

# St Nicholas' CE (VA) Primary School

## Medical Needs Policy, January 2022

Section 100 of the Children & Families Act places a duty on St Nicholas' CE (VA) Primary School to make arrangements for supporting pupils at school with medical conditions, and in doing so must have regard for the Department for Education's Supporting Pupils at School with Medical Conditions (DfE, 2015) statutory guidance: this policy outlines St Nicholas' CE (VA) Primary School's approach to meeting the requirements of this guidance.

### Principles

The principles underpinning our policy, in line with the DfE guidance are:

- Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education
- Governing bodies **must** ensure that arrangements are in place in schools to support pupils at school with medical needs
- Governing bodies should ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported

As such, children with medical needs 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, in line with safeguarding duties, the governing body ensures that children's health is not put at risk (e.g. from infectious diseases). We do not therefore permit entry to school where it is detrimental to the health of that child or others to do so. The prime responsibility for a child's health always lies with the parent/carer who is responsible for the child's medication, and should supply the school with information regarding the management of the child's condition such that the school fully meets the child's needs.

### It is policy at St Nicholas' CE (VA) Primary School that we do not:

- 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)
- require parents/carers to attend school to provide medical support to their child for a long term medical conditions.
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school.

### Procedure

Once the school is aware that a child with medical needs will be attending St Nicholas' CE (VA) Primary School the procedure below will be followed. Depending on the condition, arrangements to support the child will ideally be in place before the child starts, or no later than two weeks after their admission. When a formal diagnosis has not yet been made, or where there is a difference of opinion, the school makes a judgement about what support to provide based on the available evidence, usually some form of medical evidence and consultation with parent/carers. If evidence conflicts, the school challenges appropriately to ensure that the right support can be put in place.

### **Supporting Pupils with Medical Conditions**

The Parents, Pre-School and/or the health care professional informs the school that a child has a medical condition or that pre-existing needs have changed.

Office staff to check all admission forms on entry to school.



The school office will send home a medical needs form (Appendix 1) for parents to complete and check that this has been returned. Any changes to existing medical needs will be updated on the medical needs form. A school dinner's medical form will also need to be completed, if applicable. The medical needs forms are copied to the Medical Needs Co-ordinator. The school office will ensure all requests to administer medication (Appendix 2) are completed and authorised by the Headteacher or Medical Needs Co-ordinator.



The Medical Needs Co-ordinator will update the central medical needs register held on the school server. A copy of the medical needs register will be circulated to class teachers and communicated with all staff.

The medical needs co-ordinator will decide if a child requires an Individual Health Care Plan (IHCP) and/or Health Care Risk Assessment.



Medical needs forms are kept in a central file in the school office.

Each class has a green medical needs file. This file should contain medical needs forms, Individual Health Care Plans and Health Care Risk Assessments for the children in the class. Request to administer medication forms should be kept with the child's medication and signed by the Headteacher.



The school office will inform visitors and supply teachers working with children in school through the class medical needs files.

Class teachers will ensure all adults working with children with medical needs are informed of their needs and medical procedures.

### **Health Care Needs Risk Assessment and Individual Healthcare Plans**

Where required, children with medical needs may have an individual healthcare plan (IHCP), providing clarity about what needs to be done, when and by whom.

Individual healthcare plans are:

- based on assessment and management of any potential risk to the child's education, health and social well-being, refer to **Wiltshire Children's Trust Health Care Needs Risk Assessment** (Appendix 3)
- kept in the class medical file, in medical needs room, with medication and shared with all external visitors in school.
- drawn up in partnership by parents/carers, the school and the relevant healthcare professionals who can best advise on a child's unique needs
- reviewed if the child's needs have changed.

The Medical Needs Co-ordinator will co-ordinate a meeting with parents and relevant health care professionals. The medical need will be assessed using the **Wiltshire Children's Trust Health Care Needs Risk Assessment (Appendix 3)**. The meeting will be held to discuss and agree on the need for an Individual Health Plan (IHP) to include key school staff, child, parent and relevant health care professionals as appropriate (or to consider evidence provided by them).



Training needs are identified and healthcare professional will commission and/or deliver training within thirty days. A central training record will be kept by the school office.



IHCP are circulated to all staff by the medical needs co-ordinator. Office staff will ensure IHCP with a photo is displayed in the medical needs room, with any personal medication and in the class medical needs file.



IHCP and risk assessments will be reviewed annually or when condition change.

Staff involved in drawing up healthcare plans are aware that the following records may be useful to include, depending on the child's unique needs:

- the medical condition – triggers, signs, symptoms and treatment
- the resulting needs for the child including medication (dose, side effects and storage), other treatments, times, 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)
- specific support for the child's educational, social and emotional needs
- level of support needed, including in emergencies – if a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring
- who provide the support, their training needs, expectations of their role and cover when they are absent
- who in the school needs to be aware of the child's needs
- arrangements for written permission from parents/carers and the Headteacher for medication to be administered by a member of staff or self-administered during school hours
- separate arrangements or procedures required for school trips/school journey (e.g., risk assessments)
- where confidentiality issues are raised by the child or parent/carers, the designated individuals to be entrusted with information about the child's condition
- what to do in an emergency (e.g. who to contact)
- where medication is stored

### **Support for children with allergies**

For any child who has an allergy:-

- The procedures above for supporting children with medical needs are put in place.
- If the child requires an Epi – Pen the medical needs co-ordinator will follow procedures included in the flow chart above for supporting children with medical needs and an IHCP and Healthcare needs Risk Assessment will be drawn up by the medical needs co-ordinator (Appendix 3).
- The office staff will ensure that relevant Clever Chefs forms are completed and sent to the school caterers.

- Office staff will be responsible for ensuring Epi-Pens are not out of date and are clearly labelled. The child's Epi-Pen must be carried with the child at all times or kept with a responsible adult.
- Staff will be trained on how to use an Epi-Pen. The office will keep a training record and plan yearly EPI PEN training for key staff.

### **Supporting children with food intolerance**

Children with a diagnosed food intolerance should provide the school with a GP letter. For children with a food intolerance not diagnosed by a GP parents should complete a medical needs form stating which foods the child should avoid. Class teachers will endeavour to ensure these foods are avoided during classroom activities.

Parents requesting specific 'free from' foods from Hc3s should provide a copy of a GP diagnosis to the caterers and make a selection from the appropriate menu. Parents agree to make food choices from the menu according to the child's dietary needs or provide children with a packed lunch from home.

Any food tasting activities in school should be accompanied by a letter giving permission for children to try specific foods stated on the letter.

For events such as cake sales, celebrations etc, it remains the responsibility of the class teacher to ensure that medical needs are checked and that parents have given permission or provided an alternative.

### **Asthma**

Parents should complete a medical needs form (Appendix 1) and request to administer medication (Appendix 2). This should state the frequency and administration procedures. Inhalers should be easily accessible and kept in medical needs trays in the classroom. For children requiring regular administration of an inhaler in school, parents should request and provide a copy of an 'Asthma Care Plan'. Inhalers should be carried with the child or a responsible adult on offsite visits/trips.

### **Emergency Procedures**

If a child needs to be taken to hospital, staff stay with the child until the parent/carer arrives. If the ambulance arrives before the parent the Headteacher or Deputy Headteacher will accompany a child taken to hospital by ambulance.

### **School trips**

We are fully committed to actively supporting children with medical needs to participate in the full life of the school (including trips and visits) and to enable them to do so. IHCP's endeavour to make staff aware of how a child's medical condition will impact on their participation, but there is flexibility for all children to participate according to their own abilities and with reasonable adjustments [unless evidence from a clinician states that this is not possible].

Risk assessments are carried out when children are off site so that planning arrangements take account of any steps needed to ensure that children with medical conditions are included. This includes consultation with the child, the parents/carer and any relevant external agency involved in the care of the child.

### **Children with Special Educational Needs & Disabilities [SEND] and Medical Needs**

Some children with medical needs may also be considered to be disabled. Some may also have special educational needs (SEN) and may have an Education, Health and Care Plan (EHCP) which brings together health and social care needs, as well as their special educational provision.

If a child with SEND also has a medical need, and he or she has an Education, Health and Care (EHC) Plan, their individual healthcare plan is part of that EHC Plan. For children who have SEND and a medical need but no EHC Plan, their individual healthcare plan or 'My Support Plan' will include reference to their Special Educational Need or Disability.

### **Impaired mobility**

Providing the GP or hospital consultant has given approval, children can attend school with plaster casts or crutches and walking frames. There will be obvious restrictions on games and on some practical work to protect the child (or others). This includes outside play. Some relaxation of normal routine in

relation to times of attendance or movement around the school may need to be made in the interests of safety. The school may contact the Local Authority for advice from Physical Impairment Teacher.

### **Training**

Training to support the school in meeting the needs of children with medical conditions is provided on a regular basis, and from a range of practitioners (e.g. the administration of Epi-pens). This includes whole school awareness training, induction training for new members of staff and training for individually identified members of staff. On the basis of the need identified and the implications for school staff, we work to:

- identify who the key people in school who require training/support are
- ascertain what their training needs are and who can provide the training
- ensure that the right staff access this training as swiftly as possible, and that it is implemented appropriately
- regularly review whether the child or staff training needs have changed, and act to address this.

### **Other professionals**

The school works closely with a range of other professionals when supporting a child with medical needs. Our school nurse works closely in partnership with the school and parents/carers. Should a parent/carer wish to make an appointment with the nurse, they are advised to contact the SENCO who will be happy to assist. The school's Education Welfare Officer (EWO), supports the school when children are absent, especially long-term absences associated with a medical need. If parents/carers wish to make an appointment with the EWO they are advised to contact the school office.

### **Short-term illness**

At St Nicholas' CE (VA) Primary School we are very conscious of the needs of our vulnerable children. The Public Health guidance for 'The control of communicable diseases in schools and nurseries' (September 2015) states that 'Some medical conditions make children vulnerable to infections that would rarely be serious in most children. These include: those being treated for leukaemia or other cancers, on high doses of steroids by mouth and with conditions which seriously reduce immunity. Schools and nurseries and childminders will normally have been made aware of such children. They are particularly vulnerable to chicken-pox or measles and, if exposed to either of these, the parent/carer should be informed promptly and further medical advice sought.' As a consequence of this guidance St Nicholas' CE (VA) Primary School manage the needs of all children by requesting that children who are unwell with a communicable disease should not be at school. They should not return until they are feeling better and the risk of infection to others has passed. The Headteacher has the right to ask parents/carers to keep them at home. Further information and advice on the recommended time away from school for communicable diseases can be found in the Public Health England guidance:

<https://www.england.nhs.uk/south/wp-content/uploads/sites/6/2019/09/spotty-book-2019-.pdf>

Children who have had sickness and/or diarrhoea should be kept off school until 48 hours symptom-free.

### **Procedures for Managing Medicines**

For children with a short term illness, we advise parents to request that medicines should be prescribed in dose frequencies which enable them to be taken outside of school hours.

If a child requires medication for a short term illness we will request that the parent makes arrangements to come into school to administer the medication themselves.

For a longer term illness, or when a child has an IHCP in place, the Headteacher will authorise the administration of medication in school, if it would be detrimental to their education not to do so. The following procedure should then be followed.

1. Seek authorisation from Headteacher.
2. Ask the Parent/Carer to complete a medication administration form (appendix 2).
3. Name an adult on the form responsible for administering the medication.
4. Refer to this form prior to giving the medicine.
5. Check the child's name on the form and the medicine.
6. Check the prescribed dose.
7. Check the expiry date.
8. Check the prescribed frequency of the medicine.
9. Measure out the prescribed dose (parents should provide measuring spoons/syringes). If the child is old enough, they can measure the medicine.
10. Check the child's name again and administer the medicine.
11. Complete and sign the Administration of Medicine Record Book when the child has taken the medicine and another adult should counter-sign.
12. If uncertain, DO NOT give – check first with parents or doctor.
13. If a child refuses medication, record and inform parents as soon as possible.

We only accept 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 (the only exception to this is insulin which must still be in date, but will generally be available to us inside an insulin pen or a pump, rather than in its original container)

All medicines are stored out of reach of children. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens are always readily available to children, are not locked away and are accessible on school trips. Therefore, these items are to be kept on a medical needs shelf in each classroom. Some medicines (e.g. liquid antibiotics, insulin) require refrigeration – but must not be frozen. These should be kept in suitable additional and airtight containers (e.g. Tupperware box) and marked clearly with the child's name. They are to be kept in the fridge in the staff room. When no longer required, medicines are returned to the parent/carers to arrange for safe disposal. Sharps boxes are used for the disposal of needles and other sharps.

### **Roles and Responsibilities**

Any member of school staff may be asked to provide support to children with medical conditions, including the administering of medicines. Any member of staff must know what to do and respond accordingly when they become aware that a child with a medical condition needs help. Details regarding roles and responsibilities are outlined below.

#### **Parents/carers are responsible for:**

- not sending children into school with a communicable disease until they are well and the risk of infection to others has passed
- requesting anti-biotics and medicines for short term illness are administered 3 times a day and out of school hours
- making arrangements to administer medication to children in school for short term illnesses.
- providing the school with sufficient and up-to-date information about their child's medical needs
- participating in the development and review of their child's individual healthcare plan
- carrying out any actions they have agreed to as part of the plan's implementation (e.g., provide medicines)
- ensuring medication kept in school is in date
- ensuring that written records are kept of all medicines administered to children
- ensuring a nominated adult is contactable at all times.

**The governing body is responsible for:**

- making arrangements to support children with medical conditions in school, including making sure that this policy is in place
- ensuring that the school's procedures are explicit about what practice is not acceptable
- making sure it is clear how complaints may be made and will be handled concerning the support provided to children with medical conditions
- ensuring the school's policy clearly identifies the roles and responsibilities of those involved in the arrangements they make to support children at school with medical conditions

**The Headteacher is responsible for:**

- promoting this policy with the whole staff team, parents/carers and interested members of the community
- ensuring the continuing professional development and training needs of all staff are met, including the whole school staff regarding this policy generally, the First Aiders trained by the school as well as individual members of staff with responsibility for individual children
- cover arrangements to ensure availability of staff to meet individual children's needs.
- authorising requests for medication in school in line with medical needs policy.

**The Medical Needs Co-ordinator is responsible for:**

- taking an operational overview and monitoring role in relation to this policy and school-wide practice in meeting the needs of children with medical needs
- ensuring all relevant staff are made aware of individual children's condition.
- overall school liaison with the school nurse, including jointly monitoring the plans put in place for each child.
- ensuring children with medical needs have an IHCP, that it is kept up-to-date and is shared with all of the individuals who need to know about it
- keeping up to date records of all children with medical needs and regularly communicating this information with staff.
- ensure children with medical needs are fully supported through risk assessments and IHCP

**Class teachers are responsible for:**

- supporting the child as much as possible in self-managing their own condition
- risk assessment for school visits, school journey and other school activities outside of the normal timetable
- implementing the actions identified in individual healthcare plans
- briefing supply teachers, other cover staff or external visitors to ensure they are fully informed and able to meet the needs of individual children with medical needs
- ensuring staff who provide support to this group of children are able to access information/support materials as needed
- ensuring that the rest of the children in the class know what to do in case of an emergency (i.e., to tell an adult)
- notifying the medical needs co-ordinator if there are issues or concerns with a child's healthcare plan
- notifying the medical needs co-ordinator of any changes or communication about a child's medical needs.
- ensuring all medication is taken on school trips, out of school activities or carried with the child if specified in IHCP
- ensuring medical needs information and medical needs tray/medication are handed to the next class during transition.

### **School office**

- checking admission forms for medical needs.
- send home medical needs form and school dinner's form for children with food allergies – check these have been completed and returned to school.
- copy all medical needs forms and any other medical needs information to medical needs co-ordinator.
- file medical needs forms and IHCP in school medical needs file.
- ensure a copy of IHCP (including a photo) is kept with all medication and in the medical needs cupboard.
- hold a central folder, including children with medical needs and share with visitors, supply teachers etc.
- keep up to date information on SIMS.
- check the date of Epi-pens, inhalers etc. annually and inform parents if these are out of date.
- keep first aid equipment up to date and in supply.

Teachers and other school staff in charge of children have a duty to act in loco parentis and may need to take swift action in an emergency. This duty also extends to teachers leading activities taking place off the school site. This could extend to a need to administer medicine.

### **Monitoring and Evaluation of the Policy**

The governing body, Headteacher and medical needs co-ordinator are responsible for monitoring and evaluating this policy on an annual basis (or sooner in the event of changes in legislation)

Date: January 2022

Review Date: January 2023



**APPENDIX 1****St Nicholas' CE (VA) Primary School - Medical Needs Record**

<b>Pupils Name</b>		<b>Year Group</b>	
<b>Date of Birth</b>		<b>Male/Female</b>	
<b>Address</b>			

<b>Family Contact – Priority One</b>			
<b>Name</b>		<b>Relationship with child:</b>	
<b>Daytime Contact Number</b>		<b>Evening Contact Number</b>	
<b>Family Contact – Priority Two</b>			
<b>Name</b>		<b>Relationship with child:</b>	
<b>Daytime Contact Number</b>		<b>Evening Contact Number</b>	

<b>Registered GP</b>			
<b>Surgery Name</b>		<b>Contact Number</b>	
<b>Address</b>			
<b>Medical Specialist</b>			
<b>Name</b>		<b>Contact Number</b>	
<b>Hospital Name</b>			

<b>Details of pupil's diagnosed medical conditions</b>	
<b>Signs and symptoms of this pupils condition</b>	
<b>Triggers that make this pupils condition worse</b>	

Routine Healthcare Requirements (For example, dietary, therapy, nursing needs or before physical activity)	
During school hours	
Outside of school hours	

What to do in an emergency

Any additional information	
Signature of Responsible Adult	
Date Form Completed	
Signed By Headteacher	

## APPENDIX 2

## St Nicholas' CE (VA) Primary School – Medical Record

<b>Name of Child</b>		<b>Name of Medication</b>		<b>Method of Administration</b>	
<b>Name of Doctor</b>		<b>Expiry Date</b>		<b>Time (s) of Administration</b>	
<b>Dosage</b>		<b>Circumstances in which medication is administered (if for emergency use only)</b>		<b>Staff Member designated to administer medication</b>	
I confirm that the medication, dosage and timings indicated above are correct and authorise the school to supervise the name child self-administer					
<b>Parent Signature</b>			<b>Date</b>		
<b>Agreed by Headteacher</b>			<b>Date</b>		

Course of Medication						
<b>Date</b>	<b>Quantity Administered</b>	<b>Time Administered</b>	<b>Signature of Staff Administering</b>	<b>Staff Witnessing Administering</b>	<b>Parent Signature</b>	<b>Date</b>

## APPENDIX 3

# Wiltshire Children's Trust Health Care Needs Risk Assessment (2018)

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Complete Section A to G only when relevant to the child. (Ctrl + click on list to go straight to section)

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To be read alongside the Health Care Plan

## Medical Needs Risk Assessment (Setting based)

To be used to identify the resources which need to be in place for a child (young person) with medical needs where these needs are complex and are not covered by the settings standard policies and guidelines.

This form should be completed by the setting representative in partnership with the appropriate health representative and the parents and/or the child/young person.

If completing this form electronically to fill in a ☐ place the cursor in the box and left click.

**Child/Young person's Name:**

**Date of Birth:**

**Setting:**

**Year Group:**

**Key Worker / Teacher:**

**Primary Health Contact:**

(name and contact details)

Name and role of professionals involved in this Risk Assessment (i.e. Specialist Nurse, School Health Nurse or Community Children's nurse, Physio, OT, Community paediatrician):

Parent/carer

(name and contact details)

Date of Assessment:

Reassessment due:

Which documents are available to support this risk assessment? (Underline item, if applicable)

Healthcare Plan / Healthcare flow chart / Medical/Paediatric letter(s) / Other

### Outcome of Risk Assessment

**Is an individual health care plan required?**

**YES / NO**

**Are there outstanding actions?**

**YES / NO**

**Outstanding actions to be completed by date:**

### Signatures

Setting manager/ Head teacher:

Date:

Parents

Date:

Young person

Date:

## Child Information Profile

The phrase 'child' is used throughout this document to represent child or young person.

### Summary of Condition /Health Care Needs/ Disability:

**Is the condition** (Underline item, if applicable)

Chronic / Progressive / Life threatening / Acute

**Comments/Areas of Concern** including measures needed to include this child safely / site visits / residential trips.

**Other considerations:**

### Medication

**Does the child have any medication which may need to be administered?** YES / NO

If Yes, which section is this explained?:

**Has appropriate storage of prescribed items such as medication, equipment been agreed?** YES / NO

Please record:

### Communication, Understanding & Behaviour

What is the child's usual method of communication? (e.g verbal, gesture, sign language)

**Does the child have any signs, gestures or phrases that are important for their safety and wellbeing?** YES / NO

If Yes please explain

**Is the child generally cooperative?** YES / NO

If No please explain:

**Does this child have any known mental health problems?** YES / NO

If Yes please explain

**Does the child have a learning disability that effects their communication?** N/A

Please explain:

### Manual Handling

**Does this child have manual handling needs which may impact the administration of medication or treatment?** N/A / YES / NO

If No, ensure the manual handling plan is updated to include this risk.

Managing Pain	
<b>Does the child have any chronic/acute pain that is controlled with medication or any other intervention?</b> <span style="float: right;">YES / NO</span> If Yes does the setting have a plan in place to manage this pain. Please explain:	
<b>Additional documents</b>	
<b>Are there health care / other plans to support and advise in managing this child / young person's medical needs?</b> <u>Underline item below, if applicable</u> <b>Health Care Plans (provided by a nurse / health care professional</b> <b>Health Care Flow Chart</b> <b>Toileting plan</b> <b>Manual handling plan</b> <b>Behavioural support plan</b>	
<b>Any additional information on child / young person's views and preferences?</b>	
Risk Assessment Outcomes	
<b>Does this require additional care?</b>	<b>YES / NO</b>
<b>Reassessment of care provision needed.</b>	<b>YES / NO</b>
<b>Do they need adult assistance?</b>	<b>YES / NO</b>
<b>The Health Care Plan needs to be written / reviewed</b>	<b>YES / NO</b>
<b>Is this discussed in the Action Plan?</b>	<b>YES / NO</b>
<b>Staff training needs to be reviewed / actioned?</b>	<b>YES / NO</b>
<b>Current provision is promoting young person's independence / self management.</b>	<b>YES / NO</b>

## Action required to minimise risk - Summary and Action Plan

What are the Hazards and who might be affected?	What is already in place?	What action needs to be taken?	Who will do this by when?	Date completed	Risk rating To be completed prior to the child attending setting unaccompanied
<i>Example: David may have a seizure</i>	<i>All school staff have received initial training. Key staff have been trained to competency standard. Procedures in place to share between home and school when David last had medication.</i>	<i>Emergency plan needs to be updated. Agreement on what happens when.... (school trips, staff off work, medication out of date)</i>	<i>SENCO, alongside parent and School Nurse - by 2<sup>nd</sup> September</i>		<i>Currently Amber but Green when actions in place.</i>
<b>Medication</b>					
<b>Communication, understanding, social &amp; emotional and behaviour</b>					
<b>Manual handling, mobility</b>					
<b>Training needs</b>					
<b>Child Support needs</b>					



## Section A – Asthma / Anaphylaxis and other allergies

**Does the child have asthma / anaphylaxis / other allergies?**

**YES / NO**

If No go to Section C

If Yes name of condition:

### Asthma / Anaphylaxis

**Does the child have any allergies?**

**YES / NO**

**Please identify allergies / intolerances:**

**What measures need to be put in place:** (Underline item, if applicable)

Oral antihistamine

Inhaler: as required

**Are adaptations required for any of these activities?** (Underline / highlight item below, if applicable)

Science / Swimming / indoor PE / cooking / DT

outdoor PE / Outdoor activity / Transport / Residential trips

## Emergency Medication

**Does the child have emergency medication:** (Underline item, if applicable)

i.e. Emergency inhaler / Epipen?

**other (Please explain)**

**This medication can be self administered / will be administered by setting staff** (Underline item, if applicable)

**Please explain.**

**Where will the medication be stored so that it is quickly and reliably accessible? :**

(Underline item, if applicable) . **Explain:**

**Is this location secure? / locked?**

**Where will administration of the medication be recorded and by whom?**

**Please note** any concerns re: the administration of medication including timing, any possible side effects or indications to not administer:

### Other Breathing Difficulties

**Does the child require support to maintain their own airway/breathing?** **YES / NO**

**If yes support required:** (Underline item, if applicable) )

Suction

Oxygen: Emergency only / Continuous

Ventilation: Invasive / Non-invasive

Tracheostomy:

Nebuliser: Regular / Occasional

**Other medication / treatments related to airway / breathing**

**Are adaptations required for any of these activities?** (Underline item below, if applicable)

Science / Swimming / indoor PE / cooking / DT

outdoor PE / Outdoor activity / Transport / Residential trips

Are there any activities which may need to be modified or monitored to ensure this child's safety?

Please explain:

(Underline item below, if applicable)

Is BLS / choke training recommended by healthcare professionals?

**Risk Summary** – To be recorded on Action Plan

**Please see Health Care Plan**

## **Section B – Heart Problems (cardiovascular)**

**Is the child known to have any heart or circulatory problems?**

**YES / NO**

**If No go to Section D**

If Yes, please explain:

**Does the child have medication or technology based support for their heart problems?**

**YES / NO**

If Yes please give details

**Do the child's problems affect bleeding / clotting?**

**YES / NO**

If Yes please give details:

**Are there any activities which may need to be modified or monitored to ensure this child's safety?**

**YES / NO**

If Yes please give details:

**Risk Summary** – To be recorded on Action Plan

**Please see Health Care Plan**

## Section C – Endocrine / metabolic disorder (e.g. Diabetes, congenital adrenal hypoplasia)

**Does the child have any endocrine / metabolic disorder?** YES / NO

If No go to Section E.

If Yes please explain:-

**Does the child require medication, monitoring / use of technology?** YES / NO

If Yes please give details including route of administration and equipment required.

Can the child self administer the medication? YES / NO

If yes, please explain:

If self administering do they require supervision/support? YES / NO

If yes, please explain:

If not self administering will setting staff administer in accordance with setting policy?

YES / NO

Please explain how the child's medication needs are met.

How many staff require training to support this process?

**Does the child require modification of activities or specific planning prior to undertaking any activities, i.e. PE, Swimming?** YES / NO

If Yes please give details:

**Does the child's food and drink intake require monitoring or are there any other specific care requirements?** YES / NO

If yes please give details:

**Does the setting have a plan / flow chart to support the child in an emergency?**

YES / NO

If Yes please explain:

**Please see Health Care Plan**

### Emergency Medication

**In an emergency this child requires emergency medication to be administered by setting staff / Paramedic** (Underline item, if applicable)

Please provide a brief summary:

**Where will the medication be stored so that it is quickly and reliably accessible?**

Explain:

(Underline item below, if applicable)

**Is this location secure? / locked?**

**Where will administration of the medication be recorded and by whom?**

**Please note** any concerns re: the administration of medication including timing, any possible side effects or indications to not administer:

**Risk Summary** – to be recorded on Action Plan

## Section D – Gastrointestinal/ Bowel and Feeding needs

**Does the child have any gastrointestinal/bowel or feeding needs?**

**YES / NO**

**If No go to Section F.**

If Yes, please explain:

**Is the child able to feed and drink adequate quantities orally?**

**YES / NO**

If No please explain:

**Is the child permitted to take food or drink orally?**

**YES / NO**

If Yes please explain:

**Does the child require any support with eating or drinking (including use of thickening agents or supplements)?**

**YES / NO**

Please explain:

(Underline item below, if applicable)

**This child has a NG / PEG / Gastrostomy button / Other**

If Yes while attending the setting does the child require: (Underline item below, if applicable)

**Water / Feeding / Medication / None**

If Yes are they administered by **bolus / feeding pump**

**Is there a risk of the child choking?**

**YES / NO**

If yes, please explain:

(Underline item below, if applicable)

**Is BLS / choke training recommended by healthcare professionals?**

Please identify medications related to gastrointestinal problems and also any medications administered enterally with relevant information:

Please see Health Care Plan

Does the child have problems such as vomiting, diarrhoea, constipation?

YES / NO

If Yes please explain:

Does the child have a colostomy or ileostomy?

YES / NO

If Yes please explain (including care and facilities needed)

**Risk Summary** – to be recorded on Action Plan:

## Section E - Infection Control/ maintaining skin integrity

Does this child have an increased risk of infection related to these conditions? YES / NO

If no go to Section F

Is the child known to have an infection or been in recent contact with anyone with an infectious condition (i.e. MRSA, HIV, Hepatitis, Chicken Pox, Tuberculosis, Meningitis, Clostridium Difficile)?

YES / NO

Please list:

Does the child have an **infection** which requires action to be taken to maintain the safety of the child or others around the child?

YES / NO

If Yes explain:

Is the child particularly at risk of infection due to **low immunity** from immune disorder or treatment which has affected the immune system?

YES / NO

If Yes please explain:

Does the child have any **skin conditions** which require regular treatment or management? (i.e. eczema, psoriasis, pressure areas, rashes)

YES / NO

Please explain any skin problems:

Is there any treatment required?

YES / NO

**Please explain.**

**Risk Summary** – to be recorded on Action Plan:

## Section F – Neurological e.g. Seizures / Epilepsy

Is the child known to have any neurological problems (i.e. seizures, brain injury / damage, neurological disorder / syndrome)

YES / NO

**If no go to Section H**

If Yes, please explain:

**Does the child have any symptoms or problems (i.e. slurred speech, spasms, numbness, behaviour problems, mobility problems) related to this disorder** YES / NO

If Yes please give details:

**Seizures**

**Does the child have history of seizures?** (Underline item below, if applicable)

Never / Occasional / Frequent

Please identify type(s) and frequency of seizure including date of last seizure?

**Does the child have medication or treatment related to this problem (including rescue medication)?** YES / NO

If Yes please explain

**Are there any warning signs or triggers for a seizure for this child?** YES / NO

If Yes please explain:

**Is the child usually aware of when they are likely to have a seizure?** YES / NO

If Yes please explain:

Following a seizure what is the child's usual recovery pattern?

**Emergency Medication**

**Does the child have any medication which may need to be administered by setting staff?** YES / NO

If Yes, please provide a brief summary:

Please provide a brief summary:

**Where will the medication be stored so that it is quickly and reliably accessible?**

Explain:

(Underline item below, if applicable)

**Is this location secure? / locked?**

**Where will administration of the medication be recorded and by whom?**

**Please note** any concerns re: the administration of medication including timing, any possible side effects or indications to not administer:

**Risk Summary** – to be recorded on Action Plan

**Please see Health Care Plan**

## Section G - Urinary and Renal Needs

**Does this child have urinary or renal needs?** YES / NO

If no go to Section I

**Does the child have urinary or renal problems which require monitoring?** YES / NO  
(e.g. liver problems)

Please explain:

**Does the child require urinary catheterisation?** YES / NO

Please underline appropriate type:

(i.e. suprapubic / intermittent catheterisation / Mitrofanoff)

Please explain

Can the child self catheterise? YES / NO

If self catheterising do they require supervision/support? YES / NO

If not self catheterising will setting staff require training in accordance with the health care plan?  
YES / NO

How many staff require training to support this process?

**Risk Summary** – to be recorded on Action Plan

**Please see Health Care Plan**

## Wiltshire Children's Trust Health Care Needs Risk Assessment

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[To be read alongside the Health Care Plan](#)



**Medical Needs Risk Assessment (Setting based)**

To be used to identify the resources which need to be in place for a child (young person) with medical needs where these needs are complex and are not covered by the settings standard policies and guidelines.

This form should be completed by the setting representative in partnership with the appropriate health representative and the parents and/or the child/young person.

If completing this form electronically to fill in a ☐ place the cursor in the box and left click.

**Child/Young person's Name:**

  


**Date of Birth:**

  


**Setting:**

**Year Group:**

  


**Key Worker / Teacher:**

**Primary Health Contact:**

(name and contact details)

Name and role of professionals involved in this Risk Assessment (i.e. Specialist Nurse, School Health Nurse or Community Children's nurse, Physio, OT, Community paediatrician):

Parent/carer

(name and contact details)

Date of Assessment:

Reassessment due:

Which documents are available to support this risk assessment? (Underline item, if applicable)

Healthcare Plan / Healthcare flow chart / Medical/Paediatric letter(s) / Other

**Outcome of Risk Assessment**

**Is an individual health care plan required?**

**YES / NO**

**Are there outstanding actions?**

**YES / NO**

**Outstanding actions to be completed by date:**

**Signatures**

Setting

manager/

Headteacher:

Date:

Parents

Date:

Young person

Date:

### Child Information Profile

The phrase 'child' is used throughout this document to represent child or young person.

#### Summary of Condition /Health Care Needs/ Disability:

**Is the condition** (Underline item, if applicable)

Chronic / Progressive / Life threatening / Acute

**Comments/Areas of Concern** including measures needed to include this child safely / site visits / residential trips.

**Other considerations:**

#### Medication

**Does the child have any medication which may need to be administered?** YES / NO

If Yes, which section is this explained?:

**Has appropriate storage of prescribed items such as medication, equipment been agreed?** YES / NO

Please record:

#### Communication, Understanding & Behaviour

What is the child's usual method of communication? (e.g verbal, gesture, sign language)

**Does the child have any signs, gestures or phrases that are important for their safety and wellbeing?** YES / NO

If Yes please explain

**Is the child generally cooperative?** YES / NO

If No please explain:

**Does this child have any known mental health problems?** YES / NO

If Yes please explain

**Does the child have a learning disability that effects their communication?** N/A

Please explain:

#### Manual Handling

**Does this child have manual handling needs which may impact the administration of medication or treatment?** N/A / YES / NO

If No, ensure the manual handling plan is updated to include this risk.

<b>Managing Pain</b>	
<b>Does the child have any chronic/acute pain that is controlled with medication or any other intervention?</b> <span style="float: right;">YES / NO</span> If Yes does the setting have a plan in place to manage this pain. Please explain:	
<b>Additional documents</b>	
<b>Are there health care / other plans to support and advise in managing this child / young person's medical needs?</b> <u>Underline item below, if applicable</u> <b>Health Care Plans (provided by a nurse / health care professional</b> <b>Health Care Flow Chart</b> <b>Toileting plan</b> <b>Manual handling plan</b> <b>Behavioural support plan</b>	
<b>Any additional information on child / young person's views and preferences?</b>	
<b>Risk Assessment Outcomes</b>	
<b>Does this require additional care?</b>	<b>YES / NO</b>
<b>Reassessment of care provision needed.</b>	<b>YES / NO</b>
<b>Do they need adult assistance?</b>	<b>YES / NO</b>
<b>The Health Care Plan needs to be written / reviewed</b>	<b>YES / NO</b>
<b>Is this discussed in the Action Plan?</b>	<b>YES / NO</b>
<b>Staff training needs to be reviewed / actioned?</b>	<b>YES / NO</b>
<b>Current provision is promoting young person's independence / self management.</b>	<b>YES / NO</b>

## Action required to minimise risk - Summary and Action Plan

What are the Hazards and who might be affected?	What is already in place?	What action needs to be taken?	Who will do this by when?	Date completed	Risk rating To be completed prior to the child attending setting unaccompanied
Example: David may have a seizure	<i>All school staff have received initial training. Key staff have been trained to competency standard. Procedures in place to share between home and school when David last had medication.</i>	<i>Emergency plan needs to be updated. Agreement on what happens when.... (school trips, staff off work, medication out of date)</i>	<i>SENCO, alongside parent and School Nurse – by 2<sup>nd</sup> September</i>		<i>Currently Amber but Green when actions in place.</i>
Medication					
Communication, understanding, social & emotional and behaviour					
Manual handling, mobility					
Training needs					
Child Support needs					

## Section A – Asthma / Anaphylaxis and other allergies

**Does the child have asthma / anaphylaxis / other allergies?**

**YES / NO**

If No go to Section C

If Yes name of condition:

## Asthma / Anaphylaxis

Does the child have any **allergies**?

**YES / NO**

**Please identify allergies / intolerances:**

**What measurers need to be put in place:** (Underline item, if applicable)

### Oral antihistamine

Inhaler: as required

Are adaptations required for any of these activities? (Underline / highlight item below, if applicable)

Science / Swimming / indoor PE / cooking / DT

outdoor PE / Outdoor activity / Transport / Residential trips

## Emergency Medication

**Does the child have emergency medication:** (Underline item, if applicable)

**i.e. Emergency inhaler / Epipen?**

**other (Please explain)**

**This medication can be self administered / will be administered by setting staff** (Underline item, if applicable)

**Please explain.**

**Where will the medication be stored so that it is quickly and reliably accessible? :** (Underline item, if applicable) . **Explain:**

**Is this location secure?      /      locked?**

**Where will administration of the medication be recorded and by whom?**

**Please note** any concerns re: the administration of medication including timing, any possible side effects or indications to not administer:

**Other Breathing Difficulties****Does the child require support to maintain their own airway/breathing?** YES / NO**If yes support required:** (Underline item, if applicable) )

Suction

Oxygen: Emergency only / Continuous

Ventilation: Invasive / Non-invasive

Tracheostomy:

Nebuliser: Regular / Occasional

**Other medication / treatments related to airway / breathing****Are adaptations required for any of these activities?** (Underline item below, if applicable)

Science / Swimming / indoor PE / cooking / DT

outdoor PE / Outdoor activity / Transport / Residential trips

Are there any activities which may need to be modified or monitored to ensure this child's safety?

Please explain:

(Underline item below, if applicable)

Is BLS / choke training recommended by healthcare professionals?

**Risk Summary – To be recorded on Action Plan****Please see Health Care Plan****Section B – Heart Problems (cardiovascular)****Is the child known to have any heart or circulatory problems?**

YES / NO

**If No go to Section D**

If Yes, please explain:

**Does the child have medication or technology based support for their heart problems?**

YES / NO

If Yes please give details

**Do the child's problems affect bleeding / clotting?**

YES / NO

If Yes please give details:

**Are there any activities which may need to be modified or monitored to ensure this child's safety?**

YES / NO

If Yes please give details:

**Risk Summary** – To be recorded on Action Plan

Please see Health Care Plan

**Section C – Endocrine / metabolic disorder (e.g. Diabetes, congenital adrenal hypoplasia)**

**Does the child have any endocrine / metabolic disorder?** YES / NO

If No go to Section E.

If Yes please explain:-

**Does the child require medication, monitoring / use of technology?** YES / NO

If Yes please give details including route of administration and equipment required.

Can the child self administer the medication? YES / NO

If yes, please explain:

If self administering do they require supervision/support? YES / NO

If yes, please explain:

If not self administering will setting staff administer in accordance with setting policy?

YES / NO

Please explain how the child's medication needs are met.

How many staff require training to support this process?

**Does the child require modification of activities or specific planning prior to undertaking any activities, i.e. PE, Swimming?** YES / NO

If Yes please give details:

**Does the child's food and drink intake require monitoring or are there any other specific care requirements?** YES / NO

If yes please give details:

**Does the setting have a plan / flow chart to support the child in an emergency?**

YES / NO

If Yes please explain:

Please see Health Care Plan

**Emergency Medication**

In an emergency this child requires emergency medication to be administered by

**setting staff / Paramedic** (Underline item, if applicable)

Please provide a brief summary:

**Where will the medication be stored so that it is quickly and reliably accessible?**

Explain:

(Underline item below, if applicable)

**Is this location secure? / locked?**

**Where will administration of the medication be recorded and by whom?**

**Please note** any concerns re: the administration of medication including timing, any possible side effects or indications to not administer:

**Risk Summary** – to be recorded on Action Plan

#### Section D – Gastrointestinal/ Bowel and Feeding needs

**Does the child have any gastrointestinal/bowel or feeding needs?** YES / NO

If No go to Section F.

If Yes, please explain:

**Is the child able to feed and drink adequate quantities orally?** YES / NO

If No please explain:

**Is the child permitted to take food or drink orally?** YES / NO

If Yes please explain:

**Does the child require any support with eating or drinking (including use of thickening agents or supplements)?** YES / NO

Please explain:

(Underline item below, if applicable)

**This child has a NG / PEG / Gastrostomy button / Other**

If Yes while attending the setting does the child require: (Underline item below, if applicable)

**Water / Feeding / Medication / None**

If Yes are they administered by **bolus / feeding pump**

**Is there a risk of the child choking?** YES / NO

If yes, please explain:

(Underline item below, if applicable)

**Is BLS / choke training recommended by healthcare professionals?**



Please identify medications related to gastrointestinal problems and also any medications administered enterally with relevant information:

**Please see Health Care Plan**

**Does the child have problems such as vomiting, diarrhoea, constipation?**

**YES / NO**

If Yes please explain:

**Does the child have a colostomy or ileostomy?**

**YES / NO**

If Yes please explain (including care and facilities needed)

**Risk Summary** – to be recorded on Action Plan:

### Section E - Infection Control/ maintaining skin integrity

**Does this child have an increased risk of infection related to these conditions? YES / NO**

**If no go to Section F**

**Is the child known to have an infection or been in recent contact with anyone with an infectious condition** (i.e. MRSA, HIV, Hepatitis, Chicken Pox, Tuberculosis, Meningitis, Clostridium Difficile)?

**YES / NO**

Please list:

Does the child have an **infection** which requires action to be taken to maintain the safety of the child or others around the child?

**YES / NO**

If Yes explain:

Is the child particularly at risk of infection due to **low immunity** from immune disorder or treatment which has affected the immune system?

**YES / NO**

If Yes please explain:

Does the child have any **skin conditions** which require regular treatment or management? (i.e. eczema, psoriasis, pressure areas, rashes)

**YES / NO**

Please explain any skin problems:

Is there any treatment required?

**YES / NO**

**Please explain.**

**Risk Summary** – to be recorded on Action Plan:

### Section F – Neurological e.g. Seizures / Epilepsy

**Is the child known to have any neurological problems (i.e. seizures, brain injury / damage, neurological disorder / syndrome)** YES / NO

**If no go to Section H**

If Yes, please explain:

**Does the child have any symptoms or problems (i.e. slurred speech, spasms, numbness, behaviour problems, mobility problems) related to this disorder** YES / NO

If Yes please give details:

### Seizures

**Does the child have history of seizures?** (Underline item below, if applicable)

Never / Occasional / Frequent

Please identify type(s) and frequency of seizure including date of last seizure?

**Does the child have medication or treatment related to this problem (including rescue medication)?** YES / NO

If Yes please explain

**Are there any warning signs or triggers for a seizure for this child?** YES / NO

If Yes please explain:

**Is the child usually aware of when they are likely to have a seizure?** YES / NO

If Yes please explain:

**Following a seizure what is the child's usual recovery pattern?**

### Emergency Medication

**Does the child have any medication which may need to be administered by setting staff?**

YES / NO

If Yes, please provide a brief summary:

Please provide a brief summary:

**Where will the medication be stored so that it is quickly and reliably accessible?**

Explain:

(Underline item below, if applicable)

**Is this location secure? / locked?**

**Where will administration of the medication be recorded and by whom?**

**Please note** any concerns re: the administration of medication including timing, any possible side effects or indications to not administer:

**Risk Summary** – to be recorded on Action Plan

**Please see Health Care Plan**

### Section G - Urinary and Renal Needs

**Does this child have urinary or renal needs?**

**YES / NO**

**If no go to Section I**

**Does the child have urinary or renal problems which require monitoring? YES / NO**  
(e.g. liver problems)

Please explain:

**Does the child require urinary catheterisation?**

**YES / NO**

Please underline appropriate type:

(i.e. suprapubic / intermittent catheterisation / Mitrofanoff)

Please explain

Can the child self catheterise?

**YES / NO**

If self catheterising do they require supervision/support?

**YES / NO**

If not self catheterising will setting staff require training in accordance with the health care plan?

**YES / NO**

How many staff require training to support this process?

**Risk Summary** – to be recorded on Action Plan

**Please see Health Care Plan**