



Interim National Guidance for Supporting Students with Medical Conditions in education settings

It is important that students with medical conditions have access to education and that their parents feel confident about their child's medical care being managed whilst at school. However it is also important to make certain that schools and education settings have the necessary help and guidance to ensure that the medical needs of students can be effectively supported. This guidance sets out the arrangements schools and other education settings will be expected to make, based on good practice.

Purpose and Scope of the Guidance

This guidance is intended to support Government schools and education settings establish the necessary arrangements and procedures to support students with medical conditions so that such students can enjoy the same opportunities as any other student at school. CI government schools must have regard to this guidance when fulfilling their duties in relation to those students with medical needs.

Who is this guidance for?

This guidance applies to:

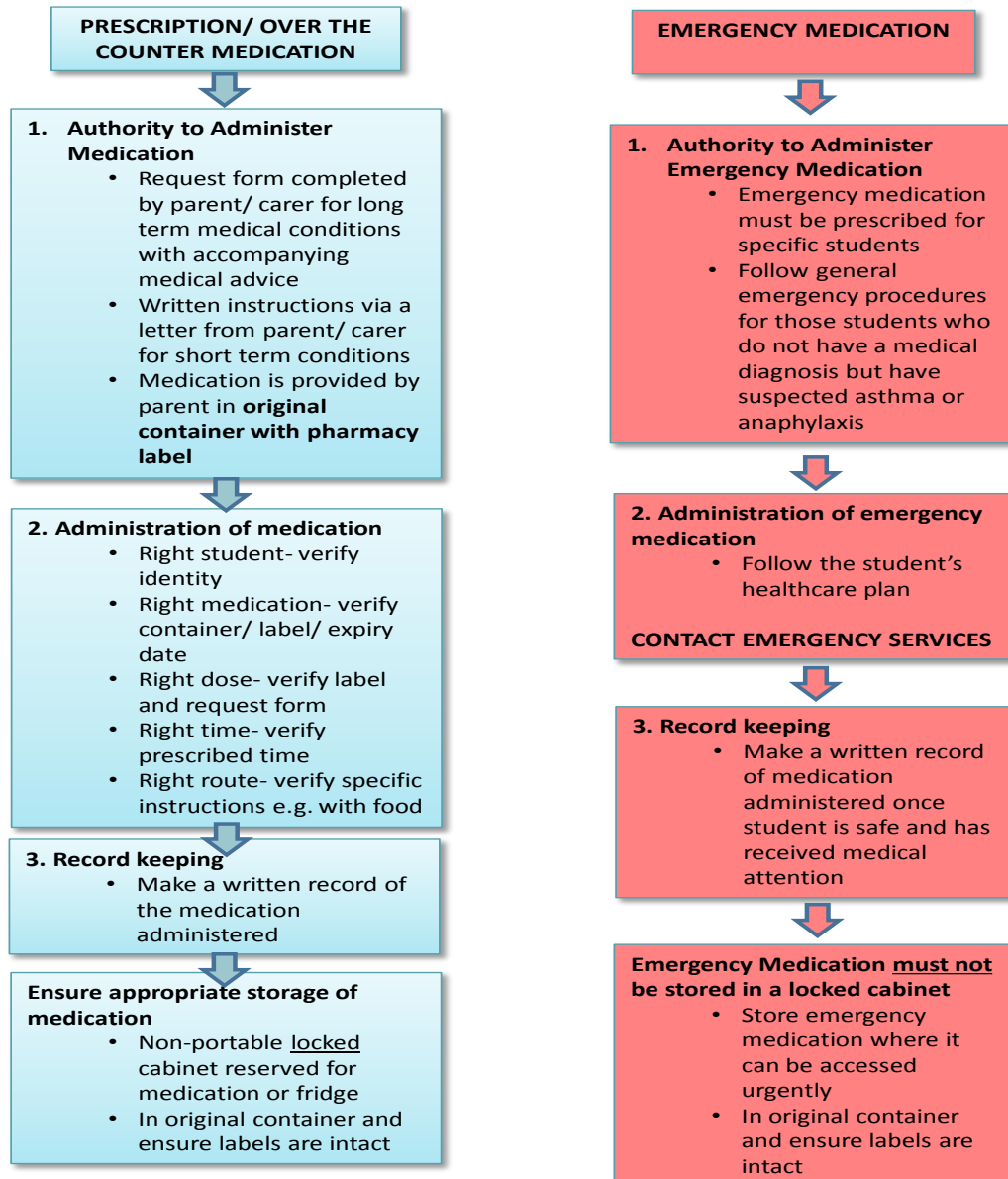
- All Cayman Islands Government schools
- Cayman Islands Further Education Centre (CIFEC)
- Any other Government education setting

This guidance aims to:

- Ensure that students with medical conditions are properly supported so that they can have full access to education, including school trips and physical education.
- Provide guidance for schools and other educational settings about the arrangements that should in place to support students with medical conditions.
- Promote effective collaboration between schools, education settings, medical professionals and parents to support students with medical conditions.



Procedures for administration of routine and emergency medication





Protocols for safe administration of medication

Schools and education settings should take reasonable care when administering medication to students and are required to ensure that:

- basic infection control measures are followed e.g. hand washing, use of gloves
- disposable cups are used for the administration of medication
- two person check is undertaken where necessary
- medications are dispensed from the original container to the student for whom it is intended
- expiry dates are checked to ensure medication being administered is not out of date
- medications are returned to parents when:
 - no longer required
 - at the end of the school term/ year
 - at the end of an extended school activity (field trip)
- sharps are disposed of appropriately
- unusual symptoms or side effects are reported

Five rights of medication administration

1.	Right student	<ul style="list-style-type: none"> • verify the identity of the student by asking full name, use a photograph etc.
2.	Right medication	<ul style="list-style-type: none"> • verify label when medication is removed from cupboard and before dispensing to the student • verify that the medication is in the original container with the original pharmacy label intact. • verify expiry date
3.	Right dose	<ul style="list-style-type: none"> • verify dosage on container with dosage on request to <i>administer medication form</i>
4.	Right time	<ul style="list-style-type: none"> • ensure medication is administered as directed by pharmacist
5.	Right route	<ul style="list-style-type: none"> • verify route of administration, ensure oral medications are swallowed and if required to be taken with food etc.



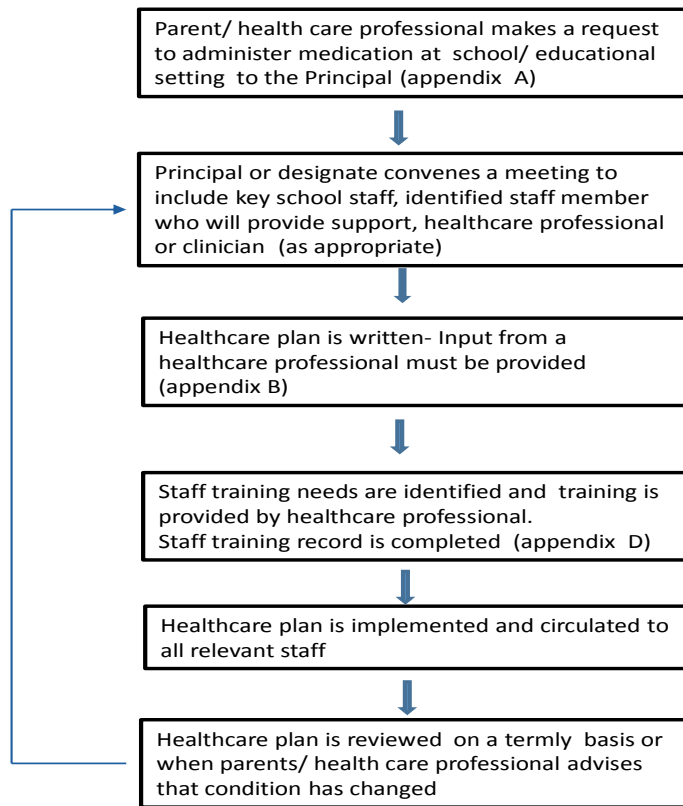
Healthcare plans

Healthcare plans are documents which provide the school with directions or specific guidelines to support students with medical conditions. An individual healthcare plan is needed when a student requires routine/daily health procedures, has a medical status which may require an emergency response to a life-threatening crisis or requires infrequent emergency needs/procedures (see appendix B). When devising an individual healthcare plan consideration should be given to the following:

- the medical condition, its triggers, signs, symptoms and treatments;
- the student's resulting needs, including medication (dose, side effects and storage) and other treatments, equipment, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues e.g. crowded corridors, travel time between lessons;
- specific support for the student's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
- the level of support needed including in emergencies. If a student is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;
- who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable
- who in the school needs to be aware of the student's condition and the support required; (where confidentiality issues are raised by the parent/student, the designated individuals to be entrusted with information about the student's condition)
- arrangements for written permission from parents and the principal for medication to be administered by a member of staff, or self-administered by the students during school hours;
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the student can participate, e.g. risk assessments;
- what to do in an emergency, including whom to contact, and contingency arrangements.
- permission to call an ambulance



Process for developing individual healthcare plans





Management of medication

Medicines should only be administered at school when it would be detrimental to a student's health or school attendance not to do so. Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours. If medicines are being administered then procedures should be in place for the managing medicines as follows:

- schools should only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container
- store medication in a non-portable, locked space such as cupboard/cabinet reserved for medications only, in a secure fridge if required with authorised access only as specified in the student's healthcare plan. Students should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility.
- store emergency medication such as adrenaline pens or asthma inhalers in a safe, unlocked location where it is easily accessible to the authorised student and staff at all times in the event of an emergency. This is particularly important to consider when outside of school premises, e.g. on school trips
- limit access to all stored medications to persons authorised to administer medications
- ensure accessing medication causes minimal disruption to the student's learning programme.

Controlled drugs

- a student who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another student for use is an offence.

Disposal of Medication and Equipment

- sharps boxes should always be used for the disposal of needles and other sharps.
- when no longer required medicines should be returned to the parent to arrange for safe disposal.

Record keeping

- Schools should keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom (see appendix D). Any side effects of the medication to be administered should be noted.



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Example Forms



Appendix A: Request to administer medication schedule

The school/setting will not give your child medicine unless you complete and sign this form.

Name of school/setting	
Name of student	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency (including consent to call an ambulance)	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details of parent

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally for [student] to:	[name of agreed member of staff]



I am the Parent/Legal Guardian of [insert name of child] ('Child') and I consent to an authorized member of Staff at the [insert name of school] administering the medication, of the type and in the dosage set out in the above Schedule, to the Child and, in consideration of allowing an authorized member of Staff to do so, I hereby agree as follows:

(1) I acknowledge, understand and appreciate that as part of having an authorized member of Staff administer the medication to my Child there may be risks and dangers, both known and unknown, and have elected to allow my Child to receive the medication, in spite of those dangers.

(2) I have voluntarily accepted and assumed all risks associated with my Child receiving the medication by an authorized member of Staff.

(3) On behalf of the Child, I hereby release all authorised staff at [insert name of school], from and against any and all claims for negligent actions, costs, charges, losses, damages and expenses which they shall or may incur or sustain by reason of any negligent act or omission by them in the administration of the medication to the Child.

The above information is, to the best of my knowledge, accurate at the time of writing. 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 to be stopped.

Child's Name

Parent/Guardian Name

Parent/Guardian Signature

Date



Appendix B: Template for individual healthcare plan

Name of school/setting	
Student's name	
Group/class/form	
Date of birth	
Student's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

Clinic/ Hospital contact

Name	
Phone no.	

Physician

Name	
Phone no.	



Who is responsible for providing support in school

Describe medical needs and give details of child’s symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

Name of medication, dose, method of administration, when to be taken, side effects, contraindications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil’s educational, social and emotional needs

Arrangements for school visits/trips etc.

Other information

Describe what constitutes an emergency, and the action to take if this occurs



Describe potential problems and interventions

Who is responsible in an emergency (*state if different for off-site activities*)?

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to



Appendix C: Templates for recording administration of medication

Record of medicine administered to an individual student

Name of school/setting	
Name of child	
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 _____



Cont. /d

Date

Time given

Dose given

Name of member of staff

Staff initials

Date

Time given

Dose given

Name of member of staff

Staff initials

Date

Time given

Dose given

Name of member of staff

Staff initials

Date

Time given

Dose given

Name of member of staff

Staff initials



Appendix D: Template for staff training record for administration of medicines

Name of school/setting

Name

Type of training received

Date of training completed

Training provided by

Profession and title

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____