

# Sandgate Primary School

## Medical Conditions Policy

March 2023

### **INTRODUCTION AND GENERAL PRINCIPLES**

The staff and governors of Sandgate 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

This policy is written in line with the requirements of:-

- Children and Families Act 2014 - section 100
- Supporting pupils at school with medical conditions: statutory guidance for governing bodies of maintained schools and proprietors of academies in England, DfE Sept 2014
- 0-25 SEND Code of Practice, DfE 2014
- Mental Health and behaviour in schools: departmental advice for school staff, DfE June 2014
- Equalities Act 2010
- Schools Admissions Code, DfE 1 Feb 2010
- KCSIE 2022

This policy should be read in conjunction with the following school policies

List other linked policies - SEN Policy / SEN Information Report, Child Protection Policy, behaviour policy, asthma policy.

This policy was developed in a process which involved parents/carers of pupils with medical conditions, representatives from the governing body and healthcare professionals and will be reviewed every two years.

### **Definitions of medical Conditions**

Pupils' medical needs may be broadly summarised as being of two types:-

**Short-term** affecting their participation at school because they are on a course of medication

**Long-term** potentially limiting access to education and requiring on-going support, medicines or care while at school to help them to manage their condition and keep them well, including monitoring and intervention in emergency circumstances. It is important that parents feel confident that the school will provide effective support for their child's medical condition and that pupils feel safe.

Some children with medical conditions may be considered disabled. Where this is the case, governing bodies **must** comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEN) and may have a statement or Education, Health and Care Plan (EHCP). Where this is the case this policy should be read in conjunction with the 0-25 SEND Code of Practice

and the school's SEN policy / SEN Information Report and the individual healthcare plan will become part of the EHCP.

## **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

## **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 or other health professionals to develop an individual care 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.

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 as per the child's care plan.

Staff managing the administration of medicines and those who administer medicines will receive appropriate training and support from health professionals.

## **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. The school will administer prescribed medication.

Should a child need a prescribed medicine to be administered, the parent or carers need to fill out a permission slip in the school office. The school office will then take the medication to the classroom where it is kept in a locked cupboard. The teaching team will administer the medication and record this on the consent form. The medication will then be given to parents or carers by a member of staff at the end of the day.

If the medication needs to be refrigerated, then the staff member will take it to the designated fridge in the KS1 block or the designated fridge in the KS2 block. This will be accompanied with the permission form. The staff member taking the medicine to the fridge or receiving it for the locked cupboard will ensure that it is administered correctly. The same person will administer the medication for the period required unless there is reason not to. In this case a verbal handover will take place between staff members.

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. These medications will always be kept safely in the classroom and will accompany any off site visits.

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.

d) At the end of the day, medication will be handed back to the parent/carer. If a parent/carer gives permission for the medication to remain in school then it will be returned at the end of the fixed period. This will be confirmed by signing the permission slip.

### **NON-PRESCRIBED MEDICINES**

Non-prescribed medicines will only be administered with prior written permission from parents in extreme circumstances such as residential trips. An example of this could be the administration of anaesthetic in which consent will have been given prior to the trip. Staff will check the medicine has previously been administered without adverse effect and a permission form must have been completed.

### **ADMINISTERING MEDICINES**

a) This school recognises that no child should be given medicines without their parent's written consent unless in a medical emergency.

### **LONG-TERM MEDICAL NEEDS**

Where a pupil has a chronic illness, medical or potentially life-threatening condition, and the school will initiate a care plan to meet individual needs and support the pupil (Appendix 1). 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

## **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 a permission form. (Appendix 2)  
These should include:

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

Completed forms should be kept with the medicine and referred to when administering medication. The member of staff must then sign, date and put the time in which the medication was administered to the children. (Appendix 2)

b) Requests for updated medical conditions including asthma are distributed to parents at the beginning of each school year. These are collated by the Senco and Office team. Class teachers are then informed.

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. The Senco ensures that the catering manager is aware of any children with allergies.

## **STORING MEDICINES**

a) Staff will only store, supervise and administer medicine that has been prescribed 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. This must be delivered to the office by the parent, a consent form filled out and then this is kept in the school office. Refrigerated medicines will be kept in the fridge in the main office. A list on the front of the fridge shows who has medication. Any non-refrigerated medicines are kept in the locked cupboard below the fridge. The FLO will administer all medication and sign the form. Parents/Carers collect the medication from the office at the end of the day.

c) Emergency medications such as Epi-pens and asthma inhalers should be readily available in a clearly labelled container in the class teacher's cupboard. Children should know where their medicines are stored; they should not be locked away. These should not be accessible to any child and must be clearly visible to members of staff.

d) Parents are ultimately responsible for checking expiry dates on their children's medicines and replacing as necessary. The teaching team (inclusive of teachers and teaching assistants) will also check medication expiry dates at the end of each term. Parents are also asked to ensure that they collect medication at the end of each day or course.

## **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.

c) At the end of the week, first aiders will check each fridge for medication. Any medication left will be handed to the class teacher for them to contact parents/carers or inform the first aider that it is agreed to remain in school.

### **EMERGENCY PROCEDURES**

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 care plan and understand the need to follow agreed emergency support.

c) All staff know how to call the emergency services.

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.

### **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 a permission form. Parents are invited to provide written consent to enable staff to act 'in loco parentis' and administer 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 care plans will be taken on all visits as well as emergency medication that may be required.

### **STAFF TRAINING**

a) Sandgate Primary School holds training on common medical conditions once a year; this is delivered by the school nurse or relevant health care professionals. For specific children, training will take a place at the beginning of the academic year. During the pandemic, most training has been virtual via Zoom and Microsoft Teams

b) Staff training is provided to support the administration of emergency medications such as Epi-pens or insulin. Only staff who have received this training should administer such medications. An emergency epi-pen is stored in the sick sink area.

c) Sandgate Primary School has several appointed First Aiders and Paediatric First Aiders. Training is reviewed regularly and updated every two years.

### **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. Preventative inhalers should be provided and labelled with the pupil and class name. These should be kept in an assigned container within the teacher's cupboard and accompany the child if they are educated outside the school premises.

b) Children with asthma must have immediate 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) Parents should be notified when a child has used an inhaler excessively or more regularly than usual.

Please refer to the school's asthma policy.

The school holds an emergency inhaler in school and parents must give permission for this to be used should a personal inhaler be lost, forgotten or broken.

### **HEAD INJURIES**

a) Pupils who sustain a head injury 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. Parents are informed of any head injury either by text or phone call and an 'Accident Form' is sent home to the parents on the same day as the incident.

### **EPILEPSY, ANAPHYLAXIS AND DIABETES**

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/carers and school personnel to ensure staff are aware of, and trained to provide, any relevant or emergency support or treatment. An individual care plan will usually be compiled, detailing the course of action to be taken.

March 2023



## Appendix 1: Individual Healthcare Plan

Name of school/setting

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

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### Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

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### Clinic/Hospital Contact

Name

Phone no.

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### G.P.

Name

Phone no.

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Who is responsible for providing support in school

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Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

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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



# SANDGATE PRIMARY SCHOOL



## PARENT/CARER AGREEMENT FOR SCHOOL STAFF TO ADMINISTER MEDICINE

Child's Name  Class

Name & strength of medicine  Expiry Date

Time(s)/to be given  frequency

Method of Administration

Any known side effects

Medicine should be kept in refrigerator: Yes [ ]  
No [ ]

Storage location:

*Note: Medicines must be in the original container as dispensed by the pharmacy*

Name and contact number of parent/carer

Name and phone no. of GP

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent for school staff to administer 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 medication is no longer required.

It is the responsibility of the parent/carer to collect the medicine from either the School Office or directly from the Class Teacher/Teaching Assistant. Medicine will not be given to the child to take home.

Signed: \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Carer

Date, time & signature of member of staff administering medicine including handing back to parent:

| Date | Time | Dose | Adult administering | Handed back to parent at end of day/course |
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