



Administering Medication Policy

From September 2014 a new duty came into force for Governing Bodies to make arrangements to support pupils at school with medical conditions. The statutory guidance "Supporting pupils at school with medical conditions" (updated Dec 2015) is intended to help governing bodies meet their legal responsibilities and sets out the arrangements they will be expected to make, based on good practice.

Medical needs can present a significant barrier to participation and achievement. Some pupils may have a medical condition that could affect their participation in school activities which, if not properly managed, could limit their access to education and/or be potentially life threatening. In some cases, school may need to make reasonable adjustments when arranging some activities to make sure that these pupils are not put at risk or treated less favourably as a result of their medical need.

Brook Primary School is an inclusive community that welcomes and supports children with medical conditions and ensures they, in terms of both physical and mental health, are properly supported in school, so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

The purpose of this policy is to help governors, staff, parents and other professionals to understand how those barriers might be overcome and their role and responsibilities in doing so.

This policy meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education's statutory guidance: [Supporting pupils at school with medical conditions](#).

Aims:

To ensure that:

- Pupils, staff and parents understand how our school will support pupils with medical conditions.
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and supporting activities.
- Staff are aware of a pupil's medical needs, where appropriate.
- The Governing Body ensures that arrangements are in place in schools to support pupils at school with medical conditions.
- The Governing Body ensures that school leaders consult health and social care professionals, pupils, parents and carers to ensure that the needs of children, with medical conditions, are met effectively.

Role of the Governing Body:

- To ensure that arrangements are in place to support pupils with medical conditions so they can access and enjoy the same opportunities at school as any other child
- To take into account that many of the medical conditions that require support at school will affect quality of life and may be life threatening so the focus of action is to take on the needs of each individual child and how the medical condition impacts on their school life
- To make arrangements so that parents/carers and pupils have confidence in the school's ability to provide effective support for medical conditions in school
- To demonstrate an understanding of how medical conditions impact on a child's ability to learn
- To ensure staff are appropriately trained to provide the support that pupils need
- To monitor arrangements put into place to ensure that policies, plans, procedures and systems are properly and effectively implemented in accordance with statutory requirements - in particular the procedures for administering medication
- To ensure that the school's policy is explicit about what practice is not acceptable when administering medicines in school
- To ensure any complaints concerning the support provided to pupils with medical conditions are addressed sympathetically and in a timely fashion

Role of the Headteacher:

- To ensure that the policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of this policy and understand their role in its implementation
- To ensure that all staff who need to know are aware of the child's condition and that sufficient trained staff are available to implement the policy and deliver against individuals health care plans, including contingency and emergency situations
- To ensure that the appropriate level of insurance is in place and appropriately reflects levels of risk that this information is kept up to date.
- Risk assessments for school visits and other activities outside the normal school timetable are in place.
- Arrange cover as necessary to ensure someone is always available to support the children with Medical Needs- especially on school trips if staff are absent.

Role of the SENDCO:

- That staff are suitably trained to support a child with a specific medical condition
- That all relevant staff are made aware of the child's condition, including kitchen staff and children with specific dietary needs and allergies.

Role of Staff:

- Any member of staff may be asked to provide support to pupils with medical conditions, including administering medicines, although in practice this is likely to be the teaching assistant who works alongside the particular pupils or the school administration staff.
- School staff are to receive sufficient and suitable training and achieve the necessary level of competency before they take on the responsibility to support children with medical conditions
- Take into account the needs of pupils with medical conditions that they teach, know what to do and respond accordingly.
- Ensure children make progress, including children with a medical condition. They are responsible for planning making necessary adjustments were required to ensure inclusion,

understanding how a child's medical condition may impact on participation in activities including; after school, trips and visits

- Familiarise themselves with procedures detailing how to respond when they become aware that a pupil with a medical condition needs help. This includes activities outside of the normal timetable
- Working with SENDCO, to ensure that risk assessments are carried out for school visits and other activities outside the normal timetable.
- Ensure any medication, including inhalers, are taken to activities outside the normal timetable.

In addition, all staff are trained first aiders and the first contact for a child who has been injured. This training is in line with statutory requirements.

Role of The School Health Advisor:

- The school health advisor will liaise the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should begin support before the child starts school. They will have an extensive role in ensuring that school is taking appropriate steps to support children with medical conditions but may support staff on implementing a child's individual healthcare plan and provide advice and liaison with training.
- With consent, contact details can be passed directly to the School Health Advisor to enable them to contact families directly
- The school health advisor assists in the writing and reviewing of health care plans
- Is a partner in all Child Protection and Children Looked After Plans
- Carries out Reception and Year 6 health checks

Role of other Agencies:

Where appropriate the SENDCo will contact other support, agencies involved with the child or agencies that they consider may be able to offer advice to the school, child or family to contribute to documentation including; healthcare plans, common assessment framework

Role of a Child with a Medical Condition:

- Children with medical conditions can often tell us how the condition affects them. Where possible children will be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. Any such discussion will take account of the child's age and knowledge of his/her medical condition
- Children who are competent are actively encouraged to take responsibility for managing their own medication and procedures e.g. inhalers, applying creams, using crutches etc
- In the event that a child refuses to take their medication, parents should be called to school to take responsibility for this.

Role of Parents / Carers:

- Parents and Carers are responsible for their child's health and must provide school with sufficient and up-to-date information about their child's medical condition, dietary needs and treatment on entry to school or as soon as it develops.
- Parents have a responsibility to ensure their child attends subsequent medical appointments as well as keeping school informed of any follow up appointments and their outcomes.

- Parents must ensure that they are contactable at all times - they are responsible for updating contact information with the school office.

Individual Health Care Plans: (see appendix 1)

Individual Health Care Plans are provided by the School Health Advisor in liaison with the SENDCo

- Individual Healthcare Plans are currently written for children with a specific condition that could result in a medical emergency for that child and how this needs to be managed.
- Copies are given to the class teacher and parent and the original is kept in the Medical Needs file in a locked cupboard.
- Kitchen staff receive a summary plan with a photo of the individual child attached to support identification of children with known food allergies after parental consent is given.
- These plans are reviewed at least annually by school, parents and the relevant health professionals. Parents have a responsibility to update information about their child's medical needs.
- As appropriate, children with Individual Healthcare Plans will know how to keep themselves safe whilst managing their specific condition in a developmentally appropriate way.
- If a child is required to be taken to hospital in an emergency and the parent is not available, then 2 members of staff are required to transport the child to hospital and one adult to remain with the child until the parent arrives. If an ambulance is required and the parent is not available, then 1 member of staff must travel with the child to the hospital in the ambulance and wait for the parent to arrive.

PEEPS:

Any child who has difficulties evacuating a building will have a PEEP (Personal Emergency Evacuation Plan).

Asthma:

Asthma Records are completed by the SENDCo, the Parent and child (where appropriate). For children with asthma, parents sign to give permission for their child to have an inhaler and use their asthma medication in school if required. They also sign to give permission for the use of the school emergency inhaler. Emergency inhalers are kept in school, centrally located in the school office. An emergency inhaler will accompany classes on visits off the school premises.

(see school asthma policy)

Administering Medication:

No member of staff has to give medication to a child unless they choose to do so but school has a duty of care to take reasonable steps to keep children safe while they attend school. (Please refer to DFE Guidance para 21-23 "Managing Medicines on school premises")

- Prescribed medication will only be given in school if medication timings are such that they cannot be given outside the school day.
- Parents have to complete a Request for the School to give Medication form and this has to be agreed by a member of SLT before the medication can be administered. No medication can be given to a child without their parents' written consent.

- School will only accept medication that is prescribed by a medical professional, in date, clearly labelled and in the original container as dispensed by the pharmacist and include instructions for administration, dosage and storage.
- Any medication given for ADHD must be recorded on the child's individual Medication Given Record. A tally is kept of the number of tablets remaining. If any tablets are required to be taken out of school by the parent, the parent must sign and date the amount taken. The tally to be changed, dated and initialled by the member of staff handing over the medication.
- Teachers are responsible for ensuring they have the relevant medication and health care plans when out on trips.
- Medicines are kept in a locked cupboard in the school office at room temperature or in the locked medications fridge as necessary (dedicated medication storage box). Epi-Pens and inhalers are kept in the classroom / with the child as appropriate. This information will be kept on the relevant health care plans. If a child needs to use their inhaler, it must be recorded on the sheet held alongside the inhalers.
- Non-prescription medication is only given in exceptional circumstances where it would be detrimental to the child's health or well-being not to do so
- Over the counter medicines e.g. hay-fever treatments, cough, cold remedies and analgesics for pain relief will only be accepted in exceptional circumstances e.g. for treatment in minor ailments for self-care and be treated in the same way as a prescription medication. Parent/carer must clearly label the container (original packaging) with the child's name and complete a consent form with the dose and time required to support administration.
- A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed.
- In an emergency, parents can be asked to come into school to administer Paracetamol to their children. During school visits to the Pioneer Centre, Paracetamol may be administered with parents' prior written consent. This is obtained before the visit.
- Emergency inhalers are kept in the main school office. Parents sign to give consent to use the school's emergency inhaler. Parents are informed if their child has needed to use the emergency inhaler. Parents are responsible for replacing their child's inhaler.
- Emergency Epi-Pens are kept in the locked medicines cupboard in the school office. If an Epi-Pen is used, an ambulance should be called and details of administering kept, including time, and who administered the Epi-Pen.
- For children with eczema, parents sign to give permission for creams to be applied (where the child is very young) or for children to be supervised in the application of their creams as appropriate.

Children with Long-term Medical Needs and Significant Periods of Absence from School:

Some children, as a result of a pre-existing medical condition or as the result of an accident or newly diagnosed condition may require significant periods of time away from school on a regular basis (e.g. for transfusions/dialysis etc.) or infrequently as a result of hospitalisation or convalescence. Wherever possible and in consultation with hospital staff and parents, these children will be offered some additional teaching through the Cherry Trees Tuition Service if

- The referral is made by through school, if a pupil has surgery planned and/or a known and extended future absence is likely, due to a medical need (15 days or more).
- The hospital refers where absence is the result of the sudden onset of a serious medical condition or illness, surgery or other hospitalisation.
- For children with mental health problems such as anxiety, depression or school phobia, their needs will be discussed with parents, GP and the Educational Psychologist before a referral is made.

Following a long period of absence, the SENDCo will initiate a return to school plan, liaising with the child, parents, class teacher, School Health and Cherry Trees (where appropriate) to ensure a successful and safe return to school. Parents must now provide a letter from the GP or hospital stating the child is well enough to return to school.

Liability and Indemnity:

Brook Primary has full insurance and indemnity through Dudley Metropolitan Borough Council. Details can be sought via written request from the school office.

Complaints:

All staff carry out their duties to care for and support all children, to the best of their ability under the direction of the Head Teacher. Should a parent ever wish to make a complaint over the care and support provided by the school, then it should be made in writing or in a meeting with the Head Teacher, Mrs M Fellows

In the event of the complaint being made against Mrs Fellows the complaint should be addressed to Mr Peter Simpson, The Chair of Governors.

Policies and Guidance relevant to this Medical Needs Policy:

- Guidance for the Management of Anaphylaxis in Schools Dudley PCT
- Guidance for the Management of Epilepsy in School Dudley PCT
- Dudley Schools' Asthma Policy, Dudley PCT
- Guidance for the Management of Children and Young People with Diabetes in Schools
- Dudley NHS/Diabetes UK
- Understanding Meningitis - The Meningitis Trust
- Guidelines for the control of communicable disease in schools and colleges, Dudley

This policy should be read in conjunction with the schools notice and complies with GDPR.

Developed: November 2020

To Be reviewed: November 2020

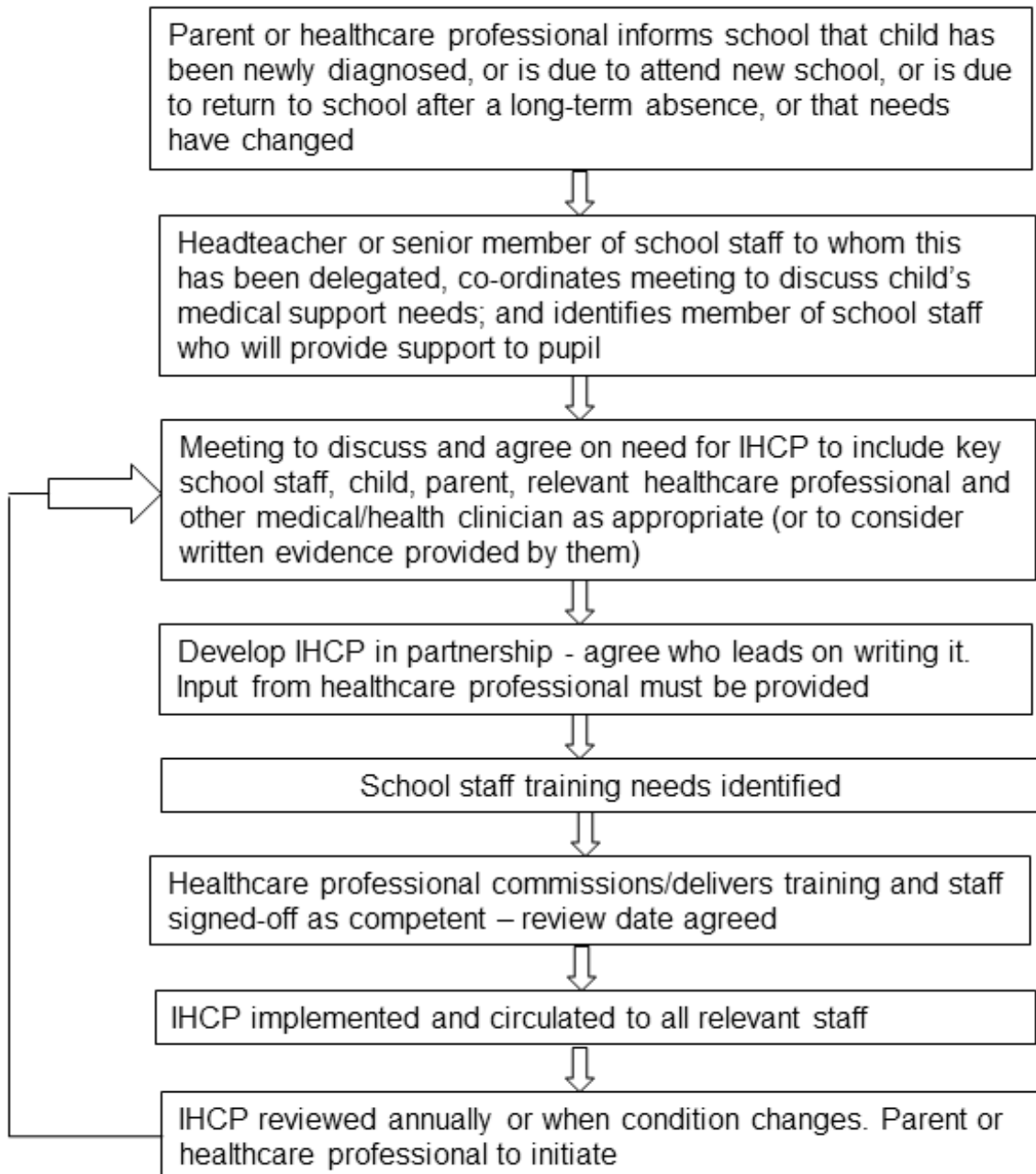
Appendix 1: Actions to be taken in a medical emergency:

Who	What
First person at scene	Send for help - any adults (who can then get a first aider) Children should be cleared from the area to avoid distress and congestion. Children should be reassured after the event
First Aider	To administer emergency first aid in accordance with training and advice, including defibrillator
An adult (NOT first aider)	Call an ambulance (Ring 999) The person will then need to say on the phone and within the vicinity of the casualty. Details of patient will need to be collected and shared. Continue to relay information from the first aider to the emergency services and follow any instructions given.
Other adult	Adult to go to the School Office to inform them an ambulance has been called and to make SLT aware. Adult to take Defibrillator back to the casualty as a precaution.

Office / SLT in Office	Organise for a member of staff to meet the ambulance crew at the front or back gates as appropriate (best access).
Office staff	Office staff to print child's Integris details to provide to ambulance crew. Office to ring parents of child. If parent(s) do not arrive to accompany child to hospital, 2 members of school staff will attend - one following in car to return to school
SLT to organise	Once child taken to hospital - surrounding area / bodily fluids to be cleaned.

Appendix 2: Procedures to be followed with developing an individual health care plan

For a newly diagnosed condition, for a child new to school with an existing condition, following long term absence or changing need - DFE guidance states that every effort should be made to do this within 2 weeks



- Children in school may need to be prepared for their arrival - a brief description of the child's presentation and how staff and children in school can support them best.
- A start date will be agreed by parents, school and health care professionals.

Individual Health and Care Plan:

First Name: _____
Last Name: _____
Date of Birth: _____
NHS Number: _____

Healthcare Plan for a Pupil with Medical Needs

Date Completed:	Review Dates
Name and Address of School:	1
	2
	3
	4
Consent to Share Information obtained: Yes <input type="checkbox"/> No* <input type="checkbox"/> <i>(if No please give details below)</i>	
Comments:	
Contact Information	
Family Contact 1	Family Contact 2
Name:	Name:
Telephone Number:	Telephone Number:
Relationship:	Relationship:
Clinic / Hospital Contact	GP
Name:	Name:
Telephone Number:	Telephone Number:
Describe conditions and give details of pupil's individual needs:	
Care Requirements:	

First Name: _____
Last Name: _____
Date of Birth: _____
NHS Number: - - - - -

Healthcare Plan for a Pupil with Medical Needs

Describe what constitutes an emergency for pupil during school day, and the actions to take if this occurs:

Follow up care – after emergency, long term care:

Form Copied to: (please tick box as required)

Parents:

Head Teacher:

School Nurse / Health Advisor:

Details of person completing this form:

Signature:	Print:
Date:	Designation:

Appendix 3: Asthma Health Care Plan

Child's name	
Date of birth	
Group/class/form	
Child's address	
Age of child when diagnosed with Asthma.	

Family/ Emergency Contact Information

Parents / Guardians Name		
Phone no: Home		
Mobile		
Name of emergency contact	1:	2:
Phone no: Home		
Mobile		

G.P. Name/ clinic	
Phone no.	

Clinic/Hospital Contact Name	
Phone no.	

Describe how the asthma affects your child including their typical symptoms and asthma 'triggers'

Describe their daily care requirements including the name of their asthma medicine(s), how often it is used and the dose
(E.g. once or twice a day, just when they have asthma symptoms, before sport)

Describe what an asthma attack looks like for your child and the action to be taken if this occurs

Form copied to: (to be completed by the school asthma lead)

Class teacher
Medical file

Parents
School Nurse

ADVICE FOR PARENTS

Remember:

1. It is your responsibility to tell the school about any changes in your child's asthma and/or their asthma medications
2. It is your responsibility to ensure that your child has their 'relieving' medication and individual spacer with them in school and that it is clearly labelled with their name. You should confirm this with your child's class teacher
3. It is your responsibility to ensure that your child's asthma medication has not expired
4. Your child should not be exposed to cigarette smoke

Appendix 4: Parental Agreement for School to Administer Medicines:

Consent form to administer medicines

The school/early years setting staff will not give any medication unless this form is completed and signed.

Dear Head teacher/setting lead or manager

I request and authorise that my child *be given/gives himself/herself the following medication:
(*delete as appropriate)

Name of child		Date of birth	
Address			
Daytime Tel no(s)			
School/setting			
Class (where applicable)			
Name of medicine:			
Circle as appropriate:	Prescription / Over the counter		
Special precautions, e.g. take after eating			
Are there any side effects that the school/setting need to know about?			
Time of dose		Dose	
Start date		Finish date	

This medication has been prescribed for my child by the GP/other appropriate medical professional whom you may contact for verification (where applicable).

Name of medical professional	
Contact telephone number	

I confirm that:

- It is necessary to give this medication during the school/setting day
- I agree to collect it at the end of the day/week/half term (delete as appropriate)
- This medicine has been given without adverse effect in the past.
- The medication is in the original container indicating the contents, dosage and child's full name and is within its expiry date.
- The medication does not contain aspirin.

Signed (parent/carer)		Date	
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