

The James Oglethorpe Primary School



Supporting Pupils With Medical Conditions Policy

| | |
|-----------------------------------|----------------|
| Policy Review Date | July 2017 |
| Date of next Review | July 2020 |
| Approved by Governing body | |
| Name: | Signed: |
| Role: | Date: |

1. Aims of the Policy

1.1 This policy has been produced in conjunction with the School's Health and Safety and First Aid Policies. The school will ensure that the appropriate measures are taken to ascertain whether any staff or pupils have any medical conditions which may need to be taken into consideration and the necessary controls and systems implemented.

1.2 The school will consider all medical conditions on an individual basis and where necessary and appropriate, will implement suitable arrangements. Parents will be asked to advise the school of any medical conditions or needs that their children have. Where necessary, the school will meet with the parent of a child who has specific medical needs and if necessary, a health care plan will be prepared and implemented.

1.3 The information will be held by the school and will **only** be shared with relevant and authorised staff members. If a pupil is responsible for carrying their own medication then they will be advised of their responsibilities.

1.4 The school's policy will be shared with all staff and parents of the school.

2. Objectives

2.1 A Risk Assessment may be carried out by the school to ensure that the following arrangements and procedures are in place:

- Procedures for managing prescription medicines which need to be taken during the school day
- Procedures for managing prescription medicines on trips and outings
- A clear statement on the roles and responsibility of staff managing administration of medicines, and for administering or supervising the administration of medicines
- A clear statement on parental responsibilities in respect of their child's medical needs
- The need for prior written agreement from parents for any medicines to be given to a child
- The circumstances in which children may take any non-prescription medicines
- The school or setting policy on assisting children with long-term or complex medical needs
- Policy on children carrying and taking their medicines themselves
- Staff training in dealing with medical needs
- Record keeping
- Safe storage of medicines

- Access to the school's emergency procedures

2.2 The Head Teacher will ensure that:-

- The school's medication policy is implemented and all staff are aware of their responsibilities;
- Staff receive adequate training for the administering of specific medication where required, e.g. epi-pens;
- All relevant members of staff are informed of any pupil that has a medical condition and/or a specific medical need;
- Information relating to pupil medical needs are obtained from parents and where necessary, a health care plan implemented;
- Information relating to any pupil's medical needs is accurate, up-to-date and secure;

2.3 Identified staff are responsible for ensuring that:-

- Appropriate procedures for medication are in place for off-site activities;
- Medication is appropriately stored and not accessible to unauthorised persons;
- Records are kept of any medication that is administered and will ensure that it is replenished by parents as necessary;

2.4 All staff are responsible for ensuring that:-

- They are aware of, and familiar with the school's medication policy and arrangements in place;
- They are aware of the agreed procedures and work in accordance to these procedures should any pupil in their care require medication;
- That they work in accordance to any training that they have received;
- That they advise the appropriate person should they be advised that any new or additional information relating to a pupil's medical needs.

3. Arrangements

Medication will be stored in a location where it cannot be accessed by any unauthorised persons / pupils. The medication for each pupil will be labelled with the appropriate information to prevent it from being given to the wrong pupil.

Records will be kept by the school detailing any medication administered to a pupil, along with the date, the amount administered and the amount of remaining medication. Any pupil that carries their own medication (with the exception of asthma), will also be made aware that, where necessary, they must advise a member of staff if they need to, or have taken medication.

Where appropriate, the school have a system in place for any pupil that refuses to take their medication when required.

Where necessary, the school will arrange for staff to receive training in the use of specific medication, such as epi-pens.

The school will also ensure that the appropriate procedures for medication are in place during Educational Visits / off site visits and that all information is shared with the appropriate members of staff.

Medication cover will be in place for the whole school day including during before and after school clubs.

The Policy will be monitored for effectiveness and reviewed at least every three years unless legislation changes or the needs of pupils change. Additional checks and audits will take place to ensure the systems and procedures are satisfactory.



Department
for Education

Templates

**Supporting pupils with medical
conditions**

Contents

| | |
|---|-------------------------------------|
| Introduction | Error! Bookmark not defined. |
| Template A: individual healthcare plan | 8 |
| Template B: parental agreement for setting to administer medicine | 10 |
| Template C: record of medicine administered to an individual child | 12 |
| Template D: record of medicine administered to all children | 14 |
| Template E: staff training record – administration of medicines | 15 |
| Template F: contacting emergency services | 16 |
| Template G: model letter inviting parents to contribute to individual healthcare plan development | 17 |

Template 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

Template 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 <i>(as described on the container)</i> | |
| 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 _____

Template 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 | | | |

Template 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 _____

Template 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

Template 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 the 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



Department
for Education

© Crown copyright 2014

You may re-use this document/publication (not including logos) free of charge in any format or medium, under the terms of the Open Government Licence v2.0. Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

To view this licence:

visit www.nationalarchives.gov.uk/doc/open-government-licence/version/2

email psi@nationalarchives.gsi.gov.uk

About this publication:

enquiries www.education.gov.uk/contactus

download www.gov.uk/government/publications

Reference: [000-000-000]



Follow us on Twitter:
[@educationgovuk](https://twitter.com/educationgovuk)



Like us on Facebook:
facebook.com/educationgovuk

