

	<p><b>The Duston School</b> <b>Policy</b></p>	
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<b>Policy Title</b>	Medicines Policy	<b>Version No</b>	5
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<p><b>Introduction</b></p>	<p><b>1. Introduction</b></p> <p>Most pupils will need medication at some stage of their school life. Although this will mainly be for short periods there are a few pupils with chronic conditions who may require regular medication throughout their school life.</p> <p>In their publication <i>Guidance on the Administration of Medicines to Pupils</i> the Learning Trust identified 3 categories of pupils that may require medication while at school:</p> <ol style="list-style-type: none"> <li>1. Those who have suffered an acute medical condition but are regarded by a doctor or nurse as fit to return to school provided prescribed medication is taken.</li> <li>2. Those who suffer certain chronic or life threatening conditions (e.g. anaphylaxis, asthma, diabetes) but can satisfactorily attend school provided they are given regular doses of medication, or medication is available in an emergency.</li> <li>3. Those pupils who suffer occasional discomfort such as tooth ache or period pain who may require analgesics.</li> </ol> <p>Currently within The Duston School there is provision for the storage and administration of prescribed medication. The purpose of this document is to formalise arrangements for the administration of medicines in these circumstances and for the administration of paracetamol within the school for emergency cases only.</p>
<p><b>Policy Statement</b></p>	<p><b>2. Overall Consideration</b></p> <p>There will be many cases where the administration of medicines is routine and straightforward and where the child could be involved in self-administration. The school must be informed if a child brings any medication on to the premises. There may be instances where either the parent requests the school to exercise a degree of supervision over the child or the administration is more complicated. In such cases, the Principal will consult staff where they are considering taking responsibility for administration of medicines. The practical and organisational implications will be addressed before any decision is taken bearing in mind that:</p> <ul style="list-style-type: none"> <li>• The job descriptions of certain categories of support staff provide for the administration of medicines to be undertaken.</li> <li>• Teachers cannot be required to administer medicines.</li> </ul>

- No member of staff should administer any medication unless he or she has received proper training. This training shall be arranged in conjunction with the health authority or other health professionals. The member of staff may need specific training in administering a particular type of medication, in recognising possible side effects of the medication and in dealing with such side effects.

### **3. General Principles**

The administration of medicine is the responsibility of parents and carers. There is no requirement on teachers to administer medicines but where they volunteer to do so these guidelines will be helpful. Staff who are concerned about their position on this matter should be advised to contact their professional association or trade union.

Children suffering from short-term ailments who are clearly unwell should not be in school and the Principal may ask parents to keep them at home. Some parents may seek to send children to school with non-prescribed medicines (e.g. cough mixtures) The Duston School discourages this. Should a child fall ill whilst at school and a decision is made to send a child home, checks must be made to ensure the child is not being sent back to an empty home.

To help children with chronic illness or disability to lead as normal and happy a life at school as possible, it may be necessary for them to take medication during school hours.

There may be instances where adult support will be needed. Although responsibility for the medical care of children rests with parents and the medical profession, it may not be feasible for parents to come to schools to administer medicines. Also such attendance could slow down the personal development of a child.

The teaching profession has a general duty of care towards children in schools. Whilst in law this duty cannot require teachers to administer medicines, it does expect them to react promptly and reasonably if a child is suddenly taken ill. In these cases clear procedures must be followed, particularly in potentially life-threatening situations. (See Conditions requiring emergency action, on the following pages.)

### **4. Managing Medicines in School**

#### **Storage**

All prescribed medicines should be handed to the Senior School First Aider located in the Student Services reception. These should then be locked away in the medicines cabinet, to which only Student Services will hold the key.

Any medications requiring refrigeration should be stored in the medicines fridge, situated in the School First Aider's office. They are able to be stored in a refrigerator containing food, however it must be ensured that these medicines are stored within an airtight container and that they are clearly labelled.

Adrenaline pens need to be easily accessed in an emergency. To this end they will be stored in a separate clearly labelled box, in the Main Reception which will not be locked.

It is imperative that all pupils handling in their medications know where they can access their medication when required.

If possible the pharmacist should supply 2 bottles/packages (1 for school, 1 for home). If this is not possible then the pupil/parent should deliver the medication to the School First Aider at the start of the school day and should then collect it at the end of the day.

### **Safety Management**

All medicines are harmful to anyone for whom they are not appropriate. Therefore the school will operate under the guidance of the Control of Substances Hazardous to Health Regulations (2002) and ensure that the correct procedures are maintained.

All staff will work within Universal Safety Precautions while administering these medications, for the protection of themselves and the pupil.

### **Disposal of Medicines**

Staff should not dispose of medicines. Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. If parents do not collect all medicines then the School First Aider should take stocks to the local pharmacy to be safely disposed of on a termly basis.

All sharps should be disposed of in a regulation sharps box. This is kept in the first aid room.

### **Information**

No medicines should be given without prior consent from the pupils parents/guardians. The Medication consent Form (which forms part of a full medical questionnaire) should be fully completed and signed. These will be stored in the pupil's medical files and kept in Student Services. Additionally if short-term administration is required (e.g. for antibiotics) a letter from the parent/guardian is required, detailing the type of medication and the length of the course.

All medicines should clearly display:

- The pupil's name.
- The pupil's date of birth.
- The prescribed dose.
- The drug's expiry date.

This information should be entered by the pharmacist and appear on a printed label.

If **any** of this information is missing then the medication must **not** be administered. No medicines will be stored or dispensed unless they are in a correct package/bottle. It is not acceptable for medicines to be kept in plastic bags, envelopes or unlabelled bottles. Likewise all bottles/boxes must be the original.

## **Personnel**

The Senior School First Aider carries primary responsibility for the administration of medicines to pupils and will act in accordance with the recommendations of the *NMC Guidelines for the Administration of Medicines* (2002). In her absence staff who have undergone further in-house training will be allowed to administer medication. A record of their training will be kept by the Senior School First Aider.

When the School First Aider is away from the school these staff members will be given the medicine cabinet key.

**The School First Aider is the only staff member who is able to administer un-prescribed paracetamol to pupils.**

## **Documentation**

Accurate record keeping for the administration of medicines is vital. All prescription medicines given out must be documented, which is kept in Student Services and also a Dispensing Slip is given to the student. See section 6 for paracetamol administration documentation.

### **5a. Medi-Alerts**

Some children wear bracelets or necklaces which alert others to their medical condition in an emergency. As with jewellery, these items are a potential source of injury in games or certain practical activities. In appropriate circumstances they should be covered with sweatbands or removed temporarily, clearly labelled and made readily available.

### **5b. Impaired Mobility**

Providing the approval of the GP or consultant has been given, there is no reason why children wearing plaster casts or using crutches should not attend school. However, the following arrangements should be discussed with the child's parents:

- Risk of further injury.
- The child's ability to go to the toilet by him/herself.
- The child's ability to feed him/herself.

On returning to school a Risk Assessment must be completed by the Senior School First Aider and parents.

Restrictions will be necessary on games or practical work to protect the child or others. Similarly, some relaxation of normal routine in relation to times of attendance or movement around the school may need to be made in the interests of safety.

### **5c. Sporting Activities**

Some pupils may need to take precautionary measures before or during exercise, and/or need to be allowed immediate access to their medication if necessary. Teachers supervising sporting activities should be aware of relevant medical conditions and emergency procedures.

#### **5d. School Transport**

Where home to school transport is provided, schools must liaise with the LA to make sure that pupils are safe during the journey. If it is considered necessary, pupils with medical needs should be provided with appropriately trained supervisors.

#### **5e. Employee's Medicines**

Employees may need to bring their own medicine into school. They have a clear personal responsibility to ensure their medicines are not accessible to children.

### **5. Paracetamol Administration**

#### **Introduction**

There may be occasions where pupils require analgesia for occasional discomfort such as tooth ache or period pain. It is not reasonable in such circumstances to expect them to suffer unnecessary pain or to be sent home in the middle of the school day. There is also the risk that if analgesia is not administered in a controlled manner then pupils may bring bottles into school and take and dispense them freely.

Paracetamol is the **only** analgesic that may be given within school without prescription.

**It must not be given unless permission has first been obtained.**

The risks associated with taking paracetamol are considered to be less than with other types of analgesics. However, excessive dosage can lead to liver damage. Provided paracetamol is administered according to this guidance the risk of overdose is minimal.

#### **Dosages**

##### Children aged 10-11 years

A maximum of 1 500mg tablet may be given no more frequently than every four hours. It may be appropriate to administer ½ a tablet for some smaller children. No more than 4 tablets may be administered in any 24 hour period, or more than 1 within a school day.

##### Children aged 13 years and over

A maximum of 2 500mg tablets may be given no more frequently than every four hours. No more than 8 tablets may be administered in any 24 hour period, or more than 2 (i.e. 1 dose) within a school day.

Immediate medical advice should be sought in the event of an overdose, even if the child feels well, because of the serious risk of delayed liver damage.

Before administering any medication the School First Aider must check if the pupil has taken any medication already that day.

### **Documentation**

Paracetamol administration will be documented in a separate book stored in Student Services, which will allow the School First Aider to monitor how often pupils are requesting analgesia. This should help to identify those pupils who may benefit from further medical intervention. Additionally the School First Aider will write the date, time, dose and reason for the administration in the pupil's homework diary, to ensure that parents are aware that medication has been given.

### **Purchase and Delivery**

It is anticipated that a starting stock of 5 boxes per month would initially be ordered, with the opportunity to increase or decrease this amount according to demand.

### **Storage**

Paracetamol tablets will be stored in a separate, locked cabinet that is to be kept by the School First Aider.

## **6. Self Management**

It is good practice to support and encourage children, who are able, to take responsibility to manage their own medications. The age at which children are ready to take care of and be responsible for, their own medicines, varies. As the students grow and develop they should be encouraged to participate in decisions about their medicines and to take responsibility.

If students wish to take their own medicines then they are still required to hand medicines in to the School First Aider at the beginning of the school day. This is for health and safety reasons and should not affect the student's ability to make informed decisions about their health choices.

### **Asthmatics**

Pupils suffering from asthma are encouraged to keep their inhalers with them at all times.

### **Refusing**

If a child refuses to take medicine, staff should not force them to do so. The reason for this refusal needs to be discussed and explored with the pupil and they should be provided with adequate information to allow them to make informed decisions. Parents should be informed of this refusal within the same day. If the patient is suffering from a chronic condition then the School First Aider may need to discuss the issue further with the student's GP.

### **Educational Visits**

It is good practice for the school to encourage children with medical needs to participate in safely managed visits.

While on any visit outside of school, the child's medication needs to be handed over to the designated First Aider who will ensure safe storage. This First Aider is then responsible for the safe administration of the medicine(s) in line with the Managing Medicines policy (2.0).

### **Children with on going Problems**

If a child with an ongoing problem is participating with the field trip then it is imperative that the First Aider is aware of this condition and is able to administer the required emergency medicine in a correct manner. With the example of adrenaline pens, it is essential that the First Aider has attended a teaching session on their use and is able to administer the injection if required.

### **7. Staff Protection**

Staff should have access to protective disposable gloves and take care when dealing with spillage of blood or other body fluids and disposing of dressings or equipment. Practical and common sense hygiene precautions will minimise the risk of infection where contact with blood or other body fluid is unavoidable.

### **Staff Indemnity**

The Academies Enterprise Trust will fully indemnify its staff against claims for alleged negligence providing they are acting within the scope of their employment. For the purposes of indemnity, the administration of medicines falls within this definition and hence staff can be reassured about the protection their employer provides.

The indemnity would cover the consequences that might arise where an incorrect dose is inadvertently given or where the administration is overlooked. In practice indemnity means that the Academies Enterprise Trust and not the employee will meet the costs of any damages if a claim for alleged negligence be made.

### **Emergency Procedures**

Staff need to be trained to use the telephone and know how to call the emergency services. All staff need to know who is responsible for carrying out emergency procedures in the event of need. Guidance on calling an ambulance is provided at Appendix 2. A member of staff should accompany a pupil if taken to hospital by ambulance and should remain with the pupil until his/her parents arrive.

Staff should not take pupils to hospital in their own car. However, if after discussion with the 999 service, it is recommended that the child is taken direct to hospital in a member of staff's car, then checks must be made to ensure car insurance for business use is in place. It is also recommended that an additional person accompanies the member of staff to and from the hospital. In an emergency the best possible action is to call an ambulance.

### **8. Conditions requiring emergency action**

As a matter of routine, all schools must have a clear procedure for summoning an ambulance in an emergency. (See Appendix 2.) However, some life-threatening conditions may require immediate treatment. Medicines for these purposes should only be held after seeking advice from the LA Health Service. Examples of these conditions follow, but will be more fully explained during the training from the LA Health Service. The full indemnity provisions referred to earlier apply in these emergency situations.

- Acute allergy to bees stings and nuts, etc (Anaphylaxis)

## The Duston School – Policy Document

A very small number of people are particularly sensitive to bee and wasp stings or certain food products - in particular nuts, fish, dairy products - and require an immediate injection of adrenaline or an immediate inhalation of adrenaline to save life (depending on individual medical prescription).

Schools should bear in mind the risks from severe/chronic food allergies to pupils at break and lunch times and in cookery, food technology and science classes and seek to minimise the risks whenever possible. A procedure for catering for children with food allergies or special dietary needs has been issued to all schools and the school catering contractor.

When a child is diagnosed with an acute allergy, a policy of the 'Management of Anaphylaxis in Schools' will be issued during the training arranged by School First Aider for the school staff.

If a child is given a dose of adrenaline, a further dose must be requested from the GP (see Appendix 4) before the child can return to school. This is the responsibility of the parents.

Call an ambulance immediately, particularly if there is any doubt about the severity of the reaction or if the pupil does not respond to the medication.

The normal prescribed device for administering adrenaline is an Epipen/Anapen; stick needles should not be used in schools. If there is any doubt, it is better to give the Epipen/Anapen than to hold back, then call an ambulance immediately.

- Major fits

Some children with tonic chronic seizures can be vulnerable to consecutive fits which, if left uncontrolled, can result in permanent damage. These children are usually prescribed diazepam for rectal administration. Teachers may naturally be concerned about agreeing to undertake such an intimate procedure and it is important that proper training and guidance is given.

Some school staff are understandably reluctant to volunteer intimate or invasive treatment because of the nature of the treatment, or fears about accusations of abuse. Parents and headteachers must respect such concerns and should not put any pressure on staff to assist in treatment unless they are entirely willing.

The Principal or governing body should arrange appropriate training, with the School First Aider for school staff willing to give medical assistance. If the school can arrange for two adults, one the same gender as the pupil, to be present for the administration of intimate or invasive treatment, this minimises the potential for accusations of abuse. Two adults often ease practical administration of treatment too. Staff should protect the dignity of the pupil as far as possible, even in emergencies.

For information on the administration of rectal diazepam, see Appendix 5.

## The Duston School – Policy Document

Nothing must be done to stop or alter the course of a seizure once it has begun except when medication is being given by appropriately trained staff. Someone should stay with the pupil until he or she recovers and re-orientates.

Call an ambulance if the seizure lasts longer than usual or if one seizure follows another without the person regaining consciousness or where there is any doubt.

- **Diabetes**

The diabetes of the majority of school-aged children who suffer from the condition is controlled by two injections of insulin each day.

It is unlikely that these will need to be given during school hours. Most children can do their own injections from a very early age and may simply need supervision if very young, and also a suitable private place to carry it out.

Children with diabetes need to ensure that their blood glucose levels remain stable and may monitor their levels using a testing machine at regular intervals. They may need to do this during the school lunch break or more regularly if their insulin needs adjusting. Most pupils will be able to do this themselves and will simply need a suitable place to do so.

Pupils with diabetes must be allowed to eat regularly during the day. This may include eating snacks during class-time or prior to exercise. Schools may need to make special arrangements for pupils with diabetes if the school has staggered lunchtimes. If a meal or snack is missed, or after strenuous activity, the pupil may experience a hypoglycaemic episode (a hypo) during which his or her blood sugar falls to a low level. If glucose concentrate is provided, it should be marked with the child's name and kept in a cool place. Staff in charge of physical activity sessions should be aware of the need for pupils with diabetes to have glucose tablets, glucose concentrate or a sugary drink to hand.

Another form of emergency can arise if the normal routine for administering treatment of an unusual nature breaks down, for example if the trained member of staff is absent. Immediate contact with the parent, School First Aider or GP needs to be made to agree alternative arrangement.

### **Relevant Publications**

Department for Education and Employment *Guidance on First Aid at Schools*

Department for Education and Employment *Supporting Students with Medical Needs*

Department of Health (2005) *Managing Medicines in Schools and Early Years Settings*

Health and Safety Executive (2002) *Control of Substances Hazardous to Health*

Nursing and Midwifery Council (2002) *Code of Professional Conduct*

Nursing and Midwifery Council (2002) *Guidelines for the Administration of Medicines*

Royal College of Nursing (2004) *Employing Nurses in Independent Schools: RCN Guidance for Nurses and Employers*

The Duston School – Policy Document

	The Learning Trust (2004) <i>Guidance on the Administration of Medicines to Pupils</i>
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<b>Links to other policies</b>	Drugs Education		
<b>Staff responsible</b>	MRA	<b>Governors Committee Responsible</b>	Resource Management Committee
<b>Date approved by GB</b>	07/02/13	<b>Review Date</b>	February 2017

## Confidential Medical Questionnaire

<b>Name:</b>	
<b>Date of Birth:</b>	
<b>Form:</b>	
<b>Male/Female:</b>	
<b>Religion:</b>	

**Does your child suffer from any physical or learning disabilities?**

**Does your child suffer from any allergies eg. food/medication?**

<p><b>Does your child suffer from any of the following:</b></p> <p><b>Asthma</b></p> <p><b>Other breathing difficulties</b></p> <p><b>Epilepsy</b></p> <p><b>Heart Disorders/Problems</b></p> <p><b>Diabetes</b></p> <p><b>Sickle Cell</b></p> <p><b>Hearing/Ear Problems</b></p> <p><b>Sight/Eye Problems (including wearing glasses)</b></p> <p><b>Skin Problems</b></p> <p><b>Limb/Joint Problems</b></p> <p><b>Urinary/Gynaecological Problems</b></p> <p><b>Blood/Bleeding Disorders</b></p> <p><b>Mental Health Problems</b></p> <p><b>Behavioural Problems</b></p> <p><b>Fears or Phobias</b></p>	<p><b>Yes/No</b></p>
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**If you answered "yes" to any of the questions, please provide further information, including any medication that they may take.**

**Does your child suffer from any other health problem that is not listed above?**

**Is your child currently awaiting an appointment at the hospital or surgery?**

**YES/NO**

**If YES please provide details:**

**Is there any reason why your child cannot participate fully in physical education/ swimming?**

**YES/NO**

**If YES please provide details:**

**Please indicate if your child has any special dietary requirements:**

**Please indicate if you have any other concerns that have not been raised:**

**Consent**

**Please read and sign each of the following statements**

I authorise the School First Aider to administer medication – kept in First Aider’s office to my child if/when required the Medication Consent Form.

<b>Child’s Name</b>	
<b>Parent/Guardian</b>	
<b>Date</b>	

I understand that the information that I have provided is confidential, however there may be situations where the School First Aider may need to share this information with a third party, for the health and safety of the child. I authorise the School First Aider to disclose the information in this form should she feel it necessary.

<b>Child’s Name</b>	
<b>Parent/Guardian</b>	
<b>Date</b>	

Headlice is a very common complaint amongst school age children. With parent’s support and early detection this problem can be greatly reduced. I authorise the School First Aider to check my child’s hair for headlice.

<b>Child’s Name</b>	
<b>Parent/Guardian</b>	
<b>Date</b>	



**Staff Training Record:  
Administration of Medicine**

**Name:**.....

**Date:**.....

I confirm that ..... has received additional training and is competent to carry out the administration of prescribed medicines within The Duston School.

I recommended that the training is updated every 3 years.

Trainer's signature:.....

I confirm that I have received the training detailed above and now feel competent to administer prescribed medicine's to pupils within my own competencies.

Staff signature:.....

Date:.....

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## Emergency Planning

Request for an Ambulance to:

.....

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

1. Your telephone number

.....

2. Give your location as follows: (insert school address and post code)

.....

3. Given exact location in the school (insert brief description)

.....

4 Give your name

.....

5. Give brief description of pupil's symptoms

.....

6. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to:

.....

**Speak clearly and slowly and be ready to repeat information if asked. Keep Ambulance Control informed of any changes in symptoms.**

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**Suggested letter which could be given out by schools following an Anaphylactic Episode**

Any School  
Other Road  
Duston  
Northampton  
ABC 123

1 November 2005

Dear Dr .....

**Name:** .....

**Address:** .....

.....

.....

**Date of birth:** .....

The above-mentioned child suffered an anaphylactic reaction in school today. He/she was given **one** dose of Anapen/Epipen and then sent to hospital.

Please can you prescribe a further dose of Anapen/Epipen to be kept in school. By copy of this letter, I am asking the parents to collect the prescription and deliver the medication to school.

Yours sincerely

Principal

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

(Please use language appropriate to the lay person)

**Name of pupil or students** \_\_\_\_\_ **Age** \_\_\_\_\_

**Seizure classification and/or description of seizures which may require rectal diazepam** (Record all details of seizures e.g. goes still, falls, convulses down both sides of body, convulsions last 3 minutes etc. Include information regarding 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?**

\_\_\_\_\_

5. **Can a second doze of rectal diazepam be given? YES/NO**

**After how long can a second dose of rectal diazepam be given?** (State the time to have elapsed before re-administration takes place)

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**How much rectal diazepam is given as a second dose?** (State the number of milligrams to be given and how many times this can be done after how long)

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6. **When should the person's usual doctor be consulted?**

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7. **When should 999 be dialled for emergency help?**

e.g. i) **if the full prescribed dose of rectal diazepam fails to control the seizure**

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ii) **Other** (Please give details)

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8. **Who should (a) administer the rectal diazepam?  
(b) witness the administration of rectal diazepam?**

(e.g. another member of staff of same sex)

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9. **Who/where needs to be informed:**

**Parent/guardian**

a) \_\_\_\_\_ **Tel:** \_\_\_\_\_

**Prescribing doctor**

b) \_\_\_\_\_ **Tel:** \_\_\_\_\_

**Other**

c) \_\_\_\_\_ **Tel:** \_\_\_\_\_

10. **Insurance cover in place? YES/NO**

11. **Precautions under what circumstances should rectal diazepam not be used**  
e.g. Oral Diazepam already administered within the last ..... minutes

---

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

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**This plan has been agreed by the following:**

**Prescribing Doctor** \_\_\_\_\_  
(block capitals)

Signature \_\_\_\_\_

**Authorised person/s trained to administer rectal diazepam**

NAME \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
(block capitals)

NAME \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
(block capitals)

NAME \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
(block capitals)

PUPIL (if sufficiently mature) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
(block capitals)

PARENT/GUARDIAN \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
(block capitals)

EMPLOYER OF THE PERSON(S) AUTHORISED TO ADMINISTER RECTAL DIAZEPAM

(block capitals) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

HEAD OF UNIT/SCHOOL \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
(block capitals)

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

Copies to be held by

\_\_\_\_\_

Expiry date of this form

\_\_\_\_\_

Copy holders to be notified of any changes by

\_\_\_\_\_

## The Duston School – Policy Document

Useful telephone numbers:

Members of the Joint Epilepsy Council

British Epilepsy Association - 0808 8005050

The David Lewis Centre - 01565 640000

The National Society for Epilepsy - 01494 601300

## **MEDICAL CONDITION OR ILLNESS**

### **Objective**

Although there is no requirement to keep medical records for staff and pupils, relevant information appropriately and securely stored can be of great assistance to school managers in determining acceptable arrangements. The objective of this form is to record medical conditions in such a way that they can be used to build up a medical record for each member of staff and each pupil.

### **Key Points**

Medical records are especially important in emergency situations where accurate, up-to-date information is essential in order to ensure that the correct procedures are followed for any given individual. For this reason, the date should always be entered on the form and any action taken should be as specified on the latest form.

The availability of such information can also help when arranging activities or lessons where a medical condition might present additional hazards to the participants. For example, introducing into class a substance to which a pupil is known to be allergic.

The DfEE guidance Supporting Pupils with people with medical needs contains advice on drawing up health care plans for pupils with medical needs. Each plan will contain different levels of detail according to the particular medical needs being considered, It is suggested that the health care plan should be reviewed as the school and the pupils' parents think necessary but normally at least once a year.

### **Confidentiality**

All medical records, which relate to staff and pupils, are confidential. They should be marked as such and treated in the same way as personnel files and other confidential information. Access should be restricted to those staff who require specific information in order to discharge their responsibilities safely. For example, a physical education teacher ought to be aware that a pupil is a haemophiliac and a class teacher should know if a child suffers from epilepsy. However, being given this information is not the same as having access to the medical notes on the pupil. Information held on computer is subject to the Data Protection Act 1988.

**RECORD OF MEDICAL CONDITION OR ILLNESS**

THIS FORM MUST BE COMPLETED BY A PARENT OR MEMBER OF STAFF

Surname	Forenames
Address	Gender
	Age
	Status
	Class or Form of pupil

**Condition(s) or Illness(es)**

--

**Relevant Details**

--

**Action in Emergency**

--

**Next of Kin**

Name
Relationship to pupil/staff member
Address
Telephone Number

Date
------