



Barcroft

Primary School



Barcroft Primary School

Medication Policy

2021 - 2023



1. DEFINITION

Pupils' medical needs may be broadly summarised as being two types:

- (a) Short-term, affecting their participation in school activities which they are on a course of medication.
- (b) Long-term, potentially limiting their access to education and requiring extra care and support.

2. INTRODUCTION

Children and young people with medical conditions are entitled to a full education and have the same rights of admission to school as other children. This means that no child with a medical condition should be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made.

This document sets out Barcroft Primary School's policy for supporting pupils with medical conditions. It has the full support of governors, the Head Teacher and senior staff. It will be reviewed regularly and will be made readily available to parents and school staff.

In implementing our policy, we will follow the statutory guidance set out in the Department for Education's document "[Supporting pupils at school with medical conditions](#)". We will also use the template [forms](#) provided by the Department for Education:

- Template A: individual healthcare plan
- Template B: parental agreement for setting to administer medicine
- Template C: record of medicine administered to an individual child
- Template D: record of medicine administered to all children
- Template E: staff training record - administration of medicines
- Template F: contacting emergency services
- Template G: model letter inviting parents to contribute to individual healthcare plan development

3. SCHOOL ETHOS

Schools have a responsibility for the health and safety of pupils in their care. The Health and Safety at Work Act 1974 makes employers responsible for the health and safety of employees and anyone else on the premises. In the case of pupils with special medical needs, the responsibility of the employer is to make sure that safety measures cover the needs of all pupils at the school. This may mean making special arrangements for particular pupils so that they can access their full and equal entitlement to all aspects of the curriculum.

In this case, individual procedures may be required. Barcroft Primary School is responsible for making sure that relevant staff know about and are, if necessary, trained to provide any additional support that pupils with medical conditions (long or short term) may need. The Children and Families Act 2014 places a duty on schools to make arrangements for children with medical conditions. Pupils with medical conditions have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone. However, teacher and other school staff in charge of pupils have a common law duty to act 'in loco parentis' and make sure the safety of all pupils in their care. To this end, we reserve the right to refuse admittance to a child with an infectious disease, where there

may be a risk posed to others or to the health of the child involved. This duty also extends to teacher leading activities taking place off the school site.

The prime responsibility for a child's health lies with the parent, who is responsible for the child's medication and must supply the school with all relevant information needed in order for proficient care to be given to the child. The school takes advice and guidance from a range of sources, including the School Nurse, Health professionals and the child's GP in addition to the information provided by parents in the first instance. This enables us to ensure we assess and manage risk and minimise disruption to the learning of the child and others who may be affected (for example, class mates).

4. EXPECTATIONS

We will ensure that pupils with medical conditions, in terms of both physical and mental health, are properly supported so that they have full access to education, including school trips and physical education, and can access and enjoy the same opportunities at school as any other child.

We will ensure that arrangements are in place in school to support pupils with medical conditions. These arrangements should give parents and pupils confidence in our ability to provide effective support for medical conditions in school.

We will consult with our health colleagues, social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported.

Where children with medical conditions may be considered disabled, we will ensure that we comply with our duties set out in the Equality Act 2010.

Where children with medical conditions have a special educational need (SEND) and have a statement, or Education, Health and Care plan (EHCP) we will comply with the [Special educational needs and disability \(SEND\) code of practice](#). We will ensure that staff are properly trained to provide the support that pupils need.

It is expected that:

- ✓ Parents will inform school of any medical condition which affects their child.
- ✓ Parents will supply school with appropriately prescribed medication, where the dosage information and regime is clearly printed by a pharmacy on the container.
- ✓ Parents will ensure that medicines to be given in school are in date and clearly labelled.
- ✓ Parents will co-operate in training their children to self-administer medicine if this is appropriate, and that staff members will only be involved if this is not possible.
- ✓ Medical professionals involved in the care of children with medical needs will fully inform staff beforehand of the child's condition, its management and implications for the school life of that individual
- ✓ Barcroft Primary School will ensure that, where appropriate, children are involved in discussing the management and administration of their medicines and are able to access and administer their medicine if this is part of their Individual Healthcare plan (for example, an inhaler)
- ✓ School staff will liaise as necessary with Healthcare professionals and services in order to access the most up-to-date advice about a pupil's medical needs and will seek support and training in the interests of the pupil

- ✓ Transitional arrangements between schools will be completed in such a way that Barcroft Primary School will ensure full disclosure of relevant medical information, Healthcare plans and support needed in good time for the child's receiving school to adequately prepare
- ✓ Individual Healthcare plans will be written, monitored and reviewed regularly and will include the views and wishes of the child and parent in addition to the advice of relevant medical professionals

5. OUR AIMS

- To support pupils with medical conditions, so that they have full access to education, including physical education and educational visits.
- To ensure that school staff involved in the care of children with medical needs are full informed and adequately trained by a professional in order to administer support or prescribed medication.
- To comply fully with the Equality Act 2010 for pupils who may have disabilities or special educational needs.
- To write, in association with healthcare professionals, Individual Healthcare Plans where necessary.
- To respond sensitively, discreetly and quickly to situations where a child with a medical condition requires support.
- To keep, monitor and review appropriate records.

6. ROLES AND RESPONSIBILITIES

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. The school's ability to provide effective support often depends on working co-operatively with other agencies. We will ensure that we engage in effective partnership working with healthcare professionals (and, where appropriate, social care professionals), the local authority, parents and pupils.

Key roles and responsibilities are set out below:

The Governing Body - has overall responsibility for making sure arrangements to support pupils with medical conditions are in place and that the policy for supporting pupils with medical conditions is developed and implemented. This includes ensuring pupils with medical conditions are supported to enable their full participation in all aspects of school life and ensuring that staff receive suitable training and are competent to support those children.

The headteacher - is responsible for the policy and its effective implementation with partners. This includes ensuring that all staff are aware of the policy and understand their role in its implementation.

The **headteacher and SENCO** will ensure that all staff who need to know are made aware of a child's condition and ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations.

The **headteacher and SENCO** has overall responsibility for the development of individual healthcare plans and will contact the relevant healthcare professional in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.

School staff - any member of school staff may be asked to provide support to pupils with medical conditions, including administering medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach.

School staff will receive appropriate training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. All school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

School nurses - The school nursing service is responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they will do this before the child starts at the school.

It is not the role of the school nursing service to ensure that the school is taking appropriate steps to support children with medical conditions, but they may support staff on implementing a child's individual healthcare plan, e.g. by providing advice and possibly training. School nurses can liaise with lead clinicians on appropriate support for the child and associated staff training needs.

The community nursing team can also be a valuable source of advice and support.

Other healthcare professionals, including GPs and paediatricians - should notify the school nurse when a child has been identified as having a medical condition that will require support at school and may provide advice on developing healthcare plans.

Specialist local health teams may be able to provide support for children with particular conditions (e.g. asthma, diabetes, epilepsy).

Pupils - with medical conditions are often best placed to provide information about how their condition affects them and, wherever possible, will be fully involved in discussions about their medical support needs. They will also be asked to contribute as much as possible to the development of their individual healthcare plan.

Parents - are asked to provide the school with sufficient and up-to-date information about their child's medical needs. In some cases, they will be the first to notify the school that their child has a medical condition. Parents are key partners and will be involved in the development and review of their child's individual healthcare plan. Parents are requested to carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

The local authority - is the commissioner of school nurses for maintained schools and academies. Under Section 10 of the Children Act 2004, local authorities have a duty to promote co-operation between relevant partners such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and NHS England, with a view to improving the wellbeing of children with regard to their physical and mental health, and their education, training and recreation.

The local authority will provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively.

Others – the DfE guidance makes it clear that other health colleagues have a role to co-operate with schools and the local authority in supporting children with medical conditions. The guidance also notes that Ofsted will expect schools to have effective policies in place (see [DfE guidance](#)).

7. NOTIFICATION THAT A PUPIL HAS A MEDICAL CONDITION

Once we are notified that a pupil has a medical condition, we will ensure that appropriate arrangements (staff training and support) are put in place prior to the start of the relevant school term. Where pupils have a new diagnosis or join us mid-term we will make every effort to ensure that appropriate arrangements are in place within two weeks.

Where pupils transfer between schools, we will liaise with pupil's previous school to help ensure a smooth transition. Likewise, where pupils transfer between classes in a setting or when a new teacher starts, liaison will take place to ensure a smooth transition.

8. INDIVIDUAL HEALTHCARE PLANS

- We will liaise with our healthcare colleagues and parents (and if appropriate the pupil) to ensure that, where appropriate, individual healthcare plans are developed to support pupils.
- We recognise that responsibility to ensure that healthcare plans are finalized and implemented rests with the school; however, given the input required from health, it has been agreed that our healthcare colleagues will take the lead in writing the plans where children are attending the hospital for the medical condition. Other Healthcare plans will be written by the SENCO and Parent/Carer.
- Healthcare plans will be readily accessible to all who need to refer to them, but we will ensure that confidentiality is maintained.

We will ensure that healthcare plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed.

Healthcare plans will consider the following: -

- The medical condition, its triggers, signs, symptoms and treatments;
- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues e.g. Crowded corridors, travel time between lessons;
- Specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
- The level of support needed (some children will be able to take responsibility for their own health needs) including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;
- Who in the school needs to be aware of the child's condition and the support required;

- Arrangements for written permission from parents and the head teacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, eg risk assessments;
- Where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and
- What to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

All plans will be written with reference to the. [DfE guidance](#)

9. IN AN EMERGENCY

Children with medical conditions which may require emergency attention, e.g. epilepsy, diabetes, will have their names and an Individual Healthcare Plan clearly accessible in their classroom, and all adults dealing with the child will have their attention drawn to this information. All other medical conditions will be noted from children's SIMs records and this information will be provided to class teachers annually.

In a medical emergency, teachers have been appropriately trained to administer emergency paediatric first aid if necessary. If an ambulance needs to be called, staff will:

- Outline the full condition and how it occurred
- Give details regarding the child's date of birth, address, parents' names and any known medical conditions.

Children will be accompanied to hospital by a member of staff if this is deemed appropriate. Staff cars should not be used for this purpose. Parent must always be called in a medical emergency, but do not need to be present for a child to be taken to hospital.

10. ADMINISTRATION OF MEDICATIONS

Only essential medicines will be administered during the school day. These will be only those prescribed by a doctor. Parents must submit a written permission slip before any medication is administered. Medicines to be given during the school day must be in their original container. Controlled drugs can also be administered, subject to all other conditions as described in the Policy.

Essential medicines will be administered on Educational Visits, subject to the conditions above. A risk assessment may be needed before the visit takes place. Staff supervising the visit will be responsible for safe storage and administration of the medicine during the visit.

Before administering any medicine, staff must check that the medicine belongs to the child, they must check that the dosage they are giving is correct, and that written permission has been given. Any child refusing to take medicine in school will not be made to do so, and parents will be informed about the dose being missed. All doses administered will need to be recorded in the Administration of Medicines book.

All medicine will be stored safely. Medicines needing refrigeration will be stored in securely in a fridge that is not accessible to the children. Some medicines (inhalers, etc.) will be kept in the child's classroom and carried with the children, for ease of access during outside activities. All medicines must be clearly labelled.

Controlled drugs or prescribed medicines will be kept in the locked cabinet in the medical room. Access to these medicines is restricted to the named persons.

Staff will record any doses of medicines given in the Medicine book. Children self-administering asthma inhalers do not need to be recorded.

Inhalers - Inhalers are kept in the child's classroom. Children have access to these inhalers at all times, though must inform a member of staff that they are taking a dose. All inhalers are marked with the child's name. All children with an inhaler must take them on educational visits, however short in duration.

Emergency Inhalers - It is likely that inhalers may be unavailable for some pupils due to it being lost, broken, run out, forgotten etc... and for this reason, emergency inhalers are available in school. This is to ensure that every child with asthma gets the basic care they need. The emergency inhalers will be located in the medical room and staff must ensure they record any usage of the emergency inhalers used in school. Emergency inhalers should only be used by children, for whom written parental 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. Emergency inhalers must also be taken on any educational visits that children who are prescribed an inhaler are attending.

Epi-Pen - Any member of staff can administer epi-pen in an emergency. The pen (cap off) should be pushed against the child's thigh, through clothing if necessary. The pen should be held for a count of 10 seconds before being withdrawn. Ambulances must be called for a child who may require an Epi-pen. Cetrizine may be given if slight tingling of the lips occurs following ingestion of possible irritants for nut allergy sufferers. This is a liquid medicine stored with the epi-pen. If symptoms are more severe, the epi-pen should be given immediately. An ambulance must be called immediately. Parents should be contacted after this call has been made.

11. RECORD KEEPING

The school will ensure that written records are kept of all medicines administered or clinical procedures carried out to children. Parents will be informed if their child has been unwell at school.

12. UNACCEPTABLE PRACTICE

The school's policy is explicit about what practice is not acceptable. Although staff will use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is not generally acceptable practice to:

- Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- Assume that every child with the same condition requires the same treatment;
- Ignore the views of the child or their parents; or ignore medical evidence or opinion (although this may be challenged);

- Send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- If the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- Penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments;
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or
- Prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

13. COMPLAINTS

Should parents be unhappy with any aspect of their child's care at Barcroft Primary School, they must discuss their concerns with the school. This will be with the child's class teacher in the first instance, with whom any issues should be managed. If this does not resolve the problem or allay concern, the problem should be brought to a member of the leadership team, who will, where necessary, bring concerns to the attention of the Head teacher. In the unlikely event of this not resolving the issue, the parents must make a formal complaint using the Barcroft Primary School Complaints Procedure.

14. LIABILITY AND INDEMNITY

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

15. REVIEW

The governors review this policy annually. The governors may, however, review the policy earlier than this, if the government introduces new regulations, or if the governing body receives recommendations on how the policy might be improved.

Written	October 2021
Written By	Mr P Drew (Acting Head) ?? Mrs S Lines (Acting SENDCO) ??
Ratified by Governors	
Date of Review	October 2022
Signed - Head teacher/Chair of Governors	

Appendix 2:



Barcroft

Primary School



Regular medication taken during school hours

Medication 1	Medication 2
Name/type of medication (as described on the container)	Name/type of medication (as described on the container)
Dose and method of administration (the amount taken and how the medication is taken, e.g. tablets, inhaler, injection)	Dose and method of administration (the amount taken and how the medication is taken, e.g. tablets, inhaler, injection)
When it is taken (time of day)?	When it is taken (time of day)?
Are there any side effects that could affect this pupil at school?	Are there any side effects that could affect this pupil at school?
Are there any contraindications (signs when this medication should not be given)?	Are there any contraindications (signs when this medication should not be given)?
Self-administration: can the pupil administer the medication themselves? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, with supervision by: Staff member's name _____ Medication expiry date: _____	Self-administration: can the pupil administer the medication themselves? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, with supervision by: Staff member's name _____ Medication expiry date: _____

Appendix 3:



Barcroft

Health care plan

Name of school/setting.			
Child's name			
Group/class/form			
Date of birth			
Child's address			
Medical diagnosis or condition			
Date			
Review date			
Family Contact Information			
Name			
Phone no. (work)		(home)	(mobile)
Relationship to child (work) (home) (mobile)			
Clinic/Hospital Contact			
Name			
Phone no.			
G.P. Name			
Phone no			
General			
Who is responsible for providing support in school			
Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues et			
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 pupil's educational, social and emotional needs			
Arrangements for school visits/trips 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	

Parental Consent Form

The school will not give your child medicine unless you complete and sign this form, and the Head Teacher has agreed that school staff can administer the medication.

Details of pupil:			
Surname:		Class/Form:	
Forename(s):		Gender:	
UPN Number:			
PEP Number:			
NHS Number:			
Home Address:			
Condition of illness:			
Medication:			
Name (Type) of Medication:			
For how long will your child take this medication?			
Date of Dispensed:			

Full Directions for use:

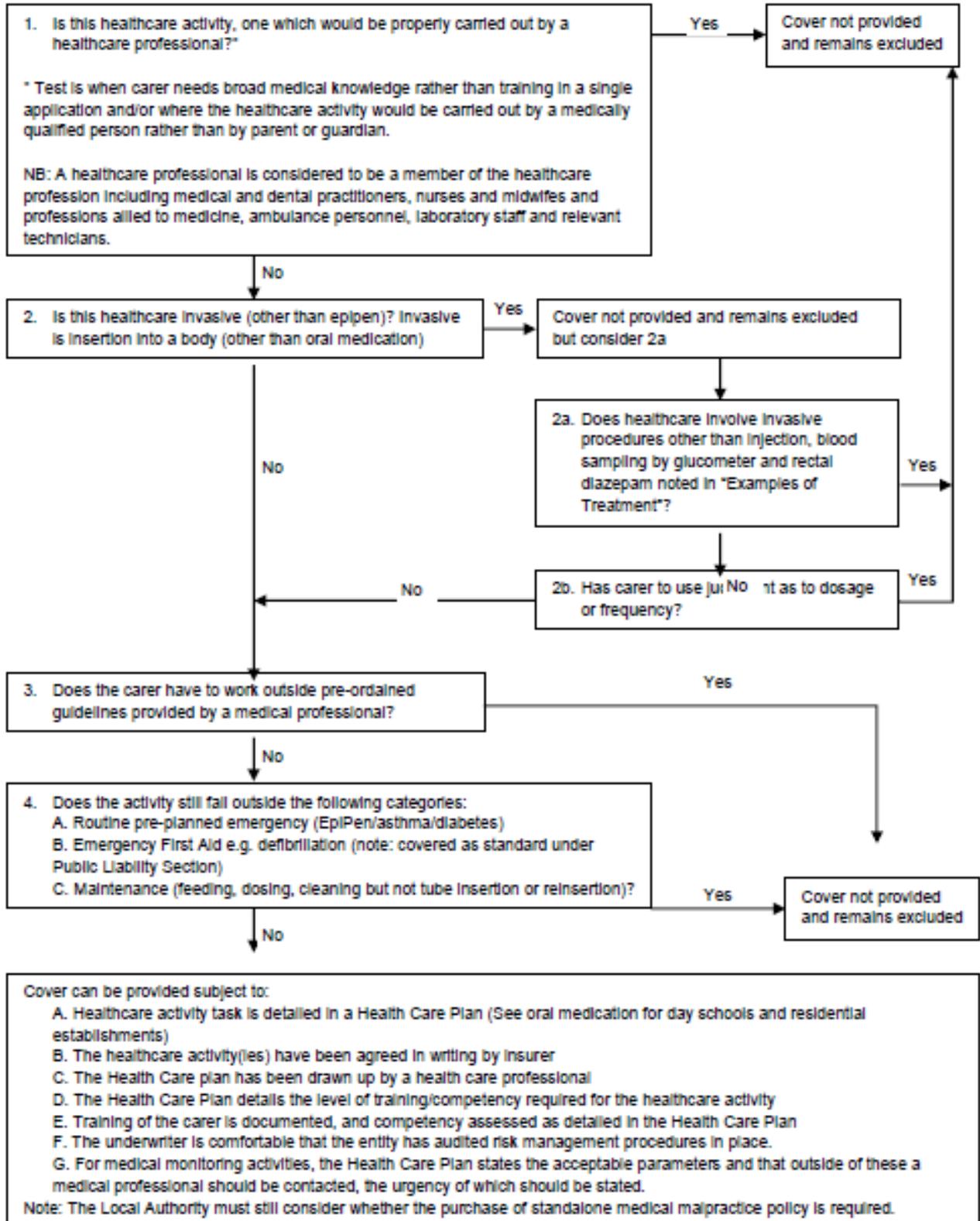
Dosage & Method:	
Timing:	
Special Precautions:	
Side Effects	
Self-Administration:	
Procedures to take in an Emergency:	

Contact Details:			
Name:		Relationship to Pupil:	
Daytime Tel Number:			
Address:			

I understand that I must deliver the medicine personally to (agreed member of staff) and accept that this is a service that the school is not obliged to undertake.

Signature:		Relationship to Pupil:	
Date:			

Decision tree



Examples of treatment (RAG rated)

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

Procedure	Description	Acceptable to Underwriters	RAG (Standard CP)
Gastrostomy tube Pump feeds via a gastrostomy	Pumps are usually used to provide a constant feed - say through the night	Yes - following written Health Care Plan	
Hearing aids	Checking	Yes - following written Health Care Plan	SCP
	Fitting (but not measuring for a hearing aid)	Yes - following written Health Care Plan	SCP
	Replacement (but not measuring for a hearing aid)	Yes - following written Health Care Plan	SCP
Inhalers and nebulisers	Provide assistance to user - both hand held and mechanical	Yes - following written Health Care Plan	SCP
Injections	Assembling syringes and administering intravenously or controlled drugs	No	
	Pre packaged doses administered on a regular basis*	Yes - see medipens below	
	Carer using judgment to determine frequency and dosage	No	
Manual evacuation	Of the bowel	No	
Medipens (Epipens & Anapens)	For anaphylactic shock (intramuscular) with a preassembled pre-dose loaded epipen epinephrine or adrenaline/epinephrine.	Yes - following written Health Care Plan	SCP
Mouth toilet	For individuals unable to swallow	Yes	
Nasal Suction	Clearing of the nose via a fitted tube or stent	Yes - following written Health Care Plan. Excluding insertion of tube or stent	
Naso-gastric tube feeding	Tube to be inserted. Carers and staff will be trained on an individual basis for individual child/young person/adult.	No - by qualified acute sector medical staff only so that the tube can be scanned to check for correct insertion.	
	Feeding and cleaning of tube	Yes - following written Health Care Plan	
	Reinsertion Testing	No - by qualified acute sector medical staff only so that the tube can be scanned to check for correct insertion	
Naso-gastric tube Bolus nasogastric feeds	This is where a syringe is used to provide a bulk feed	Yes - following written Health Care Plan	
Occupational therapy	Progress assessment for goals set by professional physiotherapist for gait patterns etc.	Yes - following written Health Care Plan assessment of competency and referral to physiotherapist if goals not being met	
	Self-Care Assessments - Assessment of capability of service user to live independently in their own home, mobility, use of stairs etc.	Yes - excluding any physical or medical treatment or supervision of any treatment regime	
	Other	No	
Oral medication - prescribed	Antibiotic syrup, tablets etc	Yes - as prescribed and directed by a medical professional following written Health Care Plan (refer to additional notes below)	
Oral suction	To remove excess secretions from the upper respiratory tract for individuals who are unable to do so independently	No	
Oxygen - administration of	Provide assistance to user	Yes - following written Health Care Plan	
Pessaries		No	
Physiotherapy		No - other than postural or chest drainage, limb massaging, exercise therapy under the direction of a physiotherapist and documented in a Health Care Plan	
Postural drainage exercise	Drainage exercises for individuals with e.g. cystic fibrosis	Yes - following written Health Care Plan provided under the direction of a physiotherapist	

Procedure	Description	Acceptable to Underwriters	RAG (Standard CP)
	Chest drainage involving insertion of tube into lungs	No	
Pressure bandages	Application to assist with positioning of digits	Yes - following written Health Care Plan	
Pulse rate	Finger pressure on wrist only	Yes - following training and variation from specified limits in Health Care Plan referred to medical staff	SCP
Rectal midazolam prepackaged dose	Tends to be used for individuals suffering from repeated epileptic fits	Yes - following written Health Care Plan and 2 members of staff must be present	
	Emergency situation	Yes - following written Health Care Plan and 2 members of staff must be present	
Rectal diazepam in prepackaged dose	Tends to be used for individuals suffering from repeated epileptic fits Routine administration	Yes - following written Health Care Plan and 2 members of staff must be present	
	emergency situation	Yes - following written Health Care Plan and 2 members of staff must be present	
Rectal Paraldehyde	Used for individuals suffering from repeated epileptic fits- and cannot use other forms of medication Routine and emergency - needs to be applied by catheter- highly skilled application/ and drug storage	No	
Splints, braces, corsets etc	Application of appliances	Yes - as directed by a medical professional	
Syringe drivers- Programming of		No	
Suppositories or pessaries Inserting with a prepackaged doses		No - other than Rectal diazepam and midazolam. See above	
Swabs	External (cleansing of the skin and inside mouth/ nose and taking of swabs of external wounds for analysis)	Yes	
	Internal(other than oral) invasive	No	
Temperature taking	Via ear only	Yes - following training and variation from specified limits in Health Care Plan referred to medical staff	SCP
Toe nail cutting		No Yes - if the patient has diabetes or vascular disease a chiropodist should do this.	
Topical medication and application of patches	Pre-prescribed medication only -Creams lotions etc	Yes - following training and written Health Care Plan and as prescribed and directed by a medical professional. Excluding 1st application of patches.	SCP
Tracheostomy care	Clean round edge of tube only	Yes - following written Health Care Plan	
	Replacement, suction	No	
	Emergency:	No	
Ventilators	Use of	Yes - following written Health Care Plan	
Venepuncture	A method of collecting blood	No	

Note: if you need to undertake any treatments with a Red RAG rating, you should contact Risk and Insurance to discuss what the treatment involves - it might be that, in some circumstances, our insurers are able to cover the treatment.

Local Authority Education
Day Schools only (not residential)

Oral medication - prescribed	Antibiotic syrup, tablets etc	<p>Yes as prescribed and directed by a health care professional (i.e. Doctor)</p> <ul style="list-style-type: none"> • Adherence to Authorities Medication Policy • Parental consent form completed 	Health Care Plans required for the administration of oral medication over a period of 8 days or more
Oral medication as directed and authorized by a parent/Guardian	Paracetamol, antihistamine (i.e. for hay fever etc)	<p>Yes :</p> <ul style="list-style-type: none"> • Adherence to Authorities Medication Policy • Parental consent form completed 	Health Care Plans required for the administration of oral medication is over a period of 8 days or more

Residential establishments

Oral medication - prescribed	Antibiotic syrup, tablets etc	<p>Yes as prescribed and directed by a health care professional (i.e. Doctor) Adherence to Authorities Medication Policy</p>	Health Care Plans must be amended to include reference to the oral medication if administration is required for a period of 8 days or more *
------------------------------	-------------------------------	------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------

Appendix 7:



Barcroft
Primary School



USEFUL CONTACTS

Allergy UK Allergy Help Line: (01322) 619864 Website: www.allergyfoundation.com

The Anaphylaxis Campaign Helpline: (01252) 542029 Website: www.anaphylaxis.org.uk and www.allergyinschools.co.uk

Association for Spina Bifida and Hydrocephalus Tel: (01733) 555988 (9am to 5pm)
Website: www.asbah.org

Asthma UK (formerly the National Asthma Campaign) Adviceline: 08457 01 02 03 (Mon-Fri 9am to 5pm) Website: www.asthma.org.uk

Council for Disabled Children Tel: (020) 7843 1900 Website: www.ncb.org.uk/cdc/

Contact a Family Helpline: 0808 808 3555 Website: www.cafamily.org.uk

Cystic Fibrosis Trust Tel: (020) 8464 7211 (Out of hours: (020) 8464 0623) Website: www.cftrust.org.uk

Diabetes UK Careline: 0845 1202960 (Weekdays 9am to 5pm) Website: www.diabetes.org.uk

Department for Education and Skills Tel: 0870 000 2288 Website: www.dfes.gov.uk

Department of Health Tel: (020) 7210 4850 Website: www.dh.gov.uk

58 Disability Rights Commission (DRC) DRC helpline: 08457 622633 Textphone: 08457 622 644 Fax: 08457 778878 Website: www.drc-gb.org

Epilepsy Action Freephone Helpline: 0808 800 5050 (Monday - Thursday 9am to 4.30pm, Friday 9am to 4pm) Website: www.epilepsy.org.uk

Health and Safety Executive (HSE) HSE Infoline: 08701 545500 (Mon-Fri 8am-6pm)
Website: www.hse.gov.uk

Health Education Trust Tel: (01789) 773915 Website: www.healthedtrust.com

Hyperactive Children's Support Group Tel: (01243) 551313 Website: www.hacsg.org.uk

MENCAP Telephone: (020) 7454 0454 Website: www.mencap.org.uk

National Eczema Society Helpline: 0870 241 3604 (Mon-Fri 8am to 8pm) Website: www.eczema.org

National Society for Epilepsy Helpline: (01494) 601400 (Mon-Fri 10am to 4pm) Website: www.epilepsyse.org.uk

Psoriasis Association Tel: 0845 676 0076 (Mon-Thurs 9.15am to 4.45pm Fri 9.15am to 16.15pm) Website: www.psoriasis-association.org.uk/

Sure Start Tel: 0870 000 2288 Website: www.surestart.gov.uk