



## Durrington High School

# Managing medical conditions in school

Durrington High School as part of the Durrington Multi Academy Trust has developed clear guidelines and protocols that that is understood and accepted by all staff, parents/carers and students. This framework in conjunction with section 100 of the Children and Families Act 2014 provides the basis for ensuring that students with medically diagnosed needs/conditions receive proper care and support in school, and that for such students attendance is therefore supported to be as regular as possible.

This policy includes:

- Procedures for managing prescription medicines which need to be taken in the school day
- Roles and responsibilities of staff administering medicines
- A clear statement of parental responsibilities in respect of medicines
- Written permissions from parents for medicines
- Assisting children with long term medical needs
- Staff training
- Record keeping
- Safe storage of medicines
- The school's emergency procedures

### **Prescribed Medicines**

**We will never accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions.**

It is helpful when clinically appropriate that medicines are prescribed in dosages that enable them to be taken outside of school hours. We will encourage parents to discuss this with the prescriber. We would request (via parents/carers) that medication prescriber issue two prescriptions, one for home and one for school, thus avoiding the need for repackaging or daily transfer of medicines.

### **Non-Prescription Drugs**

Unless exceptional circumstances, staff will not give non-prescribed drugs to a student. The exception to this may be for pain relief where the nominated School member of Staff can provide Paracetamol to your child. However, this can only be given if written consent has been received. Parents/Carers will

always be contacted prior to any Paracetamol being administered – see Appendix 5.

### **Short Term Medical Needs**

In order to reduce the time a student is away from school the school is willing to administer medicines, for example the end of a course of antibiotics or supervise if appropriate application of lotions. This can be for a short course (maximum 5 days), and only when previous avoidance strategies have been examined.

### **Long Term Medical Needs**

As a school we would expect to be fully informed of the students' needs before admittance or at the point at which a student already on roll is given a diagnosis. It is essential for us to have sufficient information in order for the student's medical needs to be adequately supported. It the responsibility of the lead clinician/parent/carer to provide the school with a full range of information relating to the student's medical needs. **Appendix 1**

### **Administering Medicines**

No student under 16 will be given prescribed medicines without written parent consent. **Appendix 2 consent form**

Members of staff giving medicines should check:

- The student's name
- Prescribed dose
- Expiry date
- Written instructions on the packaging
- 

Members of staff giving medicines will not be teaching members of staff but support staff who are:

- Willing to perform such tasks
- Trained where necessary for the task

A record will be kept in a written form each time medicines are given. This log is updated and stored electronically in the medical room. A slip is given to the student to be taken home each time medication is administered within school (other than regular medication which is recorded as part of a healthcare plan; this is still recorded within school). **Appendix 3**

### **Controlled Drugs**

The academy does not deem a student prescribed a controlled drug (as defined by the Misuse of Drugs Act 1971) as competent to carry the medication themselves. It is the responsibility of the parent/carer to ensure that their child's medication is with the school welfare officer. Controlled drugs will be stored securely in a non-portable container and only named staff will have access. The administration of a controlled drug will be witnessed by a

member of staff and records kept. A record will be kept of any doses and the amount of the controlled drug on site.

#### **Appendix 4**

##### **Self-Management**

Students who are able will be encouraged to manage their own medicines. This will generally apply to relief treatments for asthma. Other medicines will be kept in secure storage so access will only be through the school medical room.

##### **Record Keeping**

Parents/carers should inform the school of any medicines that need to be administered during the school day. The school will check that the medicine is in its original container and that the dispenser's instructions are clear.

**A written record of medicines administered will be kept in the school office.**

##### **Educational Visits**

Any medicines required by a student that would need to be taken on an educational visit/trip the student is attending will be part of the overall risk assessment for the visit/trip. Medicines not self-managed by students will be in the safe care of a nominated member of the support staff. This colleague should be one who is willing to carry this responsibility. Complex medical needs for a specific pupil may necessitate a health plan for the visit. Members of staff who lead trips are expected to seek advice from the school medical room at least 2 weeks in advance of the visit/trip date in relation to any questions they have relating to medication/a student's medical needs.

##### **Sporting Activities**

Given the distance between the school field and the school, due care and attention is taken in ensuring the medical needs of individual students, including those who may suffer from an asthma attack, are met. Students are expected, as necessary to hand to their teacher any emergency type medication they could need during lessons (epipens or inhaler are examples). Both of these must be labelled clearly with the student's full name and date of birth and it is the responsibility of the student/parent/carer to do this.

##### **The Governing Body**

The governing body will be made aware of this policy and its role in being generally responsible for all school policies.

##### **The Head Teacher**

The Head Teacher will ensure that all staff receive appropriate support and training and aware of this policy. Likewise the Head Teacher will inform the parents of the policy and its implications for them. In all complex cases the

appropriate staff member (Head Teacher/Deputy Headteacher) will liaise with the parents and where parent expectation is deemed unreasonable then further advice will be sought. We encourage parents/carers to get as much information directly from the lead medical professional as possible to enable the school to put in place the best possible plan/care for the child.

### Teachers and Other Staff

All staff are regularly updated by the medical room of the possible medical risks attached to certain students. They should be aware of possible emergency action and emergency contacts.

### Storing Medicines

Medicines that have specific instructions to be refrigerated will be stored away from students, be in their original containers and refrigerated where necessary. This will be the responsibility of the school medical room. It is expected that students know where their medicines are kept within school. Emergency medicines such as back up (spare) asthma inhalers and adrenaline pens will not be kept locked away but always in the medical room. Any problems or issues arising shall be initially referenced to the medical room.

**Reviewed and updated September 2017**

## Appendix 1

### HEALTH CARE PLAN

Name of School/Setting	
Student's Name	
Student's Address	
Date of Birth	
Tutor Group	
Medical Diagnosis/Condition	
Date Health Care Plan issued	
Review Date	
Evidence and full details on Student File	Date:

### Family Contact Information

<b>1<sup>st</sup> Contact</b>	
<b>Name and relationship to student</b>	
Home telephone number	
Mobile number	
Work number	

<b>2<sup>nd</sup> Contact</b>	
<b>Name and relationship to student</b>	
Home telephone number	
Mobile number	
Work number	

**Hospital/GP Contact details**

<b>Name of Hospital/ Supervising GP/Consultant/Clinician</b>	
Contact details (address/telephone number)	
<b>Name of GP</b>	
Telephone Number	

**Describe medical needs and give details of symptoms:**

**Daily care requirements: (for example, before sports and other activities/breaktimes). Please be specific to times/subject areas, where possible.**

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

**Follow-Up Care:**

**Who is responsible in an Emergency: (state if different for off-site**

**activities)**

**Nominated First Aider**

Parent/Carer: Signed: .....Date:

.....

**Appendix 2**

**Agreement for School to administer Prescribed Medication and Antihistamine**  
**The school will not give your child medication unless you complete and sign this form.**

**Please note that medication must be in the original container (as dispensed by the pharmacy), with pharmacist's label showing the name of the pupil, details of medication and dosage.**

**PUPIL DETAILS**

Surname: ..... First Name: ..... Tutor

Group: .....

Address:

.....  
Condition / Illness:

.....  
**MEDICATION DETAILS**

Name of medication (as described on container)

.....  
Please specify how long your child will need to take this medication:

Short term: Dates From ..... To .....

On-going: Start date: .....

Date Medication dispensed: .....

Dosage to be administered: (as per label/instructions on medication)

.....  
Time to be administered: .....

Special precautions/Possible side effects/previous adverse reactions:

.....  
Procedures to take in an emergency:

.....  
**CONTACT DETAILS**

Name: ..... Daytime Telephone Number:

.....  
Relationship to child: .....

Address:

.....  
The above information is, to the best of my knowledge, accurate at the time of writing and I give consent for this medication to be administered to my child, in accordance with the above instructions. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signed: ..... Date:

.....  
**Please note that Parent/Carers are responsible for keeping medicines up-to-date, for notifying school of any changes and renewal of out-of-date medication and returning to dispensing pharmacy.**

**Appendix 3**

NAME.....

FORM.....

MEDICATION AND DOSE:

REASON.....

PERMISSION GIVEN

BY.....

DATE..... TIME GIVEN..... STAFF

INITIALS.....

#### Appendix 4

### Record of medicine administered to an individual child – Controlled Drug

Name of school/setting	Durrington High School
Name of Student	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature

Signature of parent

Date			
Time given			
Dose given			
Controlled drug stock			
Name of member of staff			
Staff initials			

#### Appendix 5

### PARENTAL CONSENT FOR SCHOOL STAFF TO ADMINISTER PARACETAMOL

School staff will provide paracetamol to your child **only** if you give written consent. This is for rare incidents and is not to be seen as a normal

occurrence. Parents/Carers will **always** be contacted prior to any paracetamol being administered.

<b>Name of Young Person:</b>	
<b>Date of Birth:</b>	<b>Tutor Group:</b>
<b>Address:</b>	
<b>MEDICATION</b>	
<b>Name and strength of medication:</b> Paracetamol 500mg / Paracetamol Oral Suspension 250mg	
<b>Form:</b> Tablets / Liquid	
<b>Dosage:</b> two tablets / 2 x 5ml spoonfuls)	<b>(maximum</b>
<b>Special Precautions / Possible side effects:</b>	
<b>Timing of doses:</b> Not more than twice in a school day at least 4 hours apart. Parents/Carers will be contacted each time to give consent.	
<b>PARENT/CARER CONTACT DETAILS</b>	
<b>Full Name:</b>	
<b>Relationship to Young Person:</b>	
<b>Telephone Numbers during School Hours:</b>	<b>Work/Home:</b>
	<b>Mobile:</b>
<b>Declaration of Consent:</b> I accept that this service is provided by the relevant member of staff and the school on a voluntary basis. I agree to inform the school of any changes to this information by completing a new form at the earliest opportunity.	
<b>Signed:</b>	<b>Date:</b>

Please return completed form to the School, marked for the attention of the Medical Room.