




## Brilliance, through Bosland Best

### Management of Medical Needs Policy and Procedures

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| <b>Author/Person Responsible</b>        | Head   |
| <b>Date of Ratification</b>             | 29/01/18   |
| <b>Review Group</b>                     | FGB  |
| <b>Ratification Group</b>               | FGB  |
| <b>Review Frequency</b>                 | Annually   |
| <b>Review Date</b>                      | Feb 20   |
| <b>Previous Review Amendments/Notes</b> |  |
| <b>Related Policies</b>                 | Safeguarding including Child Protection<br>Drugs Education<br>Health & Safety        |
| <b>Chair of Governors Signature</b>     |  |



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## MANAGEMENT OF MEDICAL NEEDS POLICY AND PROCEDURES

### 1 – POLICY STATEMENT

The school policy is to support pupils to attend schools who have a medical condition. The school will therefore support administration of **short and long term medication** and medical techniques where this is necessary for the pupil to remain healthy and/or continue to be educated at school. The school will also put in place procedures to deal with emergency medical needs.

To this end procedures have been established to ensure that all concerned, staff, parents, pupil and where relevant, health professionals are aware of the pupil's condition and what steps have been agreed either to manage the condition on a daily basis or to be implemented in case of an emergency.

It is stressed however that the administration of medication is undertaken on a **voluntary basis by staff** and it will only be done so where the procedures outlined in this policy are followed.

### 2 – DEFINITIONS

**Daily Care Requirements** – These are the agreed actions that staff will take place in school to help manage the medical condition on a daily basis. This could be administration of medication, carrying out medical techniques or simply to remind and/or supervise a pupil taking medication.

**Emergency Action** – This is action that will be taken in the event of a medical emergency. Action will be to dial 112 from a mobile or 999; unless a pupil exhibits certain defined symptoms that are covered by a health care plan and an alternative has been specified, e.g. phone parent/carer, administer emergency medication. This may then be followed by emergency action.

**Emergency Medication** – This is medication held in school which will be administered if specified symptoms are observed in a pupil who has been identified with a medical condition and for which a health care plan is in place.

**Emergency Situation** – This is a situation where a pupil exhibits certain defined symptoms that have been identified as requiring emergency action.

**Health Care Plan (HCP)** – This is the agreed plan to be followed in managing a medical need and will include day to day support and/or details of emergency action to be taken as appropriate.

**Long Term Medication** – This is prescribed medication required to manage a long term medical need, i.e. asthma, epilepsy, diabetes etc.

**Medical Condition** – This is a condition that has been identified by medically qualified personnel.

**Medical Techniques** – These are specialist techniques which will either be undertaken routinely or in an emergency situation. Staff must have received appropriate information, instruction, training and supervision as identified as necessary when preparing the HCP.

**Short Term Medication** - This is prescribed medication that a pupil requires when they have an illness, e.g. antibiotics

### **3 - PROCEDURES**

The following are the procedures that are to be followed in school to ensure the management of medical needs.

***It is the responsibility of the member of staff receiving medication from a parent/carer and subsequently administering the medication to check that it is in date. No medication that is not in date will be accepted by the school.***

#### **3.1 – LONG TERM MEDICAL NEEDS**

##### **Step 1 – Obtain Information on long term Medical Condition**

Prior to a pupil starting at school parents/carers are requested to complete information on their child's health and, prior to the start of each subsequent year, they are asked to update this information. This will be done using form 1 attached - health and emergency contact form. In addition to medical conditions the form also requests information on emergency contacts.

NB: Parents/carers are not required to disclose information but if they do not it must be made clear to them that this will prevent the school from ensuring the safety of their child.

##### **Step 2 – Assess the information provided**

The health and emergency contact form section B details where medication will be brought onto site and/or where staff are expected to provide support in administering medication or carrying out medical techniques. The following are the general assessment criteria to be followed:

##### **a) Where there is an indication pupils will undertake self-administration of long term medication**

- The information provided will be used initially to assess whether the pupil will be allowed to self administer, this decision being based on the pupil maturity, the type of medication and the environment. If it is decided that the pupil/student can self administer a further decision will be taken as to whether the medication can be carried or should be kept in office/class. In these cases no HCP will be produced but the daily care requirements, what the medication is and what might constitute an emergency for the pupil/student will be added to the class/year group medical record form, see form 4 attached.

NB: Whenever medication is accepted into school it must

- be in date
- be in the original packaging including box/carton
- display the pharmacist's label to indicate name, date of birth and dosage required
- include a calibrated measuring device for liquid medication

##### **b) Where the form indicates that a student will require assistance to administer long term medication**

- The information provided will be used as the basis for discussion with staff as to whether the assistance can be provided. If not the responsibility will remain with the parent/carer but it will be advised that the situation be discussed with consultant/GP as it may be possible to

vary when medication needs to be provided. If staff feel able to support the administration of medication then a further decision is required to decide whether there is a need for a HCP. Unless the request is simply to remind the pupil/student to take medication or store and hand out medication a HCP, see form 2 attached, should be produced.

**c) Where the form indicates that staff may be required to undertake medical techniques** - The information from the form will initially be used as the basis for discussion with staff to see if they are happy to provide the support. If they are not then the Head Teacher will look at other possibilities and discuss these with the parents/carers. Where staff agree to provide support they must be provided with information, instruction, training and supervision as necessary and a HCP, see form 2 attached, must be produced.

**d) Where the form indicates there are allergic reactions that may require emergency medication to be administered** – The information from the form will be considered. There are many allergies that pupils have which are generally not life threatening, e.g. hay fever, but any pupil with anaphylaxis, which is an extreme allergic reaction, will require the completion of a HCP, see form 2 attached.

**e) Where there is information on allergies** – This needs to be considered as a whole school issue and in case of food allergies information must be shared with catering and guidance should be issued to parents on what other children can bring to school. It will usually be sufficient to include such information on the class medical record form in class folder, see form 4 attached.

### **Step 3 – Complete HCP**

Where the assessment has indicated a HCP is needed and agreement has been reached with staff to either administer medication or support a pupil/student with medical techniques, an individual HCP must be completed. This plan will be based on information provided by the parents/carers or by medically qualified personnel as appropriate.

Any support identified as necessary when completing the HCP, whether in terms of facilities, equipment or training must be provided.

### **Step 4 – Add Information to Summary Sheet**

Compile the information on the medical needs of pupils and then add to the class medical record form, see form 4 attached. This information aims to make staff aware of these issues and know who has a medical need and what that is. It must include as much detail as possible about what constitutes an emergency situation and what the daily care requirements are, if any.

### **Step 5 – Record Keeping**

It is necessary to record whenever medication is administered or there is a need to undertake a medical technique. Form 3 attached should be completed for each individual whether the administration of medication or the medical technique undertaken is planned or an emergency intervention.

### **Step 6 – Review as Needed**

Parents/carers need to be reminded regularly to update the school concerning their child's medical needs and a review of the existing procedures needs to occur whenever this happens or there is any reason to suspect the HCP is out of date or ineffective.

### **3.2 – SHORT TERM MEDICATION**

In the case of short term medication the school will look at individual requests but will only administer medication where agreed by the Head Teacher and only when a written request is received. It is the responsibility of the parents/carers to supply the medication which must

- be in date
- be in the original packaging including box/carton
- display the pharmacist's label to indicate name, date of birth and dosage required
- include a calibrated measuring device for liquid medication

The pupil will be required to come to the office at the beginning of lunch or otherwise as required in order for the medication to be administered by the staff member in receipt of the correct training. A record of the medication administered will be made using Form 3 attached.

## **4 – ADMINISTRATION GUIDELINES**

### **4.1 – Oral Medication**

- Pupils in receipt of oral medication will be issued tablet/liquid and the administration will be followed by a drink of water (pupil to bring own water bottle)
- Any cutting of tablets to be at home by the parent/carer, prior to deposit in school
- Personal calibrated measuring devices to be provided for liquid medication
- A prescribed salbutamol inhaler to be stored in school for emergencies
- Pupils on residential visits may be given prescribed liquid paracetamol and/or ibuprofen by a trained first aider (with signed parent/carer agreement)

#### **Topical Medication**

- To be applied by adult to a clean area
- Bare hand application not to be used, to be applied using a cotton bud or medical gauze

#### **All Medication**

- In the event of a change of dosage, parent/carer to provide a letter from a medical practitioner indicating the change, or a new box containing a pharmacist's label with the new dosage written

## **4 – ADDITIONAL ARRANGEMENTS**

**Whole School Outdoor Events (e.g. Sports Events)** – All medication will be taken out and be available at a central supervised point, including record keeping systems.

**Asthma Inhalers** – to be stored in class collection bags in the main office, all pupils aware of location. Pupils to be accompanied by a peer to seek medication and inform an adult immediately. If a child is unable to travel, an adult is to bring the medication to the child.

## **5 – POLICY APPROVAL AND REVIEW**

This Policy and Procedures document was approved by the Full Governing Body at its meeting on \_\_\_ / \_\_\_ / \_\_\_\_.

The committee has programmed a review of this document to take place annually and this review will be noted in the minutes of the committee.

Next Planned Review Date is \_\_\_\_\_

**BOWSLAND GREEN PRIMARY SCHOOL  
HEALTH & EMERGENCY CONTACT FORM**

This form needs to be completed for every pupil/student and returned to school either in advance of the pupil/student starting at school or at the start of every subsequent school year.

**NAME OF PUPIL/STUDENT:** \_\_\_\_\_

**YEAR AND/OR CLASS:** \_\_\_\_\_

**PART 1 – MEDICAL NEEDS**

Medical needs are conditions which have been medically diagnosed and which require use of long term medication, emergency medication or use of medical techniques. Please ring the appropriate statement(s) below.

My son/daughter

a) does not have any medical need

b) has a medical condition which requires medication to be used in school but this will be self administered

c) has a medical condition which requires medication to be used in school and assistance is requested from staff

d) has a medical condition and will require assistance other than support with medication

NB: If you have ringed either b) c) or d) please complete the additional information form as well

NB: The prime responsibility for a pupil/student's health lies with the parent or carer. Assistance will only be provided where the additional information form is completed and it must be clearly understood assistance provided by the school is on a voluntary basis.

**PART 2 – ALLERGIES**

Please advise if your child has any allergies that staff should be made aware of. Severe allergies, anaphylaxis, will be diagnosed as a medical condition and should be incorporated in your answer to 1 above. Please ring the relevant statement below

My son/daughter

a) does not have any allergies

b) is allergic to the following:

NB: If as a result of the allergy your child may suffer an extreme allergic reaction please complete the additional information form as well

### **PART 3 – CONTACT INFORMATION**

Please indicate below the Contacts to be used if an emergency involving your child occurs in school. The common 'emergencies' will usually be if your child is unwell or in case of an accident where the first aider assesses that your child requires specialist medical attention. The school will not contact you in case of minor accidents.

|                           |  |
|---------------------------|--|
| 1                         |  |
| Name                      |  |
| Relationship              |  |
| Contact Telephone numbers |  |
| Home                      |  |
| Work                      |  |
| Mobile                    |  |
|                           |  |

|                           |  |
|---------------------------|--|
| 2                         |  |
| Name                      |  |
| Relationship              |  |
| Contact Telephone numbers |  |
| Home                      |  |
| Work                      |  |
| Mobile                    |  |
|                           |  |

|                           |  |
|---------------------------|--|
| 3                         |  |
| Name                      |  |
| Relationship              |  |
| Contact Telephone numbers |  |
| Home                      |  |
| Work                      |  |
| Mobile                    |  |
|                           |  |

|                           |  |
|---------------------------|--|
| 4                         |  |
| Name                      |  |
| Relationship              |  |
| Contact Telephone numbers |  |
| Home                      |  |
| Work                      |  |
| Mobile                    |  |
|                           |  |

Name : \_\_\_\_\_

Signature : \_\_\_\_\_

Date : \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**ADDITIONAL INFORMATION FORM**

If you have ringed anything other than a) in parts 1 and 2 of the Health & Emergency Contact Form you should complete the relevant section(s) below or arrange to contact the school and discuss the situation. Please complete all of the relevant sections even if there is some duplication.

Please note this information will be kept confidential until a decision is made on whether the medical needs can be supported at school but subsequently, information will be communicated to staff and volunteers as necessary to ensure your child's safety.

|   |
|---|
| <b>A) Request for child to self administer medication</b>   |
| Please provide the following information on your child's medical condition  |
| What is the medical condition?  |
| What medication will your son/daughter bring to school?   |
| Please indicate what constitutes an emergency situation for your child. (That is when something other than normal care will be required.) |
| Any other information which you feel is relevant  |

|   |
|---|
| <b>B) Request to assist with the Administration of Medication</b>   |
| Please provide the following information on your son/daughters medical condition  |
| What is the medical condition?  |
| What medication will your son/daughter bring to school?   |
| Please indicate what constitutes an emergency situation for your child. (That is when something other than normal care will be required.) |
| Any other information which you feel is relevant  |



|   |
|---|
| <b>C) Request to assist with Medical Techniques</b>   |
| Please provide the following information on your son/daughters medical condition  |
| What is the medical condition?  |
| What medical techniques will staff be expected to assist with?  |
| Please indicate what constitutes an emergency situation for your child. That is when something other than normal care will be required. |
| Any other information which you feel is relevant  |

|   |
|---|
| <b>D) Request to assist in the management of your child's allergy/ies</b>   |
| Please provide the following information on your son/daughters allergy/ies  |
| What is your child's allergy/ies?   |
| What support will be required to manage the allergy/ies?  |
| Please indicate what constitutes an emergency situation for your child. (That is when something other than normal care will be required.) |
| Any other information which you feel is relevant  |

## BOWSLAND GREEN PRIMARY SCHOOL

HEALTH CARE PLAN FOR \_\_\_\_\_  
DATED -- / -- / --

The information on this plan is sensitive but where necessary, in order to ensure the safety of the pupil/student, the front page of the plan will be displayed in appropriate places around the school and the entire plan shared with the persons indicated at the end of the plan.

|                             |  |
|-----------------------------|--|
| <b>Space for photograph</b> | <p>(Name)_____ has a medical condition which may be life threatening and this plan details both what constitutes an emergency and, where appropriate, day-to-day arrangements in place to manage the condition.</p> <p>Where necessary, and following agreement with the parent(s)/carer(s) a picture is included so that staff can readily recognise (name)_____ and thus ensure that immediate emergency action is implemented</p> |
|-----------------------------|--|

|  |
|--|
| <p><b>MEDICAL CONDITION</b><br/>Indicate below what the medical condition is</p> |
|--|

|  |
|--|
| <p><b>EMERGENCY SITUATION</b><br/>Describe what constitutes an emergency situation for the pupil/student</p> |
|--|

|   |
|---|
| <p><b>EMERGENCY ARRANGEMENTS</b><br/>Describe the action to be taken should an emergency situation occur and who by</p> |
|---|

|  |
|--|
| <p><b>FOLLOW UP CARE &amp; RECORDING</b><br/>Describe what to do following an incident if the pupil/student remains in school.</p> |
|--|

|  |
|--|
| <p><b>DAILY CARE REQUIREMENTS</b><br/>Describe what support is needed normally</p> |
|--|

**CONTACT INFORMATION****FAMILY CONTACTS**

1) Name : \_\_\_\_\_ 2) Name : \_\_\_\_\_  
 Relationship : \_\_\_\_\_ Relationship : \_\_\_\_\_  
 Phone No. (Home) : \_\_\_\_\_ Phone No. (Home) : \_\_\_\_\_  
 (work) : \_\_\_\_\_ (work) : \_\_\_\_\_

**MEDICAL CONTACTS**

3) GP Name : \_\_\_\_\_ 4) OTHER Name : \_\_\_\_\_  
 Phone No. \_\_\_\_\_ Title : \_\_\_\_\_  
 Phone No. \_\_\_\_\_

**EMERGENCY CONTACT**

In the event an ambulance needs to be called:

DIAL 999, ASK FOR AMBULANCE, GIVE THE NAME AND ADDRESS OF SCHOOL AS BELOW

\_\_\_\_\_ School, \_\_\_\_\_  
 \_\_\_\_\_ Postcode \_\_\_\_\_

GIVE YOUR NAME, THE NAME OF THE PUPIL/STUDENT AND THE PUPIL/STUDENTS MEDICAL CONDITION AND SYMPTOMS.

**COPIES OF HEALTH CARE PLAN SENT TO**

| WHO:  | NAME (S) | DATE PROVIDED |
|---|----------|---------------|
| Parent/Carer                                    |          |               |
| Class/Form Tutor                                |          |               |
| Staff who have agreed to administer medication: |          |               |
| GP/Consultant.                                  |          |               |
| Transport Provider                              |          |               |
| Other   |          |               |

In addition copies of the health care plan are kept on the individuals school file, with the medication and front page displayed in medical room, staff room and office.





**BOWSLAND GREEN PRIMARY SCHOOL**

**PARENTAL AGREEMENT FOR SCHOOL TO ADMINISTER SHORT TERM MEDICATION**

The school will not give your child medicine unless you complete and sign this form.

Name of school: \_\_\_\_\_

Name of Child: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Class: \_\_\_\_\_

Medical condition or illness: \_\_\_\_\_

**Medicine**

Name/type of medicine: \_\_\_\_\_  
(as described on the container)

Dosage and method: \_\_\_\_\_

Timing: \_\_\_\_\_

Special precautions: \_\_\_\_\_

Are there any side effects that the school needs to know about: \_\_\_\_\_

\_\_\_\_\_

Procedures to take in an emergency: \_\_\_\_\_

**Contact Details**

Name: \_\_\_\_\_

Daytime telephone No: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

I understand I must deliver the medicine to the school office personally.

I understand that this is a service the school is not obliged to undertake.

I understand that I must notify the school of any changes in writing.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_