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## Keeping Children Safe In Education Medical Policy 2022

Skelton Primary School offers a positive, safe learning environment for its community, in which everyone has equal and individual recognition and respect. We celebrate success and are committed to the continuous improvement and fulfilment of potential in every child.

We encourage increasing independence and self-discipline amongst the pupils. Everyone within the school has an important role to play in sharing responsibility for the development of positive behaviour and attitudes.

<p style="color: blue;">Designated Safeguarding Lead</p> <p style="color: blue;">Deputy Safeguarding Leads</p> <p style="color: blue;">Safeguarding Link Governor</p> <p style="color: blue;">Head Teacher</p> <p style="color: blue;">Chair of Governors</p>	<p>Andy Woolf</p> <p>Sarah Walker</p> <p>Charlotte Bonas</p> <p>Tracy Hill</p> <p>Geoff Bland</p> <p>Sarah Walker</p> <p>Helen Swarbrick</p>
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# MEDICAL POLICY (non statutory)

## 1. INTRODUCTION AND GENERAL PRINCIPLES

Skelton 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 needs.

The policy is drawn up in consultation with a wide range of local key stake holdings within the school and health care setting and complies with DfE guidelines for 'Supporting Pupils at school with medical conditions' 2014 updated 2017.

## 2. 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

### 3. a) RESPONSIBILITIES

Parents/ carers 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 nurse or other health professionals to develop an individual healthcare 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.

This policy will be kept under review in the light of legal developments and best practice

Next review: Autumn 2022

SLT responsibility: A.Woolf



## MEDICAL POLICY (non statutory)

Staff will have access to information on pupils' medical conditions and actions to take in an emergency. Staff managing the administration of medicines and those who administer medicines will receive appropriate training and support from health professionals.

c) Skelton Primary School will administer medicines with written guidance from parents/ carers. The head teacher accepts responsibility, in principle, for school staff administering or supervising the taking of prescribed medication or medical care during the school day where it is absolutely necessary.

### 4. PRESCRIBED MEDICINES

1. 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. Medicines prescribed 'three times a day' should be administered "before school, after school and at night". This school recognises in extreme cases (as stipulated by a doctor in writing), and agreed by the head teacher, that staff may administer medication following completion of designated paperwork. Parents and carers are also allowed into school to administer medication if they so desire.
2. 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.
3. 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.

### 5. NON-PRESCRIBED MEDICINES

Non-prescribed medicines will only be administered with prior written permission from parents in extreme circumstances such as residential trips. Staff will check the medicine has previously been administered without adverse effect and designated form must be completed.

The school follows the Guidance of Infection and Control in Schools and Other Childcare Settings (Public Health England May 2016) which states that children who are clearly unwell with for example, vomiting, diarrhea or high temperature should not be in school for a period of 48 hours.

### 6. ADMINISTERING MEDICINES

a) This school recognises no child under 16 should be given medicines without their parent's written consent. Following written consent, any member of staff administering medicines to a pupil should check:

- The child's name
- Name of medication
- The prescribed dose
- Expiry date of the treatment
- Written instructions provided by the prescriber on the label or container. If in doubt about any procedure, staff will not administer the medicine before checking with parents or a health professional before taking further action.

b) A written record must be kept following administration of medicines to pupils. 2 staff members will be present when medicines are administered to ensure correct dosage and recording .

c) If a child refuses to take a medicine, staff will not force them to do so, but will record this and parents/carers will be notified of the refusal.

This policy will be kept under review in the light of legal developments and best practice

Next review: Autumn 2022

SLT responsibility: A.Woolf



# MEDICAL POLICY (non statutory)

## 7. LONG-TERM MEDICAL NEEDS

Where a pupil has a chronic illness, medical or potentially life threatening condition, the school will initiate a health care plan to meet individual needs and support the pupil. This will be drawn up by health care professionals in consultation with the child's parents/ carers 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

## 8. 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 in written form. These should include:

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

Completed forms are kept and referred to when administering medication. If a child refuses medication, this must be recorded and parents should be notified.

Requests for updated medical conditions including asthma, are distributed to parents at the beginning of each school year. These are collated by the Office manager and registered and recorded in office. All staff have access to this information and actions to take in an emergency.

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. These are organized by the Family Support Worker.

Medicine expiry dates are checked by the Family Support worker. Updated medical conditions and reviews of policies and practice are monitored and disseminated by the Office manager and Care Team.

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Next review: Autumn 2022



# MEDICAL POLICY (non statutory)

## STORING MEDICINES

1. 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.
2. b) Non-emergency prescribed medication is stored in the school office. Medication requiring refrigeration is stored in the school office fridge.
3. 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.
4. d) Parents are ultimately responsible for checking expiry dates on their children's medicines and replacing as necessary. The Office manager will also check medication expiry dates twice a year.

## 10. DISPOSAL OF MEDICINES

1. 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.
2. 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.

## 11. EMERGENCY PROCEDURES

1. a) All staff are aware of procedures when dealing with a medical emergency. These should be supervised by a trained First Aider.
2. b) All staff are aware of pupils on a health care plan and understand the need to follow agreed emergency support.
3. c) All staff know how to call the emergency services.
4. 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.

## 12. EDUCATIONAL VISITS

1. 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.
2. 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 paperwork. 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.
3. c) Accompanying staff will be aware of any medical needs and relevant emergency procedures. A copy of health care plans will be taken on all visits as well as emergency medication that may be required.

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SLT responsibility: A.Woolf



## MEDICAL POLICY (non statutory)

### 13) STAFF TRAINING

Skelton Primary School holds training on common medical conditions once a year; this is delivered by the school nurse or relevant health care professionals. A log of staff training is kept and reviewed every 12 months to ensure new staff receive training.

Staff training is provided to support the administration of emergency medications such as Epi-pens or insulin. The school keeps a register of staff who have undertaken the relevant training. Only staff who have received this training should administer such medications.

Skelton Primary School has appropriate staff emergency First Aid trained and Foundation Stage staff Paediatric First Aiders. Training is reviewed regularly and updated every three years.

### MEDICAL CONDITIONS

#### ASTHMA

We recognise 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.

1. Parents have a duty to inform school:
  - I. if their child is asthmatic
  - II. what medication they require and how it should be administered
  - III. of likely triggers eg exercise induced, seasonal
  - IV. and after school club leaders of their child's needs and medication.
2. Child should bring their preventative inhaler from home each day. They must have immediate access to their inhaler when they need it and know where it is kept. A spacer device may be required and the pupil may need support to use this.
3. A second, backup preventative inhaler should ideally be provided and labelled with the pupil and class name and stored at the front office, although this is becoming less frequent due to reluctance to prescribe additional inhalers. Office staff will monitor the expiry dates and send all medication home in the summer holiday. School may not always have a second inhaler, in which case, the primary class inhaler should be checked regularly.
4. When inhalers(blue-salbutamol) are prescribed for chest conditions other than asthma, points 2 & 3 above should be followed.
5. Staff have a duty to
  - I. Be familiar with the needs of an asthmatic child including guidance from their Health Plan where appropriate. Liaise with Family Support Worker where needed.
  - II. Store the child's medication accessibly in class at all times, ensuring that it is available during all out of class activities and when offsite
  - III. Leave clear direction for any alternative class staff
  - IV. Support a child in using their medication routinely or in the event of an attack
    1. Say calm, sit down and use a quiet reassuring voice
    2. Use relief medication (two puffs, if necessary in 2 minutes intervals on five occasions while emergency support is summoned)
  - V. Notify parents when a child has used an inhaler excessively or more regularly than usual.
6. Pupils with asthma are listed in the School Asthma Register, found in the front office.

This policy will be kept under review in the light of legal developments and best practice

Next review: Autumn 2022

SLT responsibility: A.Woolf



# MEDICAL POLICY (non statutory)

## 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. A head injury advice sheet must be completed and sent home with the routine accident record slip.

## 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. Two epipens *should* be provided and labelled with the pupil and class name (one for the class and one for the front office). If GP surgery only provides one epipen, then this should be kept near to the child at all times and especially in high risk areas such as the dining hall. These should be kept in an assigned container within the classroom and accompany the child if they are educated outside the school premises.

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

## APPENDICES ( and WHEN THEY SHOULD BE USED)

Appendix A	<ul style="list-style-type: none"> <li>a. Letter and medical/medication form:</li> <li>b. This form must be completed by parent/carer for all students on entry to the Academy and updated annually/as necessary.</li> </ul>
Appendix B	<p>Health Care Plan:</p> <p><i>(This form must be completed by the appropriate member of school staff for any student who has a serious health issue or takes any long term medication. )</i></p>
Appendix C	<p>Parental agreement for the Academy to administer medicine:</p> <p><i>(This form must be completed by parent/carer if a student needs to take prescribed medication during the school day.)</i></p>
Appendix D	<p>Individual Epilepsy plan:</p> <p><i>(This form needs to be completed by parent/carer to instruct appropriate staff of individual student needs with epilepsy. )</i></p>

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## MEDICAL POLICY (non statutory)

### Appendix A

Dear Parent/Carer  
RE: MEDICINE IN SCHOOLS

It is important that we take every effort to ensure your child is safe during the school day. Many staff at Skelton Primary School are trained with emergency first aiders, others with Paediatric first aid who are on call to attend students who have minor problems.

However, it is helpful to have prior knowledge of any students who have medical problems that require more than first aid, such as asthma. I am asking all parents/carers to complete the attached forms and return them to school. Please return the forms even if your child has no medical problems or does not need to take medication writing on 'none required'.

To allow prescribed medicines to be administered during the school day, the parent/carer must complete the form - Parental agreement for school to administer medicine.

All prescribed medicines must be sent into school in the original box/container with the name of the child, the dosage and timing clear to see with no alterations by hand. Any spoons or droppers will also need to be provided. For medicines prescribed three times daily, this should, wherever possible, be before school, after school and evening. Only if necessary will medication be administered during the school day. When the course of medication is complete, any remaining medication will need to be collected by the parent/carer.

Skelton Primary School is unable to hold or administer non-prescription medicine. Non-prescription medicine must not be carried by students and any student needing to take medication such as paracetamol must do so at home.

Skelton Primary School has a Medical Policy that details procedures, roles and responsibilities. A copy is available upon request.

Please contact me if you have any queries.

Yours sincerely

Office Manager





## MEDICAL POLICY (non statutory)

Appendix B

# Skelton Primary School : Individual Healthcare 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)

This policy will be kept under review in the light of legal developments and best practice

Next review: Autumn 2022

SLT responsibility: A.Woolf



## MEDICAL POLICY (non statutory)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

IHP file Office and SEN, School Nurse and support member. SIMS attached document and student's teachers. Summary advice in staff room and staff work rooms.

Signed for Skelton Primary School representatives: Date:

Parent/carer signature: Date:

I understand that by signing this document I agree to the school sharing the contents of this plan and associated plans with other parties/agencies to ensure that we are provided with the most appropriate services.

Medical Professional signature: Position held:

Date:

This policy will be kept under review in the light of legal developments and best practice

Next review: Autumn 2022

SLT responsibility: A.Woolf



# MEDICAL POLICY (non statutory)

## Appendix C

### Medication Permission and Record: Individual Student

Child's name \_\_\_\_\_ Class \_\_\_\_\_

#### Medication Information

Date medication provided by parent \_\_\_\_\_ Name of medication \_\_\_\_\_

Dose and method (how much and how to be taken) \_\_\_\_\_

When is it taken (time of day) \_\_\_\_\_

Quantity received \_\_\_\_\_

Expiry date \_\_\_\_\_

Date and quantity of medication returned to the parent \_\_\_\_\_

Staff signature: \_\_\_\_\_ Print name: \_\_\_\_\_

Parent signature: \_\_\_\_\_ Print name: \_\_\_\_\_ Contact number: \_\_\_\_\_

Date	Time given	Dose given	Any observation	Signature



## MEDICAL POLICY (non statutory)

### Appendix D

# Asthma/Other Chest Conditions Medication Permission and Record: Individual Student

Child's name \_\_\_\_\_ Class \_\_\_\_\_ Date \_\_\_\_\_

1. I can confirm that my child has been diagnosed with asthma or other chest condition and has been prescribed an inhaler.
2. I can confirm that my child has a working, in date inhaler, clearly labelled with their name and class that they will bring into school everyday.

### Medication Information

Staff signature: \_\_\_\_\_ Print name: \_\_\_\_\_

Parent signature: \_\_\_\_\_ Print name: \_\_\_\_\_ Contact number: \_\_\_\_\_

### Appendix E

This policy will be kept under review in the light of legal developments and best practice

Next review: Autumn 2022

SLT responsibility: A.Woolf



# MEDICAL POLICY (non statutory)

## Skelton Primary School Individual Epilepsy Plan

School/setting	
Childs Name	
Date of Birth	
Emergency contact	
Name	
Relationship to child	
Phone number 1	
Phone number 2	

ARE THERE ANY TRIGGERS OR WARNING PRIOR TO SEIZURE?

DESCRIPTION OF USUAL SEIZURES:

Frequency of seizures (specify)

USUAL CARE DURING A SEIZURE

- Observe time at start of seizure
- Constantly support and reassure
- Summon help
- Protect head from injury
- Maintain privacy and dignity
- Other care .....

Emergency Care/Medication:  
(Please write name of medication and individual action i.e. when to give, when to repeat dose).

The emergency procedure may be repeated, if necessary, 4 hours after first initiated and twice in any 24 hour period.

POST SEIZURE

Usual behaviour (e.g. disorientated/vomiting/sleepy/aggressive).

PLACE IN RECOVERY POSITION IF SLEEPY