

# PRIORY WOODS SCHOOL AND ARTS COLLEGE

## SUPPORTING PUPILS AT SCHOOL WITH MEDICAL CONDITIONS



Adopted by: Priory Woods School

**Date: .....28.03.2018.....**



Reviewed February 2018

Next review due February 2019

## **Supporting Pupils at School with Medical Conditions Policy**

### **Policy Statement**

The aim of this policy is to ensure that all children with medical conditions, in terms of both physical and mental health are properly supported while at Priory Woods School so they can play a full and active role in school life, remain healthy and achieve their academic potential.

**All staff will know what to do in an emergency.**

**Relevant staff will be aware of individual children's medical conditions and the plan that is in place to support them.**

**The school understands the importance of medication and care being managed as directed by health care professionals and parents. Only *PRESCRIBED* medication will be administered. However, in exceptional cases generic pain relief medication may be administered with parental permission, under direct instruction from the Head teacher or Deputy Head Teacher.**

**Staff involved in the administration of medicines and provision of support to pupils with medical conditions will be suitably trained.**

**The named member of school staff responsible for this medical conditions policy and its implementation is Janis French and in her absence, Hazel Souter.**

### ***On Admission to School***

The school nurse completes an initial health assessment prior to a child starting school. The school nurse will advise school which children have medical conditions that will require an ***Individual Health Care Plan*** and parents will be asked to complete the plan in conjunction with the health care professionals involved with the child. The class teacher and/or a senior teacher will be consulted.

For the start of the new school year (or within 2 weeks of notification of a medical condition that will require support) the policy lead will ensure the individual health care plan has been completed and in conjunction with health care professionals any staff training agreed.

All parents/carers complete an admissions form advising of any medical conditions for which their child may require support or medication. This is updated annually and parents are responsible for ensuring that all information relating to their child is accurate and up to date.

Parents of children requiring regular and/or emergency medication must complete an **Administration of Prescribed Medicines in School Consent Form**. Emergency/rescue medication should always be accompanied by a **written protocol** from the appropriate health care professional e.g. epilepsy nurse, diabetic nurse

### ***Individual Health Care Plans***

Relevant staff will be aware of Individual Health Care Plans

A central register of individual health care plans will be held by the school. Individual Health Care Plans will be reviewed at least annually and more frequently if required.

A copy of the current individual health care plan will be held by the parent / carer/ school and where relevant, health care professional. The individual health care plan will accompany the child on any out of school activities.

### ***Administration and Storage of Medication in School***

Only medicines which have been prescribed for a child will be administered in school. **However, in exceptional cases generic pain relief medication may be administered with parental permission, under direct instruction from the Head teacher or Deputy Head Teacher.**

Parents should request that, wherever possible, medication is prescribed so that it can be taken outside the school day.

Should medication be required to be administered at school parents / carers should complete an **Administration of Prescribed Medicines in School Consent Form**. Medication cannot be administered without signed consent.

The Community Nursing Service provides a nurse who is responsible for the safe storage and administration of medication.

**The completed Administration of Prescribed Medicines in School Consent Form** and the medication should be handed by the parent/carer to the bus escort who will hand it to the class teacher who will pass them to the nursing assistant.

Carers, commissioned by the health service and provided by a care agency e.g. Voyager, Allied Health Care and Advantage Health Care, who look after the medical needs of an individual child/young person are responsible for the safe storage of medication and must ensure that it is locked in the medication cupboard in the Nurse's room.

Medicines will only be administered if they are provided in their original container complete with a pharmacy label showing the child's name, dosage instructions and any relevant storage instructions. The product must be in date. The exception to this is insulin which must still be in

date but will generally be provided to schools inside an insulin pen or pump, rather than in its original container.

The school will make sure all medication is stored safely and that pupils with medical conditions know how to access them if appropriate. In the case of emergency medicines they will have access to them immediately.

All medication / equipment is sent home at the end of the summer term and parents are asked to ensure that new and in date medication is sent into school at the start of the new school year.

Parents must let the school know immediately if their needs change.

Parents/ carers are responsible for replenishing supplies of medicines and collecting no longer required / out of date medicines from school.

Children where competent can administer their own medicine. Parents will be requested to notify the school when this is the case (and request if this is to be supervised or not). Parents / carers will also be required to request in writing if they wish their child to carry their own medication with them in school.

The school will keep an accurate record of all medication they administer or supervise administering, including the dose, time, date and staff involved. If a medication is not administered the parent / carer will be notified.

### ***Disposal of Medication***

If parents do not collect out of date / no longer required medicines within 14 days of being requested to do so the medicine will be returned by the school to a pharmacy for destruction.

### ***Out of School Activities / Extended School Day***

The school will meet with parent, pupil and health care professional where relevant prior to any overnight or extended day visit to discuss and make a plan for any extra care requirements that may be needed to support a child with a medical condition to participate. This should be recorded in child's IHP which should accompany them on the activity.

Risk assessments are carried out on all on all out of school activities taking into account the needs of pupils with medical needs. School will make sure a trained member of staff is available to accompany a pupil with a medical condition on an offsite visit.

### **Supplementary Guidance**

- Supporting pupils at school with medical conditions  
Department for Education April 2014
- Guidance on Supporting Pupils with Medical Conditions  
Middlesbrough Council July 2014
- Guidance on the use of emergency salbutamol inhalers in school  
September 2014

## APPENDIX 1

### Form 1 – Individual Healthcare Plan For pupils with medical conditions at school (NB prescribed medicine in school consent form must also be completed)

#### 1. Pupils information

Name of school \_\_\_\_\_ Class/form \_\_\_\_\_

Name of pupil \_\_\_\_\_

Date of birth \_\_\_\_\_  male  female

Member of staff responsible for home-school communication \_\_\_\_\_

#### 2. Contact information

Pupil's address \_\_\_\_\_

Post Code \_\_\_\_\_

#### Family Contact 1

Name \_\_\_\_\_

Phone (day) \_\_\_\_\_ Mobile \_\_\_\_\_

Phone (evening) \_\_\_\_\_

Relationship with child \_\_\_\_\_

#### Family Contact 2

Name \_\_\_\_\_

Phone (day) \_\_\_\_\_ Mobile \_\_\_\_\_

Phone (evening) \_\_\_\_\_

Relationship with child \_\_\_\_\_

GP Name \_\_\_\_\_ Phone \_\_\_\_\_

Specialist Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

**Medical Condition Information**

**3. Details of pupil's medical conditions**

Signs and symptoms of the pupil's condition

---

---

---

Triggers or things that make this pupil's condition/s worse:

---

---

---

**4. Routine / daily healthcare requirements**

(For example; dietary, therapy, nursing needs or before physical activity)

---

---

**5. Specific support for pupil's educational, social and emotional needs**

---

---

**6. What to do in an emergency**

---

---

---

---

---

**7. Regular medication taken during school hours**

**Medication 1**

**Medication 2**

Name/Strength

---

---

Dose and method of administration

---

---

---

When it is taken (time of day)?

---

Are there any contra-indications (signs when medication should not be given)?

---

---

Self-administration: can the pupil administer the medication themselves?

Yes  No  yes, with supervision by:  
Staff member's name

---

Spare / back up supply of medicine to be provided e.g. inhalers / adrenaline pen  
YES / NO ( If yes state location- not advised to be held by child)

---

---

Name/Strength

---

---

Dose and method of administration

---

---

---

When it is taken (time of day)?

---

Are there any contra-indications (signs when medication should not be given)?

---

---

Self-administration: can the pupil administer the medication themselves?

Yes  No  yes, with supervision  
by: Staff member's name

---

Spare / back up supply of medicine to be provided e.g. inhalers / adrenaline pen  
YES / NO ( If yes state location- not advised to be held by child)

---

---

### 8. Emergency Medication

(Please complete even if it is the same as regular medication)

Name/type of medication (as described on the container):

---

---

---

Describe what signs or symptoms indicate an emergency for this pupil

---

---

---

Dose and method of administration (how the medication is taken and the amount)

---

---

Are there any contraindications (signs when medication should not be given)?

---

---

Are there any side effects that the school needs to know about?

Self-administration: can the pupil administer the emergency medication themselves?

Yes  No  yes,  with supervision by:

Staff member's name

---

Spare / back up supply of medicine to be provided e.g. inhalers / adrenaline pen

YES / NO (If yes state location)

---

---

Is there any follow up care necessary?

---

Who should be notified if emergency medicines required?

Parents  Specialist  GP

---

**9. Regular medication taken outside of school hours**

(For background information and to inform planning for residential trips)

Name/type of medication (as described on the container):



---

---

Are there any side effects that the school needs to know about that could affect school activities?

---

**10. Members of staff trained to administer medications for this pupil**

Regular medication

---

Emergency medication

---

**11. Specialist education arrangements required**

(E.g. activities to be avoided, special educational needs)

---

**12. Any specialist arrangements required for off-site activities**

(Please note the school will send parents a separate form prior to each residential Visit/off-site activity)

---

**13. Any other information relating to the pupil's healthcare in school?**

---

**14. Form copied to:**

**Parental and pupil agreement**

I agree that the medical information contained in this plan may be shared with individuals involved with my/my child's care and education (this includes emergency services). I understand that I must notify the school of any changes in writing.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Pupil

Print Name \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Parent (if pupil's age is below 16)

## APPENDIX 2

### ADMINISTRATION OF PRESCRIBED MEDICINES IN SCHOOLS CONSENT FORM

#### **PART A – DETAILS OF A PUPIL WHO REQUIRES MEDICINE TO BE ADMINISTERED AT SCHOOL**

**To be completed by the parents of the pupil**

This form must be completed by the parents of children to ask the Headteacher if prescribed medicine can be administered to their son/daughter whilst they are at school.  
If more than one medication is to be given a separate form should be completed for each.

School/College:

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

My son/daughter requires their prescribed medicine to be administered at school.

Surname:  Forenames:

Home Address:

Date of Birth:  Class/Form:

Condition or illness:

#### **MEDICINE DETAILS:**

Name/Type of medicine  
(as described on the container)

Name and address of the  
Prescriber (GP) of the medicine

Date when the medicine was dispensed:  Starting date of the medicine:  Ending date of the medicine:

Expiry Date of Medicine

**FULL DIRECTIONS FOR USE – NB Medicines must be supplied in their original container as dispensed by a pharmacy labelled with your child’s name and clear instructions for use. Product must be in date**

Dosage and amount to be given (as per label):

Method of administration: In the case of liquid medicines a suitable measuring device to administer the required dose should be supplied.

Timing of administration:

Special precautions:

Side effects:

Procedures to be taken in an emergency:

Self-Administration  
Yes / No/Yes with supervision

\*Request my child is able to carry their own asthma Inhaler/ adrenaline pen/diabetes device  
Yes / No

Child must be able to competently self-administer their medicine without supervision.

**CONTACT DETAILS:**

Name:

Relationship

Home address:

Daytime Contact number:

**Where the school considers a Healthcare Plan is required then it should be completed.**

**PART B – UNDERTAKING BY THE PARENTS**

I understand that I must deliver the medicine personally to

(agreed staff member)

In the case of children uses LA provided transport to school I understand I must deliver the medicine to the escort or driver with a completed copy of this form.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school / setting staff to administering medicine in accordance with the school / setting policy. I will inform the school / setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

I/We will personally further supplies of medicine to the nominated member of staff at school before the current supply expires.

I/We accept this is a service which the school is not obliged to undertake.

I /We where relevant will ensure that second devices e.g. adrenaline pen will be provided.

I/We will be responsible for receiving the discontinued / expired medicine from the school. If we do not collect expired or discontinued medicine from school within 14 days of being asked to do so we understand this will be disposed of by the school.

Signature(s)

Date

Relationship to the pupil:

**PART C TO BE COMPLETED BY THE SCHOOL ( COPY RETURNED TO PARENTS)**

**1. FOR PUPILS WHO REQUIRE PRESCRIBED MEDICINE TO BE ADMINISTERED AT SCHOOL**

I agree that (name of pupil)

Will receive (quantity and name of the medicine)

at (times of administration)

Your child will be supervised whilst they take their prescribed medicine by the following members of staff:

You must personally bring your child's prescribed medicine to school and hand it to ( insert name )

Your child's prescribed medicine will be stored in the following location:

This arrangement will continue until the end date of the medicine or until instructed by the parents.

**2. FOR PUPILS WHO ARE PERMITTED TO CARRY AND SELF ADMINISTER THEIR OWN PRESCRIBED ASTHMA MEDICATION/DIABETIC DEVICE/ ADRENALINE (EPINEPHRINE) PEN (secondary schools only) AT SCHOOL**

I agree that (name of pupil)

Will be allowed to carry and self-administer their prescribed asthma medicine / adrenaline pen / Diabetic device whilst in school and that this arrangement will continue until

Signed: Headteacher

Date:

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

**APPENDIX 3 - SCHOOL RECORD OF MEDICATION ADMINSTERED**



Name of child .....

D.O.B ..... Class.....

Name and Strength of Medication .....

Dose and frequency of medication .....

Date				
Quantity Received				
Expiry Date				
Staff Signature				
Print Name				
Quantity Returned				
Return to (signature)				
Print Name				

Date																
Time Given																
Dose Given																
Staff Signature																
Print Name																

Date																
Time Given																
Dose Given																
Staff Signature																
Print Name																

## Important Information

1. A new consent form for all current medicines is to be completed:
  - At the beginning of a new academic year (September)
  - If the dose or frequency of one or more current medicines is changed
  - If a new medicine is prescribed
  - If a current medicine is stopped

Providing consent is important. If not provided, medicines cannot be given to your child.

2. Medicines supplied to school must:
  - Be in the original manufacturers packaging or as dispensed by the pharmacist.
  - Include the original label that contains the directions for use. That is when and how much of the medicine to take. Directions such as 'as directed' are not acceptable.
  - Have the child's name on the dispensed label.
  - Be previously unopened and unused
  - Not be damaged
  - Have been dispensed within the previous 3 months (see date of dispensing on label)
  - Have at least 3 months 'shelf-life' remaining with the exception of short courses such as antibiotic liquids\*
  - Match the exact details provided on the current consent form.
  - Liquids must be the original dispensed amount and be unused (except for short courses of antibiotics\*)

\*Antibiotics, or other short courses of medication, are to be supplied on a daily basis and will be returned at the end of each school day.

3. The Green Bag provided must be used when sending medicines into school and it will also be used by the school when returning medicines or sending letters or other communications.

School Nursing Service  
 Priory Woods School  
 Tothill Avenue  
 Middlesbrough  
 TS3 0RH  
 Tel :01642 770546

**CONSENT TO ADMINISTER MEDICATION**

Name of child	Forename(s)	Surname	
Date of Birth (dd/mm/yyyy)		NHS number	
Address			
GP name and address			

Medicine	Dose	Time(s) to be administered in school
1		
2		
3		
4		
5		

I hereby consent and give permission:

- a) for a member of the School Nursing Team to administer the above medication to my child during the school day.
- b) for a designated member of school staff to administer the above medication during the school day when appropriate.
- c) for a photo of my child to be used for identification purposes.

Name ..... Signature..... Date .....

Relationship to above child .....

Please read the important information on the other side of this form.