



**St Mary's CE VC Primary School  
Thorncombe**

**Supporting Pupils with  
Medical Conditions Policy**

**2019/2020**

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Signed:	Chair of Governors
Date:	

**Living, Learning and Growing  
Together**

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## 1. Policy statement

Thorncombe St Mary's CE VC Primary School wishes to ensure that pupils with medical conditions receive appropriate care and support whilst at the school. This policy has been developed in line with the Department for Education's guidance released in April 2014 – "Supporting pupils at school with medical conditions". Ofsted places a clear emphasis on meeting the needs of pupils with SEN and Disabilities.

Thorncombe St Mary's is an inclusive community that aims to support and welcome pupils with medical conditions.

The school aims to provide all pupils with all medical conditions the same opportunities as others at school.

- Thorncombe St Mary's ensures all staff are aware of their duty of care to children and young people in the event of an emergency and know what to do in an emergency.
- All staff understand the common medical conditions that affect children at the school.
- Staff receive training on the impact medical conditions can have on pupils.
- Thorncombe St Mary's understands that certain medical conditions are serious and can be potentially life threatening, particularly if ill managed or misunderstood.
- The School understands the importance of medication being taken as prescribed.

## 2. Policy Framework

**These points provide the essential framework of Thorncombe St Mary's medical conditions policy.**

The school is an inclusive community that aims to support and welcome pupils with medical conditions.

The school's medical conditions policy is drawn up in consultation with a range of local key stakeholders within both the education and health settings.

The medical conditions policy is supported by a clear communication plan for staff, parents and other key stakeholders to ensure its full implementation.

Staff understand what to do in an emergency for the most common serious medical conditions at the school.

All staff understand and are trained in the school's general emergency procedures.

The school has clear guidance on the administration of medication at school.

The school has clear guidance on the storage of medication at school.

The school has clear guidance about record keeping.

Thorncombe St Mary's aims for the whole school environment to be inclusive and favorable to pupils with medical conditions – within reasonable adjustment. This includes the physical environment, as well as social, sporting and educational activities.

Thorncombe St Mary's is aware of the common triggers that can make common medical conditions worse or can bring on an emergency. The school is working towards reducing or eliminating these health and safety risks.

Each member of Thorncombe St Mary's and health community knows their roles and responsibilities in maintaining and implementing an effective medical conditions policy.

This policy is regularly reviewed, evaluated and updated where necessary. Reviews will take place at least annually.

### **3. Policy Aim**

**Thorncombe St Mary's is an inclusive community that aims to support and welcome pupils with medical conditions because:**

- a. Thorncombe St Mary's understands that it has a responsibility to make the school welcoming and supportive to pupils with medical conditions who currently attend and to those who may enroll in the future.
- b. Thorncombe St Mary's aims to provide anyone with diagnosed medical conditions the same opportunities as others at the school.
- c. Pupils with medical conditions are encouraged to take control of their condition. We aim for pupils to feel confident in the support they receive from Thorncombe St Mary's to help them do this.
- d. Thorncombe St Mary's aims to include all pupils with medical conditions in all school activities.
- e. Parents/carers of pupils with medical conditions feel secure in the care their children receive at Thorncombe St Mary's.
- f. Thorncombe St Mary's ensures all staff understand their duty of care to children and young people in the event of an emergency.
- g. Thorncombe St Mary's understands that certain medical conditions are serious and can be potentially life-threatening, particularly if ill managed or misunderstood.
- h. All staff understand the common medical conditions that affect children at the school. Staff receive training on the impact this can have on pupils.
- i. The medical conditions policy is understood and supported by the whole of Thorncombe St Mary's and local health community.

**Thorncombe St Mary's medical conditions policy has been drawn up in consultation with a range of local key stakeholders within both the education and health settings**

Thorncombe St Mary's has consulted on the development of this medical conditions policy with a range of key stakeholders within both the education and health settings. These key stakeholders include:

Parents/carers  
Head of School  
Special educational needs coordinator  
Members of staff trained in first aid  
Thorncombe St Mary's governors.

The views of pupils with various medical conditions were actively sought and considered central to the consultation process.

All key stakeholders were consulted during development of the policy and as comments on a draft policy.

Thorncombe St Mary's recognises the importance of providing feedback to those involved in the development process and is committed to acknowledging input and providing follow-up to suggestions put forward.

## **4. Key roles and responsibilities**

### **4.1 The Local Authority (LA) is responsible for:**

- i. Promoting cooperation between relevant partners and stakeholders regarding supporting pupils with medical conditions.
- ii. Providing support, advice and guidance to schools and their staff.
- iii. Making alternative arrangements for the education of pupils who need to be out of school for fifteen days or more due to a medical condition.
- iv. Making available suitable training to school staff in supporting pupils with medical conditions to ensure that Individual Healthcare Plans can be delivered effectively.
- v. Home to school transport and the development of transport healthcare plans for pupils with life threatening conditions.
- vi. Ensuring the level of insurance in place reflects the level of risk.

### **4.2 The Local Governing Board is responsible for:**

- i. The overall implementation of the Supporting Pupils with Medical Conditions Policy and its associated procedures.
- ii. Ensuring that the Supporting Pupils with Medical Conditions Policy, as written, does not discriminate on any grounds including, but not limited to: ethnicity/national origin, culture, religion, gender, disability or sexual orientation.
- iii. Handling complaints regarding this policy as outlined in the School's Complaints Policy.
- iv. Guaranteeing that the relevant training, information and teaching support materials regarding supporting pupils with medical conditions are made available to members of staff with responsibilities under this policy.

### **4.3 The Head of School is responsible for:**

- i. The day-to-day implementation and management of the Supporting Pupils with Medical Conditions Policy and its associated procedures.
- ii. Ensuring the policy is developed effectively with partner agencies.
- iii. Making staff aware of this policy.
- iv. Liaising with healthcare professionals regarding the training required for staff.
- v. Ensuring staff that need to know are made aware of a pupil's medical condition.
- vi. Ensuring a sufficient number of trained members of staff are available to implement the policy and deliver IHCPs in normal, contingency and emergency situations. A list of staff training is maintained by the School Admin Team.
- vii. Ensuring that all pupils with medical conditions wherever possible are able to participate fully in all aspects of school life.
- viii. Designating responsibility for key functions identified within this policy to specific members of staff, and making other staff aware of this.

Ensuring that every effort is made to put appropriate arrangements in place within two weeks of being notified of a medical condition or of the pupil joining Thorncombe St Mary's.

#### **4.4 Staff members are responsible for:**

- I. Taking appropriate steps to support pupils with medical conditions.
- II. Where necessary, making reasonable adjustments to include pupils with medical conditions into lessons.
- III. Completing risk assessments for trips, visits, holidays, and other school activities outside the normal timetable, including individual ones for those pupils with medical conditions participating in those activities.
- IV. Administering medication, if they have agreed to undertake that responsibility.
- V. Overseeing the administering of injections, if they have been trained and agreed to do so.
- VI. Undertaking training to achieve the necessary competency for supporting pupils with medical conditions, if they have agreed to undertake that responsibility.
- VII. Familiarising themselves with procedures detailing how to respond when they become aware that a pupil with a medical condition needs help.
- VIII. Keeping written records of any and all medicines administered to individual pupils.
- IX. Designated staff members are responsible for developing and monitoring Individual Healthcare Plans (IHCPs), liaising with healthcare professionals, and contacting the school nursing service in the case of any pupil who has a medical condition (diagnosed/notified or suspected).
- X. Designated staff members are responsible for liaising with the school transport service in the case of pupils with life threatening conditions to ensure that suitable transport healthcare plans are developed for those pupils.
- XI. Designated staff members are responsible for overseeing the arrangements for school administered vaccinations

#### **4.5 School nurses are responsible for:**

- I. Notifying the school when a pupil has been identified with requiring support in school due to a medical condition.
- II. Liaising locally with lead clinicians on appropriate support.

#### **4.6 Parents and carers are responsible for:**

- I. Keeping the school informed about any changes to their child/children's health.
- II. Completing a parental agreement for school to administer medicine form before bringing medication into school.
- III. Providing the school with the medication their child requires and keeping it up to date.
- IV. Collecting any leftover medicine at the end of the course of treatment or academic year, whichever is the sooner.
- V. Discussing medications with their child/children prior to requesting that a staff member administers or oversees the administration of that medication.
- VI. Where necessary, developing an Individual Healthcare Plan (IHCP) – see Appendix 2 - for their child in collaboration with the designated staff members and healthcare professionals.

## 5 Definitions

- i. "Medication" is defined as any prescribed or over the counter medicine
- ii. "Prescription medication" is defined as any drug or device prescribed by a doctor.
- iii. A "staff member" is defined as any member of staff employed at Thorncombe St Mary's, including teachers and support staff.

## 6 Training of staff

- I. Staff will receive training on the Supporting Pupils with Medical Conditions Policy as part of their new starter induction.
- II. Staff will receive regular and ongoing training as part of their development. This will normally be at the start of an academic year.
- III. Staff who undertake responsibilities for delivering medical care under this policy will receive the following training from appropriately qualified persons:-
  - Use of epipen for anaphylaxis *(from the school nurse)*
  - Managing asthma training *(from a specialist asthma nurse or other professional)*
  - Managing diabetes training *(from a specialist diabetes nurse or other professional)*
  - Managing epilepsy *(from the school nurse)*
  - Other specific training as required
- IV. No staff member may administer prescription medicines or undertake any healthcare procedures without undergoing training specific to the responsibility.
- V. No staff member may administer drugs by injection unless they have received training in this responsibility
- VII. The Senior Leadership Team will ensure that a record of training undertaken and a list of staff qualified to undertake responsibilities under this policy is maintained.

## 7 The role of the pupil

- I. Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures.
- II. Whilst in Thorncombe St Mary's pupils will place their medication in the First Aid room where possible. The main exceptions to this are asthma inhalers, blood glucose testing meters and adrenaline pens which will be kept securely either in the classroom or by the admin staff. Spare items may be kept in the First Aid room if appropriate, and suitable alternative arrangements will be made where necessary, for example when pupils are out on trips and visits.
- III. If pupils refuse to take medication or to carry out a necessary procedure, parents or carers will be informed so that alternative options can be explored.
- IV. Where appropriate, pupils will be encouraged to take their own medication under the supervision of the school First Aiders or other suitably competent staff members.

## 8 Medicines

- I. Where possible, it is preferable for medicines to be prescribed in frequencies that allow the pupil to take them outside of school hours.
- II. If this is not possible, prior to staff members administering any medication, the parents/carers of the pupil must complete and sign a 'parental agreement for a school to administer medicine' form.
- III. No pupil under 16 should be given any medicines without written parental/carer's consent.
- IV. No pupil under 16 years of age will be given medication containing aspirin without a doctor's prescription.

- V. Medicines **MUST** be **in date, labelled clearly** with the pupil's name, and provided in the **original container** as dispensed by the pharmacist (except in the case of insulin which may come in a pen or pump) with dosage instructions. Medicines which do not meet these criteria will not be administered.
- VI. In line with safeguarding duties the school has to ensure that pupils' health is not put at risk from, for example, infectious diseases. The school, therefore, does not have to accept a pupil in school at times when it is considered this would be detrimental to the health of the individual pupil or others even if they have appropriate medication, support or a (IHCP) in place.
- VII. The school will follow the guidance outlined in the Department for Education document 'Mental Health and Behaviour in Schools' (June 2014) when making arrangements to support pupils with mental health problems. The school also has a policy relating to Self-Injury. Where appropriate a pupil with a diagnosed mental health problem will have (IHCP) developed so that all parties are aware of how the mental health problem will be managed in school.
- VIII. Controlled drugs may only be taken on Thorncombe St Mary's premises by the individual to whom they have been prescribed. Passing such drugs to others is an offence which will be dealt with under our Drugs Policy - Pupils.
- IX. Where possible medications will be stored in a locked First Aid room cupboards when the pupil is at school. Suitable alternative arrangements will be agreed when the pupil is on trips, visits etc, and it is not practicable for medication to be stored in the First Aid room.
- X. Any medications left over at the end of the course of treatment will, if possible, be returned to the pupil's parents or carers.
- XI. Written records will be kept of any medication administered to pupils or self-administered by the pupil but overseen by a staff member
- XII. Pupils will never be prevented from accessing their medication.
- XIII. The school cannot be held responsible for side effects that occur when medication is taken correctly.
- XIV. Parents/carers may request a copy of the record of medicines administered to their child, or self-administered under the oversight of a member of staff. Parents/carers will be informed if their child refuses to take prescribed medicine at the time specified or fails to report for the purposes of routine health checks or the taking of medication.

## 9 Emergencies

- I. Medical emergencies will be dealt with under the school's emergency procedures.
- II. Where an Individual Healthcare Plan (IHCP) is in place, it should detail:
  - What constitutes an emergency?
  - What to do in an emergency.
- III. Pupils will be informed in general terms of what to do in an emergency such as telling a teacher.
- IV. If a pupil needs to be taken to hospital, a member of staff will remain with that pupil until their parents/carers or other authorised adult arrives. Staff should only take pupils to hospital in a private car, taxi etc. as a last resort.

## 10 Avoiding unacceptable practice

Thorncombe St Mary's understands that the following behaviour is unacceptable:

- Assuming that all pupils with the same condition require the same treatment.
- Preventing a pupil from accessing their inhalers and/or medication and administering it when and where necessary
- Ignoring the views of the pupil and/or their parents/carers.
- Ignoring medical evidence or opinion (although this may be challenged).
- Sending pupils home frequently or preventing them from taking part in activities at school unless specified in their (IHCP)



- Sending the pupil to the medical room or school office alone or with unsuitable accompaniment if they become ill.
- Penalising pupils with medical conditions for their attendance record where the absences relate to their condition.
- Making parents feel obliged or forcing parents to attend School to administer medication or provide medical support, including toileting issues.
- Creating unnecessary barriers to pupils participating in any aspect of school life, including school trips.
- Refusing to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition effectively.

## 11 Insurance

Staff who undertake responsibilities within this policy are covered by Thorncombe St Mary's insurance.

The following treatments are generally agreed as being acceptable to insurers:-

- Ear/nose drop application
  - Inhalers and nebulisers limited to the provision of assistance to user in application or fitting of mask
  - Injections limited to the administration of pre-packaged doses (intramuscular or subcutaneous only) required in a pre-planned emergency
  - Medipens (EpiPens, AnaPens and other auto-injectors) for anaphylactic shock with a pre-assembled pre-dosed epipen containing epinephrine or adrenaline.
  - Oral medication administered as prescribed by a Health Care Professional subject to the terms of the medication policy and obtaining the necessary parental consent forms for the pupil
  - Temperature taking via ear only subject to referral of variation from specified limits to the appropriate Health Care Professional
  - Tropical medication and application of patches using pre-prescribed medication creams and lotions only
- I. Full written insurance policy documents are available to be viewed by members of staff who are providing support to pupils with medical conditions. Those who wish to see the documents should contact the School Finance Officer.

## 12 Complaints

The details of how to make a complaint can be found in the Complaints Policy:

- Stage 1 - Complaint Heard by Head of School
- Stage 2 – Complaint Heard by Governing Board Appeal Panel (LGBAP)

## **Appendix 1 - Individual healthcare plan implementation procedure**

1. Parent/carer or healthcare professional informs school that child has medical condition or is due to return from long-term absence, or that their needs have changed.
2. Head of School co-ordinates meeting to discuss student's medical support needs and identifies member of school staff who will provide support to the student.
3. Meeting held to discuss and agree on the need for IHCP (to include school staff, student, parents/carers and relevant healthcare professionals)
4. Develop IHCP in partnership with healthcare professionals and agree on who leads in writing it.
5. School staff training needs identified
6. Training delivered to staff and review date agreed
7. IHCP implemented and circulated to all relevant staff
8. IHCP reviewed as specified (annually) or when condition changes. Parent/carer or healthcare professional to initiate (Back to 3)

## Appendix 2 - Individual Healthcare Plan (IHCP) template

### Thorncombe St Mary's Individual Health Care Plan



Child's name

--

Date of birth

--

Child's address

--

Medical diagnosis or condition \*\*

--

Date diagnosed

--

#### **Family Contact Information**

*Contact 1:* Name

--

Relationship to child

--

Phone no. (work)

--

(home)

--

(mobile)

--

*Contact 2:* Name

--

Relationship to child

--

Phone no. (work)

--

(home)

--

(mobile)

--

#### **Clinic/Hospital Contact**

Clinic/Hospital

--

Primary Contact Name

--

Phone no.

--

#### **G.P.**

G.P. Surgery

--

G.P. Name

--

Phone no.

--

Plan date

--

Plan developed with

--

Who is responsible for providing support in school

--

Who is responsible in an emergency?

--

\*\* Continue on a separate sheet if multiple conditions have been diagnosed each requiring distinct care and/or support.

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

Staff training needed/undertaken – who, what, when

Form copied to

Date of next scheduled review

### **Appendix 3 - Model letter inviting parents/carers to contribute to Individual Healthcare Plan development**

Dear **add details of parents'/carers' name**,

**Re: Developing an Individual Healthcare Plan for your child **add pupil's name****

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils 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(s) 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 Healthcare 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,

## **Appendix 4 PROCEDURES FOR THE ADMINISTRATION OF MEDICINE**

1. The Head of School will be responsible for ensuring the following:
  - A list of all children with special medical needs is kept in the School office. It should be regularly reviewed and all staff informed of changes to this information.
  - 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)
  - Procedures to be followed when a student moves to the school mid-term or when a student has a new diagnosis
2. The above procedures will be monitored and reviewed by the Head of School.
3. Where identified as being necessary, Individual Health Care Plans (IHCP) will be developed between the individual school, 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
6. The Head of School will have the final decision on whether an Individual Health Care Plan is required.

### **Students with asthma and the use of Inhalers**

7. Parents of children in St Mary's Thorncombe who suffer from asthma will be requested to provide the school with an inhaler which is kept in school at all times

for use if the child suffers an asthma attack. The Class Teacher will ensure that this is kept in a secure but accessible place in the classroom and taken on school trips and events.

8. The Head of School 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 inhalers
  - Making all staff aware of who are the designated staff and how to access their help
9. The Head of School 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
10. The Class Teacher will be responsible for the storage, care of asthma medication. Parents are responsible for checking that medicines held in school are in 'date' and are responsible for collecting, disposing of and replacing if necessary.
11. The Administration Staff will be responsible for ensuring that there has been written consent from parents for the administration of the emergency inhaler and spacer. This information shall be recorded in the student's IHCP plan.
12. The Class Teacher will be responsible for the supervision of administration of medication.
13. The Class Teacher will be responsible for ensuring parents are informed in writing when the emergency inhaler/spacer has been used.

#### **THE ADMINISTRATION OF MEDICINE**

14. The Head of School 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.
15. Any parent/carer requesting the administration of medication will be given a copy of this policy.
16. Should treatment be necessary during the school day the child's parent/guardian should attend where possible and administer the treatment themselves. Where appropriate a child may take medicine themselves as long as they are supervised by a member of staff. Any medication must be left at the admin office and parents must sign the appropriate form. If the form is not signed, the medication will not be given. A record of drugs administered in the school will be maintained on form "Record of Medicine Administered to An Individual Young Person".

17. Non-prescription medication will not be accepted and administered in any circumstances
18. Only reasonable quantities of medication will be accepted (no more than one week's supply except in certain circumstances).
19. Each item of medication should be delivered in its original dispensed container and handed directly to the Administration Staff.
20. 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)
21. The school will not accept items of medication which are in unlabelled containers or not in their original container.
22. Medicines should be stored in a safe place out of reach of children when not in use. Medicines requiring refrigeration should be stored in a well marked box in the fridge. Storage of medicines should be considered as part of the risk assessment procedures. Children with an individual health care plan, who may need medication quickly in a possible emergency, should have their medicines stored securely as close as is reasonably possible to their classroom.
23. Parents/carers will be asked to confirm in writing if they wish their student to carry their medication with them. In the event of a drug which is prescribed but not emergency medicine such as Methylphenidate (Ritalin) these will be lodged for safe keeping with the Administration staff.
24. 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. Parents are responsible for checking that medicines held are in 'date' and are responsible for collecting, disposing of and replacing if necessary.
25. 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.
26. The school will make every effort to continue the administration of medication to a student whilst on activities away from the premises.



**Special medical needs:**

All medicines must be prescribed by a registered medical practitioner. Medicines from any other source should not be given.

**Asthma:**

Asthma can be a life threatening disease and attacks can start very rapidly. It is therefore vital that asthmatic pupils have instant access to their inhalers. Depending on age and ability pupils may be able to self administer their inhalers or require some assistance. Risk to other pupils who might try a friend's inhaler are extremely low, they are not addictive, neither do they give a pleasurable experience. School asthma cards are given to the parents of all children known to have asthma for completion by their asthma nurse or doctor. These give details of any regular treatment to be taken in school time and appropriate relief treatment to be taken when required. Parents will be asked to sign an administration of medicine consent form. Parents or the school nurse will be informed if there seems to be difficulties with taking medication. We recognise that immediate access to inhalers is vital. We encourage children who can manage their own treatment to carry their clearly named inhalers at all times. For those who need supervision, inhalers are to be clearly marked with the child's name and kept by the class teacher in a clear plastic wallet, accessible to the children as required. The wallets are taken to PE, games, swimming and on school visits. Inhalers should be accessible at lunchtimes.

**Diabetes:**

The majority of young pupils are on injections of insulin night and morning, and thus do not require injections at school. It is, however, important that schools should know that a pupil is diabetic and what measures to take in the case of hypoglycaemia (low blood sugar).

**Epilepsy:**

Most medication for epilepsy is programmed to be given outside of school hours. However, pupils with epilepsy sometimes need a dose of an anti convulsant in the event of a seizure. This is in the form of a rectal suppository. An individual health plan is recommended for epileptic pupils.

**Anaphylaxis:**

Pupils who are identified as at risk from an anaphylactic reaction or severe allergic reaction may need an immediate injection of a pre-set dose of adrenaline. An individual health care plan is necessary for those who have severe allergic reactions.

**A.D.D:**

Pupils who have been diagnosed as having Attention Deficit Disorder should be following a behaviour management programme and in some cases this may be in conjunction with prescribed medication methylphenidate (Ritalin).

**Analgesics:**

Staff should never administer analgesics in school unless they are prescribed for a specific condition such as dysmenorrhoea (period pains) or for the treatment of migraine. Aspirins should never be administered to children under 12.

This document does not include a full list of specific illnesses and treatment which may be numerous and varied. It is strongly recommended that for more specific information close co-operation and communication between health services and parents and other carers is essential. Through this close co-operation and communication the individual needs of students will be recognised and advice, information and training can be provided for those who care for them, including, where necessary, the agreement of an appropriate individual health care plan.

**Further related information can be obtained from the School Office.**

## APPENDIX 5



### PARENTAL AGREEMENT TO ADMINISTER PRESCRIPTION MEDICINE

#### Notes to Parent / Guardians

Note 1: This school will only give your child medicine after you have completed and signed this form.

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

Note 3: The information is requested, in confidence, to ensure that the school is fully aware of the medical needs of your child.

#### Prescribed Medication

Date	
Student's name	
Date of birth	
Group/class	
Reason for medication	

Name / type of medicine (as described on the container)	
Expiry date of medication	
How much to give (i.e. dose to be given)	
Time(s) for medication to be given	
Special precautions /other instructions (e.g. to be taken with/before/after food)	
Are there any side effects that the school needs to know about?	
Procedures to take in an emergency	
I understand that I must deliver the medicine personally to	Administration Staff

Number of tablets/quantity to be given to the school	
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 be administered the emergency inhaler held by the school in the event of an emergency	Yes / No/ Not applicable
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 teenage son/daughter to carry their adrenaline auto injector for anaphylaxis (epipen)	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 school and medical staff	Yes / No / Not applicable

**Details of Person Completing the Form:**

Name of parent/guardian	
Relationship to student	
Daytime telephone number	
Alternative contact details 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 of School (or his/her nominee) to administer the medicine to my son/daughter during the time he/she is at Thorncombe St Mary's.

I will inform the school 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)

