

Administering Medicines and Supporting Children with medical conditions Policy

FGB Approved April 26

Next Review: Spring 27

1. Aim

The staff of East-the-Water Primary School wish to ensure that students with medical needs receive proper care and support. Our intention is to ensure that students with medical conditions should have full access to education including trips and PE. The governing body will ensure that staff are supported, trained and competent before they take on the responsibility of supporting students with medical conditions.

2. Legislation and statutory responsibilities

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 (DfE)'s statutory guidance on [supporting pupils with medical conditions at school](#).

3. Insurance

The school's insurance will cover liability relating to the administration of medication.

4. Identification of medical need

Procedures to be followed when notification is received that a student will be starting school with a medical condition or the student has a new diagnosis:

- Parent to fill out S11/1 Data Collection on Admission to School: Pupil Information (*NB form only required for pupils new to the school*), The Parental Agreement to administer prescription or non-prescription medicine form if required (Appendix 1), and Making School a Better Place for Learning document (Appendix 3).
- Office staff to ensure that medical conditions are shared with Julie Servaes and Deana Smith prior to or on the day of admission (ie as soon as the information is received)
- Julie Servaes to draw up Individual Health Care Plan where applicable
- Relevant staff in the class will be notified and informed of any medical condition immediately by Julie Servaes or Deana Smith

5. Individual Health Care Plans (IHCPs)

Where identified as being necessary, Individual Health Care Plans (IHCP) will be developed between East-the-Water Primary School, healthcare professionals and parents (including the student if possible) so that the steps needed to help a student manage their condition and overcome any potential barriers to getting the most from their education are identified. Any children with anaphylaxis, diabetes or epilepsy will always have an IHCP. The IHCP will include (See Appendix 4):

- The student's medical condition, its triggers, symptoms, medication needs and the level of support needed in an emergency. Also it must include any treatments, time, facilities, equipment, testing

and access to food or drink (where it is used to manage their condition), dietary requirements and environmental issues such as crowded corridors and travel time between lessons

- Specific support for the student's education, social and emotional needs, such as how will absences be managed, requirements for extra time to complete exams, use of rest periods or counselling sessions
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support from a healthcare professional
- Cover arrangements and who in the school needs to be aware of the student's condition and the support required including supply staff
- Arrangements for written permission from parents for medication
- Arrangements or procedures for school trips or other school activities outside the normal timetable; completion of risk assessments for visits and school activities outside the normal timetable
- The designated individuals to be entrusted with the above information
- Procedures in the event of the student refusing to take medicine or carry out a necessary procedure
- What to do in an emergency including whom to contact and contingency arrangements

Adam Buckeridge, Headteacher, will have the final decision on whether an Individual Health Care Plan is required.

6. Medication Arrangements for Students without an Individual Health Care Plan (IHCP)

Non-prescription medication

The school is prepared to administer non-prescribed medication as long as the following is followed:

1. When it would be detrimental to the pupil's health or school attendance not to do so **and**
2. Where we have parent/guardian's written consent
3. The DCC 'The Parental Agreement to administer prescription or non-prescription medicine' form will be used to record parental consent (Appendix 1) and must be handed into the school office
4. First aiders and the school office staff are authorised to issue the medication and a record kept of students' names, time, date, dose given and the reason on the 'Record of Medicine Form' (Appendix 2)
5. Medication for Year 1 – 6 is kept in the first aid cabinet in the office. Medication for Early Years is kept in the first aid cabinet in the EYFS Unit. Both cabinets are kept locked at all times and the key kept in a safe location.
6. On residential trips or off-site visits 'under the head teacher's discretion' medication may be administered
7. In circumstances when a young person suffers headaches, menstrual pains or toothache, the establishment may be asked to provide a mild analgesic (e.g. paracetamol) to relieve pain if provided by the parent. Analgesics should only be given to children under the age of 16 when parents have given prior written permission.
8. Students under the age of 16 should never be given medicine containing aspirin unless it is prescribed by a doctor.
9. Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken by calling the parents. Parents will always be informed at the end of the day so that dosage levels are safe.

Prescribed medication

It is helpful, where clinically possible, that medication be prescribed in dose frequencies which enable it to be taken outside school hours, for example, medicines that need to be taken three times a day may be managed at home, e.g. can be taken in the morning, after school hours and at bedtime. Parents should be encouraged to ask the prescriber about this.

If this is not possible, the school is prepared to administer prescribed medication as long as the following is followed:

1. When it would be detrimental to the pupil's health or school attendance not to do so **and**
2. Where we have parent/guardian's written consent
3. The DCC 'The Parental Agreement to administer prescription or non-prescription medicine' form will be used to record parental consent (Appendix 1) and must be handed into the school office
4. The school will only accept prescribed medicines that are: In-date, labelled and provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage
5. First aiders and the school office staff are authorised to issue the medication and a record kept of students' names, time, date, dose given and the reason on the 'Record of Medicine Form' (Appendix 2)
6. Medication is kept in the first aid cabinet in the office or in the EYFS first aid cabinet. Where medicine is administered as required rather than on a daily basis, parents will be contacted before giving medication to check when the last dose was given.
7. On residential trips or off-site visits 'under the head teacher's discretion' medication may be administered.

7. Errors/Incidents in Administration of Medicines

It is recognised that mistakes may occasionally happen for various reasons. Every member of staff has a duty and responsibility to report any errors to his/her manager. Managers should encourage staff to report any errors or incidents in an open and honest way in order to prevent any potential detriment to the student. In the event that medication has been administered incorrectly, the priority is to ensure the safety of the student, including the provision of first aid where appropriate. Contact should then be made with the student's parents/GP/pharmacist for advice. Schools must have suitable procedures for the recording and reporting of incidents both within the school. Devon Health & Safety Service will report to the HSE where necessary.

8. Staff Health and Safety Issues

Most medicines are not hazardous to health when handled. However, staff should avoid direct contact with potentially hazardous medicines. Where this is unavoidable, appropriate measures should be used e.g. when staff have to apply steroid creams directly to a student, non-latex gloves should be used. In addition, infection control principles should be followed by staff administering medication and staff should be familiar with effective hand washing principles; see the document HS26 (Infection Control Arrangements).

9. Delivery, Receipt, Storage and Disposal of Prescribed and Non-Prescribed Medicines

Prescribed medicines should only be accepted if they are in date and provided in the container as originally dispensed by the pharmacist. The label on the container supplied by the pharmacist should not be altered under any circumstances. Containers should be clearly marked with the student's name, date of dispensing and the name of medication and include the prescriber's instructions for administration, dosage and storage. The exception to this is insulin which still must be in date but will be supplied in a pump rather than its original container.

Non-prescribed medicines should only be accepted if they are in date and provided in the container as originally dispensed. The label on the container should not be altered under any circumstances. Containers should be clearly marked with the student's name and the name of medication and include instructions for administration, dosage and storage.

It is not appropriate or acceptable for students to bring in their own medication. All medication should be handed directly to the office by the parent or carer. Staff must direct parents to the office in all cases.

Medication should be stored safely and away from public areas, sources of heat, moisture or direct sunlight, as these elements can cause the medicines to deteriorate. Medicines such as asthma inhalers, adrenalin pens and blood testing meters should be ready available and not locked away.

Medicine cupboard/cabinets should be of a suitable size to store all medication and have a quality lock fitted where required. When storing a controlled drug the storage container should be secured to a wall and locked. Only first aiders, the office staff and SLT should have access to the medication.

Rooms in which medication is kept should not be accessible to students. Medication requiring refrigeration should be stored, clearly labelled in a room not used by students.

The master file of parental consent and record of administration forms is kept in a file next to the first aid cabinet. EYFS have their own separate file.

Parents should ensure that medicines given to a school on a student's behalf are in date for the period of administration. School should not dispose of any medication - if medicines become out of date or the treatment ceases, parents should be informed immediately and asked to collect, dispose and replace if necessary via the school office.

10. Managing Medical Conditions.

Schools will need to ensure that there is a reasonable number of designated staff to provide sufficient coverage, including when staff are on leave. These staff should have appropriate training and support relevant to their level of responsibility. It would be reasonable for all staff to:

- Be trained to recognise the range of signs and symptoms of anaphylaxis, diabetes and epilepsy.
- Understand what to do in the event of an emergency.
- Understand the necessity for quick action particularly with regard to anaphylaxis.
- Be aware of how to check if a pupil is on the medical register.
- Be aware of how to access emergency medication if appropriate.
- Be aware of who the designated members of staff are and the policy on how to access their help.

11. GDPR

The paper records of parental permission slips and administration of medication, if there is no issue arising from administering that medication, should be kept no longer than a year. Records for SEN pupils with an identified medical need should be kept until the pupil has reached the age of 25.

12.Procedures for Specific Conditions

Asthma

For asthma procedures– please see East-the-Water Asthma Policy

Allergies

For allergy procedures– please see East-the-Water Allergy Policy

Defibrillator

Location:

School entrance opposite main doors

Procedure for using an AED in an emergency

- Call 999 and ask for an ambulance
- First aider to start CPR and get someone to bring the AED – call for paediatric first aider if not already on the scene
- Turn on the AED by pressing the green button and follow its voice and visual instructions
- Peel off the sticky pads and attach them to the patient's skin, one on each side of the chest, as shown in the picture on the AED. This may be front and back of the patient if it's a small child. (Please see defib for instructions)
- Once the pads have been attached, stop CPR and don't touch the patient. The AED will analyse the heart rhythm and tell you if a shock is needed or not
- If a shock is needed, make sure no one is touching the patient, and press the orange button to deliver the shock. If the AED is fully automatic, it will deliver the shock by itself
- After the shock, the AED will tell you to resume CPR. Continue until the ambulance arrives or the patient shows signs of life, such as breathing normally, coughing or moving

All procedures at East-the-Water Primary School will be monitored and reviewed by Deana Smith, Katie Everett and Julie Servaes.

Appendix 1

**PARENTAL AGREEMENT TO ADMINISTER
PRESCRIPTION OR NON-PRESCRIPTION MEDICINE**

East-the-Water Primary School

Notes to Parent / Guardians

Note 1: This school will only give your child medicine after you have completed and signed this form.

Note 2: All medicines must either be in the original container as dispensed by the pharmacy, with your child's name, its contents, the dosage and the prescribing doctor's name (in the case of prescription medication) or in the original packaging (eg: sealed blister pack) for non-prescribed medicine.

Note 3: This information is requested, in confidence, to ensure that the school is fully aware of the medical needs of your student.

Medication details

Date	
Student's name	
Date of birth	
Class	
Reason for medication	

Name / type of medicine (as described on the container)	
Expiry date of medication	
How much to give (i.e. dose to be given)	
Time(s) for medication to be given	
Special precautions /other instructions (e.g. to be taken with/before/after food)	
Are there any side effects that the school needs to know about?	
Procedures to take in an emergency	
I understand that I must deliver the medicine personally to <i>the school office</i>	
Number of tablets/quantity to be given	
Time limit – please specify how long your student needs to be taking the medication	_____ day/s _____ week/s

Details of Person Completing the Form:

Name of parent/guardian	
Relationship to student	
Daytime telephone number	
Alternative contact details in the event of an emergency	
Name and phone number of GP	

I confirm that the medicine detailed overleaf has been prescribed by a doctor and that I give my permission for the Headteacher (or his/her nominee) to administer the medicine to my son/daughter.

I confirm that the medicine detailed is in the original packaging [in the case of non-prescription medication].

I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped. I also agree that I am responsible for collecting any unused or out of date supplies and that I will dispose of the supplies.

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

Parent's Signature _____ Date _____
(Parent/Guardian/person with parental responsibility)



Making School a Better Place for Learning

We are committed to making sure that school is a happy and successful time for all of our children. Where a child has a particular difficulty or need, we will do our best to put things in place to overcome this. It would be helpful if you could complete this questionnaire, whether or not your child has any difficulties. Please complete one form for each of your children at this school.

We will treat what you have told us here sensitively. None of the information will be shared with other parents or pupils. The back page of this questionnaire provides more information about who this information will be shared with. If you need help to fill in this questionnaire please go to the school office and ask for Deana Smith or Julie Servaes.

Child's First Name

Child's Surname / Family Name

Date of Birth (dd/mm/yy)/...../.....

Gender (please circle): Boy Girl

1. Please tick whether your child has any long-standing illnesses, health problems or disabilities which mean that they have substantial difficulties with any of the areas of his/her life shown below? Please select all that apply.
By long-standing we mean anything that has troubled them over a period of at least 12 months or that is likely to affect them over at least 12 months. Please exclude difficulties that you would expect for a child of that age

Mobility – moving around indoors or outdoors	<input type="checkbox"/>
Hand movements – touching or holding	<input type="checkbox"/>
Personal care – going to the toilet, dressing	<input type="checkbox"/>
Eating and drinking without help	<input type="checkbox"/>
Incontinence – wetting or dirtying	<input type="checkbox"/>
Taking medication	<input type="checkbox"/>
Communication - speaking with others, or understanding them	<input type="checkbox"/>
Learning – numbers, letters, words	<input type="checkbox"/>
Hearing	<input type="checkbox"/>
Vision	<input type="checkbox"/>
Behaviour – very active, has a short attention span, behaves unacceptably	<input type="checkbox"/>
Has fits or seizures	<input type="checkbox"/>
Diagnosed with autism or Asperger Syndrome	<input type="checkbox"/>
Has a life-limiting condition or requires palliative care	<input type="checkbox"/>
Can be depressed, or anxious, or has an eating disorder	<input type="checkbox"/>
Wears glasses	<input type="checkbox"/>
Other (please describe other areas of great difficulty)	

2. Does your child take any medication, use any physical aids or require any special diet or supplements? If YES, please provide further details	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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3. If your child did not take this medication, use this physical aid or have a special diet or supplements, would he/she have substantial difficulties with any of the areas of life listed above?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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4. Has your child seen any professionals, such as a paediatrician, a psychologist, a speech and language therapist, a social worker, the school nurse or a health visitor because of the difficulty?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If YES, please provide further details:		
Would you be happy for the school to contact these professionals so that we can provide the best possible care for your child? Yes <input type="checkbox"/> No <input type="checkbox"/>		

5. If you have said that your child has difficulties, have these affected his or her:	Yes	At times	No	Don't know
Classroom learning in a previous school/nursery/pre-school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interaction with children of the same age?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Joining in other activities e.g. breaks, social and leisure activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance at school/nursery/pre-school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Day to day life outside of school/nursery/pre-school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. What sort of help or special equipment do you think your child needs so that they get on well at school?

7. In addition, are there any substantial difficulties <u>you as a parent</u> face that you feel school staff should be aware of? Please tell us about them.
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Please sign and date the form then return to the school.	
Signature	Date
We would be pleased to meet with you to talk about your child's need. Please tick if you would like us to arrange this.	<input type="checkbox"/>

What Happens To The Information You Give Us?
 We really appreciate your help with this questionnaire. The information will be used by the school to improve the way that information on pupils' difficulties and disabilities is collected and used in schools to promote the wellbeing of children. No information will be published that would identify your child. By returning this form you are agreeing that information can be used in this way. Information will then be shared with those staff in the school who support your child unless you ask us not to.

Individual healthcare 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

Relationship to child

Phone no. (work)

(home)

(mobile)

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Phone no.

Who is responsible for providing support in school

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Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues, access to food/drink, etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision (NB ensure medication form completed)

NB – in the event of the student refusing to take medicine or carry out a necessary procedure, call parents straightaway

Daily care requirements

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

Arrangements for school visits/trips etc

Other information (include where medication if provided is stored)

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

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

NOTE – Class Teacher is responsible for ensuring cover teachers are aware of this plan