# Supporting Pupils with Medical Needs in School

Reviewed: September 2026

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Fairfields School

**Document Version Control**

**Change History**

| Issue | Date | Comments |
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Approved by Governors 14.10.24

# Fairfields School
# Supporting Pupils with Medical Needs in School

## 1. Context

The staff at Fairfields School are committed to providing pupils with a high quality education whatever their health need, disability or individual circumstances. We believe that all pupils should have access to as much education as their particular medical condition allows, so that they maintain the momentum of their learning whether they are attending school or going through periods of treatment and recuperation. We promote inclusion and will make all reasonable adjustments to ensure that pupils with a disability, health need or SEND are not discriminated against or treated less favourably than other pupils.

## 2. Principles

This policy and any ensuing procedures and practices are based on the following principles:

- All children and young people are entitled to a high quality education
- Disruption to the education of children with health needs should be minimised
- If children can be in school, they should be in school. Children's diverse personal, social and educational needs are most often best met in school. Our school will make reasonable adjustments where necessary to enable all children to attend school
- Effective partnership working and collaboration between schools, families, education services, health services and all agencies involved with a child or young person are essential to achieving the best outcomes for the child
- Children with health needs often have additional social and emotional needs. Attending to these additional needs is an integral element in the care and support that the child requires
- Children and young people with health needs are treated as individuals and are offered the level and type of support that is most appropriate for their circumstances; staff should strive to be responsive to the needs of individuals.

As a school we will *not* engage in unacceptable practice, as follows:

- Frequently send children with medical conditions home or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans
- If a child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable; children would normally be seen by a first aider or go/be taken to the medical area/nurses office
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary
- Penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments
- 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 (unless there is no consent form, meds are out of date or not sent in)
- 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 their child.

## 3. Definition of health needs

For the purpose of this policy, pupils with health needs may be:

- Pupils with **chronic or short term health conditions or a disability** involving specific access requirements, treatments, support or forms of supervision during the course of the school day or
- **Sick children**, including those who are physically ill or injured or are recovering from medical interventions, or
- Children with **mental or emotional health problems**.

This policy does not cover self-limiting infectious diseases of childhood, e.g. measles.

## 4. Roles and Responsibilities

All staff have a responsibility to ensure that all pupils at this school have equal access to the opportunities that will enable them to flourish and achieve to the best of their ability. In addition, designated staff have additional responsibilities as well as additional support and training needs.

The **Assistant Headteacher** is responsible for ensuring that pupils with health needs have proper access to education. She will be the person with whom parents/carers will discuss particular arrangements to be made in connection with the medical needs of a pupil. It will be her responsibility to pass on information to the relevant members of staff within the school. The Assistant Headteacher will liaise with other agencies and professionals, as well as parents/carers, to ensure good communication and effective sharing of information. This will enhance pupils' inclusion in the life of the school and enable optimum opportunities for educational progress and achievement.

### Parents/carers and pupils

Parents hold key information and knowledge and have a crucial role to play. Both parents and pupils will be involved in the process of making decisions. Parents are expected to keep the school informed about any changes in their children's condition or in the treatment their children are receiving, including changes in medication. Parents will be kept informed about arrangements in school and about contacts made with outside agencies.

It is the parents responsibility to administer any medication their child needs outside of the school day, where possible.

### School staff

Additionally, any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help. Staff must familiarise themselves with the medical needs of the pupils they work with. Training will be provided in connection with specific medical needs so that staff know how to meet individual needs, what precautions to take and how to respond in an emergency.

### The Headteacher

The Headteacher is responsible for ensuring that all staff are aware of this policy and understand their role in its implementation. The Headteacher will ensure that all staff who need to know are aware of a child's condition. She will also ensure that sufficient numbers of trained staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. The Headteacher has overall responsibility for the development of individual healthcare plans. She will also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. She will contact the school nursing service 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.

### The Governing body

The governing body is responsible for making arrangements to support pupils with medical conditions in school, including ensuring that this policy is developed and implemented. They will ensure that all pupils with medical conditions at this school are supported to enable the fullest participation possible in all aspects of school life. The governing body will ensure that sufficient staff have received suitable training and are

competent before they take on responsibility to support children with medical conditions. They will also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

### School health teams (External)

School health teams are 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 should do this before the child starts at the school. They may support staff on implementing a child's individual healthcare plan and provide advice and liaison.

### Other healthcare professionals

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. They may provide advice on developing healthcare plans.
Hospital and Outreach Education works with schools to support pupils with medical conditions to attend full time.
Physiotherapy, Occupational Therapy and Speech and Language Therapy work with the school to support pupils with their identified needs to ensure access to the curriculum and learning environment.

## 5. Staff training and support

In carrying out their role to support pupils with medical conditions, school staff will receive appropriate training and support. All teachers, support staff and lunchtime supervisors receive annual awareness training for Epilepsy, Asthma and Anaphylaxis. Specific training needs will be identified during the development or review of individual healthcare plans. The relevant healthcare professional will lead on identifying and agreeing with the school the type and level of training required, and how this can be obtained. The school will ensure that training is sufficient to ensure that staff are competent and confident in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans.
For pupils with chronic complex health conditions and for those returning to school after a medical procedure where there is a short-term change to their health eg. a broken bone through an injury or a planned procedure to lengthen tendons, additional staff will either be trained to meet their needs or staff who are already trained will be redeployed from around school to support them.
Staff will not give prescription medicines or undertake health care procedures without appropriate training. **A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.**
This policy will be publicised to all staff to raise awareness at a whole school level of the importance of supporting pupils with medical conditions, and to make all staff aware of their role in implementing this policy. Information on how this school supports children with health needs is included in our induction procedure for all new staff.

## 6. Procedures

### Notification

Information about medical needs or SEND is requested on admission to the school. Parents and carers are asked to keep the school informed of any changes to their child's condition or treatment. Whenever possible, meetings with the parents/carers and other professionals are held before the pupil attends school to ensure a smooth transition into the class. When pupils enter the school, parents/carers are offered the opportunity of attending a personal interview with the school nurse. At this meeting parents can seek advice on the health of their child.
Any medical concerns the school has about a pupil will be raised with the parents/carers and discussed with the school nurse. Most parents/carers will wish to deal with medical matters themselves through their GP. In some instances, the school, after consultation with the parent/carer, may write a letter to the GP (with a

copy to the parents/carers) suggesting a referral to a specialist consultant, where a full paediatric assessment can be carried out.

## Individual Healthcare Plans

Not all children with medical needs will require an individual healthcare plan. The school, healthcare professional and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the Headteacher will take a final view. *A model letter inviting parents to contribute to individual healthcare plan development is provided at Appendix 1*.

Individual healthcare plans will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. Plans are also likely to be needed in cases where medical conditions are long-term and complex. Plans provide clarity about what needs to be done, when and by whom. *A flow chart for identifying and agreeing the support a child needs, and developing an individual healthcare plan is provided at Appendix 2.*

If a health care plan is required, it should capture the key information and actions that are needed to support the child effectively. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support. *A template for individual healthcare plans is provided at Appendix 3.*

Individual healthcare plans, and their review, may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child. Plans will be drawn up in partnership between the school, parents, and a relevant healthcare professional, e.g. health care specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils will also be involved whenever appropriate.

Partners should agree who will take the lead in writing the plan, but responsibility for ensuring that it is finalised and implemented rests with the school. Plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. Plans are developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social well-being and minimises disruption.
For any child who has a health need requiring a plan, the individual healthcare plan will be linked to or become part of the child's EHC plan.

Where a child is returning to school following a period of hospital education, the school will work with the appropriate hospital school or the Hospital and Outreach Education team to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.
Where a child has a specific condition, e.g. asthma, epilepsy, a health care plan will be issued by a medical professional. This will be followed in the event of an emergency.

## Pupils too ill to attend school

When pupils are too ill to attend, the school will establish, where possible, the length of time a pupil may be absent and identify ways in which the school can support the pupil in the short term (e.g. providing work to be done at home in the first instance). The school should make a referral to the Hospital and Outreach Education team as soon as they become aware that a child is likely to be or has been absent for 15 school days. Where children have long-term health needs, the pattern of illness and absence from school can be unpredictable, so the most appropriate form of support for these children should be discussed and agreed between the school, the family, Hospital and Outreach Education and the relevant medical professionals.

The balance between health and education would be unique to each child. Below is an example of what a health care support plan might look like:

| **Stage** | **Provision** |
|---|---|
| Stage 1 | Pupil is well and is in school. He is accessing his learning and his health is being managed by his 1:1 support assistant. |
| Stage 2 | Pupil is home from hospital. There will be a delay of approximately a week for pupil to settle back in at home and spend quality time with his family.<br>After this settling in period, his 1:1 from school will visit the home 3/4 sessions a week. The timing of this will be agreed with parents. Learning will be recorded on a reflective planner and any evidence collected will be filed in pupil's learning journal. |
| Stage 3 | Pupil is in hospital. Medical Professionals have determined that pupil is well enough to access learning from school. Pupil's 1:1 will deliver learning in line with the hospital procedures. |
| Stage 4 | Pupil is in hospital. Medical Professionals have determined that pupil is well enough to access some learning. He will access this learning from a member of the Hospital and Outreach Education Team. |
| Stage 5 | Pupil is in hospital receiving medical treatment. Medical Professionals have determined that pupil is too poorly to access learning. Their health needs are the priority. |

After a stay in hospital, due to surgery or a period of illness, school requires parents to keep their child at home for an appropriate period of time, for rest and recovery, before they return to school. This would need to be in line with guidance from hospital medical staff, but would need to be a minimum of one school day. Home and school will keep in close communication regarding this matter, following the child's discharge from hospital. School will request that parents ask the relevant hospital consultant to copy in the Assistant Head and the school nurse to the child's discharge notes and/or any relevant professionals' reports so that appropriate arrangements can be put in place, including a risk assessment if needed, ready for when the child returns to school (see appendix 8 for risk assessment template and appendix 9 for 'Medical Injury' form).
If a child has had a general anaesthetic, they must have 48 hours at home before returning to school.

Any child returning to school after a medical procedure where there is a short-term change to their health will start on a phased return. The child's recovery and progress will be discussed and reviewed regularly with parents, the class teacher and the relevant multi-agency professionals eg. physiotherapists and occupational therapists, to ensure an appropriate build up back to full attendance and a full timetable. This will be individualised for each child.
Pupils returning to school after a medical procedure will never be excluded due to their medical needs. However, there may be situations where they are put on a reduced timetable for an extended period. This is in line with Local Authority policy; school need to complete and submit a form, which is signed by parents. There may also be situations where a pupil is asked to remain at home and access the school's home learning offer. The need for this may be linked to the pupil's behaviour/dysregulation in relation to coping with the impact of their procedure or it may be in connection with a shortage of trained staff and/or overall reduced staff numbers in school.
As part of the procedures for a child returning to school, parents will be asked to sign an agreement (appendix 10) to say that they understand that school may need to reduce their child's timetable/make alternative arrangements where the safety of their child is compromised. In this situation, parents need to be clear that this is not a form of exclusion.

## 7. Medicines in school

### Managing medicines on school premises

Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside of school hours. **Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.**
No child under 16 will be given prescription or non-prescription medicines without their parent's written consent. *A template for obtaining parental agreement for the school to administer medicine is provided at appendix 4*

The school only accepts prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. There are some exceptions; insulin must still be in date, but will generally be available inside an insulin pen or a pump, rather than in its original container.

Paracetamol will not be given to children for general illness and/or to treat a fever. However, it can be given to a child who has known chronic/frequent pain due to a health condition or has a fever which may induce seizures or other known conditions.

Antibiotics will only be given in school if they have been prescribed four times a day.

Piriton will not be given in school to treat seasonal allergies. Parents will need to buy 'once a day' tablets from the chemists and administer these at home.

Upon being sent into school, all medicines must be handed in person to the health aide responsible for administering medication, who will then log them and sign them in on the relevant form.
All medicines are stored safely. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens, although being safely stored, are always readily available to children and not locked away.

A child under 16 will never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, will never be administered without first checking maximum dosages and when the previous dose was taken. Parents will be informed.
The school will keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container to which only named staff have access. This is in line with NHS guidelines. Controlled drugs will be easily accessible in an emergency. A record is kept of any doses used and the amount of the controlled drug held in school. A separate recording form is used for controlled drugs.
'Medical Tracker' is our online system for recording medicine administered to pupils, along with holding pupil information about medical conditions. In the event that the online system fails, paper copies of forms can be found in the appendices of this policy.
*A template for recording medicine administered to all children is provided at Appendix 5. Template for recording medication received is provided at Appendix 6.*

School staff who are trained as administrators may give a controlled drug to the child for whom it has been prescribed. Staff administering medicines will do so in accordance with the prescriber's instructions. The school keeps a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted. *A template for recording staff training on the administration of medicines is provided at Appendix 7.*

When no longer required, medicines will be returned to the parent to arrange for safe disposal. Sharps boxes will always be used for the disposal of needles and other sharps.
The administration of oxygen is regarded in the same way as any other medicine, with the same procedures being adhered to, as it is prescribed by a medical professional.

## 8. Emergency Situations

Where a child has an individual healthcare plan or an emergency care plan issued by a medical professional e.g. epilepsy care plan, this will clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Where appropriate, other pupils in the school will be informed what to do in general terms, such as informing a teacher immediately if they think help is needed. If a child needs to be taken to hospital, staff will stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance.
In the event of a child experiencing a seizure for the first time, an ambulance will be called so that a thorough assessment can be made in hospital.

## 9. Day trips, Residentials and Sporting Activities

Pupils with medical conditions are actively supported to participate in school trips and visits, or in sporting activities. In planning such activities, teachers will undertake the appropriate risk assessment and will take into account how a child's medical condition might impact on their participation. Arrangements for the inclusion of pupils in such activities with any required adjustments will be made by the school unless evidence from a clinician such as a GP states that this is not in the child's best interests. If a child may require an emergency medication, such as Buccal Midazolam, whilst out on a school trip, this must be signed out of school and then signed back in again, using the appropriate form.

## 10. Liability and Indemnity

The school's insurance arrangements are sufficient and appropriate to cover staff providing support to pupils with medical conditions. Staff providing such support are entitled to view the school's insurance policies.

## 11. Complaints

If parents or pupils are dissatisfied with the support provided, they should discuss their concerns directly with the school in the first instance. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

Approved by Governors:

## Appendix 1: Model letter inviting parents to contribute to individual healthcare plans

Dear Parent/Carer,

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 pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, which will set out what support your child needs, and how this will be provided. The plan will be developed in partnership between yourselves, your child, the school and the relevant healthcare professional, who will be able to advise us on your child's case. The aim of this partnership is that the school are aware of how to support your child effectively, and provide clarity about what needs to be done, when and by whom. The level of detail within the plan will depend on the complexity of your child's medical condition and the degree of support needed.

It may be that decision is made that your child will not need an individual healthcare plan, but we will need to make judgements about how your child's medical condition will impact on their ability to participate fully in school life, and whether an individual healthcare plan is required to facilitate this.

A meeting to discuss the development of your child's individual healthcare plan has been arranged for _____. I hope that this is convenient for you, and would be grateful if you could confirm if you are able to attend. The meeting will involve the following people: _____. Please let me know if you would like us to invite any other medical practitioners, healthcare professional or specialist that would be able to provide us with any other evidence which would need to be considered when developing the plan.

If you are unable to attend, please could you complete the attached individual healthcare template and return it, with any relevant evidence, for consideration at the meeting.

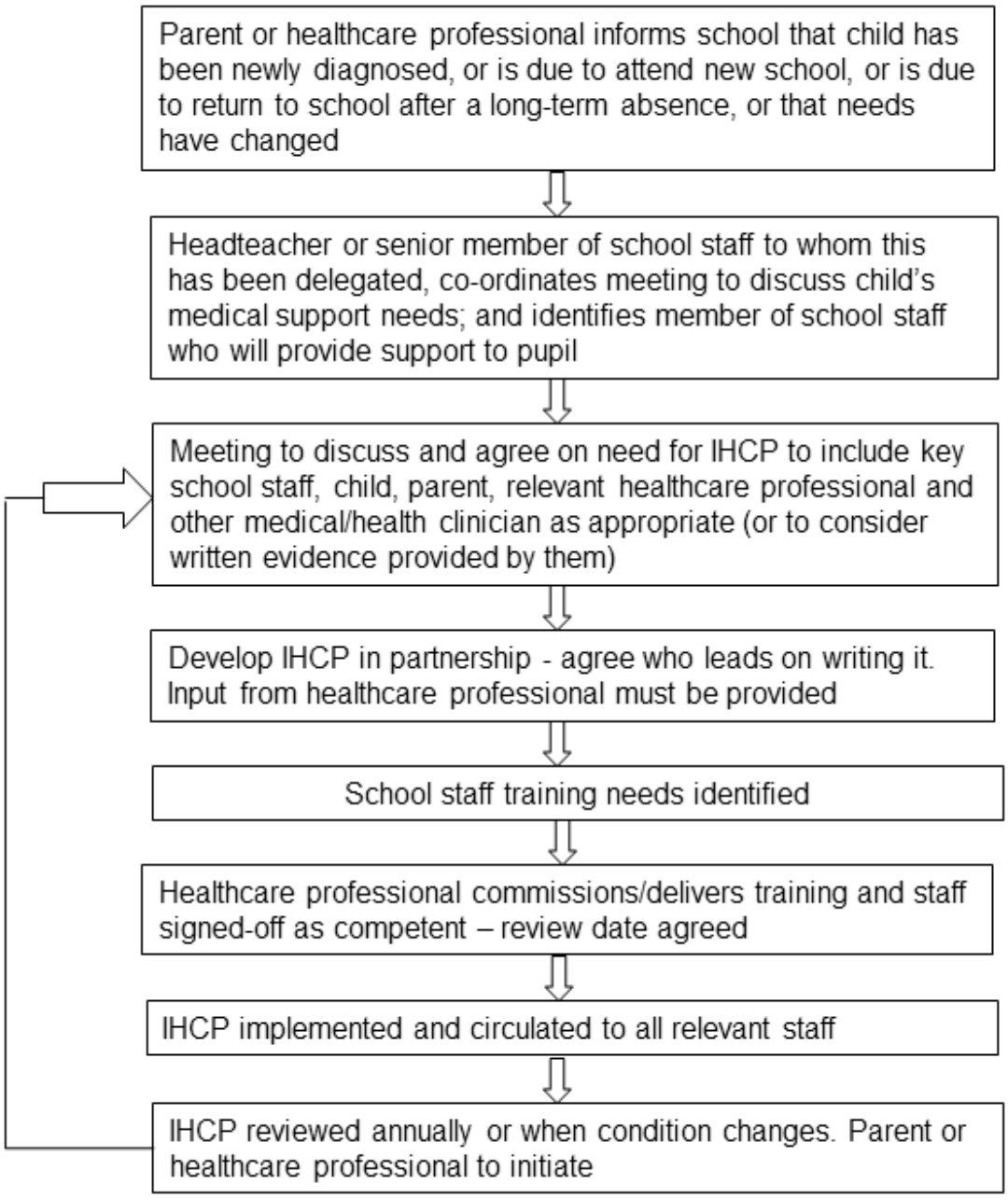
If you would like to discuss this further, or would like to speak to me directly, please feel free to contact me on the number below.

Yours sincerely,

Named person with responsibility for medical policy implementation

Approved by Governors:

## Appendix 2: Flow chart for developing an individual healthcare plan




Approved by Governors:

## Appendix 3: Individual healthcare template

***Name of School/setting/academy***

| | |
|---|---|
| Pupil's name | |
| Class | |
| Date of birth | |
| Pupil's address | |
| Medical diagnosis or condition | |
| Date | |
| Review date | |

**Family contact information**

| | |
|---|---|
| First contact name | |
| Relationship to pupil | |
| Phone no (mobile) | |
| Phone no (home) | |
| Phone no (work) | |
| Second contact name | |
| Relationship to pupil | |
| Phone no (mobile) | |
| Phone no (home) | |
| Phone no (work) | |

**Clinic/Hospital contact**

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

Approved by Governors:

**GP**

| | |
|---|---|
| Name | |
| Phone no | |
| Person(s) responsible for providing support in school | |

Describe the medical needs of the pupil

| |
|---|
| |

Give details of the pupil's symptoms

| |
|---|
| |

What are the triggers and signs?

| |
|---|
| |

What treatment is required?

| |
|---|
| |

Name of medication and storage instructions (if applicable)

| |
|---|
| |

Arrangements for monitoring taking of medication

| |
|---|
| |

Dose, when to be taken, and method of administration

| |
|---|
| |

Approved by Governors:

Describe any side effects

Describe any other facilities, equipment, devices etc that might be required to manage the condition

Describe any environmental issues that might need to be considered

Daily care requirements

Specific support for the pupil's educational needs

Specific support for the pupil's social needs

Specific support for the pupil's emotional needs

Arrangements for school visits/trips/out of school activities required

Approved by Governors:

Any other relevant information

Describe what constitutes an emergency and the action to be taken when this occurs

Named person responsible in case of an emergency

In school:

For off site activities:

Does pupil have emergency healthcare plan? YES/NO

Staff training required/undertaken

Who:

What:

When

Cover arrangements

(see separate staff training form)

People involved in development of plan

Form to be copied to

Approved by Governors:

| | |
|---|---|
| I confirm that the information provided in this plan is accurate and I give consent for it to be shared with the relevant people in the event of an emergency | Signed ..... |

Approved by Governors:

# MEDICATION CONSENT FORM A

Fairfields School

**SECTION 1** This section to be completed by parent/guardian

**NAME OF CHILD……D.O.B……..**

I request and give permission for a trained member of school staff, or in their absence the school nurse, to administer to the above child the medication indicated below.

**NAME OF PARENT (PLEASE PRINT)……..**

**SIGNATURE……DATE……**

**SECTION 2** This section for parents to complete

I consider it necessary for the child above to receive during school hours the medication indicated below.

The reason for this is as follows:

| MEDICATION | DOSE | ROUTE | TIME | REMARKS |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**Section 3** Head teacher authorisation

Name of Head teacher……..

Signature of Head teacher……
Date……

**SECTION 4** This section to be completed by school nurse or health aide

Date received……signature……

Date discontinued……signature……..

Details……

Approved by Governors:

Appendix 5: Record of medication administered to an individual child

## REGULAR DRUGS

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| DRUG: | | | Date | | | | | |
| | | | Dose | | | | | |
| Dose: | Route | | Time | | | | | |
| minimum interval: | **Sig** | | Given | | | | | |
| DRUG: | | | Date | | | | | |
| | | | Dose | | | | | |
| Dose: | Route | | Time | | | | | |
| Minimum Interval: | **Sig** | | Given | | | | | |
| DRUG: | | | Date | | | | | |
| | | | Dose | | | | | |
| Dose | Route | | Time | | | | | |
| Minimum Interval | **Sig** | | Given | | | | | |

## AS REQUIRED / OCCASIONAL DRUGS

Approved by Governors 14.10.24

Fairfields School

## SCHOOL MEDICATION CHART

Name: DOB:

I like to be called.. CLASS:

Allergies and Sensitivities:

**ADMINISTRATORS SIGNATURES** _____ **INITIALS** _____

Fairfields

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| DRUG: | | | Date | | | | | |
| | | | Dose | | | | | |
| Dose: | Route | | Time | | | | | |
| minimum interval: | **Sig** | | Given | | | | | |
| DRUG: | | | Date | | | | | |
| | | | Dose | | | | | |
| Dose: | Route | | Time | | | | | |
| Minimum Interval: | **Sig** | | Given | | | | | |
| DRUG: | | | Date | | | | | |
| | | | Dose | | | | | |
| Dose | Route | | Time | | | | | |
| Minimum Interval | **Sig** | | Given | | | | | |
| DRUG | | | Date | | | | | |
| | | | Dose | | | | | |
| Dose | Route | | Time | | | | | |
| Minimum Interval | **Sig** | | Given | | | | | |

# SCHOOL MEDICATION CHART

Name: DOB:

I like to be called.. CLASS:

Allergies and Sensitivities:

**ADMINISTRATORS SIGNATURES** _____ **INITIALS** _____

Approved by Governors:

Appendix 6 Record of medication received

## Record of Medication Received

Name:

| Date Requested | Name of Medication | Date Received | Amount received and initial | Expiry Date | Batch Number | Amount returned to parent guardian and initial | Amount destroyed, reason, date and initial | Initial |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |
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**STATEMENTS OF COMPETENCY FOR ADMINISTRATION OF MEDICINES**

**Appendix 7**

Approved by Governors 14.10.24

| NAME: | BAND | TEAM |
|---|---|---|
| ASSESORS NAME: | BAND: | START DATE: |

**DEMONSTRATE APPROPRIATE ATTITUDE, KNOWLEDGE AND SKILLS IN RELATION TO ASSESSMENT AND MANAGEMENT**

| COMPETENCE | TAUGHT DATE | WORKBOOK COMPLETE | PRACTICED DATE | COMPETANCE ACHIEVED | | REVIEW DATE | |
|---|---|---|---|---|---|---|---|
| | | | | SIGN | DATE | | |
| 1. The correct equipment and medication administration record are prepared | | | DATE:<br>DATE: | | | | |
| 2. Carries out hand hygiene | | | DATE:<br>DATE: | | | | |
| 3.Demonstates surveillance and safety of medicines during medicine administration | | | DATE:<br>DATE: | | | | |

Approved by Governors:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 4. Reads prescription sheet correctly and refers to specific instruction's. | | | DATE:<br>DATE: | | | | |
| 5. Safe administration<br>a) Correct medication<br>b) Correct dose<br>c) Correct route<br>d) Correct patient<br>e) Correct time | | | DATE:<br>DATE: | | | | |
| 6. Is able to accurately record administration of medicines | | | DATE:<br>DATE: | | | | |
| 7. Cleans equipment and returns medicines to safe storage area | | | DATE:<br>DATE: | | | | |
| 8. Is able to identify the therapeutic action of medications commonly used and their side | | | DATE:<br>DATE: | | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| effects. | | | | | | | |
| 9. Is able to describe the actions that would be taken in the following situations, including the effect on the client, record keeping and who needs to be informed | | | DATE:<br>DATE: | | | | |
| a) Refusal to take medication | | | DATE:<br>DATE: | | | | |
| b) Client spits medicine out | | | DATE:<br>DATE: | | | | |
| c) Client is absent | | | DATE:<br>DATE: | | | | |
| d) Medication is not available | | | DATE:<br>DATE: | | | | |
| e) The prescription is unclear, outdated or wrong | | | DATE: | | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| f) When a drug administration error occurs | | | DATE:<br>DATE: | | | | |
| 10. Is able to describe how to report drug errors | | | DATE:<br>DATE: | | | | |
| 11. Demonstrates understanding of the covert use of medicines | | | DATE:<br>DATE: | | | | |
| 12. States the correct procedure for the administration of medication. | | | DATE:<br>DATE: | | | | |
| **Record potentially how often the candidate will carry out this competency: PLEASE CIRCLE daily, weekly, monthly, annually** | | | | | | | |

**Appendix 8**

**Risk Assessment**

Approved by Governors:

Fairfields School

| Hazards | Who might be harmed | Harm caused | Control Measures | Risk Level (H M L) | Comments |
|---|---|---|---|---|---|
| | | | | L | |

**Completed by (Name):** **Date:**

**Approved by (Name):** **Lesley Elder** **Date:**

Approved by Governors:

Appendix 9

Fairfields School
Inspiring everyone to shine

# Health Care Plan for Pupil with a Medical Injury

**Name:**

**Medical Condition:**

**Date of Plan:** **Written by:**

**Describe medical condition and give details of pupils individual symptoms:**

**Daily Care Requirements:**

**Describe what constitutes an emergency for the pupil and the action taken if this occurs:**

**Follow up care/medication:**

**Date agreed:** **Date agreed:**

**Sign Headteacher:** **Sign Parent:**

# Parental Agreement Form following

# Child's Surgery or Medical Procedure

**Name of child:**

**Nature of Surgery or Medical Procedure:**

*Following a risk assessment for my child, I understand that school may need to reduce his/her timetable or make alternative arrangements, such as home learning, for a period of time, where the safety of my child is compromised.*

**Date agreed:**

**Date agreed:**

**Sign Headteacher:**

**Sign Parent:**

Approved by Governors: