



## Supporting Children with a medical conditions and for the administration of medicine

*Reviewed: April 2017*

*Next Review: April 2020*

1. The staff wish to ensure that students with medical needs receive proper care and support. Our intention is to ensure that students with medical conditions should have full access to education including trips and PE. The governing body will ensure that staff are supported and trained and competent before they take on the responsibility of supporting students with medical conditions.
2. The school's insurance will cover liability relating to the administration of medication.
3. We will be responsible for ensuring the following:
  - Procedures to be followed when notification is received that a student will be attending who has a medical condition, or when a student moves to the school mid-term or when a student has a new diagnosis:
    - Parents/carers will be asked to complete our Individual Health Care Plan and have a meeting with our co-ordinator, Alison Wilkinson. In complex cases this meeting will need to take place well before the child attends the school, so as to best manage the transition into school.
4. The above procedures will be monitored and reviewed by Alison Wilkinson.
5. Where identified as being necessary, Individual Health Care Plans (IHCP) will be developed by the school, healthcare professionals and parents so that the steps needed to help a student manage their condition and overcome any potential barriers to getting the most from their education are identified. The IHCP will include:
  - a) The student'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 student's education, social and emotional needs, such as how will absences be managed, requirements for extra time to complete exams, 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 student'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 student 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.

### **Students with Asthma and the use of an Emergency Inhaler/Spacer**

7. We have decided to hold an emergency inhaler and spacer for the treatment of an asthma attack.

8. Alison Wilkinson will be responsible for ensuring the following:
  - Instructing all staff on the symptoms of an asthma attack
  - Instructing all staff on the existence of this policy
  - Instructing all staff on how to check the asthma register
  - Instructing all staff on how to access the inhaler
  - Making all staff aware of who are the designated staff and how to access their help
9. Alison Wilkinson 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
10. Alison Wilkinson and Jackie Atkins will be responsible for the storage, care and disposal of asthma medication.
11. Alison Wilkinson will be responsible for ensuring that there has been written consent from parents for the administration of the emergency inhaler and spacer. The emergency inhaler/spacer will only be available for students who have been diagnosed with asthma and have been prescribed reliever inhaler AND for whom parental consent has been given. This information shall be recorded in the student's IHCP plan.
12. Alison Wilkinson will be responsible for the supervision of administration of medication and for maintaining the asthma register. She must be informed about all medicine that has been brought into school.
13. Alison Wilkinson will be responsible for ensuring parents are informed in writing when the emergency inhaler/spacer has been used.

## **THE ADMINISTRATION OF MEDICINE**

14. 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.
15. Any parent/carer requesting the administration of medication will be given a copy of this policy.
  - Prescribed medication will be accepted and administered in the establishment
  - Non-prescription medication will only be accepted at the discretion of the headteacher, and usually only in emergency situations, or where pain relief can ensure the child can come to school (e.g. a broken arm or menstrual pain). Please note, permission will not be granted for ongoing underlying medical conditions, or for children who are unwell with sore throats/ears etc, as this should be prescribed or the child should be at home, ill.
16. Prior written parental consent is required before any medication can be administered.
17. Only reasonable quantities of medication will be accepted (no more than one week's supply).
18. Each item of medication should be delivered in its original dispensed container and handed directly to the Headteacher, Alison Wilkinson, school administrators, or others authorised by the Headteacher.
19. 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
- Storage requirements (if important)
- Expiry date (if available)

It will be considered good practice to enter the time and day of medication into the school's calendar as a back-up/reminder to administer the medication.

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

21. Unless otherwise indicated, all medication to be administered in the school will be kept in the fridge or medical cupboard in the Reception classroom. Alison Wilkinson must be informed about all medicine that is brought into school to be administered. Epipens are located near the child's classroom.

22. Where it is appropriate to do so, students will be encouraged to administer their own medication if necessary under staff supervision. Parents/carers will be asked to confirm in writing if they wish their student to carry their medication with them. In the event of a drug which is prescribed but not emergency medicine such as Methylphenidate (Ritalin), students may not be allowed to carry these.

23. 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.

24. 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.

25. The school will make every effort to continue the administration of medication to a student whilst on activities away from the premises.

26. All medicine administered will be recorded on one of the forms in the appendix of templates. Alison Wilkinson will use her discretion as to the best template to use, depending on frequency of use, and the necessity to measure dosage.

### **Grievance Procedure**

27. Please refer to the Grievance or Complaints Policy.

**Templates available below or [word version here.](#)**

# Individual healthcare plan

To be completed by every parents/carer for a child with a medical issue or need.

Name of school/setting	St Peter's C of E Primary, Budleigh Salterton
Child's name	
Class	
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

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, contra-indications, administered by/self-administered with/without supervision

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

Form copied to:



# Parental agreement for school to administer medicine

The school will not give your child medicine unless you complete and sign this form.

Reminders:

- Each item of medication should be delivered in its original dispensed container and handed directly to the Headteacher, Alison Wilkinson, school administrators, or others authorised by the Headteacher.
- 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
  - Storage requirements (if important)
  - Expiry date (if available)
- The school will not accept items of medication which are in unlabelled containers or not in their original container.

Date for review to be initiated by	
Name of school	St Peter's C of E Primary, Budleigh Salterton
Name of child	
Date of birth	
Class	
Medical condition or illness	

## 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 – y/n	
Procedures to take in an emergency	

## 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. I have read the school policy on administering medicines.

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

Date \_\_\_\_\_

**To be completed by school staff (please tick as appropriate):**

This medication will be recorded as below

This medication will be recorded on 'Record of medicine administered to all children'

**Record of medicine administered to an individual child:**

given				
given				
Signature of member of staff				
initials				
given				
given				
Signature of member of staff				
initials				



# Record of medicine administered to an individual child

Name of school	St Peter's C of E Primary, Budleigh Salterton
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	

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

Signature of parent

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

## Record of medicine administered to an individual child (Continued)

Date			
Time given			
Dose given			
Name of member of staff			

Staff initials

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Date

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Time given

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Dose given

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Name of member of staff

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Staff initials

--	--	--

Date

--	--	--

Time given

--	--	--

Dose given

--	--	--

Name of member of staff

--	--	--

Staff initials

--	--	--

Date

--	--	--

Time given

--	--	--

Dose given

--	--	--

Name of member of staff

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Staff initials

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# Contacting emergency services

**Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.**

**Speak clearly and slowly and be ready to repeat information if asked.**

1. your telephone number
2. your name
3. your location as follows [insert school/setting address]
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone

# Letter inviting parents to contribute to individual healthcare plan development

Dear Parent/Carer,

## **DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD**

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support the each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely

Alison Wilkinson