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| Name: | Managing Pupils in School with Medical Conditions and medicines Policy |
| Approved by: | SIB |
| Policy Created: | 2016 |
| Date of Review: | June 2016 |
| Update Approved: | June 2019 |
| All policies are available to stakeholders either in the school website or upon request from the school office. |

 

**PRINCIPLES**

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| **The managing pupils in school with medical conditions and medicines policy is guided by and committed to the following principles:** |
| This policy follows the guidance outlined in the Department for Education Guidance (April 2014). ‘Supporting pupils at school with medical conditions’ which aims to ‘ensure all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.’ |

**PURPOSE**

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| **The aims of this policy are to:** |
| 1. To provide clear procedures for managing prescription medicines which need to be taken during the school day.
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| 1. Provide clear guidance to all staff of the administration of medicines.
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| 1. Ensure that there are sufficient numbers of appropriately trained staff to manage and administer medicines.
 |
| 1. Ensure that there are suitable facilities and equipment available to aid the safe management and administration of medicines.
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| 1. Ensure that the above provisions are clear and shared with all who may require them.
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| 1. Ensure the policy is reviewed every three years or following any significant change which may affect the management of administration of medicines.
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**POLICY**

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|  **1.1** **1.2** | **Legal Guidelines**There is no legal duty on non-medical staff the administer medicines or to supervise a child taking it. *This is purely a voluntary role.* Staff should be particularly cautious agreeing to administer medicines where:* the timing is crucial to the health of the child
* where there are no potentially serious consequences if medication or treatment is missed; or where a degree of technical or medical knowledge is needed.
* staff who volunteer to administer medicines should not agree to do so without first receiving appropriate information and/or training specific to the child’s medical needs.

Under no circumstances must any medication, even non-prescription drugs such as paracetamol be given to a pupil without parental written consent.  |

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|  **2.1** **2.2** **2.3** | **Administering Medicines**No child of young person under 16 should be given medicines without their parent / carer’s written consent. The designated member of staff should check:* the pupil’s name on the container
* the prescribed dose
* expiry date
* written instructions by the prescriber

If in any doubt about the procedure, staff should not administer medication without checking with the parents / carer’s or health practitioner.Parents / carers should complete the agreement to administer medicine form (Appendix 2).  |

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|  **3.1** **3.2** **3.3** **3.4** | **Record keeping**Medicines should always be provided in the original container which contains the instructionsMedicines should have the pupil’s name, name of medicine , does, method of administration and expiry date clearly marked on them. Appendix 3a or 3b should be used by parents / carers to record details of medicines. Any completed forms will be kept either in the Pastoral Office or Admin.A record must be kept of any medication administered to pupils. |

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|  **4.1** **4.2** **4.3** **4.4** **4.5** **4.6** **4.7** | **Storage and Disposal of Medicines**Medicine should be administered from the original container. The designated member of staff should not sign the medicine record book unless they have personally administered, assisted or witnessed the administration of the medicines. All medicines should be stored in the original container, be properly labelled and kept in a secure place, out of reach of pupils. Arrangements may be needed for any medicines that require refrigeration. All medicines must be clearly labelled.Medicines should only be kept while the student is in attendance.Any unused or outdated medication will be returned to the parent / carer for safe disposal or safely disposed of by a designated member of staff where parents have given consent to do so on their behalf.It is the parents / carers responsibility to ensure new and in date medication comes into school on the first day of the new academic year or when prescribed.Pupils with medicines in school will be informed where their medication will be stored in school either by the Progress Leader or Assistant Progress Leader. Medicines and devices such asthma inhalers, blood glucose testing meters and adrenaline pens must always be readily available to pupils and not locked away. In school they are stored in Admin in an unlocked cupboard.Any other regular prescribed medication will be stored in the admin student files. |

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|  **5.** **5.1** | **Procedures if Pupil / Student is unwell during the day**There are clear procedures explained to all pupils/students/parents/carers and staff *(see Appendix 4 for flow chart).* |

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|  **6.** **5.1** | **Emergency Care Procedures** There are clear procedures for contacting emergency services **(*Appendix 5)****.* These procedures are located at different sites of the school. |

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|  **7.** **7.1** **7.2** **7.3** **7.4** | **Care Plan**The purpose of an individual health care plan for a pupil with medical needs is to identify the level of support that is needed.Not all pupils with a medical need will require a health plan.A health care plan clarifies the help that can be provided.The health care plan should be completed jointly with school and parents / carers and a review date set. Health Care Plan ***(See Appendix 1)*** |

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|  **8.** **8.1** **8.2** **8.3** **8.4** | **Training**Where staff are required to carry our non-routine, more specialised administration of medicines or emergency treatment to pupils, appropriate professional training and guidance will be sought.A ‘staff training record sheet / log’ will be completed to document the training undertaken. Refresher training will be scheduled at regular intervals.There will be whole school awareness training at regular intervals and a session as part of the induction process for new staff. |

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|  **9.** **9.1** **9.2** | **Absence from school**Where a pupil is returning to school following a period of hospital education or alternative provision, schools should work with the education provider to ensure that the pupil receives School will ensure that all pupils / students returning after a period of absence have a reintegration meeting with their Progress Leader, a member of SLT and parents / carers. |

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|  **10.** **10.1** **10.2** **10.3** **10.4** **10.5** **10.6** | **Care Plan**Reasonable adjustments will be considered to ensure the inclusion of all pupils on school trips.It is expected that pupils with medical needs on school trips will be encouraged and supported to participate in safely managed trips.If required, additional safety measures will be put into place for pupils with specific medical needs and an additional risk assessment completed.Staff on school trips should be made fully aware of the medical needs of the pupils (information is contained either on the trip lists for the day, data from the schools SIMS system or from medical forms completed by parents / carers for residential trips), the procedures for administration of medication and the relevant emergency procedures.All parents / carers should complete medical details and emergence contact forms before any residential trips. This is in addition to the corm completed in year 7 ***(see Appendix 6).***Staff should ensure they have any spare medication fir pupils on the trip, such as inhalers and adrenaline pens before going on a trip. |

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|  **11.** **11.1** **11.2** **11.3** | **School Nurse**School nurse or school healthcare professional is based in school on a weekly basis. The school nurse has a responsibility to:* help update the school’s medical conditions policy
* help provide regular training for school staff in managing the most common medical conditions at school.
* provide information about where the school can access other specialist training.

The school nurse’s role within the school also involves the promotion of health education and awareness through the school’s PSHE programmeThe school nurses contact details are also located in the student planner for all students. |

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|  **12.** **12.1** **12.2** | **Medical Accommodation**The medical room is used for student access to the school nurse.Any frequently used medicines will be stored in the lockable cabinet in the admin office. |

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|  **13.** **13.1** **13.2** | **First Aid**A number of staff are First Aid trained (a full list is available at each site). First Aiders have a responsibility to:* give immediate help to casualties with common injuries or illnesses and those arising from specific hazards within school
* when necessary, ensure that an ambulance or other professional medical help is called for to assist.

First aid kits are stored at:* Reception
* Pastoral Offices
* Student Services
* SEND Base
* AP Building
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|  **14.** **14.1** **14.2** | **Absence from school**The school will ensure that some staff members who are appointed as First Aiders may be trained in the use of the Defibrillator and CPR.Pupils / Students who volunteer and have written consent from their parents / carers will also be trained in the use of CPR. |

RESPONSIBILITY

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| **Responsible Staff:** | Ms Carson Mrs Prescott |
| **Policy Administrator:** | Ms Carson |
| **Approving Body:** | SIB |

**Appendix 1 Individual Health Care Plan**

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| --- | --- |
| Name of school / setting: |  |
| Child’s name: |  |
| Group / class / form: |  |
| Date of birth: |  |
| Child’s address: |  |
| Medical diagnosis or condition |  |
| Date: |  |
| Review Date: |  |

**Family Contact Information**

|  |  |
| --- | --- |
| Name: |  |
| Contact no: (work) |  |
| (home) |  |
| (mobile) |  |
| Relationship to child: |  |
| Name: |  |
| Contact no: (work) |  |
| (home) |  |
| (mobile) |  |
| Relationship to child: |  |

**Clinic / Hospital contact**

|  |  |
| --- | --- |
| Name: |  |
| Contact no: |  |
|  |  |
| **G.P.** |  |
| Name: |  |
| Contact no:  |  |
|  |  |
|  |  |
| Who is responsible for providing support in school |  |

**Describe medical needs and give details of child’s symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.**

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**Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by / self-administered with/without supervision**

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**Daily care requirements**

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**Specific support for the pupil’s educational, social and emotional needs**

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**Arrangements for school visits, trips etc.**

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**Other information**

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**Describe what constitutes an emergency and the action to take if this occurs**

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**Who is responsible in an emergency (*state if different for off-site activities)***

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**Plan developed with**

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**Staff training needed / undertaken – who, what, when**

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**Form copied to:**

**Appendix 2 (Parent / Carer agreement to administer medication**

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 the 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 of Medicine:*(as described on container)* |  |
| Expiry Date: |  |
| Dosage and Method: |  |
| Timing: |  |
| Special precautions / other instructions: |  |
| Are there any side effects that the school/ settings need to know about: |  |
| Self-administration: Yes / No |  |
| Procedures to take in an emergency: |  |

**Contact Details**

|  |  |
| --- | --- |
| Name: |  |
| Daytime Number: |  |
| Relationship to child: |  |
| Address: |  |
| I understand that I must deliver the medicine personally to: | [agreed 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 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.**

**(Continued)**

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| --- | --- | --- | --- |
| **Date:** |  |  |  |
| **Time given:** |  |  |  |
| **Dose given:** |  |  |  |
| **Name of member of staff** |  |  |  |
| **Staff initials** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date:** |  |  |  |
| **Time given:** |  |  |  |
| **Dose given:** |  |  |  |
| **Name of member of staff** |  |  |  |
| **Staff initials** |  |  |  |

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| --- | --- | --- | --- |
| **Date:** |  |  |  |
| **Time given:** |  |  |  |
| **Dose given:** |  |  |  |
| **Name of member of staff** |  |  |  |
| **Staff initials** |  |  |  |

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| **Time given:** |  |  |  |
| **Dose given:** |  |  |  |
| **Name of member of staff** |  |  |  |
| **Staff initials** |  |  |  |

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| **Date:** |  |  |  |
| **Time given:** |  |  |  |
| **Dose given:** |  |  |  |
| **Name of member of staff** |  |  |  |
| **Staff initials** |  |  |  |

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| --- | --- | --- | --- |
| **Date:** |  |  |  |
| **Time given:** |  |  |  |
| **Dose given:** |  |  |  |
| **Name of member of staff** |  |  |  |
| **Staff initials** |  |  |  |

Appendix 4

**What to do if a pupil is unwell / has an accident during the school day**

Procedure followed by Assistant Progress Leader to be followed by a First Aider if absent/unavailable.

* Decide whether the pupil is able to be escorted to the pastoral office or reception.
* Assistant Pastoral Lead / First Aider needs to come to the pupil.
* If the Assistant Progress Leader or First Aider is not available, take the pupil to reception. reception will then contact a First Aider.
* If the Assistant Pastoral Lead is available ensure the full details of the illness is given.
* If a pupil needs to be sent home, they can wait student services or the pastoral office for parents / carers to be contacted.
* Assistant Pastoral Lead or Attendance to contact the parent / carer and or third contact as listed on SIMS.
* If there is no mobile number for parents and we are unable to make contact with parents / carers, the pupil may use their mobile phone in the presence of staff to access a mobile phone number. The pupils must not contact parents directly. Please ensure any numbers stored on the system are up to date. Inform Clare Jackson of any changes / updates.

|  |
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| Contact Parent / Carer |
| Yes, contact is made | No, contact is not made |
| Inform reception of who is coming to collect the pupil, name of the parent / carer and pupil name and form. (if it is not a parent / carer or a listed contact, parents must inform school of the name of the person collecting the pupil and relationship to the family / pupil) | Keep trying to make contact using the numbers listed.Possibility of the office manager sending a text to the parent to ask them to make contact. |
| Complete student sign out slip | Ensure pupil has lunch if over lunchtime if appropriate. |
| When the parent / carer arrives at school, they must give their name to reception (of the name does not match the name given to the APL, please contact a member of SLT. | If contact has been made by the end of the school day, inform the Assistant Vice Principal of Designated person. |
| Reception will contact the APL. | A HV may be required to take the pupil home. If parents are not present, the pupil will be brought back to school until contact is made |

Appendix 5

**Request for an ambulance**

Dial 999 or 112 (from a mobile) and ask for an ambulance. You will get asked which service you require – police, fire or ambulance. Be ready with the following information.

1. **Your telephone number:**

School: 0161 248 7009

1. **Give your location as follows**:

Cedar Mount Academy

50 Wembley Road

Gorton

Manchester

M18 7DT

1. **Give exact location in the school / setting:**
* Reception
* 1st Floor
* 2nd Floor
* 3rd Floor
* AP Building
1. **Give your name.**
2. **Give the name of the pupil / student and a brief description of their symptoms.**
3. **Inform ambulance crew of the best entrance and state again that the crew will be met and taken to the correct location.**

**Speak clearly and slowly and be ready to repeat the information if required.**

**Once the ambulance has been contacted then we contact the parents of the pupil / student.**

Appendix 6

HEALTH, PERMISSIONS AND EMERGENCY NUMBERS FORM

Destination of Trip ……………………………………………………………… Date of Trip ……………………………………

Full Name of Student …………………………………………………………. Date of birth ………………………………….

Student Mobile Phone Number (if they are taking it on the trip) ………………………………………………………..

Name of General Practitioner ……………………………………………………………………………………………………………..

Telephone number of GP ……………………………………………………………………………………………………………………

Please state any religious, medical or dietary requirements

…………………………………………………………………………………………………………………………………………………………….

Please list any medical conditions ……………………………………………………………...........................................

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Please state any medication needed …………………………………………………………………………………………………..

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Please state any prescription medication your child will have with them whilst away (including dosage and times

…………………………………………………………………………………………………………………………………………………………….

Please state any allergies to any known drugs; state name of drugs …………………………………………………..

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Please state any other allergies …………………………………………………………………………………………………………..

Please state any medication required for the allergy ………………………………………………………………………….

Please state anything else you think school should be aware of ……………………………………………………….

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Ha your child been immunised against tetanus …………………………………………………………………………………..

Date of last injection ……………………………………………………………………………………

Please give two emergency contact details for us to contact if necessary when away, please give two numbers for each contact

Contact 1: Name …………………………………………………………………………………

 Relationship to child ………………………………………………………….

 Contact number 1 ……………………………………………………………..

 Contact number 2 ………………………………………………………………

Contact 2: Name …………………………………………………………………………………

 Relationship to child ………………………………………………………….

 Contact number 1 ……………………………………………………………..

 Contact number 2 ………………………………………………………………

It is essential that in the event of your child requiring emergency medical treatment, that we have your consent for our staff to act on your behalf. Please would you therefore sign the declaration below to give us an authorisation.

**Declaration**

**I also give permission for the First Aider to administer first aid when they judge it to be necessary.**

**Signed ……………………………………………………………………………… (person with parental responsibility)**

**Date ………………………………………………………**

**I give permission for my child to go in a group of no less than three with the immediate supervision of a teacher when it is judges appropriate by the group leader.**

**Signed ……………………………………………………………………………… (person with parental responsibility)**

**Date ………………………………………………………**