



Supporting Children with Medical Conditions Policy

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Supporting Children with Medical Conditions Policy

Policy Statement

This policy outlines the management of the administration of medication to meet the short-term medical needs and long-term care of pupils at Bramhope Primary School. The following procedures are for the benefit of the child and to maintain the safety of school staff and other pupils.

Responsibilities

The prime responsibility for a child's health rests with parents/carers. They are responsible for making sure that their child is well enough to attend school and participate in the full range of school activities. Most pupils with medical needs should be able to participate in sporting activities but may need to take precautionary measures prior to and/or during exercise.

Only medication that has been prescribed by a doctor or prescribing nurse practitioner will be administered in school. Aspirin will not be given to any pupil under the age of 16 unless prescribed by a doctor.

All medication to be administered must be in its original container with the pharmacy label intact, containing the child's name, dosage, frequency of administration and expiry date.

Storage, administration and record keeping

All medication will be secured safely and appropriately. Controlled drugs eg Methylphenidate-Ritalin, will be kept in a locked safe. Emergency medication eg asthma inhalers, auto injector pens will not be locked away and will be readily available for administration (see page 2).

The administering of medication in school is a voluntary role for individual members of staff, except where it is stated in a job description. The HT will designate named members of staff to administer medication and staff agreeing to this role will receive appropriate training, information and instruction. Staff who volunteer to administer medication and have been authorised by the HT to undertake this task, will be covered under the school's employer's liability insurance.

Medication will be administered in a private environment. Controlled drugs will be checked, administered and records signed by two designated members of staff. If a child refuses to take his/her medication, he/she will not be forced to do so and parents/carers will be informed as soon as is possible. Any changes to the instructions for administering medication must be made in writing by completing a new form. It is the parents/carers' responsibility to check the medication each term to ensure it is in date and that there is sufficient quantity available.

A written and signed record of all short-term medication administered, including controlled drugs, will be kept in the School Office. Written and signed records for the administration of inhalers and allergy medicines will be kept in the allocated wallets (see page 2). Any mistakes made on the record sheet should be crossed out and re-written and should not be erased in any form. Reasons for non-administration of medication should also be recorded.

Short term medical needs

Occasionally children may need to take medication during the school day. This will usually be for a short time only. Where possible, parents/carers should ask the child's doctor to prescribe medication which can be administered outside school hours.

If this is not possible, then parents/carers must complete a Short Term Medication Form at the School Office. Verbal consent or consent by text or e-mail will **not** be accepted.

In the case of antibiotics, parents/carers must confirm on the form that **at least two doses of the antibiotic have been given to the child at home.**

Medication must be brought to the School Office and collected from there each day by an adult.

Long-term medical needs

Children with complex or long-term medical needs will require a long-term care plan. Parents/carers should make an appointment with the HT in order to discuss their child's needs and to draw up an Individual Health Care Plan (IHCP). This should also involve relevant health care professionals and if possible the child themselves. All the medical information contained in the plan is confidential and the HT will seek permission with the parents/carers before sharing information with relevant members of staff.

Self- management of medication by pupils

It is recognised that it is good practice to support and encourage children, who are able to, to take responsibility for managing their own medication in school.

Asthma inhalers

In EYFS and KS1: Inhalers are stored in the medical class boxes in the classroom, each in a separate wallet labelled with the child's name. Any member of staff can access them and must supervise the child whilst they take the medication.

In KS2: Year 3 and 4 inhalers are kept in plastic wallets labelled with the child's name in the teacher's desk drawer. Year 5 and 6 can decide to be responsible for keeping their own inhalers in their school bag or tray. Otherwise, inhalers are kept in plastic wallets labelled with the child's name in the teacher's desk drawer.

For all children with asthma, any administration of an inhaler must be recorded on the child's individual record sheet which is kept with the inhaler. Children who manage their own inhalers are encouraged to inform staff if they have used it so that this can be recorded. During sporting activities, the teacher in charge will ensure that inhalers accompany the child.

Parents/carers should complete a School Asthma Card and it is their responsibility to check that the inhaler is in date and replace as necessary.

Emergency salbutamol inhalers

There are 2 emergency salbutamol inhalers for use in EYFS/KS1 and KS2. These are for children to use who have been diagnosed with asthma, have a prescribed inhaler in school and whose parents/carers have signed a consent form for their use. Conditions for which the emergency inhaler should be used are; the inhaler isn't working, has expired, has run out or for some reason cannot be located.

Children with allergies

Children with allergies may need to keep emergency medication in school in the form of liquid medicine, tablets and/or an auto injector pens.

In EYFS and KS1, this medication is stored in the medical class boxes in the child's classroom, each in a separate wallet labelled with the child's name and photograph.

In KS2, this medication is stored in the medical cupboard in the Staff Room, each in a separate wallet, labelled with the child's name and photograph.

School visits

During school visits, the teacher in charge will ensure that medication normally kept in school accompanies the child.

The role of the Head Teacher

The HT is responsible for implementing the school's policy and procedures and should ensure all parents/carers are aware of these. In addition, the HT will ensure that staff who agree to administer medication receive sufficient information, instruction and training to be able to undertake this role in a safe and effective manner. The HT should ensure that a written IHCP for each child with long-term medical needs is drawn up with the parents/carers and relevant health care professionals. The HT is also responsible for ensuring medication is stored safely and appropriately.

The role of the Governing Body

The Governing Body is responsible for developing and regularly reviewing this policy and related policies and procedures.

We have carefully considered and analysed the impact of this policy on equality and the possible implications for pupils with protected characteristics, as part of our commitment to meet the Public Sector Equality Duty (PSED) requirement to have due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations.