

NORTON PRIMARY ACADEMY



Policy for Supporting Pupils with Medical Conditions

Autumn 2016

Supporting Pupils at School with Medical Conditions Policy

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 Norton Primary Academy so they can play a full and active role in school life, remain healthy and achieve their academic potential.

Relevant (need to know) staff will be aware of individual children's medical conditions and the plan that is in place to support them including what to do in an emergency.

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.

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 Susan Dawson, Principal.

On Admission to School

All parents / carers will be asked to complete an admissions form advising of any medical conditions for which their child may require support at school.

Individual Health Care Plans

Individual health care plans and their review may be initiated in consultation with the parent, by a member of school staff or a health care professional involved in providing care to the child.

Individual health care plans will be drawn up in partnership between the school, parents, and a relevant health care professional, eg school, specialist or children's community nurse who can best advise on the particular needs of the child.

Pupils may also be involved whenever appropriate. The aim is to capture the steps which Norton Primary Academy will take to help the child manage their condition and overcome any potential barriers to getting the most from their education.

Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school.

For the start of the new school year, or on receipt of a new diagnosis of a medical condition, every effort should be made to ensure that suitable arrangements are put in place within two weeks.

Schools do not need to wait for a formal diagnosis before providing support to pupils. In cases where a medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based upon the available evidence. This would normally involve some form of medical evidence and consultation with parents. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support is put in place.

Relevant (need to know) members staff will be made aware of individual health care plans. A central register of individual health care plans will be held by the school and they shall 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, a health care professional. The individual health care plans 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. Parents should ensure 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 must complete an ***Administration of Prescribed Medicines in School Consent Form***. Medication cannot be administered without signed consent.

The completed Administration of Prescribed Medicines in School Consent Form and the prescribed medication should be handed by the parent/carer to the academy office.

Medicines will only be administered if they are provided in its 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.

For pupils who require asthma medication this is recorded on an individual pupil asthma card. A record is kept of parents who have given consent for school to use an emergency inhaler if necessary.

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

Parents are asked to collect all medications / equipment at the end of the school term, and to provide new and in date medication at the start of each new term.

Parents must let the school know immediately if their child's health care 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 parents, 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 individual health care plan 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.

APPENDIX 1

Individual Health Care Plan

For pupils with medical conditions at school

(NB prescribed medicine in school consent form must also be completed)

Name of school / setting	
Child's name	<input checked="" type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/>
Group / class / form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

Name 1	
Phone no. (work)	
(home)	
(mobile)	
Relationship to child	
Name 2	
Phone no. (work)	
(home)	
(mobile)	
Relationship to child	

Clinic / Hospital Contact

Name	
Address	
Phone no.	

G.P.

Name	
Practice address	
Phone no.	

Who is responsible for providing support in school	
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Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

Name of medicines, 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 pupils 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 2

Parental agreement for setting to administer medicine

The school or setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that 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 of administration	
Timing	
Special precautions / other instructions	
Are there any side effects that the school / setting needs to know about?	
Self-administration – y/n	
Procedures to be taken in an emergency	

Nb. Medicines must be brought 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	The academy office

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

Signature(s)

Date

Child's name

Form 3.

D.O.B. / /

Name of school / setting			
Name of child			
Group / class / form			
Date of birth	Cross reference with child, prescribed medication label and parental consent form.		
Medicine received			
Date medicine received from parent			
Quantity received			
Name and strength of medicine			
Dose and frequency of medicine			
Expiry date			
Staff signature			
Print name			
Medicine returned			
Quantity returned			
Returned to (signature)			
Print name			

Please ensure the information provided below is legible, current and accurate for evidential purposes.

Date				
Time Given				
Dose Given				
Staff Signature				
Print Name				
Witness Name				
Witness Signature				

Continued record of medication

Pupil name:

Date					
Time Given					
Dose Given					
Staff Signature					
Print Name					
Witness Name					
Witness Signature					

Date					
Time Given					
Dose Given					
Staff Signature					
Print Name					
Witness Name					
Witness Signature					