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**Policy for Supporting  
Children with Medical  
Conditions**

**Administration of  
Medicines**

**Date agreed: ...July 2019.....**

**Term to be reviewed: ...June 2021.....**

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## **Federation of Stoke Hill Schools**

### **Policy for Supporting Children with Medical conditions and for the Administration of Medicine**



#### **1 Introduction:**

This policy needs to be read in conjunction with the Supporting Children with Medical Conditions Policy.

**The governing body agreed this policy on 4<sup>th</sup> July 2019**

#### **2 Aims**

The staff of the Federation of Stoke Hill Schools 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.

#### **3 Insurance Liability**

The school's insurance will cover liability relating to the administration of medication.

#### **4 Procedures**

The Headteachers 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) Meetings will be held with parents and advice will be sought from relevant Healthcare professionals

- Procedures to be followed when a student moves to the school mid-term or when a student has a new diagnosis. Meetings will be held with parents and advice sought from relevant Healthcare professionals
- procedures for asthma inhalers/spacers - details will be kept in Individual Health Care Plans...
- procedures for adrenaline auto-injectors - details will be kept in individual Health Care Plans

The above procedures will be monitored and reviewed by Jo McCarthy

Where identified as being necessary, Individual Health Care Plans (IHCP) will be developed between the Federation of Stoke Hill Schools, 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

Sarah Mackay and Roy Souter will have the final decision on whether an Individual Health Care Plan is required.

### **Students with asthma**

The Federation of Stoke Hill Schools has decided to hold an emergency inhaler and spacer for the treatment of an asthma attack.

Sarah Mackay and Roy Souter 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

Sarah Mackay and Roy Souter 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

Zoe Weekes and Colette Bates will be responsible for the storage, care and disposal of asthma medication.

Jo McCarthy 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.

Zoe Weekes and Colette Bates will be responsible for the supervision of administration of medication and for maintaining the asthma register.

Zoe Weekes and Colette Bates will be responsible for ensuring parents are informed in writing when the emergency inhaler/spacer has been used.

### **Students with anaphylaxis**

The Federation of Stoke Hill Schools has decided to hold an emergency adrenaline auto-injector for the treatment of an anaphylaxis attack for pupils who have been diagnosed with anaphylaxis and prescribed an auto-injector. There will be one held in each school.

Sarah Mackay and Roy Souter will be responsible for ensuring the following:

- Instructing all staff on the symptoms of an anaphylaxis attack
- Instructing all staff on the existence of this policy
- Instructing all staff on how to check the pupil medical register
- Instructing all staff on how to access the auto-injector
- Making all staff aware of who are the designated staff and how to access their help

Sarah Mackay and Roy Souter will be responsible for ensuring that designated staff:

- Recognise the signs of an anaphylaxis attack and when emergency action is necessary
- Know how to administer the auto-injectors
- Make appropriate records of attacks

Zoe Weekes and Colette Bate will be responsible for the storage, care and disposal of the adrenaline auto-injector.

Zoe Weekes and Colette Bate will be responsible for ensuring that there has been written consent from parents for the administration of the emergency auto-injector. The emergency auto-injector will only be available for students who have been diagnosed with anaphylaxis and have been prescribed an auto-injector AND for whom parental consent has been given. This information shall be recorded in the student's IHCP plan.

**If a pupil is having anaphylaxis but does not have the required medical authorisation and parent/guardian consent for a “spare” AAI to be used, the school should immediately call 999 and seek advice: If “spare” AAI's are available, mention this to the call handler/emergency medical dispatcher, as they can authorise its use if appropriate.**

Zoe Weekes and Colette Bates will be responsible for the supervision of administration of medication and for maintaining the pupil medical register.

Zoe Weekes and Colette Bates will be responsible for ensuring parents are informed when the auto-injector has been used.

## **THE ADMINISTRATION OF MEDICINE**

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.

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 and administered in the following circumstance:

If parents have asked and have put details in writing (see Appendix 3)

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

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

Each item of medication should be delivered in its original dispensed container and handed directly to the Headteacher or a member of the Admin team 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.



Unless otherwise indicated, all medication to be administered in the school will be kept in the First Aid Room

Where it is appropriate to do so, students will be encouraged to administer their own medication if necessary under staff supervision

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.

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.

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

Appendix 1 - Individual healthcare plan implementation procedure

Appendix 2 - Individual healthcare plan template

Federation of Stoke Hill Primary Schools Individual Health Care Plan

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 A DCC Establishment to Administer Medicine

DCC Establishment Federation of Stoke Hill Primary Schools.....

### Notes to Parent / Guardians

Note 1: This establishment will not give your child medicine unless you complete and sign this form and where the establishment has a policy that staff can administer medicine.

Note 2: All Medicines must be in the original container as dispensed by the pharmacy, with the young persons name, its contents, the dosage and the prescribing doctor's name

Note 3: The information is requested, in confidence, to ensure that the establishment is fully aware of the medical needs of your child. While no staff member can be compelled to give medical treatment to a young person, it is hoped that the support given through parental consent, the support of the County Council through these guidelines and the help of the School Medical Service will encourage them to see this as part of the pastoral role. Where such arrangements fail it is the parents' responsibility to make appropriate alternative arrangements

### 1. Prescribed Medication

Date

Child's name

Date of birth

Class

Name and strength of medicine

~~How much to give (i.e. dose to be given)~~

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Time and date of last dose given

When to be given

Reason for medication

Number of tablets/quantity to be given to the establishment

Time limit – please specify how long your child needs to be taking the medication  
\_\_\_\_\_day/s \_\_\_\_\_week/s

I give permission for my son/daughter to carry their own asthma inhalers Yes / No /  
Not applicable

I give permission for my son/daughter to carry their own asthma inhaler and manage  
its use Yes / No / Not applicable

I give permission for my son/daughter to carry and administer their own medication  
in accordance with the agreement of the establishment and medical staff Yes / No /  
Not applicable

Daytime phone number of parent or adult contact

Alternative Contact in the event of an emergency

Name and phone number of GP

Agreed review date to be initiated by (named member of staff)

I confirm that the medicine detailed overleaf has been prescribed by a doctor, and  
that I give my permission for the Head Teacher (or his/her nominee) to administer  
the medicine to my son/daughter during the time he/she is at a DCC establishment.  
I will inform the establishment immediately, in writing, if there is any change in  
dosage or frequency of the medication or if the medicine is stopped. I also agree  
that I am responsible for collecting any unused or out of date supplies and that I will  
dispose of the supplies.

The above information is, to the best of my knowledge, accurate at the time of writing.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

(Parent/Guardian/Person with parental responsibility)

Signature(s)

Date

#### Appendix 4

Record of medicine administered to an individual Young person

Name of Establishment

Federation of Stoke Hill Primary Schools

Name of Young Person

Class

Date medicine provided by parent

Name and strength of medicine

Quantity received

Dose and frequency of medicine

Expiry date

Quantity returned

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

\_\_\_\_\_

Log of Medicines Administered

Date    Time given    Dose given    Staff Name/Initials    Notes/ problems



Appendix 5 - Record of medicine administered to all children

Federation of Stoke Hill Schools

Date	Child's name	Time	Name of	Dose given	Any reactions
Signature	Print name		medicine	of staff	

Appendix 6 - Staff training record – Administration of Medicines

Name of school/setting:

Name:

Type of training received:

Date of training completed:

Training provided by:

Profession and title:

I confirm that add 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 by add 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 7 - 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.

Your telephone number - 01392 258894

Your name

Your location as follows: Stoke Hill Infant School/Stoke Hill Nursery School/Stoke Hill Junior School EX4 2DB

The exact location of the patient within the school.

The name of the child and a brief description of their symptoms.

The best entrance to use and state that the crew will be met and taken to the patient.

Put a completed copy of this form by the phone.

## Appendix 8 - Model letter inviting parents to contribute to individual healthcare plan development

Dear Parent,

### RE: 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 each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership with the school, parents/carers, 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 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 include (add details of team).

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 add name of other staff lead) would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely,

Headteacher