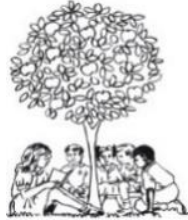


# The Orchard Infant School

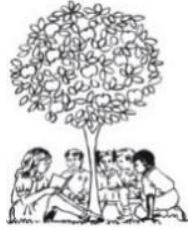
## Supporting Children with Medical Conditions and Administration of Medicines Policy



### Policy Summary

This policy sets out our school approach to how we support children with medical conditions and the procedures we follow when administering medicines.

Document Detail		
Document Name	<b>Supporting Children with Medical Conditions and Administrations of Medicines Policy 2024</b>	
Version	2	
Effective from	March 2024	
Review date due	March 2025	
Owner	The Orchard School	
Author	Sally Cary	
Approved by, date	Katie Donaldson, March 18 2024	
Superseded documents	Supporting Children with Medical Conditions and Administrations of Medicines Policy 2023	
Related documents	Surrey County Council manual <a href="#">"Supporting Children and Young People with Medical Conditions"</a> Department For Education (DfE) <a href="#">statutory guidance Supporting pupils at school with medical conditions</a> December 2015	
Keywords		
Relevant external law, regulation, standards		
Supporting references		
Change History		
Date	Change details, since approval	Approved by



**The Orchard Vision:** *Inspiring Success*

**Values:** *Determination, Courage, Respect and Kindness*

# **Supporting Children with Medical Conditions and Administration of Medicines Policy**

## **2024**

The Orchard Infant School aims to support any child with medical needs so that they have full access to education, including school trips and physical education. In making decisions about the support provided we will consider advice from healthcare professionals and listen to and value the views of parents and pupils.

This policy outlines responsibilities and procedures for supporting pupils who have medical needs, and is based upon the Surrey County Council manual "[Supporting Children and Young People with Medical Conditions](#)" and the Department For Education (DfE) [statutory guidance Supporting pupils at school with medical conditions](#) December 2015.

Local arrangements for administering medication will follow the detailed guidance contained within.

### **Roles and Responsibilities**

The **Governing Body** will ensure that this policy is developed and that appropriate insurance is in place. The Headteacher has overall responsibility for implementing the policy and procedures for dealing with medical needs, and ensuring that parents have access to the policy via the school website or by requesting a copy from the school office. The Governing Body will ensure that the Admissions Code is adhered to and that there is no discrimination. It is essential that the focus is on the needs of each individual child and that arrangements show an understanding of how medical conditions impact on a child's ability to learn as well as increase confidence and promote self-care.

The **Headteacher** is responsible for ensuring that whenever the school is notified that a pupil has a medical need:

- All relevant staff are made aware of the pupil's medical/physical needs and their requirements, so that every pupil has access to a full education, school trips and physical education
- Sufficient staff are suitably trained
- Resources and changes to the building are made to fully support the pupil

- Cover arrangements are made in the event of staff absence or turn over to ensure that an appropriate level of support is in place for any pupils requiring specific support
- Risk assessments are made for school visits and activities outside the normal timetable
- Health Care Plans are developed where appropriate, in conjunction with parents, health and social care professionals, the pupil and relevant school staff
- Health Care Plans are monitored and updated at least annually
- Transitional arrangements between schools are carried out.

**School staff** (including teaching and administrative staff) are responsible for:

- Making relevant staff, including supply staff, aware of the pupil's needs
- Conducting risk assessments for school visits and other school activities outside of the normal timetable
- Providing support for pupils with medical needs
- Providing detailed clear health care plans to meet individual healthcare needs and provide information concerning what to do in an emergency
- Participating in sufficient and suitable training to achieve the necessary level of competency before taking on the responsibility of supporting pupils with medical needs
- Knowing what to do and responding accordingly when they become aware that a pupil with medical needs requires support
- Liaising with parents/carers and relevant professionals including the School Nurses
- Providing social and emotional needs as appropriate.

**Parents/carers** are responsible for:

- Ensuring that their child is well enough to attend school
- Providing the school with sufficient and up to date information about their child's medical needs
- Participating in consultation and review regarding a Health Care Plan if required
- Carrying out any actions they have agreed to implement the Health Care Plan
- Adhering to Local Authority guidance contained in the leaflet attached as Appendix 1.

**Pupils**, where reasonable and appropriate, may be expected to be responsible for:

- Managing their own medicines and procedures
- Carrying their own medicines or devices or be able to access them for self-medication quickly and easily
- Being involved in discussions about their medical needs, contributing and complying with the Health Care Plan.

### **Staff Training and Support**

Staff cannot legally be required to administer medication or supervise a pupil taking it. This is a voluntary role unless administering medicines is included in the contractual duties of the position. Staff nevertheless have a duty to act as any reasonably

careful parent would to make sure that pupils in their care are healthy and safe and this might extend to administering medicine or taking action in an emergency.

Any member of school staff providing support to a pupil with medical needs will receive suitable training so that they are confident and competent in fulfilling the requirements. Staff will not give prescription medicines or undertake healthcare procedures without appropriate training but in some cases written instructions from the parent/ carer may be considered sufficient.

### **Managing Medicines**

- Administration of medicines will be managed in accordance with the detailed guidance contained within the Surrey County Council manual "Young People's Health and the Administration of Medicines: Children, Schools and Families – Guidance", and the following principles will be adhered to:
- Medicines should only be administered in school when it would be detrimental to the pupil's health or school attendance not to do so
- No pupil will be given medication without their parents/carers written consent
- Where possible, the school will request that medicines are administered by parents/ carers outside school hours in order to minimise disruption to teaching and learning time
- The school will not administer non-prescribed medicines unless they form part of a Health Care Plan
- The school will only accept prescribed medicines presented by parents/carers that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage
- Pupils may be allowed to take responsibility for self-administration of medicines (most commonly inhalers for asthmatic conditions) with written consent from parents/carers
- When staff administer medicine, they will sign a record of what was given, the dose, by whom and the time
- Staff administering medicines must be familiar with the identity of the pupil receiving the medicine, and if the pupil is not known identification must be confirmed by another member of staff or by reference to a photograph
- All medicines will be stored safely
- Controlled drugs will be securely stored in a non-portable container and only named staff will have access
- If a pupil refuses to take their medicine, or carry out a necessary procedure, they will not be forced to do so, but this will be recorded and parents/carers will be informed of the refusal as soon as possible on the same day
- When no longer required medicines will be returned to parents/carers for safe disposal

### **Emergency Procedures**

Health Care Plans will clearly define what constitutes an emergency for the named pupil and what action to take. Other pupils will be taught to inform a teacher immediately if they think help is needed. If a child needs to be taken to hospital, and it is not possible for a parent/carers to accompany them, a member of staff will attend with the child and remain at the hospital with them until a parent/carers

arrives. The member of staff accompanying the pupil cannot give consent for any medical treatment as they do not have parental responsibility.

### **Complaints Procedure**

Should parents/carers be dissatisfied with the support provided they should discuss their concerns directly with the school. If, for whatever reason, this does not resolve the issue, they may make a formal complaint via the school's complaint procedure.

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## Appendix 1: Model process for developing individual healthcare plans

1. Diagnosis must be made by Health Professional
2. Parent informs school. Letter to support diagnosis to be scanned and filed in electronic pupil file. If life threatening, a Health Care Plan is completed by the parent
3. Parent arranges an appointment to meet with the class teacher (and/or kitchen if applicable if there are dietary needs that the parent wants to discuss directly)
4. Health Care Plan must be signed by Headteacher, teacher and parent (and kitchen lead, if applicable)
5. Training needs for staff identified with SLT and Headteacher (if applicable)
6. Individual Health Care Needs are displayed in the staff room
7. Signed copy of Health Care Plan is saved in SIMS
8. Signed copy of Health Care Plan is sent to all staff via CPOMS
9. Parents are solely responsible for updating any details and updates on the plan and for keeping medicines in school in date.

## Appendix 2: Individual Health Care Plan

Name of school/setting

Child's name

Group/class/form

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*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

Signed

Parent:	Teacher:	Headteacher:	Kitchen:
Print Name:	Print Name:	Print Name:	Print Name:
Date:	Date:	Date:	Date:



## Appendix 3: Parental Agreement for The Orchard 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

I understand that I must deliver the medicine personally to

[agreed member of staff]

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 \_\_\_\_\_

# Appendix 4: Record of Medicine Administered to an Individual Child

Name of school/setting	The Orchard
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			

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

**C: Record of medicine administered to an individual child (Continued)**

Date

Time given

Dose given

Name of member of staff

Staff initials


Date

Time given

Dose given

Name of member of staff

Staff initials


Date

Time given

Dose given

Name of member of staff

Staff initials


Date

Time given

Dose given

Name of member of staff

Staff initials




## Appendix 6: Staff Training Record – Administration of Medicines

Name of school/setting

Name

Type of training received

Date of training completed

Training provided by

Profession and title


I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [date of recommended update].

Trainer's signature \_\_\_\_\_

Date \_\_\_\_\_

**I confirm that I have received the training detailed above.**

Staff signature \_\_\_\_\_

Date \_\_\_\_\_

Suggested review date \_\_\_\_\_

## Appendix 7: Contacting Emergency Services

**Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.**

**Speak clearly and slowly and be ready to repeat information if asked.**

1. your telephone number **020 8979 2945**
2. your name \_\_\_\_\_
3. your location as follows The Orchard Infant School Bridge Rd, Molesey, East Molesey **KT8 9HT**
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code **KT8 9HT**
5. provide the **exact location of the patient** within the school setting
6. provide the **name of the child** and a **brief description** of their symptoms
7. inform Ambulance Control of the **best entrance to use and state that the crew will be met and taken to the patient**
8. put a completed copy of this form by the phone

## Appendix 8: Model Letter Inviting Parents to Contribute to Individual Healthcare Plan Development

Dear Parent

### **DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD**

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school 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 between the school, parents, pupils, and the relevant healthcare professional 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 on 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 health care 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 involve **[the following people]**. 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 another member of staff involved in plan development or pupil support]** would be happy for you contact me **[them]** by email or to speak by phone if this would be helpful.

Yours sincerely