



Burnside College

Parental agreement for school to administer medication / supervise self-administration of medication

Note: Medication must be in the original container as dispensed by the Pharmacy

Name of child:	Date of Birth:	Form Class:
Medical diagnosis or condition:		
Does your child have a Health Care Plan for this medical condition i.e. asthma plan / epipen plan? If so, please attach a copy		Yes / No (delete as appropriate)
Name and strength of medicine:		
Date Received:	Expiry Date:	
Dosage:	Frequency of medicine:	
Who prescribed medication i.e. Specialist Nurse/Consultant? (delete as appropriate) Review Date of Medication:	Name: Contact No: Next Review Date: _____ Last Review Date: _____ (within the past year)	
Special precautions/other instructions:		

Are there any side effects that the school needs to know about?	
Procedure to be taken in an emergency:	
Self-administration?	Yes / No (delete as appropriate)
Quantity received (number of doses/volume)	
Quantity returned:	
Date returned:	
End date of course of medication:	

<p>It is agreed that _____ (name of child) will receive:</p> <p>Name of medicine: _____ Dose: _____</p> <p>At the following time/s: _____</p>	
<p><i>Medication will be given or supervised by key staff on Student Reception</i></p>	
Contact Details	
Name:	Telephone No:
Address:	Relationship to child:
Name of GP:	Telephone No of GP:
<p><i>I understand that I must deliver the medication personally to Main Reception</i></p>	

In the event of your child having an asthma attack / allergic reaction the school will follow the Department of Health guidelines and use your child's own inhaler / epipen if available, however, if not, the school emergency salbutamol inhaler/epipen will be used.

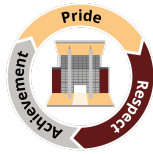
The above information is, to the best of my knowledge, accurate at the time of writing. I give consent to school staff administering medicine in accordance with the school policy / consent to my son/daughter administering their own medication as described above. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medication is stopped.

Parent / Carer's signature: _____

Print Name: _____

Date: _____

If more than one medicine is to be given a separate form should be completed for each one.



Form B

**Burnside College
Individual Healthcare Plan
(Pupils with complex medical needs)**

1. Child/Young person details

Child's Name:		Form Class:
Date of Birth:		
Child's Address:		
Medical diagnosis or condition		
Consultant/Specialist Nurse (delete as appropriate)	Name: Telephone No:	
Date:		
Review Date:		

2. Family Information/Emergency Contact

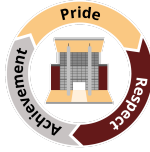
Name of Parent/Carer	
Relationship	
Telephone Number	Home: Work: Mobile:
Email	
Name of Emergency Contact	
Relationship	
Telephone Number	Home: Work: Mobile:
Email	

Name of Health Contact	
Telephone Number	
Email	
Name of GP	
Telephone Number	
Who is responsible for providing support in school	

3. Medical Information

Describe medical needs and give details of child's symptoms, triggers, signs, treatment, facilities, equipment or devices, environmental issues etc.
Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision.
Daily management of medication (including emergency care e.g. before sport/at lunchtime)
Additional advice from relevant health care professional (e.g. specialist nurse etc)

Daily care requirements (e.g. before sport/ at lunchtime):
Specific support for the pupil's educational, social and emotional needs
Arrangements for school visits/trips etc
Other Information
Describe what constitutes an emergency for the child, and 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:



Form D

Burnside College

Contacting the emergency services

Request for an Ambulance

Dial 999, ask for ambulance (Paediatric if a child) and be ready with the following information

Your telephone number:

Give your location as follows (*insert school address*):

State that the postcode is:

Give exact location in the school (*insert brief description*):

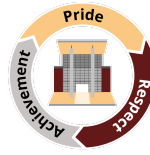
Give your name:

Give name of child and a brief description of child's symptoms:

Inform Ambulance Control of the best entrance and state that the crew will be met and taken to:

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

Put a completed copy of this form by the telephone.

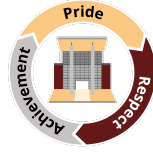


Form E

Burnside College

Record of disposal of medication

Date of Disposal	Students Name	DOB	Name and strength of medicine	No of tablets disposed of	Parents Name	Consent given	Disposed of by	Witnessed & checked by (staff signature)



Form F

Burnside College

General Medical Information

Please provide General medical information regarding your child that any member of staff taking your child on a trip would need to be aware of. If this information changes over the course of the school year, please contact the school immediately to update.

Does your child have any conditions requiring treatment, including medication? YES/NO

In YES please give brief details:

Please outline any special dietary requirements of your child and the type of pain /flu relief medication your child may be given if necessary:

Dietary requirements:

Pain/Flu Relief Medication:

Is your child allergic to any medication? YES/NO

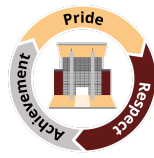
If YES please give details

When did your child last have a tetanus injection?

Name of family doctor

Telephone number

Address



Form G

Burnside College

Request for child to carry his / her own medication

This form must be completed by parents/carers.
If staff have any concerns, please discuss this request with healthcare professionals.

Child's details

Child's name:		Form:
Date of Birth		
Child's address:		
Name of medication		
Procedure to be taken in an emergency		
Consultant/GP/Specialist Nurse (delete as appropriate)	Name: Telephone No:	

Contact Information

Name:		
Contact Numbers:	Home:	
	Work:	
	Mobile:	
Relationship to child:		
Name:		
Contact Numbers:	Home:	
	Work:	
	Mobile:	
Relationship to child:		

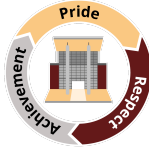
I would like my son/daughter to keep his/her medicine on him/her for use as necessary.

I confirm that my son/daughter has received suitable information, instruction and training and is competent to administer their own medication.

Signature of Parent/Carer: _____

Signature of Student: _____ Date: _____

If more than one medicine to be given a separate form should be completed for each on



Form H

Burnside College

Staff training record – Administration of medication

Name:	
Type of training received:	
Date of training:	
Trained 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.

Signed: _____

Date: _____

Suggested review date: _____



Form I

Burnside College

Individual Epilepsy Plan

Childs Name	
Date of Birth	

Emergency Contact	
Name:	
Relationship with child	
Phone Number	

ARE THERE ANY TRIGGERS OR WARNING PRIOR TO SEIZURE?

DESCRIPTION OF USUAL SEIZURES:

Frequency of seizures Please specify	
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USUAL CARE DURING A SEIZURE

- Observe time at start of seizure
- Stay with and reassure them
- Summon help
- Protect head from injury
- Maintain privacy and dignity
- Other care

Emergency Care/Medication:

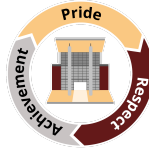
(Please write the name of medication and individual action i.e. when to give, when to repeat dose).

The emergency procedure may be repeated, if necessary, 4 hours after first initiated and twice in any 24 hour period

POST SEIZURE

Usual behaviour (e.g. disorientated/vomiting/sleepy/aggressive).

PLACE IN RECOVERY POSITION IF SLEEP



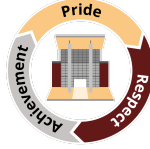
Form J

Burnside College

Record of emergency Salbutamol Inhaler administered

Date	Time	Name of Student	DOB	Form	Comment (no. of puffs)	Signature of staff administering	Witnessed & checked by (signature of staff)

* Please also record full details of the incident on the First Aid log and the student's individual medications form.



Form K

Burnside College

Authorisation for the administration of emergency medication

To be completed where administering of emergency medication may be required

Child's Name	
Date of Birth	
Home Address	
Name of G.P.	
Name of Hospital Consultant (if applicable)	
Details of administration of medication	

Doctor's Signature: _____ Date: _____

Parent/carer Signature _____ Date: _____

Form L - Inform parents of emergency inhaler/epipen/paracetamol

Our Ref:

Date:

Dear

Re:

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

A member of staff helped them to use their inhaler.

Or

They did not have their own asthma inhaler with them, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given puffs.

Or

Their own inhaler was not working, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given puffs.

Although he / she soon felt better, we would strongly advise that you have seen by your own doctor as soon as possible.

Yours sincerely

Form M - Letter for developing an Individual Healthcare Plan

Our Ref:

Date:

Dear Parent/Carer

RE: DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the School's policy for supporting students at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership with the school, parents/carers, pupils and the relevant healthcare professional who can advise on your child's case.

The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for (date). I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend.

The meeting will include (add details of those who will also be present). Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan form and return it, together with any relevant evidence, for consideration at the meeting. I would be happy for you to contact me by email (email address) or to speak by phone if this would be helpful.

Yours sincerely