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Supporting Pupils with Medical Conditions Policy

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Reviewed by	
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Nominated Governor:	Hamish Cherrett/Alwyn Reeves
Date:	March 2017
Ratified by Governing Body:	Paul Frazer (Vice chair of Governors)
Date:	March 2017

Our Vision

Our vision is to create the best possible environment in which to stimulate the personal and social growth of the children in our school, whilst promoting high quality teaching and learning. This is to be achieved through our Rainbow Values and our vision to be an 'EPICentre of Outstanding Learning' At the EPICentre of our school are our core values (colours of the Rainbow) and learning behaviours that underpin everything we strive to achieve together.

The governing board of our school make arrangements for ensuring that their functions relating to the conduct of the school are exercised with a view to safeguarding and promoting the welfare of children who are pupils at our school.

The Staff and Governing Board of Exminster Community Primary School recognises its' collective responsibility to safeguard and protect the welfare of children and young people in accordance with its statutory responsibility under Section 175 of the Education Act 2002 and where appropriate under the Children Acts.



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1. INTRODUCTION AND GENERAL PRINCIPLES

The staff and governors of Exminster Community Primary School are wholly committed to pursuing a policy of inclusive education that welcomes and supports pupils with medical conditions. This policy is designed to support the management of medication and medical care in school and to support individual pupils with medical needs.

The policy is drawn up in consultation with a wide range of local key stake holders within the school setting and complies with statutory guidance outlined in the 'Supporting pupils at school with medical conditions' (2014).

2. RATIONALE AND AIMS

To provide a clear policy that is understood and accepted by all staff, parents and children, providing a sound basis for ensuring that children with medical needs receive proper care and support in school, and that for such children attendance is as regular as possible.

The policy includes:

- A clear statement of parental responsibilities in respect of medicines
- Roles and responsibilities of staff administering medicines
- Procedures for managing prescription medicines which need to be taken in the school day
- Procedures for managing prescription medicines on outings and trips
- Written permissions from parents for medicines
- Circumstances in which children may take non-prescription medicines
- Assisting children with long term medical needs
- Staff training
- Record keeping
- Safe storage of medicines
- The school's emergency procedures
- Risk assessment and management procedures
- Management of medical conditions

3. RESPONSIBILITIES

a) Parents or guardians have prime responsibility for their child's health and should provide the school with up to date information about their child's medical conditions, treatment and/or any special care needed. If their child has a more complex medical condition, they should work with the school nurse or other health professionals to develop an individual healthcare plan, which will include an agreement on the role of the school in managing any medical needs and potential emergencies. It is the parent/carers responsibility to make sure that their child is well enough to attend school.



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b) There is no legal duty which requires school staff to administer medication; this is a voluntary role. While teachers have a general professional duty to safeguard the health and safety of their pupils and to act in 'loco parentis', that is, to act as any reasonable parent would, this does not imply a duty or obligation to administer medication. Staff will have access to information on pupils' medical conditions and actions to take in an emergency. Staff managing the administration of medicines and those who administer medicines will receive appropriate training and support from health professionals.

c) The policy of this school is not to administer medication or medical care unless the pupil has a medical condition, which if not managed, could prove detrimental to their health or limit access to education. The head teacher accepts responsibility, in principle, for school staff administering or supervising the taking of prescribed medication or medical care during the school day only where it is absolutely necessary.

4. PRESCRIBED MEDICINES

a) Prescribed medicines should only be brought to school when essential; that is, where it would be detrimental to a child's health if the medicine were not administered during the school day. Medicines prescribed 'three times a day' should be administered "before school, after school and at night". This school recognises in extreme, and agreed by the head teacher, that staff may administer medication following completion of Form B. However, parents and carers are allowed into school to administer medication if they so desire.

b) Exceptions to this are pupils on health care plans who have individual medical needs requiring emergency medication to treat specific conditions, such as anaphylaxis.

c) This school will only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber and are presented in the original container dispensed by a pharmacist and include the pupil's name, prescriber's instructions for administration and dosage.

5. MEDICINES IN SCHOOL

The administration of medicines and organisation of First Aid is taken very seriously at our school. There are regular procedures that check on safety and systems that are in place in this policy.

In school we will administer medicines such as antibiotics, anti-histamine, paracetamol and ibuprofen.



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Non-prescription medicine will only be accepted and administered in the following circumstances:

- Medicines must be clearly labelled with the child's name and must be in the original container.
- Medication is to be given in to the School Office. No medication of this type is to remain with a child in his / her classroom
- Staff will not administer any medication containing aspirin unless prescribed by a practitioner (see 4c).

Antibiotics

We can administer antibiotics and 2 members of staff will be involved in the administration and recording process. We will keep antibiotics in a fridge in the School Office.

Anti-histamine

We can administer anti-histamine with 2 members of staff as above.

Paracetamol and ibuprofen

- As above
- We will administer the medicine as and when required.
- Staff will not administer medication containing ibuprofen to children who are asthmatic.

Parental permission

- Medicines will not be administered unless we have written permission from parents
- Medicine forms are available from the School Office.
- In the event of a child coming into school with medicines without a permission form we will attempt to gain consent over the telephone.
- If we are unable to contact parents this way then the medicine will not be administered.

6. ADMINISTERING MEDICINES

a) This school recognises no child under 16 should be given medicines without their parent's written consent. Following written consent using Form B, any member of staff administering medicines to a pupil should check:

- The child's name
- Name of medication
- The prescribed dose
- Expiry date
- Written instructions provided by the prescriber on the label or container.



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If in doubt about any procedure, staff will not administer the medicine before checking with parents or a health professional before taking further action.

- b) A written record must be kept following administration of medicines to pupils, using Form D.
- c) If a child refuses to take a medicine, staff will not force them to do so, but will record this on Form D and parents/carers will be notified of the refusal.

7. LONG-TERM MEDICAL NEEDS

Where a pupil has a chronic illness, medical or potentially life threatening condition, the school will initiate a health care plan (Form A) to meet individual needs and support the pupil. This will be drawn up by health care professionals in consultation with the child's parents or guardians and will contain the following information:

- Definition and details of the condition
- Special requirements e.g. dietary needs, pre-activity precautions
- Treatment and medication
- What action to take/not to take in an emergency
- Who to contact in an emergency
- Staff training where required
- The role the staff can play
- Consent and agreement

8. RECORD KEEPING

a) Parents should tell the school about the medicines their child needs to take and provide details of any changes to the prescription or the support required. Medicines should always be provided in the original container as dispensed by the pharmacist and include the prescriber's instructions. Requests for staff to administer medication should be written on Form B.

These should include:

- Name of child
- Name of medicine
- Dose
- Method of administration
- Time/frequency of medication
- Any side effects
- Expiry date

Completed forms should be kept in medicines' cupboard in the office and referred to when administering medication. Form D must be completed by staff following administration; this should also be kept in the medicines' cupboard in the school office. If a child refuses medication, this must be recorded on Form D and parents should be notified.



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b) Requests for updated medical conditions including asthma are distributed to parents at the beginning of each school year. These are collated by a member of the office staff and registered and recorded in each class medical folder (in the register wallet), the medical folder in the office and in the first aid room folder, staffroom and kitchen. All staff have access to this information and actions to take in an emergency.

c) Children with food allergies have their photographs and details displayed in the catering manager's office to ensure that food products are safe for children. Also as above.

d) Updated medical conditions and reviews of policies and practice are monitored and disseminated by the SENCo in liaison with the Head teacher as they are presented.

9. STORING MEDICINES

a) Staff will store, supervise and administer medicine for an individual child. Medicines must be stored safely in the pharmacist's original container and clearly labelled with the child's name, the dosage and instructions for administration.

b) Non-emergency prescribed medication is stored with the consent Form B in the school office. Medication requiring refrigeration is stored in the school office fridge.

c) Emergency medications such as Epi-pens and asthma inhalers should be readily available in a clearly labelled container in the child's class room. Spare Epi-pens and asthma inhalers for pupils requiring them are also kept in the school office. Children should know where their medicines are stored; they should not be locked away.

d) Parents are ultimately responsible for checking expiry dates on their children's medicines and replacing as necessary. The Office Staff will also check medication expiry dates twice a year.

10. DISPOSAL OF MEDICINES

a) Staff should not dispose of medicines. Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. They should also collect medicines held at the end of each year. Any medicines that have not been collected should be taken to a local pharmacy for safe disposal.

b) Sharps boxes should always be used for the safe disposal of needles. Parents should obtain these from their child's GP and return to a pharmacy for safe disposal.

11. EMERGENCY PROCEDURES



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- a) All staff are aware of procedures when dealing with a medical emergency. These should be supervised by a trained First Aider.
- b) All staff are aware of pupils on a health care plan and understand the need to follow agreed emergency support.
- c) All staff know how to call the emergency services; guidance is displayed on the staff room and school office noticeboard.
- d) In the event of an emergency, every effort will be made to contact a parent so that they may accompany their child to hospital. If this is not possible, a member of staff will accompany the child to hospital by ambulance and stay until the parent arrives. Health care professionals are responsible for any decisions on medical treatment when parents are not available.

12. EDUCATIONAL VISITS

- a) This school actively encourages children with medical needs to participate in trips and visits. Staff will aim to facilitate reasonable adjustments to enable pupils with medical needs to participate fully and safely on visits. Risk assessments will be used to highlight any potential difficulties and ensure procedures are in place to support pupils. Additional staff/adults will be considered for this purpose.
- b) Prior to an overnight school trip, parents must complete an up-to-date medical questionnaire about pupil's current general health and medication. Prescribed medication will be administered, providing parents have completed Form B. Parents are invited to provide written consent to enable staff to act 'in loco parentis' and administer Paracetamol based ("Calpol") analgesia if required. Where this is refused, parents are requested to discuss alternative support measures with staff.
- c) Accompanying staff will be aware of any medical needs and relevant emergency procedures. A copy of health care plans will be taken on all visits as well as emergency medication that may be required.

13. STAFF TRAINING

- a) Exminster Community Primary School holds training on common medical conditions once a year; this is delivered by the school nurse or relevant health care professionals. A log of staff training is kept and reviewed every 12 months to ensure new staff receive training.



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b) Staff training is provided to support the administration of emergency medications such as Epi-pens or insulin. The school keeps a register of staff who have undertaken the relevant training. Only staff who have received this training should administer such medications.

c) Exminster Community Primary School has several appointed First Aiders and Paediatric First Aiders. Training is reviewed regularly and updated every three years.

14. MEDICAL CONDITIONS

ASTHMA

This school recognises that asthma is a widespread, potentially serious, but controllable condition and encourages pupils with asthma to achieve their potential in all aspects of school life.

a) Parents have a duty to inform staff if their child is asthmatic. Reliever inhalers should be provided and labelled with the pupil and class name. These should be kept in an assigned container within the child's class room, and a spare in the medicines' cupboard in the school office and accompany the child if they are educated outside the school premises.

b) Children with asthma must have access to inhalers when they need them and know where they are kept. A spacer device may be required and the pupil may need support to use this.

c) A record sheet to record the frequency of an inhaler use can be found in the class medical box and in the class medicines box in the lockable cupboard in the school office. This should be completed for all pupils and signed by a member of staff.

d) Parents should be notified when a child has used an inhaler excessively or more regularly than usual. (After the 3rd use within 1 school day)

e) Pupils with asthma are listed in the school Medical and Dietary Requirements Register, found in class registers, First Aid co-ordinators medical folder (in the First Aid Room) in the school office, staff-room and kitchen.

f) Leaders of 'before school clubs' and 'after school clubs' are notified on club registers if a member is asthmatic.

HEAD INJURIES

If a child is injured at school and the member of staff who administers first aid has any concerns about the injury they will complete an Injury form. The forms are kept in the first aid area. The form will be given to the child's class teacher as a reminder to keep at watch



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on that child for the remainder of the day. If the class teacher is concerned they will refer the child to a first aider and a reassessment will take place.

Pupils who sustain a head injury whilst in school MUST be reviewed by a First Aider in school. If a pupil has a visible wound, swelling or adverse reaction, parents will be informed and are welcome to assess their child personally. Where there are no residual effects, the pupil can remain in school whilst being observed. A head injury advice sheet must be completed to inform the parent/carer a bump to the head has been received by the child.

EPILEPSY, ANAPHYLAXIS AND DIABETES (OR OTHER SERIOUS MEDICAL CONDITIONS)

Parents have a duty and responsibility to notify the school if their child has any of these conditions and should provide details of any treatment and support they may require in school. Relevant health care professionals will liaise between parents/guardians and school personnel to ensure staff are aware of, and trained to provide, any relevant or emergency support or treatment. An individual health care plan will usually be compiled, detailing the course of action to be taken.