



Bernards Heath Infant and Nursery School
Supporting Children with Medical Conditions

Policy and Forms

September 2016

Most pupils at some time in their lives will have a medical condition that may affect their participation in school activities. Most children with medical needs are able to attend school regularly and, with some support from the school, can take part in most day-to-day school activities. However, school staff may need to take extra care in supervising some activities to make sure that these pupils, and others, are not put at risk.

At Bernards Heath Infant and Nursery School, the governors and head teacher have decided that the school will not hold medicine/medication for children in cases where the medical condition is short term e.g. antibiotics for an infection. Parents are welcome to make arrangements to come into school and give medication at lunchtimes or to ask their GP for a regime that works around the school day.

In cases where the medical condition needs urgent or immediate medication e.g. asthma or an allergy the school will hold the appropriate medication, prescribed by a G.P., and a care plan will be written in conjunction with the parents. No non prescription medication will be held at school for any children.

The school follows the guidance from the DfE on supporting pupils at school with medical conditions (2014)

When a child has been prescribed an asthma inhaler or allergy medication by a GP, the school makes the following arrangements:

1. The parent and nominated first aider - Harriet Parry, discuss the need for medication and together write a care plan.
2. Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration.
3. In all cases it is necessary to check the medication for: the name of the child, name of the medication, dosage, written instructions from the pharmacist and the expiry date.
4. If the medication is an asthma inhaler, this is labelled and given to the class teacher to keep in the classroom and ensure that it is readily available to the child.
5. If the medication is for an allergy this is kept in a cupboard in the staffroom. The medication is kept with the care plan in either a zip wallet or for epi-pens, in a plastic box with a lid.
6. All medication in school must be clearly labelled with the child's name and photo if appropriate.
7. All medication is checked regularly to ensure it is in date, it is parents' responsibility to replace medication.
8. A photograph of any child the school holds medication for is displayed in the staffroom and medical room and where necessary, the school kitchen also has this information. A summary of the child's medical condition and treatment is also included.

At no time should a child carry their own medication at school.

School Visits

If a child leaves the school premises on a visit then all appropriate medication for that child is taken off site by the class teacher. When possible and appropriate the parent is asked to accompany the class in the role of a volunteer.

A parent can request in writing that an anti-sickness tablet is given to the class teacher for a child travelling on a coach as part of a school visit.

Where necessary an individual risk assessment should be written by the class teacher.

Roles and Responsibilities

When the school is alerted by a parent or medical practitioner that a child needs to be supported with medication to enable him/her to attend school, the Head teacher and class teacher (plus support staff) are made aware and the nominated first aider meets with the parents to understand the condition and to write a care plan. After this the nominated first aider informs the class teacher when a child has a care plan and medication in school - other adults are informed as appropriate.

If a child needs medication in school the adult with responsibility for him/her (usually the class teacher or teaching assistant) will ensure they receive it e.g. in the case of an asthma inhaler.

Where the medical condition means that more support is needed for a child for example severe allergy or diabetes, then a trained member of staff would assist.

Most staff at school have a first aid certificate and these are displayed in the medical room. Several members of staff have been trained to use other medical equipment and a list of trained staff is in the medical room. Only staff with an appropriate type of training are authorised to administer medication.

Children with Complex Medical Needs

The school works closely with parents to ensure that children with complex medical needs are understood and supported in school through the use of a care plan.

The school has close links with the local health team, link nurse and community nurse team who offer regular advice and training e.g. epi pen training/ diabetes. Where appropriate these professionals may lead, write and monitor the care plan in partnership with parents and school.

Record Keeping

The appendix contains all the forms that the school regularly uses to ensure the best standards of record keeping and care is maintained.

Controlled Drugs

If a child has been prescribed controlled drugs (e.g. Ritalin) then a minimal quantity should be kept in school. The drugs must be kept in a locked non portable container, such as a safe, and only specific named staff allowed access to it. Each time the drug is administered it must be recorded, including if the child refused to take it.

If a pupil refuses to take medication, school staff should not force them to do so. The school will inform the child's parents as a matter of urgency. If necessary, the school should call the emergency services.

The person administering the controlled drug should monitor that the drug has been taken. Passing a controlled drug to another child is an offence under the Misuse of Drugs Act.

As with all medicines any unused medication should be recorded as being returned back to the parent when no longer required. If this is not possible it should be returned to the dispensing pharmacist. It should **not** be thrown away.

Appendix : FORMS

- Form 1** Emergency planning - request for an ambulance
- Form 2** Healthcare Plan
- Form 3** Parental agreement for school to administer medicines
- Form 4** Head teacher/Head of setting agreement to administer medication
- Form 5:** Record of medicine administered to an individual
- Form 6:** Staff training record - administration of medicines

All forms set out below are examples that schools and settings may wish to use or adapt according to their particular policies on administering medicines.

Versions of these forms are available from <http://www.teachernet.gov.uk/medical>

FORM 1 - Contacting Emergency Services

Request for an Ambulance

Dial 999, ask for ambulance and be ready with the following information

1. Your telephone number
2. Give your location as follows: (insert school/setting address)
3. State that the postcode is
4. Give exact location in the school/setting (insert brief description)
5. Give your name
6. Give name of child and a brief description of child's symptoms
7. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to

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

Put a completed copy of this form by the telephone

FORM 2 - Healthcare Plan

Name of School/Setting _____

Child's name _____

Class _____

Date of Birth _____

Child's Address _____

Medical Diagnosis or Condition _____

Any other SEND we should be aware of? _____

Date _____

Review date _____

CONTACT INFORMATION

Family contact 1

Family contact 2

Name		Name	
Phone No. (work)		Phone No. (work)	
(home)		(home)	
(mobile)		(mobile)	

Clinic/Hospital contact

GP

Name _____ Name _____

Phone No. _____ Phone No. _____

Describe medical needs and give details of triggers, signs and symptoms:

Daily care requirements: (e.g. before sport/at lunchtime)

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

Follow up care:

Who is responsible in an Emergency: (State if different for off-site activities)

Who is aware of the child's condition and support required?

FORM 3 Parental agreement for school/ 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 staff can administer medicine.

Name of School/Setting _____

Date _____

Child's Name _____

Class _____

Name and strength of medicine _____

Expiry date _____

How much to give (i.e. dose to be given) Level of support needed _____

When to be given and by whom _____

Any other instructions _____

Number of tablets/quantity to be given to school/setting _____

Note: Medicines must be the original container as dispensed by the pharmacy

Daytime phone no. of parent or adult contact _____

Name and phone no. of GP _____

Agreed review date to be initiated by *[name of 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.

Parent's signature: _____ Print Name: _____

If more than one medicine is to be given a separate form should be completed for each one.

FORM 4

Confirmation of the Head's agreement to administer medicine

Name of School/Setting _____

It is agreed that _____ *[name of child]* will receive _____
[quantity and name of medicine] every day at _____ *[time medicine to be*
administered e.g. Lunchtime or afternoon break].

_____ *[name of child]* will be given/supervised whilst he/she takes their medication
by _____ *[name of member of staff]*.

This arrangement will continue until _____ *[either end date of course of medicine or*
until instructed by parents].

Date: _____

Signed: _____

[The Head teacher or Mrs Parry]

FORM 5

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 _____

Parent signature _____

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 _____

Date _____

Time Given _____

Dose Given _____

Name of member of staff _____

Staff initials _____

FORM 6

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 (please state how often)

Trainer's signature: _____

Date: _____

I confirm that I have received the training detailed above.

Staff signature: _____

Date: _____

Suggested Review Date: _____