



Supporting pupils with Medical Conditions and Managing Medicines in School

AIM:

To have a clear policy providing a sound basis for ensuring that children with medical needs receive proper care and support in school, access the same opportunities as other children and that, for such children, attendance is as regular as possible.

The policy is to include:

- Procedures for managing prescription medicines which need to be taken during the school day
- Procedures for managing prescription medicines on outings and trips
- Roles and responsibilities of staff administering medicines
- A clear statement of parental responsibilities in respect of medicines
- 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
- Procedures that the school will follow once notified of a medical condition
- The role of the Medical Health Care Plan
- Arrangements for children who self-manage their medication
- Arrangements for emergencies
- Practice that is not acceptable
- Complaints Procedure

1. Named members of staff responsible

Head Teacher: Mrs. K Lyde

SEND Coordinator: Mrs C Boyer

Assistant SENDCO: Melissa Preston

The Governors, Head and SEND coordinator are responsible for ensuring that plans, procedures and systems are in place and that this policy is implemented on a day to day basis across the school.

Each teacher is responsible for the well-being of the children in their care and must ensure that they understand and comply with the procedures in this policy.

2. The Medical Health Care Plan

Once the school has been informed of a child's medical condition, the parent will be asked to complete the Medical Health Care Plan. With more complex needs, the SENCO



will arrange to meet with parents and where possible a medical professional to devise a Medical Health Care Plan. (See example copy in Appendix)

What the Medical Health Care Plan will do:

- Identify the **medical condition** of the child, its triggers, signs, symptoms and treatments.
- Address pupils' **resulting needs**, including medication, treatments, time, facilities equipment, dietary requirements and environmental issues e.g. crowded corridors.
- Specify **support for educational, social and emotional needs** e.g. considering how absence will be managed, requirements for exams, additional support, counselling etc.
- The **level of support needed** including that required in the event of emergencies.
- **Children able to self-medicate will be identified** and appropriate written arrangements will be given for monitoring this.
- Specify **who will provide the support** including expectations of the role, proficiency and training needs with relevant timelines for ensuring competence.
- **Who in the school needs to be aware of the child's condition** and the support required.
- Identify **arrangements for written permission from parents and the headteacher for medication to be administered** by a member of staff or self-administered by the pupil.
- It will identify separate **arrangements required for school trips**.
- It will outline **what to do in an emergency**.

3. Prescribed Medicines

We will never accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions.

It is helpful when clinically appropriate that medicines are prescribed in dosages that enable it to be taken outside of school hours. We will encourage parents to discuss this with the prescriber.

Prescribers should be encouraged to issue two prescriptions, one for home and one for school, thus avoiding the need for repackaging of medicines.

Controlled drugs should never be administered unless cleared by the Headteacher.

Reference should be made to section 100 of the Children and Families Act 2014.

4. Emergency Use Inhalers

As a school we have purchased a number of Emergency Use Inhalers. These are to be used in the event of an emergency and may only be used by a child who already has a diagnosis of asthma. Parents must sign to say that they agree to their child using this inhaler in the event of an emergency. **This information should be pinned to the child's profile on Arbor.** Emergency Use Inhalers are stored in the school office.



5. Non-Prescription Drugs

Staff should **never** give non-prescribed drugs to a child unless there is specific written permission from the parent.

A child under 16 should never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.

6. Short Term Medical Needs

In order to reduce the time a child is away from school the school will administer medicines, for example the end of a course of antibiotics or apply a lotion, but only for a short course of up to 5 days **or the prescribed duration by a GP if longer**, and only when previous avoidance strategies have been examined.

7. Long Term Medical Needs

It is the responsibility of the parents to ensure that the school is fully informed of the child's needs before admittance. It is essential to have sufficient information in order for the child's medical needs to be adequately supported.

A Medical Health Care Plan will be devised by the SEN Coordinator with the parent and whenever possible with a health professional. Without the presence of a health professional, parents must consent for the school to liaise with the child's GP, practice nurse, school nurse or consultant to ensure that the correct support is in place.

8. Administering Medicines

No children under 16 should be given medicines without written parent consent. The Administration of Medicines in School Form must be completed by the parent giving permission for medicine to be administered by staff.

Members of staff giving medicines should check:

- The child's name
- Prescribed dose
- Written instructions on the packaging

Members of staff giving medicines may be teaching staff, support staff, admin staff or lunchtime organisers who are:

- Willing to perform such tasks
- Trained where necessary for the task

If in doubt then do not administer medicines without checking with the school office staff who will then contact parents, the SEND Coordinator or the medical practitioner.

A record must be kept in a written form each time medicines are given.

9. Self-Management



Children who are able will be encouraged to manage their own medicines. This will generally apply to relief treatments for asthma. Other medicines should be kept in secure storage so access will only be through the school office.

10. Record Keeping

Parents should inform the school of the medicines their child needs. School will check that the medicine is in its original container and that the dispenser's instructions are clear.

A written record of medicines administered will be kept in the school office, or for inhalers, in the classroom. This will identify the date, time and name of the person administering or overseeing the administration of the medication.

11. Educational Visits

All medicines required by children on such undertakings will be part of the overall risk assessment for the visit. Where necessary Individual Pupil Risk Assessments will be completed (see Appendix). Medicines not self-managed by pupils will be in the safe care of a nominated member of staff. This colleague should be one who is willing and trained to carry this responsibility competently. Complex medical needs for a specific pupil may necessitate a medical health plan for the visit. If any member of staff is concerned they should seek advice from the SEND Coordinator and Head.

12. Sporting and Physical Activities

All children must be included in sporting activities with activities adapted where necessary. Inhalers should be accessibly stored and taken out during P.E. sessions. During playtimes or sporting sessions children with asthma or any medical condition should not be sent into school to get their medication, but must remain with the adult or be accompanied by the adult.

13. Emergency procedures

Where relevant, emergency procedures will be written into the MHCP. Trafford Emergency Protocols are already in place for dealing with accidents and medical emergencies and for severe asthma attacks in school (See Appendix). Staff are to be reminded of these annually and new staff informed as part of the Health and Safety Induction. **These protocols are also displayed in relevant spaces around school.**

Emergency evacuation procedures (PEEPS) will also be written for children whose medical condition may impede their evacuation of the building.

14. The Governing Body

The governing body will be made aware of this policy and its role in being responsible for its implementation along with the Head and SEND Coordinator. The governing body will review this policy every two years.

15. The Headteacher and SEND Coordinators

The Headteacher will ensure that all staff receive appropriate support and training and are aware of this policy. Likewise, the Headteacher or SEND Coordinator will inform the parents



of the policy and its implications for them. In all complex cases the Headteacher and/or SENDCO will liaise with the parents and where parent expectation is deemed unreasonable then the school will seek the advice of the school nurse, or a Trafford Medical Needs Consultant.

16. Teachers and Other Staff

All staff should be aware of the possible medical risks attached to certain pupils. They should be aware of possible emergency action and emergency contacts. Any member of staff agreeing to administer prescribed medicines should be in receipt of appropriate training. The training shall be commensurate with the situation. It is the duty of all staff to be aware of and support the needs of children with medical conditions where necessary.

17. Storing Medicines

Most medicines should be stored away from children, be in their original containers and refrigerated where necessary. This will be the responsibility of the school office. Children should know where their medicines are kept and who is responsible. **This should be an exceptional duty and be only used when medical advice dictates that no other course of action is possible.** It should be clearly identified in any Medical Health Care Plans.

Emergency medicines such as asthma inhalers and adrenaline pens should not be kept locked away, but always in the vicinity of the relevant pupils. These should be collected by parents at the end of each term so that expiry dates and efficiency of the device can be checked. Parents are responsible for returning these to school on the first day of the new term.

Any problems or issues arising shall be immediately referenced to the Headteacher and SEND Coordinator, who will assess the risk and ensure the issues are managed appropriately.

18. Parental Responsibility

- It is the parents' responsibility to inform school immediately of any medical conditions. Parents must make themselves available to discuss their children's needs with the SEND coordinator and the class teacher in order to devise a Medical Health Care Plan.
- In the absence of a medical professional, parents must consent to school contacting the appropriate medical professional (preferably those already involved with the child) to ensure that the correct procedures are in place to support the child.
- It is the parents' responsibility to inform the school of any changes of requirement and to come into school to amend the MHCP.
- Parents must ensure that medication has been prescribed.
- It is the responsibility of the parent to ensure that medication is within the expiry date. They are advised to check inhalers or any other medical devices at the end of each term to ensure that they are still within the expiry date and to ensure that they are still in good working order.
- Medication must be kept in the original container and handed directly to the office or class teacher. It should be clearly labelled with the following:

Child's name

Name of medication

Word/Polices/AdministeringMedicinesPolicy



Dosage

Frequency of dosage

Date of dispensing

Storage requirements (if important)

Expiry date

Where a child has a written Medical Health Care Plan, this information should be written within it and should be the same.

- For the administration of infrequent medicines, e.g. antihistamine, the teacher/school will inform parents of it's use to alert them to any possible medical flair ups. (see Appendix)
- Medication will not be accepted in school without the completion of a written and signed consent form from the parent, known as the Administration of Medicines in School Form. (see Appendix)
- Only reasonable quantities of medication should be supplied to the school(e.g. a maximum of four weeks supply of medication at any one time).
- Where the child travels on school transport with an escort, the parent/guardian should ensure the escort is informed of any medication sent with the child.

19. Complaints procedure

It is important that parents contact school, the class teacher or the SEND coordinator as soon as possible if they have even the slightest concern regarding their child's well-being. We will listen and take concerns seriously and endeavour to remedy the situation appropriately.

If a parent feels that the issue is still not resolved then they must contact the headteacher and follow the schools complaints procedure which is available on the school website.

20. Documents attached

Application for School to Administer Medicines
Medical Health Care Plan
Individual Child Risk Assessment Template
Record of Medicines Administered in School

This Policy will be reviewed every 2 years.
Review date January 2025



Appendix 1. Application for School to administer medication

DETAILS OF STUDENT:

Name:.....

Class:.....

Date of

Birth:.....

Reason for

medication:.....

MEDICATION:

Name/Type of Medication **(as described on the container:**

.....

Date dispensed:.....

Storage requirements:.....

Expiry Date:.....

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

FULL DIRECTIONS FOR USE:

Dosage and amount (as per instructions on container);

Method:

Timing/Frequency of dosage:

Dates to administer: From To

(Maximum of 5 days unless prescribed by GP)

Special precautions – are there any side effects that the school should know about?

.....

Is your child attending wrap around care while taking this medication: Yes / No **(delete as appropriate)**

I confirm that 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. I understand that I must deliver the medication personally to the school office and that the school will not be held responsible for any adverse effects from the medication.

Signature:.....Relationship to
student:.....

Date:.....
.....



Appendix 2: Medical Health Care Plan

Child's Name	
Class	
Date of Birth	
Child's Address	
Medical condition or diagnosis	
Additional Needs	
Date	
Review date	

Family Contact Information	
Name	
Phone No. Home	
Phone No. Work	
Phone No. Mobile	
Emergency Contact –	Name
Contact Number	

Clinic/Hospital Contacts	
Name	
Phone No.	
Name	
Phone No.	



General Practitioner	
Name	
Phone No.	

Other Involved Agencies	
Name	
Phone No	
Name	
Phone No	

Describe medical needs and give details of child's symptoms.

Daily Care Requirements with level of support needed with guidelines for the designated person carrying out procedure.



Expectations of the supporting role identifying the named person, the training requirements and a timeline for developing competence

Self-medication procedures

Who in school needs to be aware of the condition and how will this be achieved?

What arrangements are in place for trips?



Procedures to be followed in the event of an emergency.

Medical Health Care Plan signed by

Parent:.....

School:.....

Date

This Care Plan will be reviewed as any changes arise. If there are no changes to note the plan should be reviewed in 12 months from the date of this plan.



Appendix 3:
TRAFFORD CHILDREN AND YOUNG PEOPLE'S SERVICE
RISK ASSESSMENT FOR AN INDIVIDUAL CHILD
NAME OF CHILD:

ESTABLISHMENT: Broadheath Primary School
ASSESSMENT

DATE:

ACTIVITY/VENUE:
COMPLETED BY:

DATE REVIEWED

1. Hazard	2. Risk H-High M-Medium L-Low	3. Is the risk adequately controlled?	4. What further action required?

Word/Policies/AdministeringMedicinesPolicy