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# **St. Mary's Catholic Primary School**

## **Supporting Pupils with Medical Conditions Policy 2019-20**

**Vision: 'A Journey to Excellence'**

**We believe that each child is made in the image and likeness of God therefore we develop the 'whole child' to reach their individual potential. We have high expectations and celebrate success both academically and socially. We aim to provide an outstanding Catholic education so that we can make a valuable contribution to the community in which live and serve.**

**Mission statement:**

**'We are happy living and learning in God's Friendship'**

## **Introduction**

Children who are ill and require medication may often be considered too ill to attend school. There are, however, circumstances where medicines need to be taken whilst the child is in school.

## **Legal Aspects**

There are three legal requirements that apply to all schools and nurseries about giving medication to children:-

1. Have, and put into practice, an effective policy on giving medicines to children in the setting;
2. Keep written records of all medicines you give to children and tell parents about these records.
3. Get written permission from parents for every medicine before you give any medication.

Staff should be particularly cautious in agreeing to administer medicines where:-

- The timing is crucial to the health of the child;
- There are potentially serious consequences if medication or treatment is missed; OR
- A degree of technical or medical knowledge is needed.

Staff who administer medicines should not agree to do so without first receiving appropriate information and/or training specific to the child's medical needs. Under no circumstances must any medication, including non-prescription drugs such as Paracetamol, be administered without parental approval.

## **Purpose**

This policy aims to ensure that any medication held in school is safely stored and correctly administered with the proper consent of parents/carers. This is necessary in order to protect children and avoid poisoning or adverse reaction.

## **Practice**

Parents are discouraged from sending medications to school. In cases where medication should be administered 3 times a day, this could be done before school, immediately after school, and at bedtime for example. We recognise that there are exceptions to this, and in such circumstances the following guidelines should be followed:

Only reasonable quantities of medication should be supplied to the school (for example, a maximum of four weeks supply at any one time).

Each item of prescription medication must be delivered to the Headteacher or Authorised Person, in normal circumstances by the parent, **in a secure and labelled container as originally dispensed**. Each item of prescription medication must be clearly labelled with the following information: Child's name, date of birth, date of dispensing, name of medication, dosage, frequency of administration, storage requirements and expiry date.

Over the counter medicines, should have your child's name clearly marked and be supplied with administration guidance.

### **Storage of medicines**

Medicines shall be kept in the locked First Aid boxes in Classrooms with the exception of reliever inhalers (usually blue) which must be accessible to children with asthma at all times. Teachers may look after these inhalers for young children, but older children should be encouraged to be responsible for their own. These inhalers must be carried with the children whenever they undertake physical activities outside the school premises.

Medicine should be administered from the original container or by a monitored dosage system such as a blister pack. The designated member of staff should sign the medicine form only if they have personally administered, assisted, or witnessed the administration of the medicines.

When medicines are used, staff will need to ensure that they fully understand how each medicine or drug should be stored. Storage details can be obtained either from the written instructions of the GP/Pharmacist or from parents.

All medicines should be stored in the original container, be properly labelled and kept in a secure place, out of reach of children. Arrangements may be needed for any medicines that require refrigeration. These should be clearly labelled.

Where needles are used, a sharps container and adequate arrangements for collection and incineration should be in place. Such arrangements are necessary for any equipment used which may be contaminated with body fluids, such as blood etc.

If children refuse to take medicines, staff will not force them to do so, and will inform the parents/carers of the refusal, as a matter of urgency, on the same day. If a refusal to take medicines results in an emergency, the school's emergency procedures will be followed. It is the responsibility of parents/carers to notify the school in writing if the pupil's need for medication has ceased. It is the parents'/carers' responsibility to renew the medication when supplies are running low and to ensure that the medication supplied is within its expiry date.

The school will not make changes to dosages on parental or carer instructions.

School staff will not dispose of medicines. Medicines, which are in use and in date, should be collected by the parent/carer at the end of each term. Date expired medicines or those no longer required for treatment will be returned immediately to the parent/carer for transfer to a community pharmacist for safe disposal.

For each pupil with long-term or complex medication needs, the headteacher ensures that a Care Plan is drawn up, in conjunction with the appropriate health professionals. This is reviewed at least once a year.

Where it is appropriate to do so, pupils will be encouraged to administer their own medication, if necessary under staff supervision. Parents/carers will be asked to confirm in writing if they wish their child to carry their medication with them in school.

Staff who assist in the administration of medication will receive appropriate training/guidance through arrangements made with the School Health Service.

The school will make every effort to continue the administration of medication to a pupil whilst on trips away from the school premises, even if additional arrangements might be required. However, there may be occasions when it may not be possible to include a pupil on a school trip if appropriate supervision cannot be guaranteed.

All staff will be made aware of the procedures to be followed in the event of an emergency.

Any comfort aid such as 'cough sweets' should be sent to the office or stored by the classteacher and collected by the parent/carer at the end of the school day.

### **Record Keeping**

The following information must be completed and signed by the parent on a medical consent form:

- Name and date of birth of the child
- Name of parents/guardians, and emergency telephone number
- Name of medicines
- Consent given by parents/guardians for staff to administer these medicines
- Frequency and dosage (this must be in line with medical advice or as per manufacturers administration guidance)
- Expiry dates of medicines
- Storage details

Children who need inhalers for asthma need to keep a record every time the inhaler is administered. For younger children, adults need to record this; older children may be able

to do this on their own after it has been explained to them. This record will be copied and sent home every half term.

**If the parent/carer is unable to provide the information then the medicine cannot be administered in school.**

The person administering the medication should complete the record of medicines administered.

The MEDICATION CONSENT FORM, providing all the information above, will be copied and retained in a central file as a record for future reference and a copy given to parent/carer once signed.

**Medicines are NEVER given to a child other than the one for which it was prescribed or where a written consent form has been completed by the parent.**

#### **REVIEW**

This policy will be reviewed annually, or as necessary in the light of new advice and legislation.

The next review will take place in the Autumn Term 2019.

**Signed:** \_\_\_\_\_ (on behalf of the staff)

**Signed:** \_\_\_\_\_ (on behalf of the governors)

**Date:**

## Appendix A: individual healthcare plan

Name of school/setting

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date


### Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)


### Clinic/Hospital Contact

Name

Phone no.


### G.P.

Name

Phone no.


Who is responsible for providing support in school

--

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc.

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

## Appendix B: parental agreement for setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by

Name of school/setting

Name of child

Date of birth

Group/class/form

Medical condition or illness


### Medicine

Name/type of medicine  
*(as described on the container)*

Expiry date

Dosage and method

Timing

Special precautions/other instructions

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

Self-administration – y/n

Procedures to take in an emergency


**NB: Medicines must be in the original container as dispensed by the pharmacy**

### Contact Details

Name

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver the medicine personally to

[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff 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.

Signature(s)

Date

## Appendix C: record of medicine administered to an individual child

Name of school/setting	
Name of child	
Date medicine provided by parent	/
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	/
Quantity returned	
Dose and frequency of medicine	

Staff signature

Signature of parent

Date	/	/	/	/
Time given				
Dose given				
Name of member of staff				
Staff initials				

Date	/	/	/	/
Time given				
Dose given				
Name of member of staff				
Staff initials				

**C: Record of medicine administered to an individual child (Continued)**

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

**School Action Plan**

Affix photo here



Date:

What are the signs that you/your child may be having an asthma attack? Are there any key words that you/your child may use to express their asthma symptoms?

What is the name of your/your child’s reliever medicine and the device? Does your child have a spacer device? (please circle) Yes No Does your child need help using their inhaler? (please circle) Yes No

What are your/your child’s known asthma triggers?

Do you/your child need to take their reliever medicine before exercise? (please circle) Yes No If YES, warm up properly and take 2 puffs (1 at a time) of the reliever inhaler 15 minutes before any exercise unless otherwise indicated below:

Name:.....

Date of birth:.....

Allergies:.....

Emergency contact:.....

Emergency contact number .....

Doctor’s phone number:.....

Class.....

I give my consent for school staff to administer/assist my child with their own reliever inhaler as required. Their inhaler is clearly labelled and in date.

Signed.....

Date.....

Print Name.....

Relationship to child.....

**CONSENT FORM**

**USE OF EMERGENCY SALBUTAMOL INHALER**

Child showing symptoms of asthma/having asthma attack

1. I can confirm that my child has been diagnosed with asthma/has been prescribed an inhaler (delete as appropriate)

2. My Child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day/that will be left at school (delete as appropriate)

3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies

Signed Date.....

Name  
(print).....  
.

Relationship to  
child.....

Child's  
Name.....

Class.....  
...

Parent's address and contact details:

.....  
...  
.....  
...  
.....  
..

Telephone.....

Email.....







## Appendix E: staff training record – administration of medicines

Name of school/setting

Name

Type of training received

Date of training completed

Training provided by

Profession and title


I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature

Date

**I confirm that I have received the training detailed above.**

Staff signature

Date

Suggested review date



## Appendix F: contacting emergency services

**Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.**

**Speak clearly and slowly and be ready to repeat information if asked.**

1. your telephone number
2. your name
3. your location as follows [insert school/setting address]
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone

## Appendix G: model letter inviting parents to contribute to individual healthcare plan development

Dear Parent

### DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely