

BANWELL PRIMARY SCHOOL Belong Believe Achieve

Supporting Children with Medical Conditions Policy

The policy aims to provide clear guidance and procedures to staff and parents. It forms the basis of a supportive environment in which pupils with medical needs may receive suitable medical care enabling their continuing participation in mainstream schooling.

- * Each request for administration of medication to a pupil in school will be considered individually.
- * The Headteacher is responsible for deciding, in consultation with staff, parents, health professionals and the LEA whether the school can assist a pupil with medical needs.
- * No medication will be administered without prior consultation with, and written permission from the parent or guardian. **Ref. proforma 1**. (In addition a note from the family GP confirming the child is fit to attend school and the necessity for the child to take medication during school hours may be required).
- * Medicines will only be administered by staff willing and suitably trained to do so and then only under the overall direction and responsibility of the Headteacher.
- * Specific cultural and religious views on a pupil's medical care will be respected but must be made known to the school in writing.
- * Where relevant, a Personal Health Care Plan will be drawn up in consultation with the school, parents and medical professionals. **Ref. proforma 2.** These are shared with all staff.
- * A minimum amount of medication, required by the pupil, will be held in school to accommodate the needs of that pupil.
- Medication must be given to a member of the office team by the parent or carer (not sent to school in the child's bag).
- * Medicines brought into school should be clearly marked with:-
 - the name of the medicine
 - the pupil's name
 - dosage (including method of administration and times)
 - special storage requirements

Note: it is the responsibility of the parent/guardian to regularly check expiry dates on medication held in school and to let the school know if their child's needs change.

- * Medicines received will be held in a locked cabinet in the bursar's office. All essential staff will be able to access medicines in case of emergency.
- * Persons administering medication will check medication type is correct then log the time and date, and sign the chart (on the reverse of **proforma 1**) upon administering medication.
- * The school makes sure the needs of pupils with medical conditions are adequately considered to ensure their involvement in structured and unstructured activities, extended school activities and residential visits. A risk assessment is carried out before any out of school visit. During residential school trips and visits off school site, sufficient essential medicines and medical charts/health care plans will be taken and controlled by the member of staff leading the party. If additional supervision is required during activities such as swimming, the parent may be required to assist by escorting their child.
- * The school will provide training for staff in order that they are equipped to administer medical treatment to pupils with medical needs e.g. administration of epipen etc. Maintenance of staff training records and annual reviews will be the responsibility of the Headteacher.
- * All staff must be aware of the school's procedure for calling the emergency services (999) and conveyance of pupils to hospital by the safest and quickest means available as directed by the emergency services (car/ambulance). If pupils are conveyed by car, a trained member of staff will attend to escort the child.
- * Where a child is returning to school following a period in hospital, the school works in partnership with all relevant parties including parents, pupil (where appropriate) all school staff and healthcare professionals to ensure that the child receives the support they need to reintegrate effectively.
- * Some pupils may be prescribed blue reliever inhalers only and may have greater responsibility for their own medication. This decision is based on wishes of parents, age, maturity and ability of individual child. **Ref. proforma 3.**
- * All relevant staff have a responsibility to make sure that supply teachers/covering staff know about any medical needs:
 - The office staff will give the class essential information sheet to supply teachers.
 - Teachers will ensure their essential information sheet is kept up to date,
 e.g. children with a Personal Health Care Plan and inform the office of any changes immediately.
 - Teachers will direct supply teachers to the essential information sheet in any notes left for the supply teacher.
 - Class TAs will endeavour to check supply teachers have seen a copy of essential information.
 - The Pupil Support Team will ensure all updated Health Care Plans are available for all staff in the staff room.

Proforma 1

REQUEST FOR SCHOOL TO ADMINISTER MEDICATION

Form to be completed by parents if they wish the school to administer medication

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.

| DETAILS OF PUPIL | | | | |
|--|--|--|--|--|
| Surname: | | | | |
| Forename(s): | | | | |
| Date of Birth: | Male/Female | | | |
| Class: | | | | |
| Condition of illness: | | | | |
| | | | | |
| MEDICATION | | | | |
| Name/type of medication (as described on the container) | | | | |
| For how long will your child take this medication: | | | | |
| Date dispensed: | | | | |
| Full directions for use: Dosage and method: Timing: Special precautions: Side effects: Self administration: Procedures to take in an emergency: | | | | |
| Any religious / cultural reasons School needs to be aware of? | | | | |
| | | | | |
| CONSENT | | | | |
| I understand that I must deliver the medicine personally to is a service that the school is not obliged to undertake. | the school office and accept that this | | | |
| Signature(s): | | | | |
| Name: | | | | |
| Relationship to pupil: | | | | |
| Date: | | | | |

RECORD OF MEDICATION ADMINISTERED

| Date | Time | Dose Given | Signature of Staff | Notes |
|------|------|------------|-----------------------|-------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Proforma 2

HEALTH CARE PLAN FOR A PUPIL WITH MEDICAL NEEDS

| Name: | | |
|--|---------------------------------------|--------------------------|
| Date of Birth: | | РНОТО |
| Condition: | | |
| Class: | | |
| Date: | Review Date: | |
| CONTACT INFORMATION Family contact Name: | Family contact Name: | |
| Phone No. (work): | Phone No. (work): | |
| (home): | (home): | |
| Relationship: | Relationship: father | |
| Clinic/Hospital contact | GP | |
| Name: | Name: | |
| Phone No: | Phone No: | |
| Describe condition and give details | of pupil's individual symptoms, inclu | ding triggers |
| | | |
| What is the impact of the health co | ondition on learning and/behaviour or | r classroom performance? |

| Daily care requirements: (eg. before sport, at lunchtime etc.) |
|---|
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| Describe what constitutes an emergency for the pupil, the action to take if this occurs |
| |
| |
| |
| |
| |
| |
| Follow up care: |
| |
| |
| |
| Who is responsible in an Emergency: (state if different for off site activities) |
| |
| |
| |
| |
| Arrangements for school visits/trips/specific activities: |
| |
| |
| |
| |
| |
| |
| Specific support for the pupils social and emotional needs : |
| |
| |
| |
| |
| Form Copied to |
| |
| |
| |

NOTE

Please be aware of the confidential nature of this information, be discreet and **DO** get permission from the parent or guardian prior to copying information or exhibiting photo's in medical room

Proforma 3

REQUEST FOR PUPIL TO USE RELIEVER INHALER (usually blue) IN SCHOOL

Please note, if your child has been prescribed a preventer inhaler (usually brown) or any other kind of asthma medication, then you must complete a HEALTH CARE PLAN.

This form must be completed by parents/guardian Class/Form: Pupil's Name: Date of Birth:.... Condition or Illness requiring reliever inhaler only: Inhaler Type: Reliever Date Prescribed..... Frequency of use Number of puffs usually needed Any other information you need the school to know..... **DECLARATION:** I can confirm my child has mild symptoms requiring a reliever inhaler only. In the event of this changing, I will inform school straight away. Sign...... Date Print Name.....