

# DONINGTON COWLEY ENDOWED PRIMARY SCHOOL

## Policy for Administration of Medicines in School Includes Supporting Pupils with Medical Conditions

### Part A

#### Introduction

Where a child requires medication during the school day it is usual practice for parents or carers to come into school to administer prescribed medication such as antibiotics to their child as necessary. However, there are exceptional circumstances where this is not possible and as a school prescribed medication may be administered in the following special circumstances:

- Where it is not possible for the parent or carer to come into school to administer the prescribed medication
- In the case of chronic illness such as diabetes, epilepsy, asthma, hay-fever, severe allergy.

If a member of staff is approached by a parent or carer regarding medication for their child they should direct the parent or carer to the school office.

#### Arrangements for Pupils who need to take Medicines

1. Teachers may elect to take on the responsibility to administer medicines to pupils provided **the parent has signed a consent form for administration of medication or given permission in writing.**
2. Pupil's medicines should be stored in a suitable safe place (see below).
3. Only enough medicine should be brought to school for that day's dosage, if possible.
4. The medicine should be clearly labelled with the pupil's name, dose and time it should be taken.
5. A record must be kept of all medicines which have been administered, detailing date, time, medicine, dosage and signatures of members of staff (Medication Log Sheets located in the school office).
6. The administering of pupils' medicines must be witnessed by another member of staff and recorded.

## Asthma

Asthma is caused by air borne particles, infection or exercise which cause a narrowing of the airways. This occurs when the airways become inflamed, fill with a sticky fluid or the muscles go into spasm. Sufferers need to take preventative (often coloured buff) or relievers (often coloured blue). Younger children often need “spacers” to help them breathe in the appropriate spray. To relieve an attack, children need easy access to their reliever, which is harmless to other children and can be treated as a separate medicine category in school.

### Aims and Objectives

#### Aim 1 is to prevent children having an asthma attack by:

- Carry out a risk assessment before keeping animals with fur or feathers in school
- Allowing children who suffer from asthma to stay inside when the grass has been cut or to stay indoors if weather conditions are a factor
- Giving children reassurance by having easy access to their relievers
- Ensuring sufficient warm up activities before physical activities
- Informing staff through a medical list of pupils who have asthma

#### Aim 2 is to help children get over an attack quickly through:

- The early detection of an attack
- Giving emotional support
- Sitting the child in a quiet area
- Early medication if the child has not already self-medicated
- Training of relevant staff

#### Aim 3 is to prevent the attack becoming life-threatening by:

- Giving a second spray if the spray has not worked within 20 minutes
- Calling the parents or for an ambulance if the child continues to be distressed
- Continually monitoring the child and not leaving him or her alone

#### Aim 4 is to keep parents informed:

- Inform the parents if their child’s spray is running low
- Inform the parents if their child has had an asthma attack

### Practical Details

- Older children may keep their sprays with them all the time, for reassurance. Alternatively, if the child and parents wish, the inhaler will be kept in an agreed place in the classroom.
- Young children, not responsible enough to keep their inhalers with them, could leave them with the class teacher.
- Inhalers and equipment should have the child’s name on.
- Parents should leave a spare inhaler at the school in case it is forgotten.

### Storage of Medicines

- Antibiotics, and any other medicine which needs to be kept cool, can be stored in the refrigerator in the staffroom as long as it has been wrapped in a plastic bag first.
- Other medicines, **except** for asthma and diabetes medication, will be kept in the school office.

- Special medicines, such as the adrenaline pen for anaphylactic shock (from bee stings or nut allergy), are for specific children and their use and storage will be made known to all staff as each case arises. If a child is prescribed an Epi-pen then immediate training will be arranged with the School Nurse.
- Children suffering from Diabetes will have a named 'Diabetes Box' which will be stored within the classroom for immediate access.
- A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Monitoring arrangements may be necessary. Schools should otherwise keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held in school. School staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions. Schools should keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted
- When no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

A file of pupil medical conditions is kept up to date in the school office.

## **Part B**

### **Supporting Pupils with Medical Conditions**

We are committed to ensuring that a child with a medical condition can access and enjoy the same opportunities at school as any other child. As a school we will work with appropriate health professionals and other support services to ensure that children with medical conditions receive a full education. In some cases this will require flexibility.

The focus within our school will be on the needs of each individual child and how their medical condition impacts on their school life.

Children and young people with medical conditions are entitled to a full education and have the same rights of admission to school as other children. This means that no child with a medical condition should be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made.

However, in line with their safeguarding duties, governing bodies should ensure that pupils' health is not put at unnecessary risk from, for example infectious diseases. They therefore do not have to accept a child in school at times where it would be detrimental to the health of that child or others to do so.

#### **Implementation of the policy**

The named person with overall responsibility for policy implementation is Mrs Sophie Foston (Executive Headteacher). The Headteacher is responsible for ensuring that sufficient staff are suitably trained, as appropriate;

- All relevant staff will be made aware of the child's condition
- In the case of staff absence, cover arrangements will be put in place
- Supply teachers will be briefed

- Risk assessments for school visits will be completed
- Individual healthcare plans will be monitored

**Procedure to be followed when notification is received that a pupil has a medical condition:**

- For children starting at a new school, arrangements should be in place in time for the start of the relevant school term. In other cases, such as a new diagnosis or children moving to a new school mid-term, every effort should be made to ensure that arrangements are put in place within two weeks.
- Schools do not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on the available evidence. This would normally involve some form of medical evidence and consultation with parents. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place.
- Individual healthcare plans can help to ensure that schools effectively support pupils with medical conditions. They provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed and are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex. However, not all children will require one. The school, healthcare professional and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the Headteacher is best placed to take a final view. A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan is provided at appendix A.
- Individual healthcare plans should capture the key information and actions that are required to effectively support the child. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support. Where a child has SEND but does not have a statement or EHC plan, their special educational needs should be mentioned in their individual healthcare plan.
- Individual healthcare plans (and their review) may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child. Plans should be drawn up in partnership between the school, parents, and a relevant healthcare professional, e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils should also be involved whenever appropriate. The aim should be to capture the steps which a school should take to help the child manage their condition and overcome any potential barriers to getting the most from their education. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school. **Plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They will be developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social wellbeing, and minimises disruption.** Where the child has a special educational need identified in a statement or EHC plan, the individual healthcare plan will be linked to or become part of that statement or EHC plan.
- Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), our school will work with the local authority and education provider to ensure that the individual healthcare plan identifies the support the child will need in order to reintegrate effectively.

Individual healthcare plans will refer to the following:

- The medical condition, its triggers, signs, symptoms and treatments
- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues eg crowded corridors, travel time between lessons;
- Specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
- The level of support needed (some children will be able to take responsibility for their own health needs) including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable.
- Who in the school needs to be aware of the child's condition and the support required;
- 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 during school hours;
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, e.g. risk assessments;
- Where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and
- What to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

## Roles and responsibilities

- **Governing Bodies** - the Governing Body of Donington Cowley Endowed Primary School will ensure that arrangements are in place for supporting pupils with medical conditions. The Governing Body will ensure that sufficient staff have received suitable training before they take on responsibility to support children with medical conditions. The Governors will ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other support material as needed.
- **The Headteacher** – will ensure that the school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. The Headteacher will ensure that all staff who need to know are aware of the child's condition. They will also ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose. The Headteacher has overall responsibility for the development of individual healthcare plans. They will also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. They will contact health professionals

in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the specialist nurse.

- **School staff** – any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers’ professional duties, they should take into account the needs of pupils with medical conditions that they teach. School staff will receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.
- **Health professionals** – our school has access to a variety of health professionals. The medical professionals working with the individual pupils are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions but may support staff on implementing a child’s individual healthcare plan and provide advice and liaison, for example on training. Specialist nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs. Specialist nurses can offer training to local school staff, hosted by a local school. Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition.
- **Other healthcare professionals, including GPs and paediatricians** – should notify the specialist nurse when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing healthcare plans. Specialist local health teams may be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes, epilepsy).
- **Pupils** – with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. Other pupils will often be sensitive to the needs of those with medical conditions.
- **Parents** – should provide the school with sufficient and up-to-date information about their child’s medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents are key partners and should be involved in the development and review of their child’s individual healthcare plan and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.
- **Local authorities** – Under Section 10 of the Children Act 2004, the local authority has a duty to promote co-operation between relevant partners such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and NHS England, with a view to improving the wellbeing of children with regard to their physical and mental health, and their education, training and recreation. Local authorities should provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively. Local authorities should work with schools to support pupils with medical conditions to attend full time. Where pupils would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements. Statutory guidance for local authorities<sup>1</sup> sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from school for 15 days or more because of [health needs](#)<sup>2</sup> (whether consecutive or cumulative across the school year).

<sup>1</sup> Local Authorities must have regard to statutory guidance on the education of children unable to attend school because of health needs

<sup>2</sup> [www.gov.uk/government/publications/education-for-children-with-health-needs-who-cannot-attend-school](http://www.gov.uk/government/publications/education-for-children-with-health-needs-who-cannot-attend-school)

- **Providers of health services** – should co-operate with schools that are supporting children with a medical condition, including appropriate communication, liaison with healthcare professionals such as specialist and children’s community nurses, as well as participating in locally developed outreach and training. Health services can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.
- **Clinical commissioning groups (CCGs)** – commission other healthcare professionals such as specialist nurses. They should ensure that commissioning is responsive to children’s needs, and that health services are able to co-operate with schools supporting children with medical conditions. They have a reciprocal duty to co-operate under Section 10 of the Children Act 2004 (as described above for local authorities). Clinical commissioning groups should be responsive to local authorities and schools seeking to strengthen links between health services and schools, and consider how to encourage health services in providing support and advice (and can help with any potential issues or obstacles in relation to this). The local Health and Wellbeing Board will also provide a forum for local authorities and CCGs to consider with other partners, including locally elected representatives, how to strengthen links between education, health and care settings.

### **Staff Training and Support**

Arrangements will be in place to ensure that:

- Any member of school staff providing support to a pupil with medical needs will have received suitable training.
- The relevant healthcare professional will normally lead on identifying with the school the type and level of training required and how this can be obtained. Schools may choose to arrange training themselves and should ensure this remains up-to-date.
- Whole school staff awareness sessions will be organised as appropriate in order to draw attention to specific medical needs. New members of staff will be given key information as part of the induction process.

The child’s role in managing their own medical needs:

- After discussion with parents, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This will be reflected within individual healthcare plans
- Wherever possible, children should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily. Children who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant staff should help to administer medicines and manage procedures for them.
- If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents should be informed so that alternative options can be considered.

### **Emergency procedures**

- In the event of an emergency, 999 will be called and the parent/carer will be immediately notified of the situation.
- If a child needs to be taken to hospital, school staff will stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance.

### **Day trips, residential visits and sporting activities**

As a school we will actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities. As a school we will make arrangements for the inclusion of pupils in such activities, with adjustments as required, unless evidence from a clinician such as a GP states that it is not possible.

### **Insurance Arrangements**

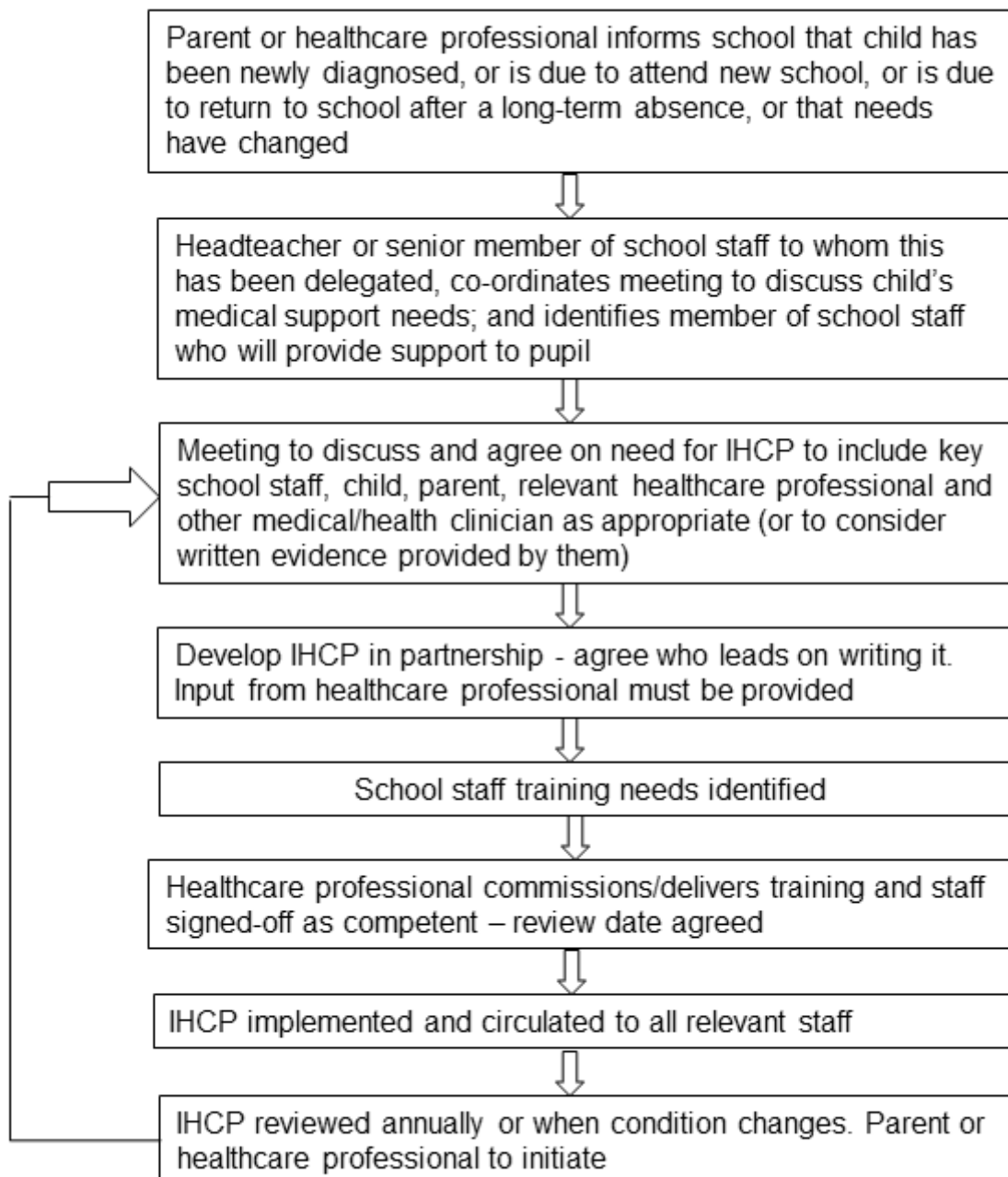
Zurich Municipal Insurance Company provides liability cover relating to the administration of medication by staff in our school. A copy of the policy is kept in the school office.

### **Complaints Procedure**

If a parent/carer or pupil is dissatisfied with the support provided they should discuss their concerns directly with the school. If this does not resolve the issue, they may make a formal complaint via the school's complaint procedure.



## Appendix A: Model process for developing individual healthcare plans



## Sharps Injury Policy

**“If you sustain a needle stick injury please follow this procedure.”**

1. Rinse area thoroughly under running water and wash hands.
2. The said sharp should then be disposed of safely using sharps bin.
3. Report incident to school first aider and record in incident book.
4. Seek medical attention/advice as soon as possible, i.e. GP/A&E.

It is in the best interest of the school and staff to follow the above recommended procedure to ensure the health and safety of all concerned.



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**Appendix B**

### Parental agreement for school to administer medicine

<b>Name of School</b>	Donington Cowley Endowed Primary School
<b>Date</b>	/ /
<b>Child's Name</b>	
<b>Child's Date of Birth</b>	/ /
<b>Class</b>	
<b>Name &amp; strength of medicine</b>	
<b>Expiry date</b>	
<b>Dosage</b>	
<b>When to be given</b>	
<b>Any other instructions</b>	
<b>Number of tablets/quantity to be given to school</b>	

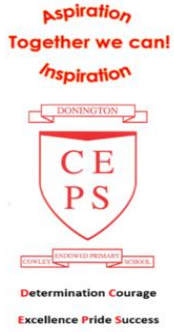
***Note: Medicines must be in the original container as dispensed by the pharmacy***

<b>Daytime phone no. and mobile of parent /carer contact</b>	
<b>Name &amp; phone no. of GP</b>	

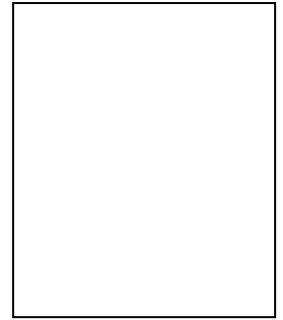
The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

**Print Name** \_\_\_\_\_

**Signature** \_\_\_\_\_



# Individual Health & Care Plan



*Appendix C*

<b>Name of school/setting</b>	<b>Donington Cowley Endowed Primary School</b>
<b>Child's name</b>	
<b>Group/class/form</b>	
<b>Date of birth</b>	
<b>Child's address</b>	
<b>Medical diagnosis or condition</b>	
<b>Date</b>	
<b>Review date</b>	

**Family Contact Information**

<b>Name</b>	
<b>Phone no. (work)</b>	
<b>(home)</b>	
<b>(mobile)</b>	
<b>Name</b>	
<b>Relationship to child</b>	
<b>Phone no. (work)</b>	
<b>(home)</b>	
<b>(mobile)</b>	

**Clinic/Hospital Contact**

<b>Name</b>	
<b>Phone no.</b>	

**G.P.**

<b>Name</b>	
<b>Phone no.</b>	

<b>Who is responsible for providing support in school</b>	
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**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**