

Medical Conditions Policy

Introduction

There is a need for a clear policy dealing with the issue of medicines and children with medical needs in school. This should be understood and accepted by staff, parents/carers and children so that problems and queries can be dealt with quickly, efficiently and with no misunderstandings. This policy is available for all who wish to see it.

Rationale

Byerley Park Primary School ensures that all children with medical needs, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain active and achieve their academic potential. Prescription medicines often need to be given during school time. For many children this will only be over a short period of time but for some children their medical needs may require medication to be administered regularly. In both cases parents/carers, schools and medical personnel work together to ensure the best health for the individual child and their continued and continuing education.

1. Aims

- 1.1 To ensure proper care and support for children who need to take medicine or need medical attention in school.
- 1.2 To enable regular attendance at school.
- 1.3 To provide information to parents/carers and staff and to establish regular procedures for the administration of medicines or support for a medical condition.

2. Scope:

- 2.1 **Daily Care Requirements/ Long-term Medication** - Some children may require ongoing daily care requirements in order to attend school and remain in good health, which may include the school administering long-term medication.
- 2.2 **Short-term Prescription Medicine** - Most prescription medicines will only need to be taken for a short time and wherever possible parents/carers should plan for this to be taken outside of the school day. However, where this is not possible, parents/carers can request that medication be administered by the school, although this is a voluntary act by the school and is not an automatic right of parents.

3. Responsibility

- 3.1 The Governing Body has general responsibility for all school policies.

3.2 The Headteacher is responsible for:

- i. the implementation of the policy
- ii. for the support and training of staff
- iii. day to day decisions regarding the administration of medicine

3.3 The parent/carer is responsible for:

- i. making sure that their child is well enough to attend school;
- ii. providing sufficient information about the medical needs of their child by completing a *Administration of Medication in School* form (Appendix 1);

- iii. ensuring that medicines are properly supplied in a container labelled with the child's name, dosage and frequency of administration; (spoon or otherwise to be provided).
- iv. making sure all medication held at school is in date.

3.4 Staff responsibilities:

- i. Unless the child is subject to an Individual Health Care Plan and identified long-term medical needs, school staff are under no contractual obligation to administer medicine and any exception to this is voluntary and will first need to be agreed by the school.
- ii. Should staff agree to administer medicine, they are responsible with the Headteacher for the storage of medicines, checking that they are correctly supplied and should be aware of possible side effects and the procedures for emergencies.
- iii. Staff will not routinely administer medicines which require being taken at a set time as this impedes their other core duties.

4. Types of prescribed medicine administered:

- 4.1 Medicine prescribed by a doctor for at least three times a day will be given.
- 4.2 Medicine will only be given to the child named on the container and in the dosage stated. (A spoon should be provided)
- 4.3 Only a current course of medicine will be given.
- 4.4 Medicine will only be given with the consent of the parent/carer. A consent form with additional information must be signed by a parent/carer before medicine is administered. (Appendix 1)

5. Medication purchased from a pharmacy:

- 5.1 The school can administer medication that has been purchased by parents/carers from a pharmacy such as Calpol, travel sickness medication, cough mixture etc.
- 5.2 Written consent must be given by parents/carers before medication can be administered and medication sent into school with the child's name clearly written on it. A copy of the consent form can be obtained from the school office.
- 5.3 If a child refuses to take medicine no member of staff will force them to do so. Parents/carers will be informed as soon as possible of the problem.

6. Storage of Medicines:

- 6.1 Medicine brought into school must be given personally to a member of staff in the office. This includes inhalers, where these are used under supervision or must be given to the child. Children must know where their medicine is stored and be able to access it immediately with adult supervision when required.
- 6.2 Older children are allowed to look after their own inhalers and use them as appropriate. If necessary, the class teacher may be given an inhaler for safe keeping and for immediate access should this be necessary.
- 6.3 The school will not store large amounts of medicine and this will not normally be stored overnight. Inhalers may be stored in school where a child has a spare at home.
- 6.4 Medicines must be in the original container and labelled with the child's name and the dosage required. Medicines will be stored in accordance with the instructions, but always by an adult.

6.5 Staff will not dispose of medicine. Parents/carers will collect medicines or be given them at the gate, such as inhalers, at the end of each year and they are responsible for the safe disposal of out of date medicine.

6.6 Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens are not locked away, but stored safely and are readily available for school staff to access when required.

7 Long Term Medical Needs

7.1 The school must have full information about the medical needs of a child before they start school or as soon as the need is recognised.

7.2 Where parents/carers cannot give full information this will be obtained from the relevant professional and training will be obtained if necessary.

7.3 The school will make a record of the health care needs of children with long term medical needs.

7.4 The school will work in partnership with parents and the school nurse to devise an appropriate healthcare plan.

7.5 Where possible children should participate in the PE curriculum unless otherwise stated in their health record. Certain changes may need to be made to accommodate the needs of such children.

7.6 Certain medication should be accessible e.g. inhalers, Epi-pen.

7.7 On school visits medication will be carried with the class teacher/group leader and any additional arrangements will be made. We reserve the right to refuse to take children on a school visit if we feel that medical needs are a significantly serious to risk the safety of the child. However, we would inform the parents/carers and make appropriate arrangements for the child in school.

8 Hygiene

8.1 Staff who give medicine are familiar with normal precautions for avoiding infection and follow basic hygiene procedures.

8.2 Disposable gloves are available and great care is taken with accidents dealing with spillages of blood or other body fluids.

9 Emergency Procedures

9.1 In the event of an emergency, qualified first aiders will be called and the necessary immediate care of the child will be assessed.

9.2 The Head Teacher (or Deputy Head upon the absence of the HT) will follow emergency procedures as required. Parents/Carers will also be contacted.

9.3 In the event of a minor accident parents/carers or responsible adults will be contacted and asked to take any further action such as visit to doctors or the hospital.

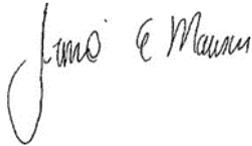
9.4 In the event of the need to call an ambulance then the child would be accompanied by a member of staff and the parents/carers or responsible adult contacted as soon as possible. The member of staff will stay with the child until the parent/carer or other adult arrives.

9.5 Transporting children to hospital by private vehicle should not be undertaken if at all possible. Where it is unavoidable then they should be accompanied by another member of staff and should have public liability vehicle insurance.

10 Concerns and Complaints

10.1 Byerley Park Primary School aims to work in partnership with parents in the best interests of the children. Any complaint will be given careful consideration and will be dealt with fairly and honestly. Should any parent/carer be dissatisfied with the support provided, they should follow the school's Complaints Policy.

Signed:



Date: September 2021

Review Date: September 2024

APPENDIX 1**BYERLEY PARK PRIMARY SCHOOL****Administration of Medication in School**

Dear Head Teacher

I request that _____ (name of child in full) be given the following medication, which has been prescribed by a registered practitioner for 4 times daily:

Name of Medication _____

Dosages _____

Method of administering
the medicine _____

At the following times of day:

I understand that the medicines must be delivered and collected at the end of the day personally by me to the school office, in order that safe storage of medicine can take place.

Signed _____ Parent/Guardian

Date _____

- Notes
- (i) It is the parents' responsibility to ensure that all prescribed medication to be administered at school is safe for their child.
 - (ii) Medication will not be administered by the establishment unless
 - (iii) The Governors and Head Teacher of the Establishment reserve the right to withdraw this service

Please note we are not allowed to administer any medicines/tablets that have not been obtained from a doctor's prescription and need to be taken less than 4 times a

day.