



South Molton United
Church of England
Primary School

Supporting Pupils with Medical Conditions
Policy

Reviewed by APMC Committee 25th May 2021
Adopted by the Full Governing Body 14th July 2021
Next Review T&L Committee Summer 2022

POLICY FOR SUPPORTING STUDENTS WITH MEDICAL CONDITIONS AND FOR THE ADMINISTRATION OF MEDICINE

South Molton United C of E Primary School

1. The staff of South Molton United C of E Primary School wishes 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. Mr K O'Donnell 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 (including transitional arrangements between schools, re-integration or when students' needs change;) arrangements for staff training or support will be initiated once the child's needs are determined. Meetings will take place with the child's parents/carers and health professionals prior to starting at the school. An Individual Health Plan will be drawn up in consultation with parents and health professionals see Appendix A. Appropriate training will be instigated for staff by health professionals following these meetings.
 - Procedures to be followed when a student moves to the school mid-term or when a student has a new diagnosis. A Meeting will take place with the child's parents/carers and health professionals (where possible prior to starting at the school or as soon as possible after the new diagnosis) at which the child's support needs will be identified in consultation with parents and health professionals. Appropriate training will be provided for staff where required
4. The above procedures will be monitored and reviewed by The Head Teacher, School Business Manager and Safeguarding Governor.
5. Where identified as being necessary, Individual Health Care Plans (IHCP) will be developed between South Molton United C of E Primary 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 and flexible attendance etc.
- 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. Mr K O'Donnell 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. South Molton United C of E Primary School has decided to hold an emergency inhaler and spacer for the treatment of an asthma attack.
8. Mr. K. O'Donnell will be responsible for ensuring the following:
- Arranging for the instruction of 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. Mr. K. O'Donnell will be responsible for ensuring that designated staff have received instruction from a health professional to:
- 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. Janet Mogford and Sallie Mott will be responsible for the storage, care and disposal of asthma medication.
11. Mr. K. O'Donnell 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. Designated staff –Janet Mogford
Jean Dennis
Sallie Mott

The designated member of staff administering the medication will be responsible for the supervision of administration of medication and for maintaining the asthma register.

13. The designated member of staff who administered the medication 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.

16. Prescribed medication will be accepted and administered in the establishment

17. Over-the-counter medication will be accepted and administered in the following circumstances: During residential trips when a pupil has the following condition types or in school when a pupil has regular headaches, menstrual pain, toothache or hayfever. The school will only accept and administer commonly recognised medication, e.g. Calpol (or equivalent). The school reserves the right not to administer any over-the-counter medication and will monitor any use of over-the-counter medication for pupils.

18. Prior written parental consent is required before any medication can be administered.

19. Only reasonable quantities of medication will be accepted (no more than one week's supply).

20. Each item of medication should be delivered in its original dispensed container and handed directly to the School Office and authorised by the Headteacher.

21. 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)
22. The school will not accept items of medication which are in unlabelled containers or not in their original container.
 23. Unless otherwise indicated, all medication to be administered in the school will be kept in the school's staff room.
 24. 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 will *not be* allowed to carry these.
 25. 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.
 26. 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.
 27. The school will make every effort to continue the administration of medication to a student whilst on activities away from the premises.

Grievance Procedure

28. Please see school's complaints policy.

Appendix 1 - individual healthcare plan

Name of school/setting	South Molton United C of E Primary School
Child's name	
Group/class/form	
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

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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

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Daily care requirements

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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

Appendix 2 : parental agreement for setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by
Name of school/setting

South Molton United C of E Primary School

Name of child
Date of birth
Group/class/form
Medical condition or illness

Medicine

Name/type of medicine
(as described on the container)
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

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

Contact Details

Name
Daytime telephone no.
Relationship to child
Address
I understand that I must deliver the medicine personally to

Mrs Dennis or Mrs Cumings in the School Office who will take it to the staffroom for safe storage

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

Signature(s) _____

Date _____

Appendix 3: record of medicine administered to an individual child

Name of school/setting

South Molton United C of E Primary School

Name of child

Date medicine provided by parent

Group/class/form

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

C: Record of medicine administered to an individual child (Continued)

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

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

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

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

Appendix 5 : staff training record – administration of medicines

Name of school/setting	South Molton United C of E Primary School
Name	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature

Date

I confirm that I have received the training detailed above.

Staff signature

Date

Suggested review date

Appendix 6: 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 - 01769 572656
2. your name
3. your location as follows – South Molton United C of E Primary School, Exeter Road, South Molton, Devon EX36 4EN
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

Appendix 7: model letter inviting parents to contribute to individual healthcare plan development

Dear Parent

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

