



Barrowford Primary School

Learn to Love, Love to Learn

Supporting pupils at school with
medical conditions

- The Governors and staff of Barrowford Primary School will properly support pupils at school with medical conditions so that they have full access to education, including school trips and PE; in order that they can play a full and active role in school life, remain healthy and achieve their academic potential.
- School Leaders will consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported.
- In this policy we also include a statement on the administration of medication in school.

Staff will endeavour to make sure parents feel confident that school will provide support and their child feels safe. We will also recognise the social and emotional implications associated with medical conditions; in particular, after long term absence, children will be properly supported during their reintegration into school life. This may require flexibility and involve part time attendance or alternative provision.

- Staff will focus on the needs of each individual child and how their medical condition impacts on their school life.
- In line with safeguarding duties, pupils' health should not be put at unnecessary risk, for example from infectious diseases; therefore school does not have to accept a child in school should it be detrimental to their health or others.

Roles and Responsibilities

Designated Senior leader (DSL) for Safeguarding is Rachel Tomlinson. Helen Lewin, Juliette Bate and Michelle Hartley are the Deputy DSLs.

There are 12 trained First Aiders in school – there are lists of First Aiders in every classroom. Training is repeated every academic year.

Any member of staff may be asked to provide support to pupils with medical conditions, including the administering of medications – although they cannot be required to do so. Relevant members of trained staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help. Members of staff know who to inform when help is required.

- School has access to school nursing services, who are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school.
- It is school's policy that any member of school staff providing support to a pupil with medical needs should receive suitable training. The relevant healthcare professional should lead on identifying the type and level of training required.

Staff will be updated with relevant information, as and when appropriate.

- After discussion with parents, children who are competent should be encouraged to take responsibility for their own medicines and procedures. This should be reflected in their Individual Healthcare Plan.
- If possible, children should be allowed to administer their own medicines and devices. They may require an appropriate level of supervision. If a child refuses to take medicine, parents should be informed so that alternative options can be considered.
- Medicines should only be administered in school when it would be detrimental to a child's health or attendance not to do so.
- All medicines should be stored in the locked fridge in the Behaviour and Safety office and children know where they are. Epipens and inhalers are kept in the classroom for immediate emergency use.
- Passing a prescribed medicine to another child is an offence.

Children with long term medical needs

Some children have long-term medical needs that may require ongoing care, and administration of medication in school either as an emergency or on an ongoing basis. In these cases, a medical care plan is drawn up in consultation with parents, and on the advice of a medical professional. This is agreed with parents and then shared with staff. The parent must provide written consent, which demonstrates their agreement for the school to administer the medication in line with the school policy and the medical advice. School will write to the parents annually to request additional or updated information and there is an expectation of parents that this will be provided. If there is updated information at other times of year, parents are responsible for providing this to the school in order that procedures can be updated also. In cases where medication is necessary, parents are responsible for ensuring that the school has adequate supplies available.

Prescription medicine only is administered and this must be provided in a container that has a prescription label on it with the child's name. The parent is responsible for ensuring that the medicine is up to date. In some cases, a medical practitioner may have recommended that a non-prescription medicine be used to treat the child's

condition. School will administer this, only with written notification that this is needed, from the medical practitioner. School will communicate with parents any difficulties that may arise.

Children with short-term needs

The school recognises that in some cases, children may have short-term needs. The school defines short term as less than a month. Where the school receives advice regarding this from a parent or medical practitioner, the policy and procedures described above will apply.

The school encourages parents to administer short-term medications before and after school. We only administer medications on a short-term basis where a medical practitioner has directed this, and where the container is labelled or we have received a written request. This is at the discretion of the Head Teacher, and in discussion with parents.

Storage of Medication

All medication is stored in a locked fridge in the Behaviour and Safety cupboard. All medication should be signed in and out of school. Medication is kept in a plastic wallet that is labelled with the child's name. This is with the exception of asthma inhalers, and some emollient creams that children have for eczema, which children require regular access to, as needed. Emollient creams can be stored in the classroom, out of reach of children. Inhalers and Epipens must be kept accessible for children but in a designated place in the classroom. They must carry them to the hall or Muga for PE or sports clubs. Pupils should be made aware that inhalers are not to be inter-changed. Spare inhalers should be provided for children who go to sports clubs after school.

All medicines must be taken to the office where staff will assist parent to fill in forms. The form should be photocopied and given to the class teacher for information which should then be passed onto the class teacher for reference. The parent will collect out of date or unused medication. Uncollected items will be taken to a local pharmacy to be disposed of. In some cases, parents may require their child to have throat pastilles during the day. In the first instance we would discourage this but in cases where this is agreed, these should be given to the class teacher who will pass them over to the children as required, and according to the instructions on the packet. Therefore the packet should be made available. These should only be given in class time when children are seated.

Procedure for administering medication.

All administration of medication is at the discretion of the Head Teacher. The Head Teacher gives dispensation for staff to administer medication, following the procedures set out in the policy and the child's medical needs plan. All administration of medication must be witnessed and signed and countersigned for, recording the dosage given (Parental Agreement for School to Administer Medicine). This is with

the exception of emergency medication, which may be administered by any trained member of staff. There is no legal requirement or contractual duty for members of staff to administer medication and this can be discussed with the Head Teacher. In some cases, pupils will be able to administer the medication themselves and two witnesses will sign to this. Where support is needed this will be given. Parents will advise if children can self-administer.

Record Keeping

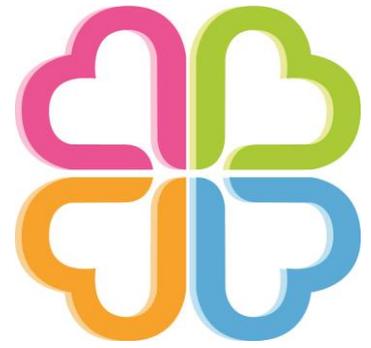
- If medicines have been administered, records must be kept (Record of Medicine Administered); parents should be informed if their child has been unwell at school, if appropriate.
- The medicines must be checked half termly to see if they are in date.
- If a child needs to go to hospital, staff should stay with the child until a parent arrives, or accompany the child to hospital by ambulance.

Day trips, residential visits and sporting activities

- School will actively support pupils with medical conditions to participate on trips etc. Risk assessments should be carried out.
- On visits, medication should be taken in agreement with the parents. All emergency medication should be taken. Inhalers should also be taken. All staff must be fully briefed in advance of the child's needs and the administration of the medication. Any trained staff member accompanying the visit will administer emergency medication. The Visit Leader will administer all other medication, unless it is self-administered.

Unacceptable practice

- No child will be prevented from taking their medication.
- Children should not be sent home frequently.
- Unwell children should be accompanied to the main Office.
- Children should not be penalised for their attendance record if their absences are related to their medical condition e.g. hospital appointments.
- LCC Certificate of Employees Liability Insurance is in place.
- Parents will have access to the complaints procedure.



Parental Agreement for School 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	
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

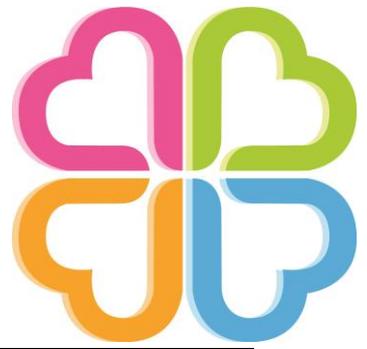
Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	

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



Record of Medicine Administered

Name of school/setting	
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			
Witness initials			

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

