



Supporting Pupils with Medical Conditions Policy 2020

Adopted by Symphony Learning Trust on	Spring 2020
Next Review Due	

This document is produced in conjunction with the Leicestershire Partnership Trusts. We would like to acknowledge input from professional bodies and services with Leicestershire County, City and Rutland. We would also draw your attention to the appendices listed on the LEICESTERSHIRE TRADED SERVICES for access and information relating to Individual Care Plans and specific medical needs/conditions. This document is revised in line with the current Department for Education 'Supporting pupils at School with medical conditions' 2014, which replaces the previous Managing medicines in Schools and early year's settings 2005.

LA Review Date: 03/08/2016

Medication Policy

The Board of Trustees and staff of each school in the Symphony Learning Trust wish to ensure that pupils with medical needs receive appropriate care and support at their school. Each Head teacher will accept responsibility for members of staff giving or supervising pupils taking prescribed medication during the school day. Where possible, pupils should be encouraged to self-administer under supervision, this should take account age of the child. It must be stressed that where prescription drugs are required these shall be administered by those members of staff that have volunteered unless medically trained staff are employed on site. It should not automatically be assumed that a qualified First Aider will fulfil this role.

- Staff will not give a prescribed/non prescribed medicine or care unless there is specific written consent from parents.
- An Individual Care Plan (ICP) should be drawn up for the pupil.
- A secondary check must be made prior to medication being taken / given.
- The school will not accept items of medication in unlabelled containers.

Procedures

- In the first instance, the Head teacher should be informed of an individual's diagnosis and prescription medication.
- An appropriate staff member/volunteer or carer will meet and discuss the issues with the parents/guardian of the pupil.
- The member of staff volunteering will be offered professional training and support in relation to the needs of the individual by a suitably competent person (this maybe by a qualified trained nurse).
- There will be regular review meetings scheduled to monitor the support required.

Responsibilities

Parents/Guardian Responsibility

- A comprehensive information guide specifically relating to the pupil's condition and medication must be recorded.
- Only reasonable quantities of medication should be supplied to the school (e.g., maximum 4 weeks at any one time)
- Where pupils travel on school transport with an escort, parents/guardians should ensure that the escort has a copy of written instructions relating to the pupil's medication.
- Notification of changes in prescription drug issued by the GP must be given directly to the school by parent/guardian.
- Parent/guardian to collect and restock medication from school at the start and end of every term in a secure labelled container as originally dispensed.
- Parent/Guardian to ensure the medication is in date for the duration of the term.

School Responsibility

- Medication will be kept in a known safe secure place (not necessarily locked away) and some drugs may require refrigeration.
- Where emergency medication is prescribed this must remain with/accessible to the pupil at all times. e.g. Epipen, Asthma inhalers
- Maintain and record dosage prescribed/administered.

- Identify if additional training needs are required for staff. Source and arrange training.
- Locate and record care plan for individual; identifying supporting staff.
- If a medical emergency develops activate the relevant procedures and call 999
- Each term a nominated member in school to check emergency medicines are in date and note the expiry date to avoid expired medication during the term. There needs to be a clear audit trail of this.
- The school should encourage parents/guardians to make a note of expiry dates of medication.

Please refer to each individual school's Administration of Medicines Policy for specific school arrangements.

General Practitioner / Consultant / Medical Professional Responsibility

Prescriptive labelled drugs must contain:

- Pupils name
- Name of medication
- Dosage
- Frequency of administration
- Date of dispensing
- Storage requirements (if important) i.e., refrigeration
- Expiry Date

Consent Form See Appendix A

No child under 16 should be given prescription or non-prescription medicines without their parent's written consent – except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality. Schools should set out the circumstances in which non-prescription medicines may be administered.

A child under 16 should never be given medicine containing aspirin unless prescribed by a medical professional.

Individual Care Plan

See Appendix B on LEICESTERSHIRE TRADED SERVICES for further information on Individual Health Care Plans.

Signed:.....

Signed:.....

Head Teacher

Chair of Governors

Date:

Date:

The policy document is required to be made sites specific and should be signed off by the Senior Management Team as current and valid.

General Care Plan/ Parent/Guardian/Carer MEDICINE CONSENT FORM

To: Head teacher of Glen Hills Primary School

From: Parent/Guardian of.....(Full Name of Child)

DOB: .../...../..... Class.....

My child has been diagnosed as having the following medical condition:

.....

They have been considered fit for school but require the following **prescribed/non-prescribed** medicine to be administered during school hours:

..... (name of medication) (expiry date)

1. Self Administration

I allow/do not give permission (**delete as necessary**) for my child to carry out self-administration

2. Adult Administration

Please administer the medication above as indicated:

.....(dosage) at the following time(s)Strength of medication:

With effect from.....(date) until(date)

The medicine should be administered by mouth/in the ear/nasally/
other(**delete as applicable**)

Any other special precautions (i.e. storage of medication)

Any side effects school should know about

Procedures to take in any emergency.....

- I understand that medication must be given to school in **packaging** from pharmacy and administration can only **follow instructions** as stated on the packaging.
- I undertake to **update** the school with any changes in medication routine, use or dosage.
- I undertake to maintain an **in date supply** of the medication.
- I understand that the school is **not responsible for any loss of/or damage** to any medication.
- I will **collect** all medications from school when they are no longer required, expired and at the end of each term.
- I understand that staff will be acting in the **best interests** of my child whilst administering medicines to children.

Signed:..... **Date:**.....

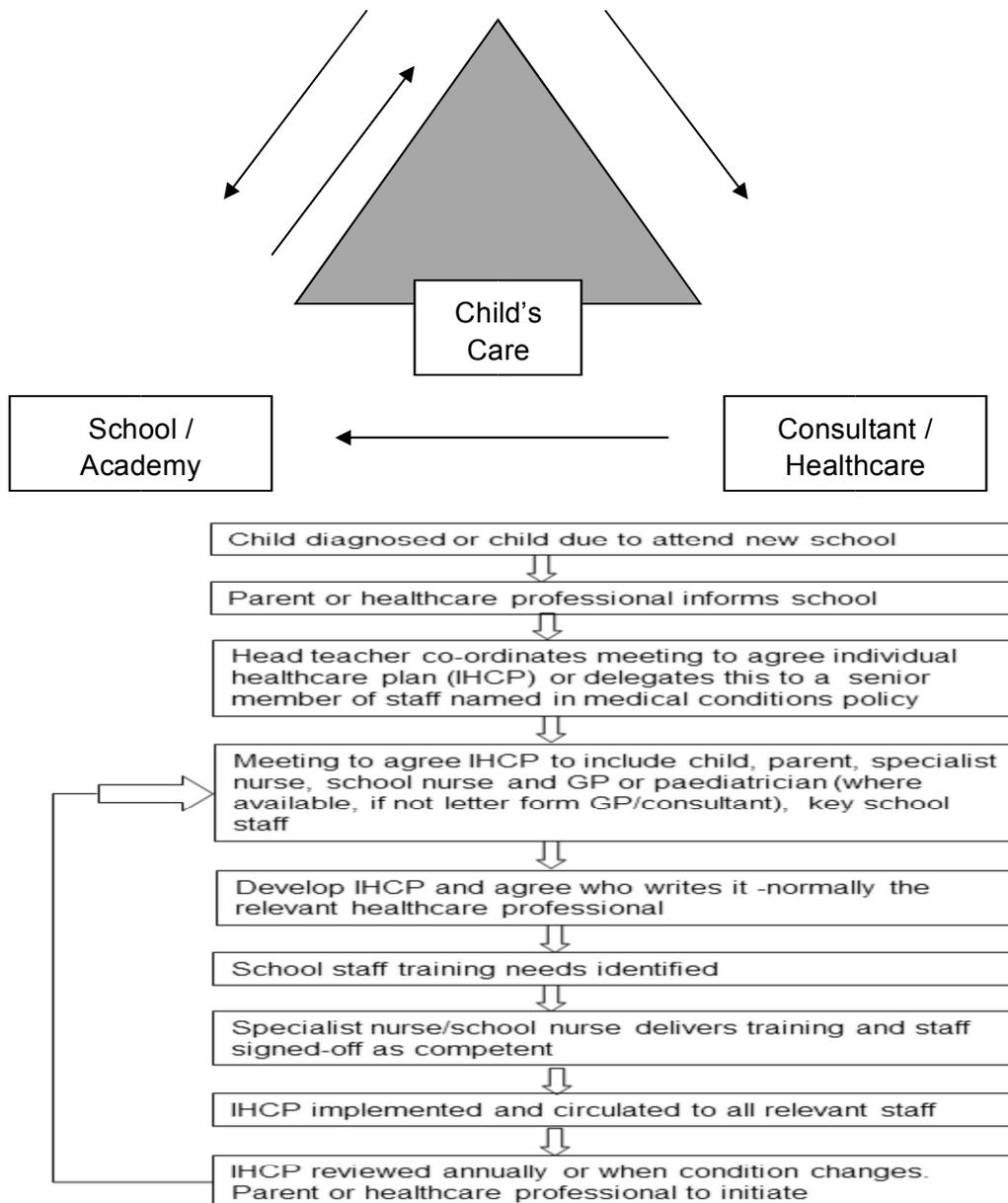
Name of parent/guardian/carers (please print).....

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Appendix Bi

Information to support the completion of an Individual Health Care Plan (IHCP)

Specific information on individual pupil requirements. Written recorded plan will ensure that their needs are met whilst in school and any treatment needed to be administered by members of staff will be fully understood. Plan to be agreed by Head teacher and parents. **THIS MUST BE FORMALLY RECORDED AND REVIEWED AT REGULAR INTERVALS.** A template/proforma is available



for download on the LEICESTERSHIRE TRADED SERVICES system under 'A' Administration of medicines, see appendices.

Parents / Carers

Some children with medical conditions may have physical disabilities. Where this is the case governing bodies **MUST** comply with their duties under the Equality Act 2010. Some may have special educational needs (SEN) and may have an Education, Health and Care Plan which will bring together health and social care needs, as well their special educational provision. **Education, Health and Care Plan**

Name of school	Glen Hills Primary School
Child's name	
Class	
Date of birth	
Child's address	
Medical Condition/Diagnosis	
Date of this plan	

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Appendix Bii

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Glen Hills Primary School Individual Healthcare Plan (IHCP)

Family Contact Information

Name	
Relationship to child	
Phone number	
Mobile	
Name	
Relationship to child	
Phone number	
Mobile	
Clinic/Hospital Contact	
Phone number	

GP Details	
Name	
Phone number	

Who is responsible for providing support in school?	Any staff member who is with child at the time Sharon Taylor at lunchtime
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Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues.

Symptoms –

Triggers –

Treatments –

Environmental issues –

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

Daily care requirements:

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

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Arrangements for school visits/trips etc:

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

Who is responsible in an emergency?

The staff member present at the time.
In lesson time, this will usually be the Teacher/HLTA, TA.
At lunchtime, this is usually Sharon Taylor.

Who has required **specific training**?

See up to date list that is displayed in staff room next to medical board.

Back up Procedures in the event of the absence of a trained member of staff:

A number of staff are trained in each area of First Aid to ensure this situation is highly unlikely. Many staff have First Aid training. Reference to this Healthcare Plan and contact with emergency services may be required.

Follow up care:

Record in First Aid book and ...

Plan developed with:

Mrs Cole - SENCo
Senior Management Team
First aid leaders – Adele Brinkley /Emma Connolly/Stella Blackwell
Parents/Carers of child
Class teachers/EVCs

Form:

Copy to parents
Copy in child’s file
Copy uploaded to CPOMs
Copy in Medical File

Signed:.....

(Parent/Carer with legal responsibility for the child)

Head Teacher

Date

Appendix C - ADVICE ON MEDICAL CONDITIONS

The Community Paediatrician or Nurse on request can give advice regarding medical conditions to the school. Parents or guardians of children suffering from these conditions seeking general information should be advised to seek advice from their General Practitioner, the school health professionals or from the bodies detailed below. The following bodies can also supply leaflets regarding the conditions listed.

<p>Asthma at school – a guide for teachers</p> <p>National Asthma Campaign</p> <p>www.asthma.org.uk</p> <p>Asthma Helpline – Tel: 0300 222 5800</p> <p>WhatsApp chat 07378696728</p>	
<p>Guidance for teachers concerning Children who suffer from fits.</p> <p>www.epilepsy.org.uk Helpline</p> <p>No: 0808 800 5050</p> <p>www.helpline@epilepsy.org.uk</p>	<p>See LEICESTERSHIRE TRADED SERVICES - Appendix C 'Epilepsy Health forms' and Appendix B for Individual Health Care Plans (IHCP)</p>
<p>Guidelines for Infections</p> <p>(e.g. HIV, AIDS and MRSA)</p> <p>Public Health England</p> <p>Tel: 0344 225 4524</p>	
<p>Haemophilia info@haemophilia.org.uk</p> <p>Tel: 020 7831 1020</p>	
<p>Allergies Anaphylaxis Campaign</p> <p>www.anaphylaxis.org.uk</p> <p>Help line 01252 542029</p>	<p>See Appendix D 'Emergency Action Plan' forms under 'A' Administration of medicines for Epipen/Jext Pens administration.</p> <p>* Please note the need to report administration of this medication to Bridge Park Plaza on fax no: 0116 2255233</p>

<p>Thalassaemia www.ukts.org Tel: 020 8882 0011 Email: info@ukts.org or office@ukts.org</p>	
<p>Sickle Cell Disease info@sicklecellsociety.org Tel: 020 8961 7795 Fax: 020 8961 8346</p>	
<p>Cystic Fibrosis and School (A guide for teachers and parents) www.cftrust.co.uk Tel: 020 3795 2184 Helpline: 0300 373 1000 Email: helpline@cysticfibrosis.org.uk</p>	
<p>Children with diabetes (Guidance for teachers and school staff) www.diabetes.org.uk Diabetes Care Line services 0345123 2399 Leicester Royal Infirmary 9 am – 5 pm Diabetic Medicine Department 0116 2585964 Diabetes Office 0116 258 6796 Diabetes Specialist Nurses 0116 258 7737 Consultant Paediatric</p>	<p>See Appendix E on LEICESTERSHIRE TRADED SERVICES under 'A' administration of medicines documentation.</p> <p>Please note the opportunity to attend diabetes in schools training days – regularly advertised on LEICESTERSHIRE TRADED SERVICES. This is funded by Diabetes UK and is supported by a team of specialist consultants and nurses.</p>
<p>Insurance Section Leicestershire County Council</p> <ul style="list-style-type: none"> • Additional insurance • Concerns 	<p>Contacts: - David Marshall-Rowan – 0116 305 7658 James Colford – 0116 305 6516</p>

<p>County Community Nursing Teams: Information on School nurses</p> <p><u>East Region –</u> Market Harborough/Rutland/Melton</p> <p><u>West Region –</u> Hinckley/Bosworth/Charnwood</p>	<p><u>East Region</u></p> <p>PA: 1) Janet Foster 01858 438109 PA: 2) Clare Hopkinson 01664 855069</p> <p>Locality managers: 1) Maureen Curley 2) Jane Sansom</p> <p><u>West Region</u></p> <p>PA: Sally Kapasi 01509 410230</p> <p>Locality managers: Chris Davies Teresa Farndon</p>
<p>Corporate Health, Safety & Wellbeing Leicestershire County Council County Hall, Glenfield, Leics. LE3 8RF</p>	<p>Tel: 0116 305 5515 healthandsafety@leics.gov.uk</p>

Appendices for information and completion can be sought from the LEICESTERSHIRE TRADED SERVICES system under 'A' for Administration of medicines.

As below:

Appendix A	Parental Consent form for medicines (contained within this document)
Appendix B	Individual Health Care Plan (IHCP) for pupils – complete at school
Appendix C	Epilepsy Health and Record Forms from Health Professionals
Appendix D	Emergency Action Plans for Anaphylaxis from Health Professionals
Appendix E	Diabetes Health forms from Health Professionals
Appendix F	Supporting pupils at School with medical conditions DofE guidance

This document has been reviewed in line with current up to date legislation and with the support of the Leicestershire partnership groups / healthcare professionals – August 2015.

We would like to express our thanks to those who have contributed and emphasise that this policy document is required to be made site specific for your establishment and signed off by the Senior Management Team as current and valid. An annual review is required.