



ALSOP HIGH SCHOOL

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Supporting Children and Young People with Medical Conditions in School Policy

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Policy statement

The Supporting children and young people with Medical Conditions in school Policy will provide guidance to ensure;

- **That the school meets its statutory responsibilities to manage medicines and medical conditions in line with Government guidance ‘Supporting pupils at school with Medical conditions’ and the ‘Special Educational Needs and Disability code of practice: 0-25 years’.**
- **That, wherever possible the school implements inclusive practices to support children and young people with medical conditions.**
- **That the school aims to provide all pupils with all medical conditions the same opportunities as others at school.**

The school will ensure the implementation of the Supporting Medical Conditions in school Policy to meet the following values and principles:

- all children/young people and staff are healthy and stay safe
- parents, children and young people feel secure and confident in the schools ability to support their child.
- pupils make a positive contribution and get to experience a wide and varied curriculum and experiences.
- ensure all staff understand their duty of care to safeguard children and young people in all aspects of their needs and especially within the event of an emergency.
- ensure all staff are appropriately trained, competent and confident in knowing what to do in an emergency.
- develop the schools understanding that certain medical conditions are serious and can be potentially life threatening, particularly if ill managed or misunderstood.
- that the school understands the importance of medication being taken as prescribed.
- all staff understand common medical conditions that affect children/young people at our school. Relevant staff receive training on the impact medical conditions can have on children/young people from specialist medical staff.

The school’s governing body names Marilyn Fielding, Chair of Governors to be responsible ensuring this policy is fully implemented and monitored regularly.

Policy

1. The school is an inclusive community that aims to support and welcome all children and young people including those with medical conditions

- i. The governing body understand that it has a responsibility to make arrangements for supporting pupils with medical conditions who currently attend and to those who may attend in the future.
- ii. Pupils with medical conditions are encouraged to take control of their condition. Pupils feel confident in the support they receive from the school to help them do this.
- iii. The school aims to ensure to provide all children with all medical conditions the same opportunities at school.
- iv. Wherever possible, the school aims to include all pupils with medical conditions in school activities.
- v. The school ensures that staff (Teaching and Support) understand their duty of care to children and young people in the event of an emergency.
- vi. Parents of pupils with medical conditions feel secure in the care their children receive both in school and on educational visits.
- vii. Staff are confident in knowing what to do in an emergency and receive regular training to do so.
- viii. There is knowledge that certain medical conditions are serious and can be potentially life-threatening.
- ix. Staff understand the common medical conditions¹ that can affect all children/young people in school. Relevant staff receive training on the impact this can have on pupils.

¹ Common medical conditions include Asthma, Epilepsy, Diabetes and Anaphylaxis

2. Staff have a sound knowledge, understand their role and are trained to a level that fulfils and informs them in what to do to support children/young people with the most common serious medical conditions found at the school and how to uphold the policy

- i. Staff at the school are aware of the most common serious medical conditions which they may come across when children are in their care.
- ii. Staff understand their duty of care to pupils in the event of an emergency. In an emergency situation school staff are required under common law duty of care to act like any reasonably prudent parent. This may include administering medication.
- iii. Relevant staff that work directly with pupils receive training and know what to do in an emergency for the pupils in their care with medical conditions.
- iv. Training is refreshed for staff as appropriate and should be referred to the child/young person's Individual Healthcare Plan.
- v. Action for staff to take in an emergency for the common serious conditions at the school is displayed in prominent locations for all staff.
- vi. The school uses the child/young person's Individual Healthcare Plan to inform the appropriate staff (including support staff) of pupils in their care who may need emergency help.
- vii. Wherever possible, when a pupil is sent to an emergency care setting, the school will try to ensure that the information contained in the child/young person's Individual Healthcare Plan is communicated to the emergency care setting/ hospital as soon as possible.
- viii. The school has plans in place to cover staff absence and sickness.

The following roles and responsibilities are recommended practice within the policy. These roles are understood and communicated regularly.

Governing Body

The school's Governing body has a responsibility to:

- uphold the Equality Act 2010 and make any reasonable adjustments.
- ensure that arrangements are in place to support pupils with medical conditions (plans and suitable accommodation). In doing so they should ensure that such children can access and enjoy the same opportunities at school as any other child.
- take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening and therefore focuses on the needs of the individual child/young person.
- make sure the supporting medical conditions in school policy is effectively implemented, monitored and evaluated and updated in line with the school policy review timeline.
- ensure all parents are fully aware and understand their responsibilities

Head teacher

The school's head teacher has a responsibility to:

- ensure the school puts the policy into practice and develop detailed procedures.
- liaise between interested parties including child/young people, school staff, SENCO, pastoral support staff, teaching assistants, school nurses, parents, governors, the school health service, the Local Authority and local emergency care services and seek advice when necessary.
- ensure every aspect of the policy are maintained even if they are not the governing bodies nominated staff member.
- ensure that information held by the school is accurate and up to date and that there are good information sharing systems in place using child/young person's Individual Healthcare Plans.
- ensure child/young person's confidentiality.

- assess quality assured training and support the development needs of staff and arrange for them to be met via formally commissioned arrangements.
- ensure all supply teachers and new staff know the medical conditions policy.
- delegate a staff member to check the expiry date of medicines kept at school and maintain the school medical register.
- monitor and review the policy at least once a year, with input from child/young people, parents, staff and external stakeholders and update according to review recommendations and recent local and national guidance and legislation.
- report back to all key stakeholders about implementation of the policy.
- In partnership with the parent have joint responsibility for the safe travel of the child/young person.
- Provide staff to cover absence.

All school staff

All staff at the school have a responsibility to:

- be aware of the potential triggers, signs and symptoms of common medical conditions and know what to do in an emergency by receiving whole school awareness training/ information via Universal/ leaflets etc.
- be aware that medical conditions can affect a child/young person's learning and provide extra help when child/young people need it.
- understand the policy and how this impacts on children and young person's education.
- know which child/young people in their care have a medical condition and be familiar with the content of the child/young person's Individual Healthcare Plan if applicable.
- allow all child/young people to have immediate access to their emergency medication.
- maintain effective communication with parents including informing them if their child has been unwell at school.
- if responsible for off-site visits, ensure child/young people who carry their medication with them have it when they go on a school visit (the pupil should also be aware of their responsibility in this respect).

- be aware of child/young people with medical conditions who may be experiencing bullying or need extra social support.
- understand the common medical conditions and the impact it can have on child/young people.
- ensure all children/young people with medical conditions are not excluded unnecessarily from activities they wish to take part in.
- ensure child/young people have the appropriate medication or food with them required for their medical condition during any exercise and are allowed to take it when needed.

First aider

First aiders at the school have a responsibility to:

- give immediate help to casualties with common injuries or illnesses and those arising from specific hazards with the school.
- when necessary ensure that an ambulance or other professional medical help is called.

Special Educational Needs Coordinators (SENCO)

The SENCO at the school has responsibility to:

- help update the school's medical condition policy.
- know which child/young people have a medical condition and which have special educational needs because of their condition.
- be the key member or liaise with other staff to ensure child/young people with medical conditions continue to make expected progress.
- ensure teachers make the necessary arrangements and make reasonable adjustments if a child/young person needs special consideration or access arrangements in exams or course work.

Pastoral support staff

The pastoral support staff at the school has the responsibility to:

- help update the school's medical conditions policy.
- know which child/young people have a medical condition and which have special educational needs because of their condition.

- Monitor children/young people's attendance and punctuality and consider additional support and planning with the SENCO and other key staff.
- ensure all child/young people with medical conditions are not excluded unnecessarily from activities they wish to take part in.

Health Services

The school nurse and others from the local Health Community and services who work with the school has a responsibility to:

- co-operate with schools to support children/young people with a medical condition.
- be aware of the needs and training the school staff need in managing the most common medical conditions at school.
- provide information about where the school can access other specialist training or alternative provide training if this has been locally developed.

Other healthcare professionals, including GPs and paediatricians have responsibility to:

- notify the school nurse when a child has been identified as having a medical condition that will require support at school.
- provide advice on developing healthcare plans.
- consider that Specialist local health teams may be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes, epilepsy).

Parents

The parents of a child/young person at the school have a responsibility to:

- tell the school if their child has a medical condition.
- Where required, ensure the school has a complete and up-to-date Healthcare Plan for their child.
- inform the school about the medication their child requires during school hours (using the required relevant authorization form).

- inform the school of any medication their child requires while taking part in educational visits or residential visits, especially when these include overnight stays (using the required relevant consent form).
- tell the school about any changes to their child's medication, what they take, when, and how much (in writing).
- inform the school of any changes to their child's condition.
- ensure their child's medication and medical devices are supplied in original packaging, labelled with their child's full name and date of birth and where applicable, a spare is provided with the same information.
- ensure that their child's medication is within expiry dates.
- inform the school if your child is feeling unwell.
- ensure their child catches up on any school work they have missed.
- ensure their child has regular reviews about their condition with their doctor or specialist healthcare professional and information that will require the school to support your child is passed on to them.
- Where appropriate, ensure their child has a written care/self management plan from their doctor or specialist healthcare professional to help their child manage their condition.

3. All staff understand and have instruction in the school's general emergency procedures

- i. The school has a general Health and Safety Policy that includes risk assessments and have arrangements in place to deal with emergencies.
- ii. All staff know what action to take in the event of a medical emergency. This includes:
 - how to contact emergency services and what information to give (see Annex H)
 - who to contact within the school.
- iii. Action to take in a general medical emergency is displayed in prominent locations for staff. These include classrooms, the staff room, food preparation areas and sporting facilities.
- iv. If a child/young person needs to be taken to hospital, a member of staff will always accompany them and will stay with them until a parent

arrives. The school tries to ensure that the staff member will be one the child knows.

- v. Staff should not take child/young people to hospital in their own car it is safer to call an ambulance

4. The school has clear guidance on the administration of medication at school and what is deemed as unacceptable practice and has a Medication Policy which is reviewed /amended annually or more frequently if required

Administration – general

- i. The school understands the importance of medication being taken as prescribed.
- ii. All staff are aware that there is no legal or contractual duty for any member of staff to administer medication or supervise a child/young person taking medication unless they have been specifically contracted to do so.
- iii. All use of medication defined as a controlled drug, even if the child/young person can administer the medication themselves, is done under the supervision of a named member of staff at this school. The exception to this being sixth form students who are considered sufficiently responsible and competent to carry and administer their own medication.
- iv. There is at least one member of staff at this school who has been specifically contracted to administer medication and received the relevant training from healthcare professionals.
- v. If a trained member of staff, who is usually responsible for administering medication, is not available the school makes alternative arrangements to continue to provide this support.
- vi. For medication where no specific training is necessary, any member of staff may administer prescribed and non-prescribed medication to

children/young people under the age of 16, but only with the written consent of their parent. (see Parental Authorisation Form – Annex B)

- vii. Training is given to all staff members who agree to administer medication to pupils, where specific training is needed. The local authority provides full indemnity.
- viii. Parents at this school are informed that if their child's medication changes or is discontinued, or the dose or administration method changes, that they should notify the school immediately.
(see Medication During School Hours letter – Annex A)
- ix. If a child/young person at this school refuses their medication, staff should not force them and record this and follow procedures set out in the Individual Healthcare Plan. Parents are informed as soon as possible.
- x. If a child/young person misuses medication, either their own or another child/young person's, their parents are informed as soon as possible. These child/young person are subject to the school's usual disciplinary procedures.

Administration – Emergency Medication

- xi. All child/young person with medical conditions has easy access to their medication.
- xii. All child/young people are encouraged to carry and administer their own emergency medication, only when their parents and health professionals determine they are able to begin taking responsibility. In agreement between the school, parent/carer and health professional the child/young people carry their emergency medication with them at all times, except if they are controlled drugs as defined in the Misuse of Drugs Act 1971 or other provision /arrangements have been made. This is also the arrangement on any off-site or residential visits.
- xiii. A child/young person who does not carry and administer their own medication know where their medication is stored and how to access it.

- xiv. Children/young people who do not carry and administer their own medication understand the arrangements for a member of staff (and the secondary member of staff) to assist in helping them take their medication safely.

Unacceptable Practice

- xv. The school uses its discretion and professional judgment on individual cases but it is not generally acceptable practice to:
- prevent a child/young person from easily accessing their medication or inhalers when or where necessary.
 - assume that every child with the same condition requires similar or the same support.
 - ignore the views of the child/young person and their parents
 - send children/young people home frequently or prevent them from staying for school activities.
 - send a child unaccompanied to the school office or medical room if they become ill.
 - penalize their attendance records if their absences are related to their medical condition e.g. hospital appointments.
 - prevent pupils from drinking, eating or taking toilet or other breaks in order to effectively manage their own medical condition.
 - require parents or make them feel obliged to attend school to administer medication or provide medical support.
 - prevent or create unnecessary barriers to children participating in any aspect of their educational experience, this includes school visits, e.g. requiring the parents to accompany the child.
 - **5. The school has clear guidance keeping clear and up to date records which supports the planning and access to school**

Administration/Admission forms

- i. Parents at this school are asked if their child has any health conditions or health issues on the admission form, which is filled out at the start of each school year. Parents of new pupils starting at other times during the year are also asked to provide this information on admission forms.

School Medical register

- ii. Individual Healthcare Plans are one document that is used to create a Medical register of pupils with medical needs, not all children/young people with medical conditions will need an individual plan. An identified member of staff has responsibility for the medical register at school.
- iii. The identified member of staff has responsibility for the medical register and follows up with the parents any further details on a child/young person's Individual Healthcare Plan required or if permission for administration of medication is unclear or incomplete.

Individual Healthcare Plans

Drawing up Individual Healthcare Plans

- iv. An individual Healthcare plan may be initiated by a member of school staff. Where applicable, plans should be drawn up with the input of healthcare professionals e.g. Specialist Nurse, parents and the child.
- v. As a sign of good practice the school will use Individual Healthcare Plans to record important details about individual children's medical needs at school, their triggers, signs, symptoms, medication and other treatments and used to identify the level support they need. Further documentation can be attached to the Individual Healthcare Plan if required .
- vi. An Individual Healthcare Plan, accompanied by an explanation of why and how it is used, should be sent / given to parents of pupils with a long-term medical condition. This is done when a diagnosis is first communicated to the school or at the next available opportunity
- vii. If a child/young person has a short-term medical condition that requires medication during school hours, a Parental Authorisation Form plus explanatory letter is sent to the pupil's parents to complete (see annex B & A.) The information is stored in the *Temporary Medication File*

Ongoing communication and review of the Individual Healthcare Plan

- viii. Parents at this school are requested to update their child's Individual Healthcare Plan if their child has a medical emergency or if there have been changes to their symptoms (getting better or worse), or their medication, treatments or conditions change.
- ix. Staff at this school use opportunities to invite parents to review and check that information held by the school on a child/young person's condition is accurate and up to date.
- x. Every child/young person with an Individual Healthcare Plan at this school has their plan discussed and reviewed at least once a year.
- xi. Where the child has SEND and where applicable, the Individual Healthcare Plan should be part of any review and/or linked to their statement or Education Health and Care Plan if they have one.

Storage and access to Individual Healthcare Plans

- xii. The school ensures that all staff protect confidentiality.
- xiii. Individual Healthcare Plans are kept in a secure central location at school or attached as linked documents using the school's computer system.
- xiv. Apart from the central copy, specified members of staff (agreed by the pupil and parents) securely hold copies of Individual Healthcare Plans. These copies are updated at the same time as the central copy.
- xv. All members of staff who work with groups of children/young people can access the Individual Healthcare Plans to provide support with their planning of teaching and learning.
- xvi. The school seeks permission from parents to allow the Individual Healthcare Plan to be shared with emergency care staff if appropriate, should an emergency happen during school hours or at a school activity outside the normal school day. This permission is included on the *Student Medication – Parental Authorisation Form* (see Annex B).

Use of an Individual Healthcare Plan

- xvii. Individual Healthcare Plans are used by the school to:
- inform the appropriate staff about the individual needs of children/young people with a medical condition in their care
 - remind children/young people with medical conditions to take their medication when they need to and, if appropriate, remind them to keep their emergency medication with them at all times
 - identify common or important individual triggers for children/young people with medical conditions at school that bring on symptoms and can cause emergencies. The school uses this information to help reduce the impact of common triggers
 - ensure that all medication stored at school is within the expiry date
 - ensure this school's local emergency care services have a timely and accurate summary of a pupil's current medical management and healthcare in the event of an emergency
 - remind parents of a child/young person with medical conditions to ensure that any medication kept at school for their child is within its expiry dates. This includes spare medication.

Consent to administer medicines

- i. If a child/young person requires regular prescribed or non-prescribed medication at school, parents are asked to provide consent on their child's *Student Medication – Parental Authorisation Form* (Annex B) giving the pupil or staff permission to administer medication on a regular/daily basis.
- ii. All parents of children/young people with a medical condition who may require medication in an emergency are asked to provide information and consent on the *Student Medication – Parental Authorisation Form* (Annex B) for staff or medical professionals to administer medication.
- iii. If a child/young person requires regular/daily help in administering their medication the parent indicates this on the *Student Medication – Parental Authorisation Form*. The school then outlines its agreement to administer this medication on the individual Healthcare Plan.

Off-site, Sporting Activities and Residential visits

- i. Parents are sent a residential visit form to be completed and returned to school before their child leaves for an overnight or extended day visit. This form requests up-to-date information about the child/young person's current condition and their overall health. This provides essential and up-to-date information to relevant staff and school supervisors to help children/young people manage their condition while they are away. This includes information about medication not normally taken during school hours.
- ii. When attending a residential visit or off-site activity (including sporting events) the lead staff member will have copies of all visit paperwork including risk assessments for children/young people where medication is required. A copy of the Individual Healthcare Plan's will accompany the child/young person if necessary and reference should be made to any medical conditions in the planning and risk assessment prior to the visit taking place.
- iii. All parents of a child/young person with a medical condition attending an off-site activity or overnight residential are asked for written consent, giving staff permission to administer medication if required and an individual Healthcare plan has not been drawn up.
- iv. The residential visit form also details what medication and what dose the pupil is currently taking at different times of the day. It helps to provide up-to-date information to relevant staff and supervisors to help the pupil manage their condition while they are away.

Other record keeping

- i. The school keeps an accurate record of each occasion an individual pupil is given or supervised taking medication. Details of the supervising staff member, pupil, dose, date and time are recorded. If a pupil refuses to have medication administered, this is also recorded and parents are informed as soon as possible.

- ii. The school holds training on common medical conditions where appropriate.
- iii. All school staff who volunteer or who are contracted to administer medication are provided with training by a healthcare professional. The school keeps a record of staff who have had training.

6. There is clear guidance on the safe storage and handling of medication at school

Safe storage – emergency medication

- i. Emergency medication is readily available to children/young people who require it at all times during the school day or at off-site activities. If the emergency medication is a controlled drug and needs to be locked up, the keys are readily available and not held personally by members of staff.
- ii. Children/young people at school who need to carry their own emergency medication are instructed to and required to keep their own emergency medication safely and securely.
- iii. Where the child's healthcare professional advises that they are not yet able or old enough to self-manage and carry their own emergency medication, they know exactly where to access their emergency medication and which member of staff they see.

Safe storage – non-emergency medication

- iv. All non-emergency medication is kept in a secure place, in a lockable cabinet in a cool dry place. Pupils with medical conditions know where their medication is stored and how to access it.
- v. Staff ensure that medication is only accessible to those for whom it is prescribed.

Safe storage – general

- vi. There is an identified member of staff who ensures the correct storage of medication at school.
- vii. All controlled drugs are kept in a locked cabinet and only named staff have access, even if the child/young person normally administers medication themselves. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenalin pens should be always readily available to children and not locked away.
- viii. It is the parent's responsibility to ensure new and in date medication comes into school on the first day of the new academic year.
- ix. Three times a year the identified member of staff checks the expiry dates for all medication stored at school.
- x. The identified member of staff, along with the parents of children/young people with medical conditions, will ensure that all emergency and non emergency medication brought in to school is clearly labelled with the pupil's name, the name and dose of the medication and the frequency of dose. This includes all medication that pupils carry themselves.
- xi. All medication is supplied and stored in its original containers/packages. All medication is labelled with the child/young person's name, date of birth, the name of the medication, expiry date and the prescriber's instructions for administration, including dose and frequency.
- xii. Medication will be stored in accordance with instructions, paying particular note to temperature.
- xiii. Some medication for pupils at this school may need to be refrigerated. All refrigerated medication is stored in an airtight container and is clearly labelled. Refrigerators used for the storage of medication are in a secure area that is only used by staff.

- xiv. As far as possible, medication is sent home with pupils at the end of the school year. Medication is not stored in summer holidays unless it has not been collected by the pupil/parent.

Safe disposal

- xv. Students /parents will be asked to collect out-of-date medication.
- xvi. If parents do not pick up medication at the end of the school or out-of-date medication, it is taken to a local pharmacy for safe disposal.
- xvii. A named member of staff is responsible for checking the dates of medication will arrange for the disposal of any that have expired.
- xviii. Sharps boxes are used for the disposal of needles. Parents obtain sharps boxes from the child's GP or paediatrician on prescription. All sharps boxes in school are stored in a locked cupboard unless alternative safe and secure arrangements are put in place on a case-by-case basis. Arrangements should be made for their safe disposal.
- ix. If a sharps box is needed on an off-site or residential visit a named member of staff is responsible for its safe storage and return it to school or the child/young person's parent.

7. Supporting Medical Conditions in school policy is regularly reviewed, evaluated, consulted with stakeholders and updated.

- i. The policy is reviewed, evaluated and updated annually in line with the school's policy review timeline and receives a full consultation with stakeholders.
- ii. Any new government guidance is actively sought and fed into the review, guidance will be provided by Local Authority Officers.
- iii. When evaluating the policy, the school seeks feedback and further consultation on the effectiveness and acceptability of the medical

conditions policy with a wide-range of key stakeholders within the school, health settings and with parents and children/young people.

Key stakeholders include:

- Children/young people
- Parents
- School nurse and/or school healthcare professionals
- Headteacher
- Teachers
- Special Educational Needs Coordinator (SENCO)
- Pastoral support staff
- First aiders
- All other school staff
- Local emergency care service staff (including accident & emergency and ambulance staff)
- Local health professionals
- The school employer
- School governors

- iv. The views of children/young people with various medical conditions are actively sought and considered central to the evaluation process.
- v. Parents, school staff, governors, relevant local health staff and any other external stakeholders are informed and reminded about the policy (and how they impact on its implementation and review.)

8. Complaints Procedure

- i. If parents or carers have concerns or are dissatisfied with the support provided they should directly contact the school and follow the complaint procedure set by the school.

Legislation and Guidance

This policy and guidance has been compiled using recommended government documents and Acts, these include;

Supporting pupils with Medical Conditions – September 2014

Special Educational Needs and Disability Code of Practice: 0-25 years

Children and Families Act 2014 – Part 5: 100

Health and Safety: advice for schools – June 2014

Equality Act 2010

The management of Health and Safety at work regulations 1999

Education Act 1996

Health and Safety at work Act 1974 Medicines

Act 1968

The Local Authority will provide both national and local guidance.

For further information and guidance see;

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3/supporting-pupils-with-medical-conditions-links-to-other-useful-resources--2>

Annexes to support the policy and implementation

The following Annexes are based on the templates provided by the DfE in 'Supporting pupils with Medical Condition: Templates (May 2014)'

If your school/setting has something similar do not feel you have to change to these examples.

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Annex A: Letter to parents re: medication during school hours

Date.....

Dear Parent/Carer

Re: Medication to be given during school hours

In accordance with Local Authority policy, the School has a procedure for administering medication to students. Our team of Pastoral Support Mentors and I are responsible for giving any medication etc. to those students who need it during school hours and I coordinate the procedure.

As it is very important that the School keeps correct and up to date information, please can you complete the enclosed form regarding your child's medical condition and what medication/ treatment he/she requires **during school hours**.

The form should then be returned to me at the school, along with the required medication, which needs to be in the original bottle/ packaging and clearly labelled with your child's name and dosage required. Where medication has been prescribed by a doctor or other medical professional, the printed pharmacy prescription label, displaying the appropriate and relevant information must be on it. You will need to complete a new form if the type and/or dosage of the medication changes. The form is available from me at the school.

It is the parent / carer's responsibility to ensure that medication is in date and supplied and renewed when necessary and to inform the school in writing of any change to the information you have previously supplied.

It is your child's responsibility to comply with arrangements made for receiving their medication in school.

If you have any questions or comments, please do not hesitate to contact me in the Student Support department on 0151 235 1200

Thank you for your co-operation

Yours sincerely

Kaz Adelsberg
Medication Coordinator, Student Support & Deputy Child Protection Officer

Annex B : Student Medication – Parental Authorisation Form & Health Care Plan

Alsop High School Student Medication - Parental Authorisation Form & Health Care Plan

NAME : _____ FORM _____ START DATE _____

ADDRESS _____ DATE OF BIRTH _____

CONDITION (1) : _____

MEDICATION/TREATMENT (1) : _____ MEDICATION PRESCRIBED BY G.P. ETC. YES NO

DOSAGE / METHOD _____ FREQUENCY/TIMING _____ TO COMPLETE _____

ASSISTANCE OR SUPERVISION REQUIRED IN ADMINISTERING MEDICATION / TREATMENT YES NO

INFORMATION : including instructions / special precautions / side effects / emergency procedure if required :

CONDITION (2) : _____

MEDICATION/TREATMENT (2) : _____ MEDICATION PRESCRIBED BY G.P. ETC. YES NO

DOSAGE / METHOD _____ FREQUENCY/ TIMING _____ TO COMPLETE _____

ASSISTANCE OR SUPERVISION REQUIRED IN ADMINISTERING MEDICATION / TREATMENT YES NO

INFORMATION : including instructions / special precautions / side effects / emergency procedure if required :

NAME & ADDRESS OF G.P. _____ TEL: _____

CLINIC/HOSPITAL CONTACT: _____ TEL: _____

(Please write any further information on reverse side of form)

Please tick or delete where applicable:

I wish my child to be given the medication stated. I confirm that the above information is correct and:

(a) Authorise designated school staff to administer the medication in accordance with the school policy

(b) Authorise my child to administer the medication / treatment (unsupervised / Supervised)

(c) I understand that It is my responsibility to ensure that medication is in date and supplied and renewed when necessary. I will inform the school in writing if there is any change of dosage or frequency or if medication is altered or stopped.

(d) I acknowledge my child’s responsibility to comply with procedure for him/her to receive medication whilst in school.

(e) I agree to my child having emergency treatment if necessary YES NO

(f) I give consent for the school to share information regarding my child with school staff YES NO

and medical/emergency care personnel if necessary

Signature _____ Name _____ Date _____

Relationship to child _____ Contact telephone number _____

PLEASE RETURN THIS FORM TO KAZ ADELSBERG - Medication Coordinator, Student Support & Deputy Safeguarding Officer

For office use:

Date of review (if applicable): _____ Date of completion: _____

Further Information / Additional Care Plan etc. _____

Signed on behalf of Alsop High School by: _____

Annex C:

Individual Healthcare Plan

NAME _____ FORM _____ START DATE _____

ADDRESS _____ DATE OF BIRTH _____

CONDITION : _____

MEDICATION/TREATMENT (1) : _____ MEDICATION PRESCRIBED BY G.P. ETC. **YES** **NO**

DOSAGE / METHOD _____ FREQUENCY / TIMING _____

ASSISTANCE OR SUPERVISION REQUIRED IN ADMINISTERING MEDICATION / TREATMENT **YES** **NO**

INFORMATION : including instructions / special precautions / side effects / emergency procedure if required :

CONDITION : _____

MEDICATION/TREATMENT (2) : _____ MEDICATION PRESCRIBED BY G.P. ETC. **YES** **NO**

DOSAGE / METHOD _____ FREQUENCY / TIMING _____

ASSISTANCE OR SUPERVISION REQUIRED IN ADMINISTERING MEDICATION / TREATMENT **YES** **NO**

INFORMATION : including instructions / special precautions / side effects / emergency procedure if required :

SEE ENCLOSED/ATTACHED INFORMATION **YES** **NO**

SPECIAL CONDITIONS AT SCHOOL e.g. card/ pass /support for student's education, social/emotional needs, care, visits:

FIRST AID/ EMERGENCY REQUIREMENTS _____

NAME & ADDRESS OF G.P. _____ TEL: _____

CLINIC/HOSPITAL CONTACT: _____ TEL: _____

PARENTAL CONSENT FOR: • EMERGENCY TREATMENT IF REQUIRED **YES** **NO**

• FOR INFORMATION TO BE SHARED WITH SCHOOL STAFF & MEDICAL/EMERGENCY CARE

PERSONNEL IF REQUIRED **YES** **NO**

AUTHORISED BY (parent/carer) NAME & CONTACT DETAILS : _____

PLAN COMPLETED BY : Kaz Adelsberg – PSM & Medication Coordinator Parent / carer Other _____

SIGNED: _____ DATE : _____

COPIES TO: _____ DATE OF REVIEW: _____

DATE OF COMPLETION: _____

Annex D: Letter to Parents Re: Healthcare Plan

Date:

Dear Parent / Carer

Re : _____

Thank you for informing the school of your child's medical condition. From the information you provided an Individual Healthcare Plan has now been prepared / reviewed. This will set out what support your son / daughter needs and how this will be provided.

I may need to further develop this plan with you, your child and, where applicable, the healthcare professionals who can advise us on your child's medical condition. In which case it may be necessary to invite you to a meeting in school in order to do this. (Please see below)

I would like to invite you to a meeting to discuss your child's Health Care Plan. Please can you contact me to arrange a convenient time.

At this current time it is not necessary for you to attend a meeting to discuss your child's Health Care Plan .

I enclose: a copy of the guide to your responsibilities.

a copy of the Healthcare Plan for _____

If you wish to discuss this or any other matter concerning your child's medical condition or have any questions, please do not hesitate to contact me. Thank you for your support.

Yours sincerely

Kaz Adelsberg
Pastoral Support Mentor, Medication Coordinator &
Deputy Child Protection Officer

Annex F: Parent Guide



ALSOP HIGH SCHOOL
TECHNOLOGY & APPLIED
LEARNING SPECIALIST COLLEGE

Supporting Students with Medical Conditions In School

In accordance with Local Authority policy, the School has a procedure for administering medication to students. Our Medication Co-ordinator and Pastoral Support Mentors are responsible for giving any medication etc. to those students who need it during school hours.

The school will support your child with their medical needs but to do this we ask that you:

- tell us if your child has a medical condition
- work with us to ensure your child has a complete and up-to-date Healthcare Plan / Medical Information for your child
- inform us about the medication your child requires during school hours
The appropriate paperwork is required before students can bring medication in to be administered at school. The *Parental Authorisation Form* can be obtained from Kaz Adelsberg – Medication coordinator, at the school
- inform us of any medication your child requires while taking part in educational visits or residential visits, especially when these include overnight stays. **Information & instructions must be written on the *Educational Visit Consent Form* which you will be asked to complete before any trip or visit**
- tell us about any changes to your child's medication, what they take, when, and how much
- inform us of any changes to your child's condition

- ensure your child's medication and medical devices are in labelled with their full name and date of birth and supply a spare provided with the same information if necessary
- ensure that your child's medication is within expiry dates
- inform us if your child is feeling unwell
- ensure your child catches up on any school work they have missed
- ensure your child has regular reviews about their condition with their doctor or specialist healthcare professional and information that will require us to support your child is passed on as soon as possible
- If applicable, ensure your child has a written care/self-management plan from their doctor or specialist healthcare professional if required, to help them child manage their condition.

Please note the following information:

- With the exception of inhalers, students are not allowed to administer their own medication without supervision or carry / keep medication with them. It will be stored for them safely in the school's medical cabinet and administered by a designated member of staff.
- All medication that is administered will be recorded on your child's medical file / Temporary Medication File.
- Staff will follow the guidance within the Individual Healthcare Plan / Parental Authorisation Form and follow the instructions given by the parent / carer regarding the medication.

- Any medication sent into school needs to be in the original bottle/ packaging and clearly labelled with your child's name, dosage, time and frequency of the medication required. Where medication has been prescribed by a doctor or other medical professional, the printed pharmacy prescription label, displaying the appropriate and relevant information must be on it.
- You will need to complete a new form if the type and/or dosage of the medication or any information/ instructions change. The form is available from Kaz Adelsberg at the school.
- It is the parent / carer's responsibility to ensure that medication is in date and supplied and renewed when necessary and to inform the school in writing of any change to the information you have previously supplied.
- It is your child's responsibility to comply with arrangements made for receiving their medication in school.

If you have any questions or comments, please do not hesitate to contact us.

Thank you for your support and cooperation.

Annex G :

Staff Training Record – Administration of medicines

Name of school/setting	Alsop High School
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
_____ (suggested date)

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____

Annex H : Contacting the Emergency Services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

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

- 1. Your telephone number : 0151 235 1200**
- 2. Your name**
- 3. Your location as follows : **Alsop High School Queens Drive
Walton. Liverpool, L4 6SH****
- 4. Provide the name and age of the child and a brief description of their symptoms**
- 5. Provide the exact location of the patient within the school setting and Inform Ambulance Control of the best entrance to use. State that the crew will be met and taken to the patient**
- 6. Provide the Ambulance Service with a copy of the child/young person's Individual Healthcare Plan / medical information (if appropriate and agreed by the parent)
(Please see Kaz in PSMs' room for this)**
- 7. Inform the following staff that an ambulance has been called:
**The School Office
School Security (ext. 219)****

First Aid Co-ordinator - Karen Smith (ext.273)

If due to an accident, then also inform **Safer Osmani (ext.221)**

Annex I: Quick Guide for schools

Storage and Access

- All non-emergency medication is kept in a secure place and controlled drugs are kept in a locked cabinet and only named staff have access.
- All pupils with medical conditions have easy access to their medication.

Administering any Medication

- The members of staff at the school who have been specifically contracted to administer medication are:
 - > Kaz Adelsberg – Medication Coordinator, Student Support & Deputy Child Protection Officer. (* see next paragraph)
- If a trained member of staff, who is usually responsible for administering medication, is not available the school makes alternative arrangements to continue to provide this support.
(PSMs Jan Duckworth and Paul Deakin and in some situations, First Aiders can also administer medication)
- Appropriate members of staff can administer prescribed and non prescribed medication to children/young people under the age of 16, but only with the written consent of their parent and adhering to the information / guidance set out in the student's Healthcare Plan
- Only supply medication to children/young people which has been supplied by the parent/carer and where written consent has been received may be administered. But all staff need to act as any reasonably prudent parent.

Record Keeping

- All medications that are administered should be recorded on the child's medical file / Temporary Medication File with the date, time, name of medicine, dose given, any reactions, signature and Print name of supervising staff member.
- Staff will follow the guidance within the Individual Healthcare Plan and follow the instructions given by the parent / carer regarding the medication.