

St Joseph's Catholic High School



SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY AND PROCEDURES

2018 /2019

"Living, loving, and learning – through Christ"



Approved by¹	
Name:	Jacky Kennedy
Position:	Headteacher
Signed:	
Date:	September 2018
Review date²:	September 2019

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PLEASE NOTE: medicines must be in the original containers as dispensed by the pharmacy.

Can the child self-administer?	YES / NO	If YES is supervision required?	YES / NO (if YES, please detail e.g. visual only, guiding hand, measure check only etc.)		
Does any medicine need to be carried by the child on their person, what and where will they keep it?		YES / NO (if YES, please give details):			
Procedures to follow in an emergency:					
EMERGENCY CONTACT INFORMATION					
Name:			Relationship to Child:		
Address:			Work Tel. No:		
			Home Tel. No:		
			Mobile Tel. No:		
Parental Declarations					
I understand that I must deliver the medicine personally to: (name the agreed member(s) of staff)					
I understand that my child must have a working, in-date and sufficiently full inhaler, clearly labelled with their name, which they will bring with them every day.				YES	NO N/A
I consent to my child receiving, in an asthma emergency, salbutamol which has not been prescribed to them.				YES	NO N/A
The above information is, to the best of my knowledge, accurate at the time of writing and I consent to school/setting staff administering medicine in accordance with the 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.					
Signed:			Print Name:		Date:
Medical Practitioner Declaration					
The above information is, to the best of my professional knowledge of this child, accurate. I agree that, in order to adequately support this child at school with their medical condition(s), school staff need to administer or facilitate and/or supervise the self-administration of the medicines or treatments described above.					
Signed:			Print Name:		Date:
Professional Relationship to Child:			Recommended Date of Review/Review Trigger:		

Record of Medicine Administered to an Individual Child

All medicines administered to individual children must be recorded on this sheet.

In addition, the supply, possession and administration of some medicines are strictly controlled by the Misuse of Drugs Act and its associated regulations and are referred to as 'controlled drugs'. Examples would include methylphenidate (Ritalin), Midazolam, Diazepam etc. In the case of controlled drugs, it is best practice for the administration of such substances to be witnessed by a second adult. Record the name of the member of staff administering the drug and they should initial under 'Staff initials (1)'. The second member of staff witnessing the administration of controlled drugs should initial under 'Staff initials (2)'. These initial signatures should be legible enough to identify individuals.

The quantity of controlled drugs received from and returned to parents must be carefully accounted for and recorded on this sheet.

Name of school/setting:							
Name of child:				Date of Birth:		Class/Form:	
Name and strength of medicine:							
Dose and frequency of medicine:							
Date medicine received from parent:		Expiry date of medicine:		Date medicine returned to parent:			
Quantity of medicine received:					Quantity returned to parent:		
Staff Signature:				Parent Signature:			

PLEASE NOTE: parents must be informed of the non-administration of medicine that is due - record the reason for non-administration under 'Any reaction'

Date:								
Time given:								
Dose given:								
Any reaction?								
Name of staff administering:								
Staff initials (1):								
Staff initials (2):								

Date:								
Time given:								
Dose given:								
Any reaction?								
Name of staff administering:								
Staff initials (1):								
Staff initials (2):								

Date:								
Time given:								
Dose given:								
Any reaction?								
Name of staff administering:								
Staff initials (1):								
Staff initials (2):								

Date:								
Time given:								
Dose given:								
Any reaction?								
Name of staff administering:								
Staff initials (1):								
Staff initials (2):								

Date	Name of Child	Time	Name of Medicine	Dose Given & How	Any Reactions	Signature of Staff	Print Name

Staff Training Record – Supporting Pupils with Medical Conditions

This form is for recording all training delivered to staff (and as appropriate volunteers) with the aim of supporting pupils with medical conditions, including the Whole School Awareness briefing.

Name of School/Setting:			
Name(s) of Staff:			
Type of Training Received: Describe in brief what was covered e.g. Whole School Awareness (and the content of it), physiotherapy, administering medicine, tube feeding etc.			
Date Training Completed:			
Name of Trainer:			
Training Provider: Organisation, profession and job title of the person delivering the training.			
I confirm that the above named member(s) of staff received the training detailed above and they are competent to carry out any necessary treatment.			
Date by which I recommend this training be updated:			
Trainer Signature:		Date:	
I confirm that I have received the training detailed above.			
Staff Signature(s):		Date:	

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Summoning Emergency Services

To summon an ambulance, dial 9 to get an outside line followed by 999, ask for an ambulance and be ready with the following information.

Your telephone number including any extension number.	
Your name.	
Your location.	Insert the full address of the school/setting here.
Your location postcode.	For satellite navigation systems this may be different from the postal code – check before completing this section. If your site is large there may be different postcodes for different entrances. The one given to emergency services must be for the entrance that is best to access the patient quickly.
The exact location of the patient within the school.	
The name of the patient and a brief description of their symptoms.	
The best entrance for the ambulance crew to use and state they will be met and taken to the patient.	

Display a suitably amended copy of this form close to any phone that might reasonably be used to summon emergency services

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Template Letter Inviting Parents to Contribute to the Development of Their Child's Individual Healthcare Plan

Dear Parent

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's Policy for supporting pupils at school with medical conditions for your information.

A central requirement of the Policy is for an Individual Healthcare Plan to be prepared, setting out what support your child needs and how this will be provided. Individual Healthcare Plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although Individual Healthcare Plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's Plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve the following people:

(State the names and relevant positions of people who will attend)

Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other information you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely

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Notification to Parents of Emergency Salbutamol Inhaler Use

Child's Name:

Child's Class: Date:

Dear Parent,

This letter is to formally notify you that your child has had problems with their breathing today.

This happened when:

[Delete the statements below that do not apply to the action taken]

A member of staff helped them to use their asthma inhaler.

They did not have their own asthma inhaler with them, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given ____ puffs.

Their own asthma inhaler was not working, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given ____ puffs.

Although they soon felt better, we would strongly advise that you have your child seen by your own doctor as soon as possible.

Yours sincerely

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