

# Great Whelnetham Church of England Primary School Policy for Managing the Medical Conditions of Pupils

Approved by Governing Body:  
Date of Approval: 19<sup>th</sup> October 2016  
Review by: 19<sup>th</sup> October 2018

In drawing up the policy, guidance has been taken from Suffolk guidelines, DFES Best Practice Guidance 'Managing medicines in Schools and Early Years settings' and Statutory Guidance on Supporting Pupils at school with Medical Conditions (Dec 2015)

Definition:

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

- Short-term affecting their participation in school activities which they are on a course of medication.
- Long-term potentially limiting their access to education and requiring extra care and support (deemed special medical needs).

The Children and Families Act 2014, from September 2014, places a duty on schools to make arrangements for children with medical conditions. Pupils with special medical needs have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone. However teachers and other school staff in charge of pupils have a common law duty to act in loco parentis and may need to take swift action in an emergency. This duty also extends to teachers leading activities taking place off the school site. This could extend to a need to administer medicine.

The prime responsibility for a child's health lies with the parent who is responsible for the child's medication and should supply the school with information.

### Aims

The school aims to:

- Assist parents in providing medical care for their children.
- Educate staff and children in respect of special medical needs and ensure staff have regular training.
- Adopt and implement the LA policy of Medication in Schools.
- Arrange training for volunteer staff to support individual pupils.
- Liaise as necessary with medical services in support of the individual pupil.
- Ensure access to full education if possible.
- Monitor and keep appropriate records.

### Entitlement

The school accepts that pupils with medical needs should be assisted if at all possible and that they have a right to the full education available to other pupils.

The school believes that pupils with medical needs should be enabled to have full attendance and receive necessary proper care and support.

The school accepts all employees have rights in relation to supporting pupils with medical needs as follows:

- Choose whether or not they are prepared to be involved.
- Receive appropriate training.
- Work to clear guidelines (Care Plans).
- Have concerns about legal liability.
- Bring to the attention of management any concern or matter relating to supporting pupils with medical needs.

## Emergency First Aid

The majority of staff at Great Whelnetham Church of England Primary School are trained in this and a number of staff have Paediatric First Aid training as well. When a child has received first aid, all details are recorded in either the central First Aid Book or the MDSA's own First Aid book, with details of the injury, treatment given and by whom.

Bumped head stickers are issued if a child has suffered a bump or injury to their head or face and the class teacher informed via the 'Green Form' system.

Class teachers will liaise with parents by telephone if the child has suffered an injury which may need further attention at the hospital or doctors or if the head injury is a cause for concern. It will then be necessary for the completion of a Suffolk County Council Schools' Incident Report Form (see Appendix 1)

## Short Term Medical Needs

Most pupils will at some time have a condition requiring medication. For many, the condition will be short term – perhaps the duration of a short absence from school. However, although a child may soon be well enough to be back at school, medication may still be required for a short period.

With regard to sickness and/or diarrhoea – a child must not return to school until 48 hours have elapsed since the last bout. If a child is sick or suffers from diarrhoea during the school day, a parent will be called and the child must be collected as soon as possible.

## The Administration of Prescribed Medicines

Under the terms of the School Teachers' Pay and Conditions document, teachers have neither a legal nor a contractual duty to administer medicines. Support staff, unless specifically trained, do not have a legal or contractual duty either.

In accordance with national guidelines to administer medicines, staff need to have received appropriate training with regard to the storage of medication, the administering of medication, details of any possible side effects and how the side effects should be dealt with. Staff cannot accept responsibility for administering medicines.

Where at all possible, prescribed, short term medicines should be administered at home and taken in the morning, after school and at bedtime.

If a parent is concerned about the timings of a '3 or 4 dosage' prescription, we suggest that parents query the recommended timings with the practitioner who prescribed the medication i.e. GP or pharmacist.

If a medicine does need to be taken in the middle of the school day, parents will be asked to complete a 'Request for the school to administer prescribed medication form' (see Appendix 2)

## Long Term Medical Needs

Where children have long term medical needs e.g. asthma, epilepsy, diabetes, ADHD or severe allergic reaction, we will do everything we can to enable them to attend school regularly. Parents must liaise with their GP, consultant and school nurse to ensure that there is an up to date care plan in place which details their medical condition, medication required and the dosage required and when. Parents will be required to complete a 'Request for the school to administer prescribed medication form' and/or 'The Suffolk Asthma Card as appropriate (see Appendix 3).

The medication must be in its original packaging with the dispensing label attached detailing who the medication is for, the dosage and its expiry date. If applicable, a measuring spoon or spoon should also be supplied.

It is the responsibility of the school to ensure that all staff access training from the School Nurse for the administration of specific medications i.e. epi-pen/buccal midazolam.

It is the responsibility of the parents to ensure that their child's medication is in date and to replace it once the expiry date has been reached. Staff will not administer medication which has exceeded the expiry date.

Inhalers will be kept in the child's classroom in a clearly labelled container. All other medication will be stored in individually labelled boxes in the first aid cupboard or fridge in the staffroom as appropriate.

It is the responsibility of the class teacher to ensure that each child in their class who has a medical need, has their photograph displayed on the inner door of the first aid cupboard along with a summary of their condition.

### Non Prescription Medicines

Non prescription medicines will not normally be administered at school. However if a parent decides that their child is basically well enough to attend school, but may require a dose of non prescription medicine during the school day, parents are most welcome to come to the school office at 12.00pm the start of lunch break to give the medicine personally.

In the event that this is not possible, a member of staff will administer the non prescription medicine subject to the completion of a 'Request for the school to administer non prescription medication form' (see Appendix 4). This needs to be handed in to the office along with the medication on a daily basis.

The staff member who administers/supervises the administration of the medication will record on the request form, details of the administration for retention by the school. In addition, they will complete a duplicate entry, which will be sent home along with the medicine at the end of the day to inform parents.

For requests for the regular administration of non-prescription medicine i.e. hay fever tablets, it will only be necessary for a form to be completed at the initial request stage.

This policy will be reviewed every two years, or more frequently as required.

Appendix 1  
**Suffolk County Council**  
**SCHOOLS' INCIDENT REPORT FORM (IRF001SCH)**



**Please fill in all areas**

Section 1: The person reporting the Incident (may or may not be the injured person):				
Surname:		First name:		
Title ( <i>Ms / Miss / Mr / Dr etc.</i> ):		Contact details (address, phone & email):		
Job title:				
Section 2: The incident details:				
Date of incident:		Time of incident (24 hr clock):		
Was the person working alone at the time of the incident?	Y/N	Address where the incident happened:		
Description of the incident (continue on separate sheet if required):				
If harm to a person has occurred, which part(s) of the body were injured? (Tick / mark all that apply):	Abdomen	Eye(s)	Other(e.g. internal organ) – please state:	Not applicable (i.e., no bodily harm)
	Ankle	Face	Pelvis	
	Arm	Finger(s) / Thumb	Scalp	
	Back	Foot	Shin / calf	
	Buttocks	Hand	Shoulder	<b>Please note L or R limb / side of body affected</b>
	Chest	Head	Thigh	
	Ear(s)	Knee	Toe(s)	
	Emotional harm	Neck	Wrist	
What was the injury? (Tick / mark all that apply):	Bruise (s)	Electrical shock	Infection	Puncture wound / sharps
	Burn / scald	Emotional shock	Loss of limb or digit	Skin irritation / infection
	Concussion	Fracture / dislocation	Not applicable (no injury)	Strain / sprain
	Crush	Graze / cut	Other (please state):	Stress arising from work practices
	Death	Illness (including seizure)	Pain only	Unconsciousness
What happened?	Assault / abuse (physical)	Failure of medical device / medication error	Hit by moving object / vehicle	Road traffic incident
	Assault / abuse (verbal)	Failure of equipment / property / premises	Inhalation of hazardous substance	Security / theft
	Contact / threat from animal	Fall / slip / trip (pupil)	Injury from sharp / pointed implement (e.g., needle / knife / tool etc.)	Sports / activity injury
	Contact with heat / fire	Fall / slip /trip (employee)	Moving and handling inanimate object	Striking against something stationary
	Electrocution/ shock	Involuntary harm from person with challenging behaviour	Moving and handling person	Taken ill / Collapse

	Exposure to hazardous substance	Hit by falling object	Other (please state):	Threat or fear of attack/harm
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**Section 3: Who is this report about? (please ensure you fill in all areas)**

<b>Surname:</b>		<b>First name:</b>	
<b>Category of person:</b>	Employee / pupil / contractor / member of the public / other (please state)		
<b>If employee, line manager's name and contact details:</b>			
<b>Type of school service (please tick / mark which applies):</b>	Primary / Secondary / Pupil Referral Unit		
<b>Date of birth and age (if known):</b>		<b>Job title (if appropriate):</b>	
<b>Gender:</b>		<b>If employee: Work contact details (address, phone &amp; email):</b>	

**Section 4: Outcome of the incident:**

<b>What happened to the injured person after the incident:</b>	Remained at work / school	Went to hospital
	Sent home	Other (please state):
<b>What have been the actions of the school as a result of this incident?</b>		
<b>Was first aid administered?</b> If 'yes' please detail:	Y/N First aider's name / contact:	
<b>If the injured party went to hospital did they remain there?</b>	Y/N Relevant details:	
<b>If an employee, are they absent from work as a result?</b>  <i>If yes – please note first date absent and ensure notification of their return to H&amp;S Advisor. If over seven days notify Advisor immediately.</i>	Y/N  Date absent from:	
<b>Were there any witnesses to the incident:</b>	Y/N If yes, who? Contact details and brief statement if given:	
<b>Today's date:</b>		

**Thank you for reporting this incident. When incidents are reported we can analyse why they might have occurred and help you try to prevent them from happening again.  
We can only do this if your report is clear and factual.  
Once completed, send this form to **Nina Bickerton – Corporate Health and Safety Advisor at Suffolk County Council, Endeavour House, Russell Road, Ipswich IP1 2BX****

or scan this form and email it to: [Nina.bickerton@suffolk.gov.uk](mailto:Nina.bickerton@suffolk.gov.uk) - please use secure email if it contains personal sensitive data. Any queries, please call Nina on 01473 260 399.

## Appendix 2

### Request for the school to administer **prescription** medication

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The staff will not give your child **prescription** medicine unless you complete and sign this form, and the headteacher has agreed that the staff can administer the medication. Please read and sign the disclaimer below.

#### DETAILS OF PUPIL

Surname: .....

M/F: .....

Forename(s): .....

Date of Birth: .....

Address: .....

.....

.....

Condition or illness: .....

#### MEDICATION

Name/Type of Medication

(As described on the container)

.....

.....

Date dispensed:

.....

**Full directions for use:**

.....

Dosage and method:

.....

Timing: **Please circle**

10.30 o'clock

12.00pm

Special precautions:

.....

Side Effects:

.....

Self-Administration:

.....

Procedures to take in an Emergency:

.....

#### CONTACT DETAILS:

Name of Parent/Carer: .....

Daytime Phone No: .....

Relationship to pupil: .....

Address: .....

.....

*My child's doctor has prescribed the above medication. I understand that I must deliver the medication personally to an agreed member of staff. I accept that this is a service, which school staff are not obliged to undertake.*

Signature:

Date:

Relationship to pupil:

#### LEGAL DISCLAIMER

*I understand that neither the headteacher nor anyone acting on his/her authority, nor the Governing Body, nor Suffolk County Council will be liable for any illness or injury to the child arising from the administering of the medication or drug unless caused by the negligence of the headteacher, the person acting on his/her authority, the Governing Body of Suffolk County Council as the case may be.*

Signature:

Date:

Relationship to pupil:

# School Asthma Card

To be filled in by the parent/carer

Child's name

Date of birth

Address

Parent/carer's name

Telephone - home

Telephone - mobile

Email

Doctor/nurse's name

Doctor/nurse's telephone

This card is for your child's school. **Review the card at least once a year and remember to update or exchange it for a new one if your child's treatment changes during the year.** Medicines should be clearly labelled with your child's name and kept in agreement with the school's policy.

## Reliever treatment when needed

For shortness of breath, sudden tightness in the chest, wheeze or cough, give or allow my child to take the medicines below. After treatment and as soon as they feel better they can return to normal activity.

Medicine	Parent/carer's signature
<input type="text"/>	<input type="text"/>

## Expiry dates of medicines checked

Medicine	Date checked	Parent/carer's signature
<input type="text"/>	<input type="text"/>	<input type="text"/>

What signs can indicate that your child is having an asthma attack?

Parent/carer's signature

Date

Does your child tell you when he/she needs medicine?

Yes  No

Does your child need help taking his/her asthma medicines?

Yes  No

What are your child's triggers (things that make their asthma worse)?

Does your child need to take medicines before exercise or play?

Yes  No

If yes, please describe below

Medicine	How much and when taken
<input type="text"/>	<input type="text"/>

Does your child need to take any other asthma medicines while in the school's care?

Yes  No

If yes please describe below

Medicine	How much and when taken
<input type="text"/>	<input type="text"/>

## Dates card checked by doctor or nurse

Date	Name	Job title	Signature
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## What to do if a child is having an asthma attack

- 1 Help them sit up straight and keep calm.
- 2 Help them take one puff of their reliever inhaler (usually blue) every 30-60 seconds, up to a maximum of 10 puffs.
- 3 Call 999 for an ambulance if:
  - their symptoms get worse while they're using their inhaler - this could be a cough, breathlessness, wheeze, tight chest or sometimes a child will say they have a 'tummy ache'
  - they don't feel better after 10 puffs
  - you're worried at any time.
- 4 You can repeat step 2 if the ambulance is taking longer than 15 minutes.



**Any asthma questions?**

Call our friendly helpline nurses

**0300 222 5800**

(9am - 5pm; Mon - Fri)

[www.asthma.org.uk](http://www.asthma.org.uk)



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## Appendix 4

### Request for the school to administer **non-prescription** medication

The staff will not give your child **non-prescription** medicine unless you complete and sign this form, and the headteacher has agreed that the staff can administer the medication. Please read and sign the disclaimer below.

#### DETAILS OF PUPIL

Surname: .....  
 Forename(s): .....  
 Address: .....  
 .....

M/F: .....  
 Date of Birth: .....

Condition or illness: .....

#### MEDICATION

Name/Type of Medication

(As described on the container) .....

Date and time medication was last administered at home: .....

#### Full directions for use:

Dosage and method: .....

Timing: **Please circle** 10.30 o'clock 12.00pm

Special precautions: .....

Side Effects: .....

Adult or Independent Administration: (please specify) .....

Procedures to take in an Emergency:.....

#### CONTACT DETAILS:

Name of Parent/Carer: .....

Daytime Phone No: .....

Relationship to pupil: .....

Address: .....

.....

*My child is basically well enough to attend school, but may require this medication to be administered during the course of the day. I understand that I must deliver the medication personally to the office. I will also collect the medication from the class at the end of the day. I accept that this is a service, which school staff are not obliged to undertake.*

#### LEGAL DISCLAIMER

*I understand that neither the headteacher nor anyone acting on his/her authority, nor the Governing Body, nor Suffolk County Council will be liable for any illness or injury to the child arising from the administering of the medication or drug unless caused by the negligence of the headteacher, the person acting on his/her authority, the Governing Body of Suffolk County Council as the case may be.*

Signature: \_\_\_\_\_ Relationship to pupil: \_\_\_\_\_ Date: \_\_\_\_\_

Staff to complete:

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

To \_\_\_\_\_

Child's Name \_\_\_\_\_ Class \_\_\_\_\_

Name of non prescription medicine \_\_\_\_\_

Please be advised that the above medicine was administered as below/not administered

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