



Holy Trinity C of E Primary School

A Church school community aspiring for all to live life to the full

Supporting Pupils with Medical Conditions Policy

Policy adopted subject to governor ratification.

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Committee Full Governors

GENERIC PRINCIPLES

Equalities

We are committed to delivering the content of this policy to meet the needs of all staff, pupils and other stakeholders where relevant, irrespective of race, gender and disability.

Safeguarding

Our school recognises and promotes the responsibilities of all adults in protecting pupils. Specific responsibilities involved in ensuring child protection and wider safeguarding procedures are in place and must be adhered to: please refer to Child Protection & Procedures Policy; 'Keeping Children Safe in Education' and 'Working Together to Safeguard Children' (2018.)

Cross-Referencing

This policy should be read in conjunction with these other related policies and documents:

- Health & Safety Policy
- Behaviour Policy

Vision

This vision for our school: ***A church school community aspiring for all to live life to the full***

Community

Where community means all those directly (ie children, staff, parents and governors) and indirectly (eg local schools and organisations) involved with the school.

Aspiring

Where aspiring means wanting the best for our children and families and supporting them to develop the necessary knowledge, skills and understanding to be their best.

Life to the full

Where 'life to the full' means providing a broad range of experiences and opportunities to apply the knowledge, skills and understanding we have to be able to participate in life and not be passive observers of it.

PURPOSE

This policy sets out the circumstances in which we may administer medicines within school, and the procedures that we will follow.

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1. Introduction

Most pupils will at some time have a medical condition that may affect their participation in school activities and for many this will be short-term. Other pupils have medical conditions that, if not properly managed, could limit their access to education. Most children with medical needs are able to attend school regularly and, with some support from the school, can take part in most normal school activities. Holy Trinity Primary School is committed to ensuring that children with medical needs have the same right of access as other children. There is no legal duty that requires schools and staff to administer medication, this is a voluntary role. The 'duty of care' extends to administering medication in exceptional circumstances, and therefore it is for schools to decide their local policy for the administration of medication.

The school accommodates pupils with medical needs wherever practicable and makes reference to DFE guidance - [Supporting Pupils with Medical Needs in School](#) which sets out the legal framework for the health and safety of pupils and staff. Responsibility for pupils' safety is clearly defined within individual care plans where necessary and each person involved with pupils with medical needs is aware of what is expected of them. Close cooperation between schools, parents, health professionals and other agencies help provide a suitably supportive environment for those pupils with special needs. The responsible person collects and stores the care plans in a file located in the school office. The School Administrator (at present Ms Saunders) will compile care plans needed by pupils arriving after the beginning of the academic year.

Medicine Administration

The school accommodates pupils with medical needs wherever practicable. Parents have prime responsibility for their child's health and to provide the school with information about their child's medical condition. Parents should obtain details from their child's General Practitioner (GP) or Paediatrician, if needed. A school nurse and specialist voluntary bodies may provide additional background information for staff. All Staff, with appropriate guidance (and training as necessary) are eligible to administer medication to pupils, strictly with written consent from parents only. The 'Medical and Care Plans' File is situated in the School Office.

2. The Role of Parents/Carers

Parents/carers should, wherever possible, administer or supervise the self-administration of medication to their children. This may be by spacing the doses so that they are not required within school hours, or by the parent/carer coming in to school at lunch time to administer the medication. However, this might not be practicable and in such a case parents/carer may make a request for medication to be administered to the child at school. If medicine needs to be administered during school time, then a parent or carer must bring it to the school office and fill in the Parental Permission for Administration of

Medication Permission and Record form (Appendix 1). Medication must not be given to the class teacher, or brought into school by the child themselves. If medication is for a short term condition, any remaining medication must be collected from the office by a parent or carer at the end of the school day.

3. Prescription Medication

Prescription medicines should be administered at home wherever possible, for example medicines that need to be taken 3 times a day can usually be taken before school, after school and at bedtime. Parents are encouraged to ask the GP whether this is possible. Prescription medicines will only be administered by the school where it would be detrimental to a child's health if it were not done. Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration. The exception to this is insulin which must still be in date, but will generally be available to school inside an insulin pen or a pump, rather than in its original container. Schools should never accept medicines that have been taken out of the container nor make changes to dosages on parental instruction. In all cases it is necessary to check:

- Name of child
- Name of medicine
- Dosage
- Written instructions provided by prescriber
- Expiry date
- A Parent Permission for Administration of Medication and Record form (Appendix 1) must be completed and signed by the parent / carer.

No medication will be given without the parent's written consent. Prescribed medication, other than emergency medication, will be kept in the secure medicine cabinet located in the school office, or the refrigerator as appropriate. All emergency medicines (asthma inhalers, epi-pens etc.) should be kept in the child's classroom and be readily available. A second Epi-pen for each child who requires one will be kept in the School Office, in a box clearly labelled with the child's name and photograph.

4. Long Term Medical Needs

It is important for the school to have sufficient information regarding the medical condition of any pupil with long term medical needs. The school will draw up a health care plan for such pupils, involving the parents and the relevant health professionals. Refer to the appropriate appendices for more information. If necessary, appropriate training will be arranged for the administration of any specialist medication (e.g. adrenaline via an epipen, Buccal midazolam, insulin etc.) Staff should not administer such medicines until they have been trained to do so.

5. Controlled Drugs

Controlled drugs, such as Ritalin, are controlled by the Misuse of Drugs Act. Therefore it is imperative that controlled drugs are strictly managed between the school and parents. Ideally controlled drugs are only brought in on a daily basis by parents, but certainly no more than a week's supply and the amount of medication handed over to the school should always be recorded. Controlled drugs should be stored in a locked non portable container, such as a safe, and only specific named staff allowed access to it. Each time the drug is administered it must be recorded (see forms on Appendix 1 & 2), including if the child refused to take it. If pupils refuse to take medication, school staff should not force them to do so. The school should inform the child's parents as a matter of urgency. If necessary, the school should call the emergency services. The person administering the controlled drug should monitor that the drug has been taken. Passing a controlled drug to another child is an offence under the Misuse of Drugs Act. As with all medicines any unused medication should be recorded as being returned back to the parent when no longer required. If this is not possible it should be returned to the dispensing pharmacist. It should not be thrown away.

6. Non Prescription Medication

Where possible, the school will avoid administering non-prescription medicine. However, we may do so, if requested by the parent, if it will facilitate the child attending school and continuing their learning. This will usually be for a short period only, for example to apply a lotion or the administration of paracetamol for toothache or other pain. However, such medicines will only be administered in school where it would be detrimental to a child's health if it were not administered during the day. A child under 16 should never be given aspirin-containing medicine, unless prescribed by a doctor. If non-prescription medication is to be administered, then the parent/carer must complete a Parent Permission for Administration of Medication Consent form (Appendix 1), and the same procedure will be followed as for prescription medication. The medicine must be provided in its original container, with dosage information on it. The parent's instructions will be checked against the dosage information, and this will not be exceeded.

7. Administering Medicines

Medicines will only be administered by members of staff who have been trained in the safe administration of medicines and/or are First Aid trained. Appropriate training will be arranged for the administration of any specialist medication (e.g. adrenaline via an epipen, Buccal midazolam, insulin etc.) Staff should not administer such medicines until they have been trained to do so. A list of all staff trained in administration of medicines will be maintained by the School Office. The SENCo will maintain a record of staff trained in specialist medication for children with Health Care Plans. When a member of staff administers medicine, they will check the child's Administration of Medication Permission and Record form against the medication, to ensure that the dose and timing are correct. They will then

administer the medicine as required, and record this on the form. For long-term medication, a Long Term Record of medicine administered to an individual child (Appendix 2) will be used as necessary.

8. Emergency Inhalers & Allergies and Risk of Anaphylaxis

In line with “Guidance on the use of emergency salbutamol inhalers in schools” March 2015, the school will keep emergency reliever (blue) inhalers for the emergency use of children whose own inhaler is not available for any reason. They will be stored in the School Office, along with appropriate spacers. Parents must sign a “Asthma Individual Health Care Plan” (Appendix 3) to consent to their child being allowed to use the emergency inhaler. These will be kept in the Asthma file in the Class Register.

For children who require epipens (or similar emergency treatment for anaphylaxis), these will be kept in the child’s classroom and be readily available. A second Epi-pen for each child who requires one will be kept in the School Office, in a box clearly labelled with the child’s name and photograph. Parents must sign a “Allergies and Risk of Anaphylaxis Individual Health Care Plan” (Appendix 4) to consent to their child being allowed to use the emergency inhaler. These will be kept in the Class Register.

9. Self Management

It is important that as children get older they should be encouraged to take responsibility and manage their own medication. This should be clearly set out in the child’s health care plan in agreement with the parents, bearing in mind the safety of other pupils. Staff should be aware of the need for asthmatics to carry medication with them (or for staff to take appropriate action). Children should know where their medicines are stored.

10. Refusing medication

If a child refuses to take medication staff should not force them to do so, but note this in the records and inform parents of the refusal. If the refusal leads to a medical emergency, the school will call the emergency services and inform the parents.

11. Offsite visits

It is good practice for schools to encourage pupils with medical needs to participate in offsite visits. All staff supervising visits should be aware of any medical needs and relevant emergency procedures. Where necessary, individual risk assessments will be completed. A member of staff who is trained to administer any specific medication will accompany the pupil and ensure that the appropriate medication is taken on the visit. Inhalers must be taken for all children who suffer from asthma. Travel Sickness - Tablets can be given with written consent from a parent but the child’s name, dosage, time of dose and any possible

side effects (the child must have had the travel sickness preventative at home before the trip in case of side effects) should be clearly marked on the container, which must be the original packaging. Parents will need to complete an Administration of Medication Permission and Record form, appendix 2. Residential visits - All medicines which a child needs to take should be handed to the teacher in charge of the visit. The only exception are asthma inhalers, which should be kept by the child themselves. The parents will sign a consent form for any medicines which they need to take during the visit, plus consent of emergency treatment to be administered - see Offsite Visits Personal and Medical Information and Parental Consent Form in Appendix 5.

12. Disposal of Medicines

The School Administrator will check all medicines kept in school each term to ensure that they have not exceeded their expiry date. Parents/carers will be notified of any that need to be replaced. Parents/carers are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. If parents do not collect all medicines, they should be taken to a local pharmacy for safe disposal. Sharps boxes should always be used for the disposal of needles. School does not currently have a sharps box, but would accommodate one in the Disabled Toilet if necessary. If any child requires regular injections (eg. Insulin), they will have their own sharps box which can be taken offsite with them on trips etc. The parents will be notified when the box is almost full so that they can bring in a new box and take the full box for disposal.