



Vision: *Inspiring Success*

Values: *Determination, Courage, Respect*

Young People's Health and the Administration of Medicines 2021

We want our school to be a **centre of excellence** for learning- for children and adults and our wider community. We want to create a school where:

- Children are safe, happy and healthy
- Children make outstanding progress and are confident, independent, enthusiastic and determined learners
- Staff are inspirational practitioners, able and enthusiastic to learn from and develop others
- Everyone shows respect and consideration for other people

We want to grow through supporting and developing other schools and continuing to learn ourselves. We want our school to be a **rich, exciting and fun** environment which is underpinned by these important characteristics:

Learning:

- Creating and thinking critically: Problem solving – using and applying skills
- Confidence to take risks and to be independent
- Collaboration
- Responsibility, Resilience, Resourcefulness, Reflection, Reasoning (5Rs)
- Exploring, Playing
- Active learning
- Tolerance and respect for others, their ideas and opinions
- Enthusiasm for learning

Teaching:

- Tenacious- wanting the best for every child , every lesson, every day
- Engaging and Inspiring
- Analytical and reflective assessment: rigorous and influences every lesson
- Challenging- underpinned by high expectations
- High Quality Interaction- questioning and feedback which guides next steps, praises effort
- Excellent relationships underpinned by care and respect
- Rich Language and learning environment

Leadership:

- Consistent- underpinned by a clear, well communicated vision
- Rigorous- analytical , informed by high expectations and determination to achieve the best for every child
- Relevant-based on thorough knowledge of the school, its children, families and staff,
- Current research, social and political climate
- Exemplary- excellent role models to ensure consistency and clarity
- Aspirational

- Motivating

Professional Conduct:

- Reflective on own practice- proactive in seeking professional development
- Empathetic to others' needs, concerns, priorities
- Seek Solutions or Guidance
- Polite to children, staff, governors, visitors
- Enthusiastic "can do" approach and positive in the face of adversity and change!
- Communication which is clear, effective: good listening, maintaining confidentiality
- Teamwork- sharing planning, ideas, resources; flexible, approachable, sense of humour

The policy is written with regard to the Surrey guidance manual (a revised document, which has been prepared in consultation with Professional Associations/Trade Unions, headteachers & the School Health Service). We have ensured the DfE guidance Managing Medicines in Schools & Early Years Settings document

Most children/young people will at some time have a medical condition that may affect their participation in school activities. For many this will be short-term; perhaps finishing a course of medication.

It is recognised that the administration of medicines by teachers and setting staff is not a part of standard contracts. This is a voluntary role and staff who provide support for children with medical needs, or who volunteer to administer medication, need support from the headteacher and from parents, access to information and training and reassurance about legal liability. Close co-operation between schools, parents, health professionals and other agencies will provide a suitably supportive environment for children with medical needs. Thereby, whenever possible, children will maximise their access to education within school.

Confidentiality

The responsible person should always ensure all information is kept confidentially. The responsible person should agree with the parent, who else should have access to records and other information about the child. It is essential that relevant staff are informed on a strictly need to know basis and it is in the best interests of the child.

In developing this policy consideration is given to at least the following:

- reference to the Local Authority (LA) guidelines
- procedure for agreeing and recording the school's role in supporting individual children.
- staff responsibilities
- right of staff to decline to administer medicines
- requesting information from parents about child's health needs
- information and support arrangements from health professionals
- statements to parents that they are responsible for ensuring that their child is well enough to attend school/setting
- encouraging parents to administer medication where possible, or in appropriate cases self-administration by the child
- information to parents who bring (prescribed) medicines into school. including who to give them to, labelling, instructions, etc
- parental consent requirements

- parental responsibility for provision of accurate contact details and relevant medical information
- who will administer medication
- where/how medicines are kept
- arrangements for providing information and training to staff and others needing it
- arrangements for record keeping (including the maintenance of accurate records)
- action to be taken in the event of emergencies
- arrangements for publicising policy to parents, staff and others needing it
- arrangements/advice for staff transporting children to hospital.

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1. Medication in settings: who is responsible?

It is important that responsibility for children's medication is clearly defined and that each person involved with children with medical needs is aware of what is expected of them. Close co-operation between school, parents, health professionals and other agencies is essential to ensure that any necessary medical interventions during setting activities are undertaken safely and correctly. Settings need to agree and record secure arrangements to provide appropriate medical support for each child needing it, via prior discussion with their parents and relevant health professions before commencement.

In most circumstances the administration of medicines is the responsibility of parents.

Legislation

The Special Educational Needs (SEN) and Disability Act 2001, by amending the Education Act 1996, reinforced the right of children with SEND be educated in mainstream schools unless it is incompatible with the wishes of the child's parent, or with the provision of efficient education for other children. The expectation is that all children with SEND will be educated in mainstream schools, as will many children with Education Health Care plans. The implication therefore is that mainstream schools will be making provision for children with a wide variety of needs, which might include children requiring medication on a long or short term basis.

The SEN and Disability Act 2001 also amended the Disability Discrimination Act 1995 to ensure that access to school, further and higher education is available to children who are disabled and that disabled children are not treated less favourably without justification for a reason relating to their disability. The expectation is that settings will make reasonable adjustments to ensure access and this should include arrangements about the administration of medication.

Definitions of SEN and Disability can be found in Section 312 of the Education Act 1996; Section 17 (11) of the Children Act 1989; Section 1(1) of the Disability Discrimination Act 1995. Statutory Guidance on Inclusive Schooling: DfES/0774/2001.

Parents, guardians and carers

- 1.1 Parents, as defined in the Education Act 1996, are a child/young person's main carers. They are responsible for making sure that their child is well enough to attend the setting and able to participate in the curriculum as normal. However, General Practitioners (GPs) may advise that children/young people should attend or recommence school/setting while still needing to take medicines. In other cases, to enable children/young people with a chronic illness to lead as normal and happy a life as possible, it may be necessary for them to take prescribed medicines during setting hours.
- 1.2 Settings cannot plan effective support arrangements unless parents provide sufficient information about their child's medical condition and any treatment or special care needed at the setting, at the admission stage, and keep the setting informed of any new or changing needs. If there are any special religious and/or cultural beliefs, which may affect any medical care that the child/young person needs, particularly in the event of an emergency, it is the responsibility of the parent to inform the setting and confirm this in writing. Such information should be kept in the child/young person's personal file at the setting for as long as necessary with updates in consultation with the health nursing team. Parents and setting management need to reach agreement on the setting's role in helping with the child/young person's medical needs. Ideally, the headteacher or responsible person should seek parental agreement before passing on information about the child/young person's health to other setting staff, but it should be acknowledged that sharing information is important if staff and parents are to ensure the best care for a child.
- 1.3 Some parents may have difficulty understanding or supporting their child's medical condition themselves. The School Health Team can often provide additional support and assistance in these circumstances.

The Employer

- 1.4 The Health and Safety at Work Act 1974 requires all employers to define their organisation and arrangements for managing health and safety in a written policy. This guidance note "Young People's Health & the Administration of Medicines'. Where Surrey LA is not the employer (e.g. in Voluntary Aided or Foundation Schools) the Governing Body is legally responsible for writing the policy. Governing Bodies of such schools in Surrey may adopt the guidance in this Manual as part of their policy.
- 1.5 The employer is also responsible for making sure that all employees involved in implementing this policy have adequate training to undertake the work safely and correctly. This should be arranged in conjunction with the Local School Health Teams in liaison with other health professionals as appropriate. Should a volunteer require training in managing a medical condition of a child/young person, advice can be sought from the School Health Team. Any specific or general queries can also be directed to the School Health Team for their locality (see Section C).

The employer should be satisfied that any training received by its staff is sufficient for its purpose. The health care professional delivering the training should confirm proficiency of the trainee in medical procedures and recommend a refresher training period.

- 1.6 It is Surrey LA Policy and our school policy to maximise inclusion for children and young people with medical needs in as full a range of educational opportunities as possible. To promote this aim, settings should assist parents and health professionals by participating in agreed procedures to administer medicines when necessary and reasonably practical.
- 1.7 There is no requirement for staff to undertake these responsibilities, unless administering medicines may be included in the contractual duties of some support staff. Consequently, to comply with this policy, settings must secure the services of:
- Volunteers from existing teaching or support staff
 - Employees with specific contractual duties to undertake this work
 - Other persons as agreed in accordance with this guidance.

Conditions of employment are individual to each non-maintained early years setting. The registered person has to arrange who should administer medicines within a setting, either on a voluntary basis or as part of a contract of employment.

- 1.8 Settings unable to secure compliance with this policy using the people and resources at their disposal should seek assistance. (Useful contacts are outlined in Section C).

The Governing Body

- 1.9 The Governing Body has general responsibility for all of the setting's policies even when it is not the employer. The Governing Body takes in to account of the views of the headteacher, staff and parents in developing a policy on assisting children with medical needs. The Governing Body must ensure that local arrangements comply with the Health and Safety policies and procedures. Every setting must have a Designated Teacher with responsibility for children with medical needs: Mrs Carol Rusby, Head Teacher and The Governing Body must ensure that staff who volunteer to administrate medication receive appropriate accredited training.

The Headteacher

- 1.10 The headteacher is responsible for implementing the Governing Body's policy in practice and for developing detailed procedures. When staff volunteer to give children help with their medical needs, the headteacher should, where appropriate, agree to their doing this, and must ensure that staff receive proper support and training wherever necessary. The headteacher is accountable for local decisions about the setting's role in administering medication. Any uncertainties about this role should be referred to the Local Education Officer or in their absence please refer to the contact list at the end of this document.
- 1.11 The headteacher should make sure that all parents are aware of the school's policy and procedures for dealing with medical needs. The policy needs to make it clear that parents should keep their children at home if acutely unwell. It should also cover the school's approach to administering medication at the setting.
- 1.12 For each child with medical needs, the headteacher will need to agree with the parents exactly what support the school can provide. This is written in to an individual care plan which is kept in the school office. Where there is a concern about whether the school can meet a child's needs, or the expectations of the parents appear unreasonable, the headteacher can seek further advice from the School Health Team, or the Local Education Officer or in their absence please refer to the contact list at the end of this document.

Staff indemnity

- 1.13 Surrey County Council fully indemnifies all its staff against claims for alleged negligence providing they are acting within the remit of their employment.

As the administration of medicines is considered to be an act of "taking reasonable care" of the child, staff agreeing to administer medication can be reassured about the protection their employer would provide. In practice this means that the County Council, not the employee, would meet the cost of damages should a claim for alleged negligence be successful.

NB: It is important that managers make this clear before asking staff to volunteer. The indemnity above applies to all Surrey LA Schools (including voluntary aided and foundation schools that buy back into Surrey County Council's insurance package) and

also extends to protect volunteers and others who may be authorised and approved by schools.

Employers **must** take out Employers Liability and Insurance to provide cover for injury to staff acting within the scope of their employment.

- 1.14 Staff should take the same care that a reasonable, responsible and careful parent would take in similar circumstances, while they are responsible for the care and control of children. In all circumstances, particularly in emergencies, staff are expected to use their best endeavours. The consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

2. Medicines

No child should be given medication without written consent from the parents.

Non-prescribed medicines

- 2.1 We do not keep medicines in the school for general use. The one exception to this is Paracetamol. The parent should consent to the administration of Paracetamol in appropriate doses, with written instructions about when the child should take it. The administration protocol must include a check when they had their last dose. Paracetamol should not be administered if taken within the last 4 hours and staff must ensure the manufactures instructions are followed. Doses must be recorded with date, time and signature of the person who administered it.

This may be necessary to relieve:

For example:

Headache - NOT ASSOCIATED WITH HEAD INJURY

Toothache

Sudden rise in temperature

A member of staff should contact the parent to seek consent for the administration of paracetamol unless it has been previously agreed in writing and supervise the child taking the medication and notify parents in writing on the day the paracetamol was administered.

Administration must be recorded on the appropriate form with time, date, amount of dose and signature of the person who administered it. Parental consent should be renewed at least annually for children with chronic conditions where this has been agreed in a care plan.

3. Medicines brought into school

- 3.1 Carriage of medicines to settings

Medicines should be brought by the parent or other responsible adult, and handed to a responsible named member of staff in the office. For inhalers one will be kept in the office and one in the classroom out of reach of children. Auto injector pens and other medication will be kept securely in the school office.

Arrangements must be made for any other emergency medications (such as preloaded adrenaline injection e.g. Epipen / Jext) to be immediately available both on and off site.

Parents must bring in any equipment required to administer the medicine e.g. medicine spoons, oral syringes, syringes for injections, sharps containers.

In respect of the carriage of oxygen a risk assessment will be completed by the responsible person. At The Orchard this will be the Head Teacher in liaison with parents and health professionals.

3.2 Non-prescribed medicines

We do not allow and will not administer any non-prescribed Medications.

3.3 Prescribed medicines

Medicines should only be administered when essential; that is where it would be detrimental to a child's health if the medicine were not to be administered during the school 'day'. We will only accept medicines that have been prescribed by an authorised prescriber e.g. doctor, dentist, nurse prescriber or pharmacist prescriber. Medicines must always be provided in the original container as dispensed by a pharmacist and be clearly labelled (See section 4.3).

3.4 A child under 16 should only be given aspirin or medicines containing ibuprofen if prescribed.

4. Storage of medicines in settings

4.1 Medicines should be locked away in a lockable cabinet or non-portable container, with the key being readily available to appropriate named members of staff to ensure access in case of emergency. The exceptions to this may be:

a) Medicines for use in emergency situations such as; asthma, anaphylaxis, diabetes and epilepsy, when immediate access would be essential.

b) Medicines needing refrigeration.

The refrigerator should itself be in a secure location to compensate for the impracticability of locking it. If this is not possible, medicines should be kept in a locked box in the refrigerator.

4.2 Advice on safe storage, temperatures, light, life span etc. can be obtained from the manufacture's information or Community Retail Pharmacists (local chemists).

- 4.3 Medicines **must be kept in the container supplied and labelled by the pharmacist** which states:

Name of the child/young person)
Name of the medicine)
Strength)
Formulation)
Dose/frequency of administration) This is normal
Instructions for administration) pharmacy procedure
Date of dispensing) when issuing
Cautionary advice) all medicines.
Quantity of the medicine)
Expiry date (if short dated))

The only exception is insulin which may be stored in an insulin pen rather than in its Original packaging. Expiry dates, however, should be checked and dosage followed According to the written and agreed care plan.

- 4.4 It should be made clear to parents that they will be responsible for ensuring medicines do not exceed their expiry date. Instructions regarding any specific requirements for the disposal of equipment/waste product, e.g. syringes, gloves, should be kept with the medication and equipment.

NB: Under no circumstances should any medicine be transferred into another container for keeping/storage.

5. Arrangements for administering medicine in settings

- 5.1 Practical arrangements for administering medicines will vary according to particular circumstances. There must be an assessment of the risks to the health and safety of staff and others, and measures put in place to manage any identified risks.

5.2 Self-administration by child

Children may be allowed to take responsibility for self-administration of medicines. If this is the case it must be part of the written and agreed care plan between the child, their parents and the school. The written agreement should include whether administration requires supervision. In addition to parental consent, medical advice with regard to self-administration by the child should be available and noted in the written agreement.

However, it cannot be taken as an alternative to parental consent. Where a child requests this – a suitable location for administering the medicine should be made available.

5.3 Administration by staff

Staff who are involved with medicine(s) administration must be trained and competent in the technique for which the medicine is to be given. The

5.4 Staff with responsibility for administering medicines must be familiar with the identity of the child receiving the medicine. If the child is not known to the member of staff then a second member of staff who does know the child must be available, and as a second check, there must also be a mechanism in place to enable staff to identify the child at the time of medicine administration e.g. a recent photograph attached to the consent form or medicine administration record, or by asking the child/young person their name and date of birth.

5.5 Unless it is an emergency situation, medicines must be administered in a location where privacy and confidentiality of the child may be maintained. Facilities should be available if the child needs to rest and recover.

Medicines must be administered and documented for one child at a time and completed before the next child is seen.

Staff must wash their hands before and after administering medicines.

5.6 Before administering a medicine staff must check:

- The identity of the child
- The written parental consent form for administration of the medicine(s)
- That the written instructions received from the parent and the medicines administration record match the instructions on the pharmacy dispensed label of the medicine container i.e. name of the medicine, formulation, strength and dose instructions
- The name on the pharmacy dispensed label matches the name of the child/young person that the medicine is to be administered
- Any additional or cautionary information on the label which may affect the times of administration, give information on how the medicine must be administered, or affect performance e.g. an hour before food, swallow whole do not chew, or may cause drowsiness
- The medicine administration record to ensure the medicine is due at that time and it has not already been administered
- The expiry date of the medicine (if one is documented on the medicine container or the pharmacy dispensed label).
- All the necessary equipment required to administer the medicine is available e.g. medicine spoon, oral syringe, injecting syringe.

5.7 If there are concerns or doubts about any of the details listed above the member of staff must not administer the medicine. They must check with the child's parent or a health professional before taking further action. All advice and actions must be documented, signed and dated.

5.8 If the member of staff has no concerns the medicine can be administered to the child.

- 5.9 Staff involved with the administration of medicines should be alert to any excessive requests for medication by children or by parents on their behalf. In any cases of doubt advice may be obtained from the School Health Team.
- 5.10 Staff's own views/attitudes to medication should not override the instructions/prescription of medication by the child's GP or Consultant Paediatrician. In cases where there is such a possibility, those staff should be advised not to be involved.
- 5.11 The medicine formulation must not be interfered with prior to administration (e.g. crushing a tablet) unless there are written instructions / information provided from the parent and advice from a health professional. This must be documented.
- 5.12 Immediately after the medicine has been administered the appropriate written records must be completed, signed and dated.
- 5.13 If for any reason the medicine is not administered at the times stated on the medicine administration record the reason for non administration must be recorded, signed and dated.
- 5.14 **Children and young people refusing medication**

If a child refuses to take a medicine they must not be forced to do so, but this must be documented and agreed procedures followed. The procedures are set out in an individual child's care plan. Parents must be informed of the refusal as soon as possible on the same day. If the refusal to take the medicine could result or does result in an emergency then the emergency procedure for the setting must be followed.

6. Record keeping

- 6.1 The following is a summary of the records, which settings MUST keep in connection with the administration of medicines:
- Names of trained and competent staff responsible for medicines storage, including access, and medicines administration:
Sandra Mitchell, School Business Manager
Gail Heywood, Senior School Assistant
Sophie Balloch, School Assistant
 - Names of trained and competent staff responsible for storage, including access of controlled drugs and their administration:
As above
 - A completed individual care/treatment plan for a child with long term conditions such as diabetes, epilepsy.
 - An action plan for an individual child for a medical emergency. This will form part of the care/treatment plan.

- A completed written parental consent form (see appendix II) each time there is a request for a medicine to be administered in the setting. A new form must be completed if a new medicine is to be administered or if there are changes to the existing medicine(s) e.g. different dose, strength, times. A verbal message is not acceptable. A new supply of correctly labelled medicine must be provided by the parent.
- At The Orchard children will not be allowed to self- administer unless they are supervised, for example in the case of administering insulin or using an inhaler. They will not be allowed to carry their medication with them but it will be kept centrally in the office, and for inhalers a second one will be available in the classroom in a secure place.
- All medicines administered in the setting must be accompanied by written instructions (see appendix II) from a parent and/or prescriber specifying the medicine, strength, formulation, dose, the times (or frequency) and/ or circumstances it is to be given. A new form must be completed if there are any changes e.g. different dose, strength, times. A verbal message is not acceptable. A new supply of correctly labelled medicine must be provided by the parent.
- A record of administration should be kept. The record should include;
 - the name of the child/young person
 - date of birth
 - medicine details (name, formulation, strength)
 - dose administered
 - date & time of administration
 - name of the person administering the medicine.
 - Signature of person administering the medicine.
 (see appendix III)
- If the child is self administering- (eg insulin pen/inhaler) and requires supervision the above record should be kept. It should be clearly indicated on the record that the member of staff is supervising the medicine administration.
- Reasons for non-administration of medicines must be recorded and the parent/carer must be informed as soon as possible on the same day.
- The quantity of medicines received by staff and the quantity of medicines returned to the parent. This must be signed and dated by a member of staff.
- In exceptional circumstances where members of staff return medicines to a community retail pharmacy (local chemist) for disposal, the quantity must be recorded. This must be signed and dated by the member of staff and if possible by the pharmacist (chemist).
- For the non prescribed medicine paracetamol, if the setting keeps a supply, written parental consent and written instructions (this should be renewed at least annually),

records of the quantity kept in the setting, administration details, as above, and records of disposal should be kept.

7. Disposal of medicines

School staff should not normally dispose of medicines, including controlled drugs when no longer needed, but should return to parents. Parents are responsible for disposal of date-expired medicines. However, in cases where this may not be possible, settings are advised to take them to a local pharmacy for disposal. Note that community retail pharmacies will not receive sharps for disposal.

8. Intimate or invasive treatment

Staff may be understandably reluctant to volunteer to administer intimate or invasive treatment because of the nature of the treatment, or fears about accusations of abuse. It would be appropriate for parents to ask their child's consultant whether a different treatment, which is less intimate or invasive, could be used. Parents and responsible person must respect such concerns and should not put undue pressure on staff to assist in treatment. An additional adult will be present in the room to ensure safeguarding and reduce the possibility of accusations of abuse. Staff should protect the dignity of the child as far as possible.

9. Training of staff

Initial validated training with certification must be provided and regular updating from qualified professionals must be given to staff that volunteer to administer all medicines including those for diabetes, epilepsy, and anaphylaxis or to meet any unusual needs. In some cases, this may be provided by specialist liaison nurses, but in all cases, requests should be addressed initially to the School Health Team.

A record should be kept of the following: trainers, provenance, those trained, date trained, date of expected update of training and date carried out. A risk assessment should be carried out to establish the number of members of staff, which should be trained. A setting checklist may help settings to record key personnel. (See appendix IX).

10. Educational visits and associated travel

10.1 We encourage and welcome children with medical needs to participate in setting trips, wherever safety permits. We may need to take additional safety measures for such visits. Staff are advised to refer to Surrey County Council Guidelines for Educational Visits and Outdoor Education Activities (Part 1, Section 3) for further guidance. In any cases of doubt advice can be obtained from the Head of Strategic Risk Management (see Section C).

10.2 Sporting activities

Most children with medical conditions can participate in the Physical Education (PE) curriculum and extra curricular sport. The setting should be sufficiently flexible for all children to take part in ways appropriate to their own abilities. Any restrictions on the child's ability to participate in PE should be clearly identified and incorporated in their Individual Treatment Plan.

10.3 Emergency travel

When emergency medical treatment is required, an ambulance should be called and then the parent/carer.

Staff should not take children to hospital in their own car.

10.4 Young people on work experience

The headteacher should ensure that the placement is suitable for a young person with a particular medical condition and relevant medical information shared with employers.

11. Management of medical conditions

11.1 Settings management plan

Where a child or children have known medical needs an individual care/treatment plan is created before a medical emergency arises.

The plan should be completed and agreed between:

1. the relevant medical experts
2. the school
3. the parent and, where appropriate, the child.

The plan needs to be tailored to the particular circumstances of the school and child but should include the following:

- a communication system for alerting trained setting staff (e.g. use of Preloaded adrenaline injection etc)
- a system for calling an ambulance where necessary
- contacting parents
- evacuating other children from the room (i.e. in the event of a seizure)
- first aid provisions.

11.2 Headteachers and managers must realise that medical emergencies, whether illness or injury, make significant emotional demands upon those involved. It is important that support is available to them – which might include a sympathetic listener and time to compose themselves.

11.3 Some children suffer from chronic medical conditions, which may require urgent action to prevent a possible life-threatening situation from

developing. Specially appointed support staff may not be available to carry out these tasks. Where there are other willing staff they may do so, exercising their duty of care.

11.4 We have contingency plans in case for any reason the normal routine for treatment breaks down, e.g. the trained staff members are absent. This is included in the Individual Treatment Plan for the child.

11.5 **Medic alert - bracelets/necklaces**

Medic alert Bracelets/Necklaces are worn to alert others of a specific medical condition in case of an emergency. As these items can be a source of potential injury in games or practical activities, consideration should be given, in appropriate circumstances, to their temporary removal and safe keeping by the person in charge of the activity. In such cases staff will need to be alerted to the significance of these bracelets/necklaces and be clear whom they belong to when taking charge of them.

12. **Emergency assistance**

12.1 An Emergency plan is reviewed annually to include dealing with medical emergencies. All staff should know how to call the emergency services. Guidance on calling an ambulance is provided in Appendix I. All staff should know who is responsible for carrying out emergency procedures in the event of need. A member of staff should **always** accompany a child taken to hospital by ambulance, and should stay until the parent arrives. Health professionals are responsible for any decisions on medical treatment when parents are not available.

12.2 Normally when a child becomes unwell at a setting or is injured in an accident, (other than minor cuts or bruises), we will arrange for them to be looked after in a quiet, comfortable place and arrange for the parent to collect them as soon as possible. It will then be the responsibility of the parent to accompany the child/young person to their GP surgery or hospital outpatients department as appropriate.

12.3 In some situations, however, it may be necessary for professional medical care to be sought immediately, e.g. suspected fractures, all eye injuries, serious head injuries, acute illness or other serious medical conditions that will not respond to first aid treatment. We will call an ambulance in such cases and then communicate with parents/carers.

12.4 Where a child has to be transported to hospital and it has not been possible to arrange for a parent to accompany them, a member of staff must attend with the child and remain at the hospital with them until a parent arrives. Staff must not transport children in their own vehicles. Consent is generally not required for any life saving emergency treatment given in Accident and Emergency Departments. However, awareness is required for any religious/cultural wishes i.e. blood transfusions, which should be communicated to the medical staff for due consideration. In the absence of the parents to give their expressed consent for any other non-life threatening (but nevertheless urgent) medical treatment, the medical staff will carry out any procedures as deemed appropriate. The member of staff accompanying the child cannot give

consent for any medical treatment, as he/she does not have parental responsibility for the child.

Policy reviewed October 2021

Further guidance and information

[Supporting pupils with medical conditions at school \(GOV.UK\)](#) Department for Education statutory guidance, templates and links to other departmental guidance and advice.

[Governance Handbook Department for Education](#)

[Health protection in schools and other childcare facilities \(GOV.UK\)](#) Public Health England guide for staff on managing cases of infectious diseases in schools and other childcare settings.

[Early years foundation stage statutory framework \(EYFS\) \(GOV.UK\) Department for Education](#)

[First aid in schools – \(GOV.UK\)](#)

[Early years and playwork SEND resources](#)

[Surrey Local Offer](#)

Contacts Section

NHS health contacts

Children and Family Health Surrey One Stop (Surrey wide 0-19)

The [Children and Family Health Surrey One Stop service](#), is a single point of access service. Every child/young person referred is able to access the right care and support for their physical and developmental needs to ensure children and young people are receiving the right care, in the right place at the right time.

One Stop is the centralised referral and triage service for specialist children's services and accepts referrals from health, education and social care professionals.

Professionals can contact the 0-19 Surrey wide services by calling the advice line:
Tel: 01883 340 922

Referrals can be made online through the [Surrey and Borders Partnership referrals portal](#)

School Nursing

Children and Family Health Surrey

[The school nursing team](#) work across Surrey to promote physical health and emotional wellbeing in schools and the community.

They provide support to young people who have specific medical needs and provide relevant training for staff to help manage these needs.

Teams and contact details are available from the school nursing pages under Teams and contact details.

Parents and carers can contact the [school nurse team's Advice line](#)

Surrey County Council contacts

Special Educational Needs and Disabilities information, advice and support (SEND)

[SEND Advice Surrey](#):

Tel No: 01737 737300

Email: SENDAdvice@surreycc.gov.uk

Graduated Response Early Years (SEND)

[Early years and playwork SEND resources - Surrey Local Offer](#)

- **North East:** SectorNE@surreycc.gov.uk
- **North West:** SectorNW@surreycc.gov.uk
- **South East:** SectorSE@surreycc.gov.uk
- **South West:** SectorSW@surreycc.gov.uk

[Contact early years and childcare services](#)

Area Schools Support

North East Area Schools Office, Epsom & Ewell, Elmbridge, Spelthorne Tel:
01372 833412

North West Area Schools Office, *Runnymede, Woking, Surrey Heath*
Tel: 01483 518106

South East Area Schools Office, Mole Valley, Reigate & Banstead, Tandridge Tel:
01737 737960

South West Area Schools Office, *Guildford, Waverley*
Tel: 01483 517835

Strategic Risk Management (SRM): srm.hands@surreycc.gov.uk

SRM Outdoor Education Advisor: paul.bowen@surreycc.gov.uk

[Surrey Children's Single Point of Access \(SPA\)](#): The SPA provides information, advice and guidance to people who work with children in Surrey. Concerns for a child or young person can be emailed to csmash@surreycc.gov.uk.

Useful numbers and websites

Communicable Diseases

[Public Health England \(PHE\)](#) for information and advice on [Health Protection in schools and other childcare facilities](#) which covers communicable or infectious diseases. Information is also available on wider health protection issues, regional centres and health protection teams.

PHE South East - Surrey and Sussex Health Protection Team County
Hall North, Chart Way, Horsham, West Sussex. RH12 1XA Telephone:
0344 225 3861 option 3

Asthma / Allergies

[Allergy UK](#)

Helpline: 01322 619898

Allergy UK School Allergy Action Group (SAAG)
Website: [New School Allergy Action Group Toolkit](#)

[The Anaphylaxis Campaign](#)

Helpline: 01252 542029

[Asthma UK](#) (

Helpline 0300 222 5800 (Mon-Fri 9am to 5pm)

Diabetes

[Diabetes UK](#)

Helpline: 0345 123 2399 (Mon-Fri 9am to 6pm)

Epilepsy

[Epilepsy Action](#)

Freephone helpline: 0808 800 5050

[Epilepsy Society](#)

Helpline: 01494 601400

Meningitis

[Meningitis Research Foundation](#)

Freefone helpline 0808 800 3344

[Meningitis Trust](#)

Helpline: 0808 801 0388

Skin Conditions

[National Eczema Society](#)

Helpline: 0800 089 1122 (Mon-Fri 10am to 4pm)

[Psoriasis Association](#)

Tel: 01604 251 620

Other conditions

[Shine for Spina Bifida and Hydrocephalus](#)

Tel: 01733 555988 (Mon-Fri 9am to 5pm)

[Cystic Fibrosis Trust](#)

Helpline: 020 3795 2184 or 0300 373 1000

Useful Organisations

[Council for Disabled](#)

[Children](#) Tel: 020 7843

6000

[Contact for Families with disabled](#)

[children](#) Helpline: 0808 808 3555

[Equality and Human Rights](#)

[Commission](#) Tel: 0808 800 0082

[Hyperactive Children's](#)

[Support Group](#) Tel: 01243

539966

[MENCAP](#)

Helpline: 0808 808 1111

[e-Bug](#) for teaching resources about microbes and antibiotics