

# Chilton Trinity Technology College

## Medical Policy



**This Policy should be read in conjunction with the document supporting students with medical needs 'A Good Practice' From the Local Authority**

## **Aims**

- A child with medical needs should receive proper care and support at school or whilst in the schools' care.
- A student with medical needs should be enabled to attend as appropriate.
- A parent will be informed as soon as possible if a medical emergency takes place

## **Principles**

- Parents should keep children at home when they are acutely unwell.
- Chilton Trinity will implement the guidance as laid down in the DCSF document supporting students with medical needs and the Somerset guidance document.
- Chilton Trinity will take care and do all that is reasonably practical to ensure the health, safety and welfare of students and staff.
- The Headteacher and school staff will treat medical information confidentially. Agreement will be reached with parents as to who else should have access to records and other information about a student.
- Teachers who work with students with medical needs should be informed as to the nature of the condition and circumstances when the student may need extra attention. Teachers should be aware of the likelihood of an emergency arising and what action to take if one occurs.
- Any member of staff who agrees to accept responsibility for administering prescribed medication to a student must have training and guidance to ensure they can confidently carry out their role.
- The first aider will be familiar with, and follow procedures for avoiding infection and follow basic hygiene procedures.
- Parents have prime responsibility for their child's health and should provide this school with all relevant information about their child's medical condition.
- There is no legal duty that requires staff to administer medicines. Trained staff and our first aider will administer medication prescribed by the doctor following written agreement as per appendix form 2 and 3.
- The first aider or trained member of staff administering any medicines will keep accurate records.
- The school will be responsible for ensuring our first aiders and staff in agreement has appropriate training.

\*A first aider will be deemed to be a person who has completed a 3 day St John's Ambulance Course as designated by the school.

### **Roles and responsibilities of staff managing, administering or supervising the administration of medicines.**

- At Chilton Trinity the first aider and appropriately trained staff will be responsible for the management, administration or supervising the administration of medicines.

- In the absence of the first aider, emergency cover will be put in place

### Students with Short Term Medical Needs

- Medicines brought to school will be placed into the locked first aid box or placed in the refrigerator in the medical room as appropriate.
- We will only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber which are in the original container and include the prescriptions instructions for administration. Non-prescribed medication will not be given to students, unless there is a specific prior written permission from the parents. A child under 16 will never be given aspirin or medicines containing Ibuprofen unless prescribed by a doctor.
- A parent will be notified in writing if a drug is administered for acute pain e.g. migraine. Prior agreement will have been reached for such action to be taken.

### Long term medical needs

- Parents will be expected to agree a plan with the school for students with long term medical needs and where appropriate with a health care professional.

### Self Management

- Some students will be able to manage their own medication e.g. asthmatic or diabetic students – as per appendix Form 4.

### Refusing Medication

- If a student refuses to take medication, e.g. a student with ADHD, the incident will be recorded and parents informed.

### Record keeping

- All medical incidents will be recorded.
- All drugs administered will be recorded on the appropriate forms – Form 5 and Form 6.
- All medicines returned to parents will be recorded on the appropriate forms – as per appendix form 8.
- Information will be displayed in the staff room to make all staff aware of students with a health care plan.

### Disposal of medicines

- School staff will not dispose of medicines. Parents will be requested to collect medicines held at school at the end of term.
- Sharps boxes will always be used for the disposal of needles. Parents to be responsible for their disposal.

### Emergency procedure

- A member of staff will accompany a student taken to hospital by ambulance and will stay with him/her until a parent arrives.
- Records on the appropriate form will be completed – as per appendix form 7.

### Residential Trips out of school

- Parents will be required to complete and sign a Medical Information Form 2 and Form 3
- Parents of students with medical needs will have a meeting with accompanying staff to agree a care plan.
- There will be a designated member of staff responsible for medication whilst on the trip.
- All accompanying staff will be made aware of all students with medical needs and be given training as appropriate.
- Records will be kept as per in school policy laid out above.

## **APPENDIX:**

- Form 1      Contacting Emergency Services**
- Form 2      Request for School to administer medication**
- Form 3      Health Care Plan**
- Form 4      Parent/Carer request for student to carry and  
administer own medication**
- Form 5      Record of medicine administered to an individual child**
- Form 6      Record of medicines administered to all students**
- Form 7      Record of member of staff accompanying student to  
hospital**
- Form 8      Record of Handover and Return of Medication**

### **FORM 1**

#### **Contacting Emergency Services**

##### **Request for an Ambulance**

**Dial 999, ask for ambulance and be ready with the following information**

1. Your telephone number
2. Give your location as follows (*insert school/setting address*)

3. State that the postcode is
4. Give exact location in the school/setting (*insert brief description*)
5. Give your name
6. Give name of child and a brief description of child's symptoms
7. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to

**FORM 2**

**Request for school to administer medication**

***Example form for parents to complete if they wish the school to administer medication***

The school will not give your child medicine unless you complete and sign this form, and the head teacher has agreed that school staff can administer the medication.

A newly completed form should be submitted every time the dosage or timings of medication are changed.

**DETAILS OF PUPIL**

Surname: \_\_\_\_\_ Forename(s): \_\_\_\_\_

Address: \_\_\_\_\_

M/F: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Class/Form: \_\_\_\_\_

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: \_\_\_\_\_

**CONTACT DETAILS:**

Name: \_\_\_\_\_ Daytime Tel No \_\_\_\_\_

Relationship to Pupil: \_\_\_\_\_

Address: \_\_\_\_\_

I understand that I must deliver the medicine personally to [agreed member of staff]

Date: \_\_\_\_\_ Signature(s): \_\_\_\_\_

Relationship to pupil: \_\_\_\_\_

***Example 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 eg lunchtime or afternoon break]. [Name of child] will be given/supervised whilst he/she takes their medication by a member of staff authorised by the headteacher. This arrangement will continue until [either end date of course of medicine or until instructed by parents] using a fresh Form 2.

Date: \_\_\_\_\_

Signed: (The Headteacher & Named Member of Staff)

\_\_\_\_\_  
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**FORM 3**

**Health Care Plan**

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

Phone no. (work)

(home)

(mobile)

Name

Phone no. (work)

(home)

(mobile)

**Clinic/Hospital Contact**

Name

Phone no.

**G.P.**

Name

hone no.

Describe medical needs and give details of child's symptoms

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

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*)

Form copied to

**FORM 4**

**Parental/Carer Request for Student to Carry and Administer own Medication**  
**This form must be completed by parents/guardian, with the prescriber's knowledge and approval.**

**DETAILS OF CHILD/YOUNG PERSON**

Surname: \_\_\_\_\_

Forename(s): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Date of Birth:

Class/Form: \_\_\_\_\_

Condition or illness: \_\_\_\_\_

**MEDICATION**

Name/type of medication (as described on the container): \_\_\_\_\_

For how long will your child take this medication: \_\_\_\_\_

**Full Directions for use:**

Dosage: \_\_\_\_\_

Timing: \_\_\_\_\_

Any known effects: \_\_\_\_\_

Any other relevant information: \_\_\_\_\_

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Date: \_\_\_\_\_

Signatures: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

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**TO BE COMPLETED BY SCHOOL**

I agree that \_\_\_\_\_ (name of child) will be responsible for carrying and administering their own medication. This arrangement will continue until instructed otherwise by parents.

Dated: \_\_\_\_\_ Signed: \_\_\_\_\_ (Responsible person)

**FORM 5**

**Record of medicine administered to an individual student**

Name of school/setting

Child's name

Date medicine provided by parent

Form group

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

Name of member of staff

Staff Initials

Date

Time Given

Dose given

Staff initials

Date

Time Given

Dose given

Time Given

Dose Given

Name of member of staff

Staff Initials

Time Given

Dose Given

Name of member of staff

Staff Initials

Time Given

Dose Given

Name of member of staff

Staff Initials





**Form 8**

***Record of Handover and Return of Medication***

**Example form to record handover and return of medication**

Name and signature(s) of identified person(s) responsible for care of the medication at school:

\_\_\_\_\_  
 Name and signature(s) of parent(s)/carer(s) responsible for handing over medication and to whom any unused medication is to be returned:\_\_\_\_\_

By							
Returned to							
By							
Handed over to							
Quantity							
Name of Medication							
Time							
Child's Name							
Date							