

# King Edwin Primary & Nursery School



## Supporting Pupils with Medical Conditions

The policy was reviewed in July 2019 by:

Andy Callaghan-Wetton (Headteacher)

Dick Empson (Governor)

The policy was approved by the F&GP Committee on 7 November 2019

This policy is reviewed annually

Date of next review: Summer Term 2020

Senior designated person:	Headteacher
Additional designated person:	Deputy headteacher
Nominated Governor for Child Protection:	Mr R Empson

### INTRODUCTION

The governors recognise that the school has a responsibility to support pupils with medical conditions and to ensure that such children can access and enjoy the same opportunities at school as any other child.

This policy document identifies the procedures that we will implement to effectively support children with medical conditions. The policy is written in the light of the statutory and general guidance contained in the DfE document: "Supporting pupils at school with medical conditions" (Dec 2015).

The headteacher has overall responsibility for the policy and its implementation; for liaison with the Governing Body, parents/carers, the LEA and appropriate outside agencies and for the appointment of an additional designated person, who will have a general responsibility for handling the implementation of this policy.

The nominated Governor for Child Protection will be responsible for oversight of the implementation of this policy.

### PROCEDURES FOR CHILDREN WITH MEDICAL CONDITIONS

- It is a parent/carer's responsibility to inform the school and afterschool settings about a child's individual long-term medical needs. After receiving such notification the headteacher, in consultation with the parent/carer and relevant health and social care professionals may decide to write an Individual Healthcare Plan (Form A) to identify a child's particular needs. Such plans will be reviewed at least annually.

- The IHP will be used to ensure the school assesses and manages risks to the child's education, health and social wellbeing and minimises disruption.
- All relevant staff will be informed when the school is notified that a child has a medical condition.
- Staff that have a direct responsibility for a child's education should be able to demonstrate an understanding of how a child's medical condition might impact on their ability to learn, take part in Physical Education and affect school trips. They should also understand how to increase such children's confidence and promote self-care.
- The headteacher will ensure that staff will be offered proper training to provide the support that pupils need, as well as ensuring specific support for the pupil's educational, social and emotional needs where necessary.
- The headteacher will ensure risk assessments for school visits, holidays, and other school activities outside of the normal timetable will be carried out where appropriate.
- The headteacher will ensure briefing for cover staff, and cover arrangements in case of staff absence or staff turnover to ensure someone is always available.
- The headteacher is responsible for allowing the administration of medication, its safe storage and the keeping of appropriate records.

## STORAGE AND ADMINISTRATION OF MEDICINES

- Parents should not send a child to school if they are unwell. We will only deal with first aid issues that occur on site.
- There is no legal or contractual duty, which requires teachers or other school staff to administer medication.
- Medicines will only be administered at school when it would be detrimental to a child's health or attendance not to do so. Children will never be given medicine unless the parent/carer completes and signs Form B (Parental agreement to administer medicine). Staff must have appropriate training if they administer medication.
- Non-prescription medicines will only be administered when there is an identifiable medical condition and the medicine has been recommended by a healthcare professional, who must be identified on Form B. Staff will not administer non-prescription medicines to children unless, at the discretion of the head teacher and with the agreement of parents/carers, it is deemed appropriate to do so in the best interests of the child.
- Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions. Non-prescription medicines should be provided in the original container. Details should always be verified:
  - Name of child
  - Name of medicine
  - Dosage
  - Method of administration
  - Expiry date

- Epi pens will be kept in the main school office. Asthma devices must be kept in a designated place within the classroom and should be easily available for the use of staff and children.
- When prescription items are held by the school they will be stored in an appropriate facility with access restricted to members of staff administering the medication.
- If children take their medicines themselves, staff need only to supervise.
- Parents/carers should complete and sign Form B if a child carries and/or administers their own medicine, taking into account the safety of other children and medical advice from the prescriber in respect of the individual child. If medications are kept in safe custody by the school, children should be able to access them for self-medication if it is agreed this is appropriate.
- Staff will keep records of medicine given to pupils. This is not a legal requirement but it is good practise to do so. Records offer protection to staff and proof that they have followed the agreed procedure. Countersignatures will be used to support this process.

## ANTIBIOTICS

Parents/Carers should ask the GP to prescribe an antibiotic which can be given outside of school hours wherever possible. Most antibiotic medications will not need to be administered during school hours.

## ASTHMA MEDICINE AND CONTROL

There are two main types of medicine used to treat asthma; relievers and preventers. Usually a child will only need a reliever during the school day.

- Relievers (blue inhaler) are medicines taken immediately to relieve asthma symptoms and are taken during an asthma attack. These are sometimes taken before exercise.
- Preventers (brown, red, orange inhalers, sometimes tablets) are usually used outside of school.
- Children with asthma need to have immediate access to their reliever inhalers when they need them.

Inhaler devices usually deliver asthma medicines. A spacer device is used with most inhalers, and the child may need some help to do this. It is good practise to support children with asthma to take charge of and use their inhalers from an early age.

Children who are able to use their inhalers themselves should be allowed to carry them with them. If a child is too young or immature to take personal responsibility for their inhaler, staff should make sure that it is stored in a safe, but accessible place, and clearly marked with the child's name. Inhalers should always be available during physical education, sports activities and educational visits.

It is important to agree with parents of children with asthma how to recognise when their asthma gets worse and what action will be taken. An asthma school card will be used to include details of this.

## EMERGENCY PROCEDURES

- Staff should be aware of what constitutes a medical emergency. Pupils should inform a responsible adult immediately if they think help is needed. Staff should inform a designated person when an emergency occurs.
- If an emergency cannot be dealt with on the premises, an ambulance must be called using the protocols described in Form F. If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance.
- Where a child has an individual healthcare plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures.
- On trips and visits off the school premises, all staff should be aware of potential medical issues and the procedures for dealing with medical emergencies.

## COMPLAINTS

Should parents, carers or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If, for whatever reason, this does not resolve the issue they may make a formal complaint via the school's complaints procedure. Making a formal complaint to the Department for Education should only occur if it comes within scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted.

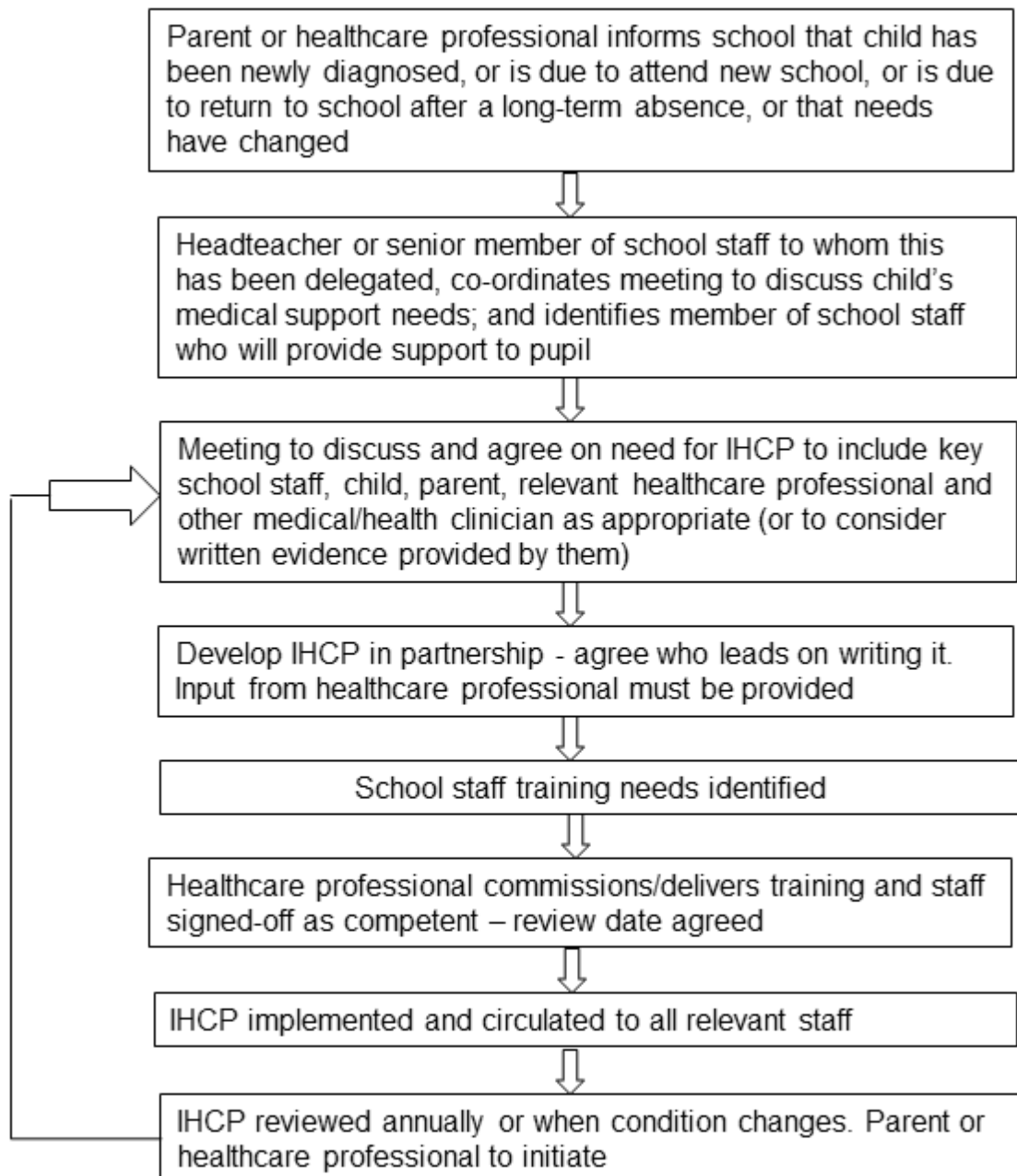
## APPENDICES:

Appendix:	DEVELOPING INDIVIDUAL HEALTHCARE PLANS
Form A:	INDIVIDUAL HEALTHCARE PLAN
Form B:	PARENTAL AGREEMENT TO ADMINISTER MEDICINE
Form C:	RECORD OF MEDICINE ADMINISTERED TO AN INDIVIDUAL CHILD
Form D:	STAFF TRAINING RECORD – ADMINISTRATION OF MEDICINES

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## DEVELOPING INDIVIDUAL HEALTHCARE PLANS



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## Form A: INDIVIDUAL HEALTHCARE PLAN

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 etc

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

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

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

Plan developed with

Staff training needed/undertaken – who, what, when

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Form B: PARENTAL AGREEMENT TO ADMINISTER MEDICINE  
WE WILL NOT GIVE YOUR CHILD MEDICINE UNLESS YOU COMPLETE AND SIGN THIS FORM

Date for review to be initiated by	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	
Name/Position of Health worker	

## 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	Yes / No
Procedures to take in an emergency	

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

## Contact Details

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

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. 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.

Signature(s) \_\_\_\_\_

Date \_\_\_\_\_



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## Form C: RECORD OF MEDICINE ADMINISTERED TO AN INDIVIDUAL CHILD

Name of child	
Date medicine provided by parent	
Class	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Signed by \_\_\_\_\_ on behalf of the school

Signature of parent \_\_\_\_\_

Date	Time given	Dose given	Given by	Signature

# King Edwin Primary & Nursery School



## Form D: STAFF TRAINING RECORD – ADMINISTRATION OF MEDICINES

Name

Type of training received

Date of training completed

Training provided by

Profession and title


I confirm that ..... has received the training detailed above and is competent to carry out any necessary treatment.

I recommend that the training is updated

.....

Trainer's signature \_\_\_\_\_

Date \_\_\_\_\_

I confirm that I have received the training detailed above

Staff signature \_\_\_\_\_

Date \_\_\_\_\_

Suggested review date \_\_\_\_\_