



## **POLICY FOR SUPPORTING PUPILS WITH MEDICAL CONDITIONS AND FOR THE ADMINISTRATION OF MEDICINE**

1. The staff of Highweek Primary School wishes to ensure that pupils with medical needs receive proper care and support. Our intention is to ensure that pupils with medical conditions should have full access to education including trips and PE. The Governing Board will ensure that staff are supported and trained and competent before they take on the responsibility of supporting pupils with medical conditions.
2. The school's insurance will cover liability relating to the administration of medication.
3. The Headteacher will be responsible for ensuring the following:
  - Procedures will be followed when notification is received that a student will be attending who has a medical condition (including transitional arrangements between schools, re-integration or when pupils' needs change; arrangements for staff training or support)
  - Procedures will also be followed when a pupil moves to the school mid-term or when a pupil has a new diagnosis. Each case will be assessed based on the pupil's needs.
  - Procedures could include procedures for example
    - ✓ home-to-school transport...
    - ✓ defibrillators...
    - ✓ asthma inhalers/spacers...
    - ✓ for adrenaline auto-injectors...
4. The above procedures will be monitored and reviewed by Headteacher.
5. Where identified as being necessary, Individual Health Care Plans (IHCP) will be developed between Highweek Primary School, healthcare professionals and parents so that the steps needed to help a pupil manage their condition and overcome any potential barriers to getting the most from their education are identified. The IHCP will include:
  - a) The pupil'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

- b) Specific support for the pupil's education, social and emotional needs, such as how will absences be managed, requirements for extra time to complete tests and assessments, use of rest periods or counselling sessions
  - c) Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support from a healthcare professional
  - d) Cover arrangements and who in the school needs to be aware of the pupil's condition and the support required including supply staff
  - e) Arrangements for written permission from parents for medication
  - f) 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
  - g) The designated individuals to be entrusted with the above information
  - h) Procedures in the event of the pupil refusing to take medicine or carry out a necessary procedure
6. The Headteacher will have the final decision on whether an Individual Health Care Plan is required.

### **Pupils with asthma**

7. Headteacher will be responsible for ensuring the following:
- ensuring that all staff are familiar on the symptoms of an asthma attack
  - making sure that all staff are aware of the existence of this policy
  - that all staff on how to check the asthma register
  - that all staff know how to access the inhaler and how it should be used.
  - making all staff aware of who are the designated staff and how to access their help
8. Headteacher will be responsible for ensuring that designated staff:
- Recognise the signs of an asthma attack and when emergency action is necessary
  - Know how to administer inhalers through a spacer
  - Make appropriate records of attacks
9. Headteacher and SENCO will be responsible for the storage, care and disposal of asthma medication.

10. Headteacher and SENCO will be responsible for the supervision of administration of medication and for maintaining the asthma register.
11. All parent's carers complete a School Asthma Card (My Asthma Plan) on an annual basis or more frequently if treatment changes.

### **Pupils with anaphylaxis**

12. The Headteacher will be responsible for ensuring the following:
  - all staff know and can recognise the symptoms of an anaphylaxis attack
  - all staff know the existence of this policy
  - that all staff know how to check the pupil medical register
  - all staff to know how to access the auto-injector and where it is stored.
  - all staff aware of who are the designated staff and how to access their help
13. The Headteacher will be responsible for ensuring that designated staff:
  - Recognise the signs of an anaphylaxis attack and when emergency action is necessary
  - Know how to administer the auto-injectors
  - Make appropriate records of attacks
14. The Headteacher and SENCO will be responsible for the storage, care and disposal of the adrenaline auto-injector.
15. The Headteacher and SENCO will be responsible for ensuring parents are informed when the auto-injector has been used.

### **THE ADMINISTRATION OF MEDICINE**

16. The Headteacher will have overall responsibility for the supervision of administration of medication and for maintaining the pupil medical register.
17. The Headteacher will accept responsibility in principle for members of school staff giving or supervising a student taking prescribed medication during the day, where those members of staff have volunteered to do so. While no staff member can be compelled to give medical treatment to a pupil, it is hoped that the support given through parental consent, and the support of the County Council through this policy will encourage them to see it as part of their pastoral role.
18. Any parent/carer requesting the administration of medication will be offered a copy of this policy.

19.

- Prescribed medication will be accepted and administered in the establishment
- Non-prescription medication will only be accepted and administered in the following exceptional circumstances: e.g. when a young person has regular headaches, menstrual pain, attending residential, travelling, toothache, at head teacher's discretion, under the Minor Ailments Scheme run by the NHS.
- The medication will have had to have been previously given to the pupil by parents.
- Non – prescription medication will only be given for short term periods of time.

20. Prior written parental consent is required before any medication can be administered.

21. Only reasonable quantities of medication will be accepted, subject to need. Non prescribed medication will be taken home daily.

22. Each item of medication should be delivered in its original dispensed container and handed directly to the class teacher or main school office. No medication can be accepted without a completed parental consent form that has been checked by staff.

23. Each item of medication should be clearly labelled with the following information:

- Student's name
- Name of medication
- Dosage
- Frequency of dosage
- Date of dispensing for prescribed medicines
- Storage requirements (if important)
- Expiry date (if available)

24. The school will not accept items of medication which are in unlabelled containers or not in their original container.

25. Unless otherwise indicated, all medication to be administered in the school will be kept secure in either EYFS – School office, or in main school in the school office or First Aid room. Exceptions will be inhalers or insulin and in the case of individual pupils who have an IHCP, and

the plan identifies that their medication needs to be with them at all times.

26. Where it is appropriate to do so, pupils will be encouraged to administer their own medication i.e. inhalers, but always under staff supervision. Parents/carers will be asked to confirm in writing if they wish their student to carry their medication with them.
27. It is the responsibility of parents/carers to notify the school if there is a change in medication, a change in dosage requirements, or the discontinuation of a student's need for medication.
28. Staff who volunteer to assist in the administration of invasive medication will receive appropriate training/guidance through arrangements made with the school's Nurse Service. In pre-school settings arrangements will be made through Primary Care Health Visitors.
29. The school will make every effort to continue the administration of medication to a student whilst on activities away from the premises including residential.

#### Appendices

1. Parent Agreement to administer non prescription medicine
2. Parent Agreement to administer prescription medicine
3. School Asthma Record - My Asthma plan
4. Record of Medication

Policy agreed:

Date of next review:

Signed:



## PARENTAL AGREEMENT TO ADMINISTER NON-PRESCRIPTION MEDICINE

### Notes to Parent / Guardians

- Note 1: This school will only give your student medicine after you have completed and signed this form.
- Note 2: All medicines must be in the original container or as dispensed by the pharmacy, with the student's name, its contents, the dosage and frequency.
- Note 3: The information is requested, in confidence, to ensure that the school is fully aware of the medical needs of your student.
- Note 4: Non-prescription medicine must be in the original packaging with the advice sheet.

### Prescribed/Non-Prescribed Medication

Date	
Student's name	
Date of birth	
Group/class/form	
Reason for medication	
Has your child had this medication before ?	

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 ..... ..... And collect at the end of the day.	
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	
Agreed review date to be initiated by [named member of staff]	

I confirm that I give my permission for the Principal (or his/her nominee) to administer the medicine to my son/daughter during the time he/she is at Highweek Primary School.

I confirm that my child has taken this medication previously with no side effects. **Yes /No**

I am responsible for collecting the medication daily. 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)

Approved by Headteacher \_\_\_\_\_ Date \_\_\_\_\_



## PARENTAL AGREEMENT TO ADMINISTER PRESCRIPTION MEDICINE

### Notes to Parent / Guardians

- Note 1: This school will only give your student medicine after you have completed and signed this form.
- Note 2: All medicines must be in the original container as dispensed by the pharmacy, with the student's name, its contents, the dosage and the prescribing doctor's name
- Note 3: The information is requested, in confidence, to ensure that the school is fully aware of the medical needs of your student.

### Prescribed Medication

Date	
Student's name	
Date of birth	
Group/class/form	
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 ..... ..... and will collect it at the end of each day.	
Number of tablets/quantity to be given to the school	
Time limit – please specify how long your student needs to be taking the medication	_____ day/s _____ week/s
I give permission for my son/daughter to carry their own asthma inhalers	Yes / No / Not applicable
I give permission for my son/daughter to carry their own asthma inhaler and manage its use	Yes / No / Not applicable

**Details of Person Completing the Form:**

Name of parent/guardian	
Relationship to student	
Agreed review date to be initiated by [named member of staff]	

I confirm that I give my permission for the Headteacher (or his/her nominee) to administer the medicine to my son/daughter during the time he/she is at Highweek Primary School.

I confirm that my child has taken this medication previously with no side effects.  
**Yes/No**

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)



