



ALTRINCHAM GRAMMAR SCHOOL FOR BOYS

POLICY FOR SUPPORTING PUPILS AT SCHOOL WITH MEDICAL CONDITIONS

Nominated Lead Member of Staff:

SB

Last Review Date:

November 2022

Next Review Date:

November 2024

INTRODUCTION

For further information regarding the contents of this policy please contact the Head Master.

Nominated Governor – The Chair of Health & Safety Committee

We want all children and young people to have successful and fulfilling lives. Section 100 of the Children and Families Act 2014 places a statutory duty on all schools to effectively manage and meet the needs of pupils with medical conditions, medical needs and physical disabilities. The aim is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school. The outcome should be that they can play a full and active role in all aspects of school life including trips, educational visits, residential and extended school activities, such that they remain healthy and achieve their academic potential.

This policy document should be considered in conjunction with all other relevant duties, policies and guidance, for example, Health and Safety legislation, the SEND code of practice and the Equality Act 2010 that may impact on support / provision for pupils with medical conditions.

Some children with medical conditions may be disabled. Where this is the case the Governing Body must comply with the duties under the Equality Act 2010. For example, schools are required to make reasonable adjustments to minimise or remove barriers to access and participation and ensure that individuals are not subject to less favourable treatment because of their disability. Some children may also have special educational needs (SEND) and may have a statement or Education, Health and Care Plan (EHC Plan) which brings together health and social care needs as well as their special educational provision. For children with SEND this policy should be read in conjunction with the School SEND Policy 2023.

Supporting a child with a medical condition during school hours is not the sole responsibility of one person and the School's ability to provide effective support will depend on co-operative working with other agencies including healthcare professionals, the local authority, parents/carers, the child and, where appropriate, social care or other outreach professionals. This type of partnership working aims to ensure that the needs of pupils with medical conditions are met effectively.

Medical conditions can sometimes result in short term, frequent or long-term absence from school, which can impact on educational attainment. Schools are required to recognise and consider the potential social and emotional implications associated with a medical condition, as well as the educational impact, when planning to meet the pupil's needs.

PURPOSE OF DOCUMENT

The purpose of this policy is to put in place effective management systems, arrangements and practices to support children and young people with medical conditions to attend school.

This policy also aims to give confidence to parents/carers that school will provide effective support for their child's medical condition and support their child to feel safe.

This policy clarifies the range of medical needs that may result in a child requiring support, namely:

- children with long term and/or complex medical conditions who require support to manage their medical needs on a day to day basis to keep them healthy;
- children requiring monitoring and/or intervention in emergency circumstances;
- children whose health needs may change over time in ways that cannot always be predicted.

All staff in schools and academies have a duty to maintain professional standards of care and to ensure that children and young people are safe. It is considered to be good practice that schools and academies will consider and review cases individually and actively support pupils with medical conditions, including administering medicines or medical interventions in order to meet the all-round needs of the child. However, there is no legal duty requiring individual staff to administer medication, carry out medical interventions or to supervise a child when taking medicines. Any member of staff may be asked to administer medicines or medical interventions but they cannot be required to do so. This is a voluntary role.

This policy aims to ensure that appropriate support is put in place to limit the impact on educational attainment in the event of a short or long term absence from school. Refer to school procedures on managing attendance.

1. ROLES AND RESPONSIBILITIES

1.1 The Governing Body

The Governing Body is responsible for:

- ensuring the Head Master develops and effectively implements the policy with partners and school staff, including regular policy review;
- ensuring the Head Master makes all staff aware of this policy on supporting pupils with medical conditions and all staff understand their role in its implementation;
- designating a named individual who is responsible for effective implementation of this policy - Mr G A Wright;
- ensuring this policy clearly identifies how the roles and responsibilities of staff who are involved in the arrangements to support pupils at school with medical conditions are made clear to both staff, parents/carers and the child;
- ensuring that all relevant staff are aware of an individual child's medical condition and needs;
- ensuring that sufficient numbers of staff receive appropriate training to fulfil the roles and responsibilities of supporting children with medical conditions i.e. are able to deliver against all Individual Healthcare Plans (IHCPs) and implement policy, including in contingency and emergency situations;
- ensuring that a system is in place which identifies procedures to be followed on receipt of notification of a pupil's medical needs; procedures should cover any transitional arrangements or when pupil needs change (see Appendix 1);
- ensuring that cover arrangements are always available in the event of staff absence or staffing changes including briefing for volunteers, supply teachers and appropriate induction for new members of staff;
- ensuring that individual healthcare plans (IHCPs) are in place, where appropriate, and developed in consultation with parents/carers, healthcare professionals, relevant staff and (if appropriate) the child or young person;
- ensuring that individual healthcare plans (IHCPs) are monitored and are subject to review, at least annually, or sooner if needs change;

- ensuring that risk assessments relating to the School environment are in place, as appropriate, including consideration for actions to take in the event of emergency situations;
- ensuring that risk assessments relating to off-site visits, residential trips and extended school opportunities offered outside the normal timetable are in place, as appropriate, including consideration for actions to take in the event of emergency situations;
- ensuring that appropriate insurance is in place to support staff to undertake this role;
- ensuring that a complaints procedure is in place and is accessible.

1.2 The Head Master

The Head Master is responsible for:

- ensuring that the notification procedure is followed when information about a child's medical needs are received (Appendix 1);
- request parents to identify any medical conditions on the Admissions Form;
- request that parents/carers provide full and up to date information about their child's medical needs by completion of Medical Conditions – Information and Permissions Form (MC - I&P Form)
- deciding, on receipt of a MC - I&P Form, on case by case basis, whether any medication or medical intervention will be administered, following consultation with staff;
- request an IHCP if required
- ensuring that procedures are understood and implemented by all staff, volunteers and pupils.

1.3 Staff

Any member of staff may be asked to provide support for a child with a medical condition, including the administration of medicine(s) and medical intervention(s), although they cannot be required to do so; this is a voluntary role and it should not be assumed that this responsibility would fall to an existing first aider.

School staff will receive sufficient and suitable training and achieve competency before they take on responsibility for supporting children with medical conditions. (Engage with the health care professional who oversees the pupil's medical condition e.g. Diabetic nurse, Consultant.)

Where children have an Individual Healthcare Plan (IHCP) the roles and responsibilities of staff will be clearly recorded and agreed.

1.4 Parents/carers Responsibilities

Parents/carers are required to:

- provide the School with sufficient and **up-to-date** information about their child's medical needs and to update it at the start of each school year or, if needs change, by completion an MC - I&P Form or via direct submission to the School's MIS (Arbor).

- complete, if appropriate, a MC - I&P Form to gain consent for medicines / medical interventions to be administered at school or by the child;
- for all AAI users, complete an AAI Emergency Use form (electronic)
- for all Asthma / Inhaler Users, complete an Inhaler Emergency Use form (electronic)
- provide up to date contact information so that parents/carers or other nominated adults are contactable at all times;
- carry out any action they have agreed to as part of the implementation of an Individual Healthcare Plan (IHCP);
- provide any medication in its original packaging, with the pharmacy label stating the following:
 - a) the child's name
 - b) the child's date of birth
 - c) name of medicine
 - d) frequency / time medication administered
 - e) dosage and method of administration
 - f) special storage arrangements
- ensure that medicines or resources associated with delivery of a medical intervention have not passed the expiry date;
- collect and dispose of any medicines held in school as outlined by school and as agreed;
- provide any equipment required to carry out a medical intervention e.g. catheter tubes;
- collect and dispose of any equipment used to carry out a medical intervention e.g. sharps box.

2 PUPIL INFORMATION

Parents/carers are required to give the following information about their child's medical condition and to update it at the start of each school year or sooner, if needs change, by completion of an MC - I&P Form or via direct submission to the School's MIS (Arbor).

- a) Details of pupils' medical conditions and associated support needed at school
- b) Medicine(s), including any side effects
- c) Medical intervention(s)
- d) Name of Hospital and Community Consultants / Other Healthcare Professionals
- e) Special requirements e.g. Allergies, Food intolerances
- f) Who to contact in an emergency
- g) Any other information

3 MANAGING MEDICINES / MEDICAL INTERVENTIONS ON SCHOOL PREMISES

3.1 Administration of Medicines / Medical Interventions

Medicine / medical interventions will only be administered at school when it would be detrimental to pupils' health or attendance not to do so.

It is expected that parents/carers will normally administer medication / medical interventions to their children during their time at home, where at all possible.

No medication / medical intervention will be administered without prior written permission from the parents/carers (via the MC - I&P Form).

The Head Master will decide whether and by whom any medication or medical intervention will be administered in school, following receipt of the above form and after consultation with staff.

No changes to administration method or dosage of medication or changes in procedures relating to medical interventions will be carried out without written authority from parents/carers and recorded amendment to the MC - I&P Form or via direct submission to the School's MIS (Arbor).

The Head Master (or designated AHT) will decide whether a child is able to carry and self-administer any medication or self-administer any medical intervention, following consultation with staff and complete an MC - I&P Form where appropriate.

All medicines / medical interventions will normally be administered during school breaks and/or lunchtime.

If, for medical reasons, medicine has to be taken at other times during the day or a medical intervention delivered at a different time, arrangements will be made for the medicine / medical intervention to be administered at other prescribed times.

Pupils will be told where their medication / medical intervention equipment and resources are kept and who will administer them.

Any member of staff, on each occasion, giving medicine / medical intervention to a pupil should check:

- a) Name of pupil
- b) Written instructions provided by the parents/carers or healthcare professional or as agreed in an Individual Healthcare Plan (or other appropriate plan).
- c) Prescribed dose, if appropriate
- d) Expiry date, if appropriate

Any member of staff, on each occasion, will make a written record of medication / medical interventions administered on the 'Record of Administration of Medicines / Medical Intervention to an Individual Child' (Form C)

For other medical support outside of an IHCP (first aid intervention) information is recorded on the Daily first aid and sickness record (spreadsheet held in Medical folder on Admin team site)

No child under 16 will be given medicine containing **aspirin** unless prescribed by a doctor.

3.2 Child's Role in Managing their own Medical Needs

After discussion with parents/carers, children who are competent will be encouraged to take responsibility for managing their own medicines and medical interventions.

Written permission from the parents/carers will be required for pupils to self-administer medicine(s)/medical intervention(s). The School's MC - I&P Form must be completed by parents/carers.

Written permission from the parents/carers will be required for pupils to carry medicine(s) or resources associated with a medical intervention(s). The School's MC - I&P Form must be completed by parents/carers.

Children who can take medicines or manage medical interventions independently may still require a level of adult support e.g. in the event of an emergency. In this situation agreed procedures will be documented in an IHCP.

Please note – for short term illness or occasional conditions requiring temporary medication (e.g. tonsillitis requiring antibiotics, Minor cough cold headache – requiring paracetamol) the daily medication can be carried and administered by the pupil if parents deem them responsible.

3.3 Refusing Medication / Medical Intervention

If a child refuses to take their medication / medical intervention, staff will not force them to do so. Refusal to take medication will be recorded and dated on the child's appropriate record (Form C). Reasons for refusal to take medications / medical intervention must also be recorded as well as the action then taken by the member of staff.

Parents/carers will be informed as soon as possible. Where the child is potentially placing themselves at risk by refusal, parents/carers will be informed immediately.

3.4 Storage of Medicines / Medical Intervention Equipment and Resources

All children will know where their medicines / medical intervention equipment/resources are at all times and will be readily available as required.

3.4a Controlled drugs

A child who is prescribed a controlled drug may legally have it in their possession if they are competent to do so but passing it to another child for use is an offence.

Where controlled drugs are not an individual child's responsibility, they will be kept in a non-portable locked cabinet in a secure environment (e.g. Head Masters safe or appropriate other). **Only named staff will have access.**

Controlled drugs will be easily accessible in an emergency as agreed with parents/carers or described in the child's IHCP.

Where controlled drugs are not an individual child's responsibility, records will be kept of any doses used and the amount kept on the premises.

3.4b Non-controlled drugs and medical resources

All medicines and medical equipment / resources will be stored safely as agreed with parents/carers or described in the child's IHCP.

3.5 Records

School will keep a record of all medicines / medical interventions administered to individual children on each occasion, including the following:

- a) Name of pupil
- b) Date and time of administration
- c) Who supervised the administration
- d) Name of medication
- e) Dosage
- f) A note of any side effects / reactions observed
- g) If authority to change protocol has been received and agreed.

Record of Administration to an Individual Child - Record of Medicine Administered to All Children (Form C).

Please note where students are administering their own medication while in sick bay (e.g. Asthma - Ventolin Inhaler) they will be monitored by a staff member and this will be noted on the School's Daily Sickness and First Aid Accident Record (Excel spreadsheet held in Medical Folder on Share Point)

4. TRAINING

Staff must not give prescription medicines or undertake healthcare procedures without appropriate training. A First Aid Certificate does NOT constitute appropriate training in supporting children with medical conditions.

All staff will be made aware of the School's policy for supporting pupils with medical conditions and their role in implementing that policy through for example whole school awareness training, involvement in development of IHCPs, staff briefing sessions etc.

Specialist training and advice will be provided by appropriate healthcare professionals, e.g. specialist epilepsy / diabetic nurse etc, for staff involved in supporting pupils with medical conditions including the administration of relevant medicines / medical interventions.

Training for all staff will be provided on a range of medical needs, including any resultant learning needs, as and when appropriate.

Training will be sufficient to ensure staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans. Induction training will raise awareness of school's policy and practice on supporting pupils with medical condition(s).

School will make every effort to ensure that specialist training will be completed as quickly as possible to ensure that the child is able to attend school safely.

A record of staff training carried out will be kept, identifying the date review or refresher training will be required where appropriate. 'Record of Staff Training' (Form E)

5. INDIVIDUAL HEALTH CARE PLANS (IHCP)

Where appropriate, an Individual Health Care Plan (IHCP) will be drawn up in consultation with the School, parents/carers, health professionals and any other relevant professionals.

The content of an individual child's IHCP will be dependent on the complexity of their needs and may include the following:

- a) an overview (Pen Portrait / One Page Profile) of the child's needs and provision in place in school to manage those needs;
- b) a description of the medical condition, its presentation (signs, symptoms, triggers etc) and impact on access to the School environment and learning opportunities;
- c) arrangements around administration of medication(s) / medical intervention(s);
- d) arrangements around management of medical emergency situations;
- e) arrangements around management and support for personal care needs, including intimate and invasive care e.g. catheterisation, toileting support, gastro-tube feeding etc;
- f) risk assessment for access to the School environment and curriculum;
- g) arrangements for evacuation in the event of an emergency;
- h) the level of support required in school, who will provide this support, their training needs and cover arrangements for when they are unavailable;
- i) how, if agreed, the child is taking responsibility for their own health needs;
- j) a reference to staff confidentiality.

Individual Health Care Plans will be reviewed annually or sooner if needs change.

For "Severe" Conditions (e.g. Inhaler users, AAI users) please see appropriate policy.

Intimate and Invasive Care

Cases where intimate or invasive care is required will be agreed on an individual basis. Decisions made about procedure and practice will be recorded within the pupils Individual Healthcare Plan IHCP and take account of safeguarding issues for both staff and pupils.

Information about the types of training required for administration of medicines and medical interventions commonly found in schools is contained in Appendix 2 (Medicines and Medical Interventions).

6. OFF-SITE AND EXTENDED SCHOOL ACTIVITIES

Pupils with medical conditions will be actively supported in accessing all activities on offer including school trips, sporting activities, clubs and residential / holidays.

Preparation and forward planning for all off-site and extended school activities will take place in good time to ensure that arrangements can be put in place to support a child with a medical condition to participate fully.

School will consider what reasonable adjustments need to be put in place to enable children with medical conditions to participate safely and fully.

School will carry out a thorough risk assessment to ensure the safety of all pupils and staff. In the case of pupils with medical needs the risk assessment process will involve consultation with child, parents/carers

and relevant healthcare professionals to ensure the pupil can participate safely. Please refer to Health and Safety Executive (HSE) Guidance on School Trips.

In some circumstances evidence from a clinician, such as a hospital consultant, may state that participation in some aspects offered is not possible. Where this happens school will make alternative arrangements for the child.

Arrangements will be in place to ensure that an IHCP can be implemented fully and safely when out of school. Risk assessment will identify how IHCPs will be implemented effectively off-site and where additional supervision or resources are required.

7. MANAGING EMERGENCIES AND EMERGENCY PROCEDURES

The Head Master will ensure that all staff are aware of the School's general risk management processes and planned emergency procedures.

Where a child has an IHCP this will clearly define what constitutes an emergency and describes what to do. This may include:

- a) an Emergency Medical Protocol that details the actions to be taken by staff and supported by specialist training where relevant e.g. seizure management and administration of rescue medication;
- b) a risk assessment that details the actions to be taken by staff to support the child's evacuation from the building, supported by specialist training where relevant e.g. use of an Evac chair; the risk assessment should also detail the actions to be taken by staff to support how staff will manage the child's medical needs during the evacuation e.g. ensuring appropriate medication is taken outside and is available whilst at the assembly point.

School has a procedure for contacting emergencies services (Form F) which is displayed in the appropriate places e.g. office, staff room etc.

8. CONFIDENTIALITY AND SHARING OF INFORMATION WITHIN SCHOOL

School is aware of the need to manage confidential information sensitively and respectfully, maintaining the dignity of the child and family at all time. Our practices are GDPR compliant.

School will disseminate information to key members of staff involved in the child's care on a needs-to-know basis, as agreed with parents/carers.

Where the child has an Individual Healthcare Plan (IHCP) this will be shared with key staff with regular scheduled re-briefings.

School will ensure that arrangements are in place to inform new members of staff of the child's medical needs.

School will ensure that arrangements are in place to transfer information on a child's medical needs to staff during any transition.

9. LIABILITY AND INDEMNITY

School insurance policies provide liability cover relating to the administration of medicines.

In the case of medical interventions, individual cover may be arranged for any specific healthcare procedures, including information about appropriate staff training and other defined requirements of the insurance policy.

The School's insurance arrangements are as follows:

Public liability insurance arranged by **Risk Projection Arrangement Membership through DfE**

10. COMPLAINTS PROCEDURE

In the first instance parents/carers dissatisfied with the support provided should discuss their concerns directly with the Head Master.

If, for whatever reason, this does not resolve the issue then a formal complaint can be made in writing to the School's Governing Body in accordance with the School Complaint's policy.

11. POLICY INFORMATION AND REVIEW

Information about ratification of policy, signatures and review dates can be found on the front cover of this policy document.

12. SCHOOL'S EMERGENCY ADRENALINE AUTO-INJECTOR KIT

As per the School's Anaphylaxis Care and Support policy, the School holds an emergency auto-injector for back-up and the following is the protocol for its use;

- The auto-injector will be kept in the School office.
- A copy of the auto-injector register will be kept with the emergency auto-injector
- We will obtain written consent (electronic submission) for use of the emergency Adrenaline Auto-Injector (AAI) on an annual basis
- We will ensure that the emergency adrenaline auto-injector is only used by children with anaphylaxis and we hold written parental consent for its use.
- We will provide appropriate support and training for staff in the use of the emergency auto-injector in line with the School's wider policy on supporting pupils with medication needs
- We will keep a record of the emergency auto-injectors use and inform parents or carers that their child has used the emergency auto-injector (Appendix 6 of Care Plan)

Pupils are still required to carry their own prescribed Adrenaline Auto-Injector (AAI), correctly labelled at all times and Parents are to provide a back-up Adrenaline Auto-Injector (AAI) to be held in the School office, as per section 3 of the policy.

13. SCHOOL'S EMERGENCY ASTHMA KIT

As per the School's Asthma Care and Support policy, the School holds an emergency inhaler for back-up and the following is the protocol for its use;

- The Inhaler and spacers will be kept in the School office.
- A copy of the asthma register will be kept with the emergency inhaler
- We will obtain written consent (electronic submission) for use of the emergency inhaler
- We will ensure that the emergency inhaler is only used by children with asthma and we hold written parental consent for its use).

- We will provide appropriate support and training for staff in the use of the emergency inhaler in line with the School's wider policy on supporting pupils with medication needs
- We will keep a record of the emergency inhaler's use and inform parents or carers that their child has used the emergency inhaler (Form C and / or Daily Sickness and First Aid Accident Record).
- Pupil are still required to carry their own prescribed inhaler, correctly labelled and if possible, Parents are to provide a back-up inhaler to be held in the School office, as per section 3.3 of the policy

Appendices:

1. Sample Procedure following notification of a pupil's medical needs
2. Medicines and Medical Interventions

Attachments / Forms / Links:

- A. Admissions Medical Questionnaire
- B. Medical Conditions – Information and Permissions Form (MC - I&P Form)
- C. Record of Administration of Medicines/Medical Intervention to an Individual Child with IHCP
- D. Record of Administration of Medicines Administered to All - Daily Sickness and First Aid Accident Record.
- E. Record of Staff Training
- F. Procedure for Contacting Emergencies Services

Appendix 1

Sample Procedure following Notification of a Pupil's Medical Needs



Appendix 2

Medicines and Medical Interventions

Some of the medicines and medical interventions commonly managed within special and mainstream schools are detailed below.

Medicines

Medical Needs	Medicine	Training Requirements
Adrenal Insufficiency	Hydrocortisone	
Diabetes Type 1	Insulin	Training by specialist nursing team required
Eczema	Topical corticosteroids Emollients (moisturising creams)	
Epilepsy (rescue medication in the event of a seizure)	Midazolam hydrochloride (Buccolam) Midazolam maleate (Epistatus)	Training by specialist nursing team required
Muscle spasm (Cerebral Palsy)	Baclofen	
Severe allergy / anaphylaxis	Adrenaline (EpiPen)	Training by specialist nursing team required

Medical Interventions

Situation	Medical Intervention	Training Requirements
Blood-Glucose (Sugar) Level Monitoring	<ul style="list-style-type: none">• Testing procedure includes taking a small blood sample	Training by specialist nursing team required
Catheterisation	<ul style="list-style-type: none">• Clean Intermittent Catheterisation (CIC)• Self – Catheterisation (CIC)• Management of In-Dwelling Catheter	Training by specialist nursing team required
Diabetes and Insulin management	<ul style="list-style-type: none">• Injection of insulin (insulin pen)• Dose management	Training by specialist nursing team required
Gastrostomy / Nasogastric feeding (tube feeding into the stomach)	<ul style="list-style-type: none">• Bolus (Gravity) feeding procedure• Pump feeding procedure• Management of stoma site	Training by specialist nursing team required
Hickman (Central) Line	<ul style="list-style-type: none">• Awareness raising, management and monitoring	Training by specialist nursing team required
Oxygen Therapy	<ul style="list-style-type: none">• Management of oxygen via cylinders	Training required by suppliers and specialist nursing team
Tracheostomy	<ul style="list-style-type: none">• Trache and equipment care and management• Suction• Changing / replacing trache tube	Training by specialist nursing team required

Attachments / Forms / Links

Form A

Electronic Submission through School Website

Admissions Form (only available during Admission Period's)

Link to Form: <https://www.agsb.co.uk/page/?title=Admissions&pid=8>

Form B

Electronic Submission through School Website

Medical Conditions – Information and Permissions Form (MC - I&P Form)

Link to Form: <https://www.agsb.co.uk/form/?pid=5&form=194>

Form C**ALTRINCHAM GRAMMAR SCHOOL FOR BOYS****Record of Administration of Medicines/Medical Intervention to an Individual Child e.g. under an IHCP**

Child's Name _____ Date of Birth _____ Group / Class / Form _____

Date of Administration	Name of Medicine / Medical Intervention	Dose Given (if appropriate)	Time	Observations e.g. side effects, reactions	Name of Staff Administering / Supervising	Signature

Note: Please also include any occasions where student refuses to take the prescribed medication (giving reason / details)

FORM D

Daily Sickness and First Aid Accident Record

[illegible]

FORM E

ALTRINCHAM GRAMMAR SCHOOL FOR BOYS
Record of Staff Training

Name of Staff Member

Type of Training Received

Date Training Completed

I confirm that I have received the training detailed above.

Staff Signature: _____

Date: _____

ALTRINCHAM GRAMMAR SCHOOL FOR BOYS

Procedure for Contacting Emergencies Services / Requesting an Ambulance

Dial 999 - Speak clearly and slowly.

Be ready to repeat information if asked

You will be asked for three key pieces of information:

1. your telephone number
2. the location you want the ambulance to be sent to
3. the reason for the call

1. School's telephone number is: **0161 928 0858**

2. School Name: **Altrincham Grammar School for Boys**
School Address: **Marlborough Rd, Bowdon, Altrincham**
School Postcode for SAT NAV: **WA14 2RS**

Best entrance to the School site:

Exact location of the patient within the School:

STATE THAT THE AMBULANCE WILL BE MET BY A MEMBER OF STAFF WHO WILL TAKE THE CREW TO THE PATIENT

3. Name of Child

Age of Child

Description of Child's Symptoms

Inform if underlying Medical Condition

Inform if any emergency rescue medication has been administered

e.g. midazolam - epilepsy, EpiPen - allergies, glucose – diabetes

Inform if any emergency procedures have been carried out *e.g. suction/trache tube replacement – tracheostomy, button replacement – gastro feed*

On Arrival of the Ambulance

- Member of staff to meet crew and escort crew to the patient
- Member of staff to pass over empty packaging of any rescue medication administered, if appropriate
- In the case of a child with complex needs, member of staff to pass over the child's IHCP or summary letter stating child's medical condition and medication
- Member of staff to travel in ambulance with the patient