

Rigby Hall School

POLICY AND GUIDANCE FOR SUPPORTING PUPILS WITH MEDICAL NEEDS

INCLUDING PROFORMAS

- Medical Form 1
- Medical Form 2
- Medical Form 3
- Appendix 1 -
- Appendix 2 – Administration of Rectal Diazepam in School
- Appendix 3 – Administration of Paracetamol in School
- Appendix 4 – Protocols for recording medication training
- Appendix 5 – Information relating to the administration of medication in school

POLICY AND GUIDANCE FOR SUPPORTING PUPILS WITH MEDICAL NEEDS

This document was written in line with recommendations made in the DfEE's information pack "Supporting Pupils with Medical Needs – a good practise guide", in conjunction with circular 14/96

Those employees who assist with any form of medical procedure are acting within the scope of their employment and are indemnified by Worcester County Council against any legal action and an allegation of negligence, provided they act responsibly and to the best of their ability.

It is essential that staff that care for pupils by administering medicines, either in an emergency or on a regular basis, have received appropriate training and re-training when necessary. All training will be recorded. (See Appendix 4, Protocols for recording medical information.)

Worcestershire sees itself as a Local Authority which endeavours to enable all children to attend school whenever possible.

Medical information must, of course, be treated as confidential. Records should be kept securely and information only given to staff who need to know.

Wherever possible pupils should be enabled to administer their own medication.

ADMINISTRATION OF MEDICINE

1 GENERAL

- 1.1 No medicine should be administered unless clear written instructions to do so have been obtained from a doctor. (This to avoid any incident if a parent instructed the school to administer an incorrect dosage with potentially serious consequences). Medical Form 2 must be completed, (A covering letter signed by a doctor and appended to Form 2 is acceptable). The school reserves the right to refuse responsibility for the administration of medicine in some instances.
- 1.2 Children who are acutely ill and who require a short course of medication e.g. antibiotics, will normally remain at home until the course is finished. If it is felt by a medical practitioner that the child is fit enough to return to school, he/she can sometimes adjust the doses so that none is required during school hours or with prior agreement of the Head the antibiotics can be administered.
- 1.3 For each child, medicines should be administered by named individual members of school staff (with specific responsibility for the task) in order to prevent any errors occurring. All children who require medication to be given during school hours should have clear instructions where and to whom they report. This procedure will only be necessary where medicines have to be taken for an extended period of time or retained by the school for emergency purposes. Copy to be kept in child's main file (in their Care Plan).
- 1.4 The parents or legal guardians must take responsibility to update (with a doctor's signature) the school of any changes in administration for routine or emergency medication and maintain an in date supply of the medication. Any unused or time expired medication must be handed back to the parents or legal guardians of the child for disposal.
- 1.5 All medicines must be clearly labelled with the child's named, route i.e. mode of administration oral/aural etc., dosage, frequency and name of medication being given. Oral medication must be in a childproof container.
- 1.6 Emergency treatment medication including inhalers must follow the child at all times. Inhalers and other emergency treatment medication (see below) must follow the child to the sports field/swimming pool etc. Where it is agreed by the parents and teachers inhalers will be carried by the child. All other medicines (except inhalers) should be kept securely.

Where it is not possible for a pupil to carry their own emergency treatment medication or inhalers, then the medication should be kept by the teacher in charge in a box on the touchline or at the side of the pool. The school will hold emergency spare inhalers, if they are provided by the parents/guardians, or other treatment in the event that the child's medication is lost.
- 1.7 If there is any difficulty about the use of medicines, including injections or inhalers, the school nurse should be contacted for advice.
- 1.8 A record (Medical Form 2) of medication given in school must be kept in the child's main file.
- 1.9 Staff must be issued by the school with disposable rubber gloves to be used where appropriate.
- 1.10 Staff asked to handle hazardous material e.g. "sharps" should request specific information regarding disposal.

- 1.11 Procedures, including catheterisation and tube feeding, can only be carried out by trained staff. A care plan must detail all aspects of the procedure. A copy to be maintained in the child's central file.
- 1.12 Cough sweets are considered as sweets and therefore can not be eaten in class

2 LONG TERM MEDICATION

- 2.1 The medicines in this category are largely preventative in nature and it is essential that they are given in accordance with instructions, see paragraph 1.5 above, otherwise the management of the medical condition is hindered.
- 2.2 In addition, the parents/guardians must be informed that they must use Form 2 to report any changed in medication to the school. Schools may need to offer support in the completion of this form where parents have literacy problems or where English is not their first language.
- 2.3 It is sometimes necessary to explain the use of medication to a number of pupils in the class in addition to the affected child so that peer group support can be given.
- 2.4 Long term medication is particularly applicable to the management of asthma.
 - i) Advice for school staff on the management of asthma for individual children (including emergency care) will be provided by the school nurse or school doctor as requested.
 - ii) Any difficulties in the use of an inhaler or understanding about medication usage should be referred to the school nurse or school doctor for further advice.
 - iii) It is important that the reliever inhalers are immediately accessible for use when a child experiences breathing difficulties or when specifically required prior to a sporting activity and outings as instructed by the Medical Practitioner (see 1.6 above).
 - iv) If a midday dose of a preventative inhaler is prescribed, this must be given in accordance with section 1 – see above

3 EMERGENCY TREATMENT

- i) No emergency medication should be kept in the school except those specified for use in an emergency (see 1.1 above)
- ii) Advice for school staff about individual children will be provided by the school nurse or school paediatrician on request.
- iii) In the event of the absence of trained staff, it is essential that emergency back-up procedures be agreed in advance between the parents, school and medical adviser. Information will be recorded on the care plan and filed in the school office.
- iv) Storage must be in accordance with Section 1 (above). These medications must be clearly labelled with the child's name, the action to be taken, route, dosage and frequency (as Section 1.5 above) and the expiry date.
- v) If it is necessary to give emergency treatment, a clear written account of the incident must be given to the parents or the guardian of the child, and a copy retained in the school.

4 MEDICATION ROUTINES.

There are facilities to lock away medicines in secure storage. The keys are kept in a nearby location; duplicate keys are kept in the main school office.

All members of staff must sign to confirm that they have read and understood the Policy and Guidance for supporting pupils with medical needs.

5 SCHOOL VISITS

- 5.1 The leader of the visit should ensure that the medical needs of all the children participating in the visit have been identified.
- 5.2 A named person must supervise the storage and administration of medication.
- 5.3 If the student needs medication to be administered during the visit a photocopy of the administration sheet should be made and taken on the visit. The appropriate amount of medication should then be taken on the visit with the original medical sheet updated on return.

I have read and understand the policy and guidance for supporting pupils with medical needs.

Signed _____

Date _____

Name (printed) _____

Reviewed October 2010

Healthcare Plan for a pupil with Medical Needs
For completion by the school nurse in conjunction with the Headteacher

Name _____

Date of Birth _____

Condition _____

Class/Form _____

Name of School _____ Date _____

Review Date _____

CONTACT INFORMATION

| Family Contact 1 | | Family contact 2 | |
|-------------------------|--------------|------------------|--------------|
| Name | _____ | Name | _____ |
| Phone No: | | Phone No: | |
| | (work) _____ | | (work) _____ |
| | (home) _____ | | (home) _____ |
| Relationship | _____ | Relationship | _____ |
| Clinic/Hospital contact | | G.P. | |
| Name | _____ | Name | _____ |
| Phone No. | _____ | Phone No | _____ |

Describe condition and give details of pupil's individual symptoms:

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

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

Follow up care: -

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

Form copied to: -

Form for parents to complete if they wish the school to administer medication or enable pupils to administer own medication

THE SCHOOL WILL NOT GIVE YOUR CHILD MEDICINE UNLESS YOU AND YOUR DOCTOR COMPLETE AND SIGN THIS FORM, AND THE HEADTEACHER HAS AGREED THAT SCHOOL STAFF CAN ADMINISTER THE MEDICATION.

DETAILS OF PUPIL

Surname: _____
Forename(s): _____ Date of Birth _____
Address: _____

Condition or illness: _____

MEDICATION

Name/Type of Medication (as described on the container) _____

For how long will your child take this medication? _____

Date dispensed: _____

Full directions for use: -

Dosage and method: _____

Timing: _____

Special Precautions: _____

Side Effects: _____

Self-Administration: _____

Procedures to take in an emergency: _____

PLEASE CONFIRM CONTACT DETAILS

Name: _____ Daytime Telephone No: _____
Home Telephone No: _____
(If different) _____

Relationship to Pupil: _____

Address: _____

PLEASE CONFIRM DOCTOR'S NAME: _____

ADDRESS: _____

PHONE NO: _____

DR SIGNATURE: _____

DATE: _____

I understand that I must deliver the medicine (personally/ via escort/child) to agreed member of staff and accept that this is a service, which the school is not obliged to undertake. I also undertake to update the school with any changes in administration for routine or emergency medication and to maintain an indiate supply of the medication.

Date: _____ Signature(s) _____

Relationship to pupil _____

Headteacher: _____

Form for schools to complete and send to parent if they agree to administer medication to a named child

I agree that [name of child] will receive [quantity and name of medicine] every day at [time medicine to be administered e.g. lunchtime or afternoon break]. [Name of child] will be given/supervised whilst he/she takes their medication by [name of member of staff]. This arrangement will continue until [either end date of course of medicine or until instructed by parents].

Date: _____

Signed:
(The Headteacher/Named Member of Staff) _____

ADMINISTRATION OF IN SCHOOL

Joint epilepsy council

Individual care plan to be completed by or in consultation with the medical practitioner

(Please use language to the lay person)

Name of pupil or student Age

Seizure classification and/or description of seizures which may require (Record all details of seizures eg. Goes stiff, falls, convulses down both sides of body, convulsions last three minutes etc. Include information re triggers, recovery time etc. If status epilepticus, note whether it is convulsive, partial or absence)

i.
.....

Usual duration of seizure?

ii
.....

Other useful information
.....

TREATMENT PLAN

1. When should be administered? (Note here should include whether it is after a certain length of time or number of seizures)
.....

2. Initial dosage: how much is given initially? (Note recommended number of milligrams for this person)
.....

3. What is the usual reaction(s) to
.....

All occasions when is administered must be recorded (see overleaf)
.....

This plan has been agreed by the following:

Prescribing Doctor
(block capitals)

Signature Date

Authorised person/s trained to administer

| | | |
|--|------------|-------|
| NAME: (block caps) | Signature: | Date: |
| NAME: (block caps) | Signature: | Date: |
| NAME: (block caps) | Signature: | Date: |
| PUPIL (if sufficiently mature) (block caps) | Signature: | Date: |
| PARENT/GUARDIAN (block caps) | Signature: | Date: |
| EMPLOYER OF THE PERSON(S) AUTHORISED TO ADMINISTER (block caps) | Signature: | Date: |
| HEAD OF UNIT/SCHOOL (block caps) | Signature: | Date: |

This form should be available for review at every medical review of patient

Copies to be held by _____

Expiry date of this form _____

Copy holders to be notified of changes by _____

Headteacher _____

ADMINISTRATION OF RECTAL DIAZEPAM IN SCHOOL

Joint epilepsy council

Individual care plan to be completed by or in consultation with the medical practitioner

(Please use language to the lay person)

Name of pupil or student Age

Seizure classification and/or description of seizures which may require rectal diazepam (Record all details of seizures eg. Goes stiff, falls, convulses down both sides of body, convulsions last three minutes etc. Include information re triggers, recovery time etc. If status epilepticus, note whether it is convulsive, partial or absence)

i.
.....

Usual duration of seizure?

ii
.....

Other useful information
.....

DIAZEPAM TREATMENT PLAN

1. When should rectal diazepam be administered? (Note here should include whether it is after a certain length of time or number of seizures)
.....

2. Initial dosage: how much rectal diazepam is given initially? (Note recommended number of milligrams for this person)
.....

3. What is the usual reaction(s) to rectal diazepam?
.....

4. If there are difficulties in the administration of rectal diazepam, eg. constipation, diarrhoea, what action should be taken?

All occasions when rectal diazepam is administered must be recorded (see overleaf)
.....

This plan has been agreed by the following:

Prescribing Doctor
(block capitals)

Signature Date

Authorised person/s trained to administer rectal diazepam

| | | |
|--|------------|-------|
| NAME: (block caps) | Signature: | Date: |
| NAME: (block caps) | Signature: | Date: |
| NAME: (block caps) | Signature: | Date: |
| PUPIL (if sufficiently mature) (block caps) | Signature: | Date: |
| PARENT/GUARDIAN (block caps) | Signature: | Date: |
| EMPLOYER OF THE PERSON(S) AUTHORISED TO ADMINISTER RECTAL DIAZEPAM (block caps) | Signature: | Date: |
| HEAD OF UNIT/SCHOOL (block caps) | Signature: | Date: |

This form should be available for review at every medical review of patient

Copies to be held by _____

Expiry date of this form _____

Copy holders to be notified of changes by _____

Headteacher _____ Date _____

ADMINISTRATION OF PARACETAMOL IN SCHOOL

Joint epilepsy council

Individual care plan to be completed by or in consultation with the medical practitioner

(Please use language to the lay person)

Name of pupil or student Age

Seizure classification and/or description of seizures which may require paracetamol (Record all details of seizures eg. Goes stiff, falls, convulses down both sides of body, convulsions last three minutes etc. Include information re triggers, recovery time etc. If status epilepticus, note whether it is convulsive, partial or absence)

i.
.....

Usual duration of seizure?

ii
.....

Other useful information
.....

PARACETAMOL TREATMENT PLAN

1. When should paracetamol be administered? (Note here should include whether it is after a certain length of time or number of seizures)
.....

2. Initial dosage: how much paracetamol is given initially? (Note recommended number of milligrams for this person)
.....

3. What is the usual reaction(s) to paracetamol?
.....

4. If there are difficulties in the administration of paracetamol, eg. constipation, diarrhoea, what action should be taken?

All occasions when paracetamol is administered must be recorded (see overleaf)
.....

This plan has been agreed by the following:

Prescribing Doctor
(block capitals)

Signature Date

Authorised person/s trained to administer paracetamol

| | | |
|--|------------|-------|
| NAME: (block caps) | Signature: | Date: |
| NAME: (block caps) | Signature: | Date: |
| NAME: (block caps) | Signature: | Date: |
| PUPIL (if sufficiently mature) (block caps) | Signature: | Date: |
| PARENT/GUARDIAN (block caps) | Signature: | Date: |
| EMPLOYER OF THE PERSON(S) AUTHORISED TO ADMINISTER PARACETAMOL (block caps) | Signature: | Date: |
| HEAD OF UNIT/SCHOOL (block caps) | Signature: | Date: |

This form should be available for review at every medical review of patient

Copies to be held by _____

Expiry date of this form _____

Copy holders to be notified of changes by _____

Headteacher _____ Date _____

Protocols for recording medication training

- 1 Training will be recorded as part of a general health and safety training data
- 2 The names of individual members of staff who are trained to administer medicines or medical procedures will be recorded with the date of their training and the renewal date
- 3 An identified member of the administration staff will have responsibility for maintaining the database and will receive the information in the following ways
 - Blue slips (from Deputy Head)
 - Training or course attendance lists (from course co-ordinator)
 - List of names (from SLT)
 - Individual names (from individuals or SLT)

Information for staff relating to the administration of medicine in school

No medicine can be administered unless clear written instructions to do so have been obtained from a doctor and the head teacher has signed form 2.

Medical Form 2 must be completed (a covering letter signed by a doctor and appended to form 2 is acceptable)

The school reserves the right to refuse responsibility for the administration of medicine in some instances

Children who are acutely ill and who require a short course of medication e.g. antibiotics, will normally remain at home until the course is finished. We can, with the head's agreement, administer antibiotics for a short period of time

Medicines can only be administered by named individual members of school staff in order to prevent any errors occurring

Each dose given must be recorded in the file for that purpose and countersigned

All medication must be clearly labelled with the child's name, mode of administration, dosage, frequency and the name of the medication being given.

All medication should be handed in to the office who will then pass it to the lead first aider for logging in.

Any changes to medication must be reported to school on Form 2 (multiple copies are available from the school office)

Form 3 must be completed and signed by the Headteacher before any medication can be administered

Copies of Form 2 and 3 must be kept in the child's main file in the office

Information for parents relating to the administration of medicine in school

Please inform school of any medication your child is taking even if it is only taken at home. This is important as we may be in the position of taking a child to hospital as an emergency and we may be asked about their medication.

No medicine can be administered unless clear written instructions to do so have been obtained from a doctor. The school nurse will obtain this permission if it is difficult for parents to access the doctor or if it will have a cost.

Medical Form 2 must be completed (a covering letter signed by a doctor and appended to form 2 is acceptable)

The school reserves the right to refuse responsibility for the administration of medicine in some instances

All medicines coming into school must be handed to an adult (either the bus escort or the office staff) by the parent/carer

Children who are acutely ill and who require a short course of medication e.g. antibiotics, will normally remain at home until the course is finished. The school can, with the head's agreement, administer antibiotics for a short period of time

All medication must be clearly labelled with the child's name, mode of administration, dosage, frequency and the name of the medication being given.

Any changes to medication must be reported to school on Form 2 (multiple copies are available from the school office)