

# Bampton CE Primary School and Nursery



*To be the best we can be for ourselves and others*

**Belonging, Believing, Building**

<b>Title of Policy</b>	<b>Supporting Children with Medical Needs and Allergies in School Policy (inc. Administration of Medication)</b>
<b>Date Adopted by the Governing Body</b>	<b>September 2025</b>
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<b>Adopted by LGB</b>	<b>September 2026</b>

This policy complies with the following guidance:

- Children and Families Act 2014
- Equality Act 2010
- Special Education Needs and Disability Code of Practice
- [Special educational needs and disability code of practice 0 to 25](#)
- [The early years foundation stage](#) - sets out specific requirements on early years settings in managing medicines for children under 5 years of age
- [Working together to safeguard children](#) - statutory guidance on inter-agency working
- [Safeguarding children: keeping children safe in education](#) - statutory guidance for schools and colleges
- [Ensuring a good education for children who cannot attend school because of health needs](#) - statutory guidance for local authorities
- [Drug advice for schools](#) - published by DfE/Association of Chief Police Officers, this document provides advice on controlled drugs

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## **Supporting Children with Medical Conditions and Allergies Policy Guidance**

### **1. Policy Statement & Purpose:**

The Children and Families Act 2014 places a duty on schools to make arrangements for supporting pupils who have medical conditions. The key points for these arrangements are that:

- Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.
- Governing bodies must ensure that arrangements are in place in schools to support pupils at school with medical conditions.
- Governing bodies should ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions and disabilities are properly understood and effectively supported.

This Policy guidance is intended to support Local Governing Bodies (LGB) in ensuring that children and young people in all ODSST academies are properly supported and safeguarded.

In doing so, the Trustees are mindful that many medical conditions that require support at school will affect quality of life and maybe life-threatening. Trustees would urge LGBs to ensure that appropriate focus is placed on the needs of each individual child and how their condition will impact on school life. Headteachers should aim to minimise any disruption to the child's learning as far as possible.

Trustees also note that some children with medical conditions may also be considered disabled or have Special Educational Needs (SEN). Where appropriate, along with this Policy, reference should be made to the Equality Act 2010 and the SEN Code of Practice

In the Early Years Foundation Stage, staff should apply the Statutory Framework for the Early Years Foundation Stage.

The overriding aim for Trustees is to ensure that all children & young people with physical, medical and mental health conditions are properly supported in our schools so they can play a full and active role in school life and remain healthy and achieve their academic potential.

### **2. Responsibilities:**

Trustees are clear that supporting a child with a medical condition during school hours is not the sole responsibility of one person. The ability to provide effective support will depend to an appreciable extent on working co-operatively with other agencies. Partnership working between school staff, healthcare professionals (and, where appropriate, social care professionals), local authorities, and parents and pupils will be critical. Trustees would urge that:

- *The Local Governing Body* ensures that pupils are fully supported at school and that the necessary resources and training opportunities are available to members of staff;
- *The Local Governing Body* ensures that the school's policy is clear about the procedures to be followed;
- *The Local Governing Body* delegates the responsibility for implementing this policy to the *Head Teacher and senior leaders*;
- *The Head Teacher* becomes responsible for ensuring that the policy is developed as appropriate to the individual setting, its staff and the pupils concerned.
- *Staff* are encouraged to undertake the required training to support the implementation of this policy. In addition, staff should ensure that pupils comply with this policy.

- *Pupils* are clear about their responsibility for ensuring that they follow all medical protocols within the school.
- *Parents/carers* are requested to abide by the protocols contained within the schools' individual policies.

Trustees are clear that the prime responsibility for a child's health lies with the parent/carer who is responsible for the child's medication. They must provide the school with all the relevant information in order for the school to provide their child with the necessary care.

### **3. Visibility:**

- All staff will be advised of the local governing body's policy during induction.
- All staff should be made aware of children with medical needs.
- The school's policy will be made readily accessible to all stakeholders including, but not limited to staff, healthcare professionals and parents/carers.
- It will be available on the school website or as a 'hard copy' on request.

### **4. Managing medicines in school:**

Trustees would expect the individual LGB policy to note:

- Medicines should only be administered at school when it would be detrimental to a child's health or learning not to do so.
- Where clinically possible, medicines should be prescribed which enables them to be taken outside of school hours. {It is to be noted that medicines that need to be taken three times a day could be taken prior to school in the morning, after school hours and then prior to bedtime.}
- No child will be given prescription or non-prescription medicines without their parent's written consent<sup>1</sup>.

#### **4.1 Non-prescription medicines:**

- Trustees are clear that un-prescribed medication, e.g. for pain relief, must only be administered with the written consent of the parent/carer who should have completed the "Parental Agreement for school to Administer medicine" form (See Appendix D).
- Medication will not be administered without first checking the maximum dosage, when the previous dose was taken and a record made of the administration. The school will always inform parents/carers that medication has been given.

#### **4.2 Prescription medicines:**

- Prescription medicines or controlled drugs that have **not** been prescribed by a medical practitioner will **not** be administered in school.
- Where possible parents/carers should be encouraged to administer medication outside school hours.
- The school will only accept prescribed medicines which are in the child's name and that are:
  - in date;
  - labelled and intact;
  - provided in their original container as dispensed by a pharmacist; and
  - include instructions for administration, dosage and storage;
- The exception to this is insulin. Dosages of this must be in date and made available to the school inside an insulin pen or pump rather than in its original container.

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<sup>1</sup> This includes medication that contains Aspirin. Aspirin should never be given unless prescribed by a doctor.

- *Medicines must only be administered according to the instructions on the pharmacy label and with written parental consent.*
- Qualified school staff may administer a controlled drug to the child for whom it has been prescribed. Any pupil who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so but only in limited amounts or prescribed doses. The school will closely monitor this.

#### Records:

- In line with DfE 2014 guidance, Trustees would expect each school to keep a written record of all medicines administered to any child (See Appendix C) and also to individual children with IHCPs (See Appendix B). These records will include:
  - What was administered (including the dose);
  - When it was administered (date & time);
  - Who administered the medication.

Any side effects of the medication administered at school will also be noted.

#### **4.3 Storing and disposal of Medicines:**

- Parents/carers are responsible for ensuring that the correct, in date, medication is supplied to the school in a timely fashion. The school should ensure that medication is kept securely in a locked cupboard and is only accessed by authorised staff. Where medicines require special storage considerations, the school will ensure these are adhered to; e.g. refrigeration.
- When prescription medicines are no longer required or out of date, they should be returned to parents/carers. It is the parents/carers responsibility to collect and dispose of such medication.
- The school should notify parents/carers if medication supplies are low. The school will endeavour to give notice when 10 days' supply remains to allow repeat prescriptions to be obtained.
- The school must use 'sharps' boxes for the disposal of needles and other sharps.
- Asthma equipment will be stored in classroom cupboards along with a record book to note when a child uses their inhaler and how many puffs they take.
- All other medications will be stored in a locked cupboard in the First Aid room, or securely in the school office or staffroom fridge as required.
- Arrangements will be made to ensure that immediate access to emergency medication is available.
- Wherever there are specific requirements needed with a controlled medicine, to meet the needs of an individual in school, the school will work within the medical and DfE guidance regarding this.
- Emergency medication will always be taken if the student goes out on a trip and identified; trained staff will be designated to administer any medication if required.

#### **4.4 Supporting Pupils with Medical Needs:**

- Where a child has a need to take medication for a prolonged period or has a chronic ongoing condition, Trustees expect Headteachers to ensure that an Individual Health Care Plan (IHCP – see Appendix A) is put in place. The school and the parents/carers should jointly develop and agree the IHCP after taking into account the advice of health care professionals. The plans put in place should have given due regard to the Equality Act 2010 and the SEN Code of Practice. This will ensure that children with medical conditions have access to the same opportunities as other children as long as it is safe for them to do so.
- Parents/carers should provide the school with all the necessary information about their child's condition and must sign the appropriate forms for the administration of any medication.

- IHCPs will be compiled and recorded in line with the current DfE guidance that was published in 2014.
- All school staff should be made aware of children with IHCPs and their conditions.
- Administration of medication should only be by a qualified member of staff and will only take place if written permission has been obtained from the parents/carers and countersigned by the Headteacher.
- Should a child refuse medication, the school will not force them to take it but contact the parents/carers as a matter of urgency.
- The school will ensure that procedures are in place for an emergency situation and that contingency arrangements are in place. The IHCP must detail what symptoms constitute an emergency and what actions to take.
- Sufficient staff should be given appropriate training in the administration of emergency & other medication where necessary. Their names are noted on the medical care plan and available in the staffroom and school office.

#### **4.5 Record keeping:**

- Trustees would expect written records of all medication administered to children to be kept.
- In addition to the usual general medicine log used for all children (See Appendix C), any medicine administered to a child with an Individual Health Care Plan (IHCP) should also be recorded separately (See Appendix B).

#### **4.6 Allergies:**

- An allergy is a reaction of the body's immune system to substances that are usually harmless. The reaction can cause minor symptoms such as itching, sneezing or rashes but sometimes causes a much more serious reaction called anaphylaxis.
- Anaphylaxis is a serious, life-threatening allergic reaction. It is at the extreme end of the allergic spectrum. The whole body is affected often within minutes of exposure to the allergen, but sometimes it can be hours later. Causes can include foods, insect stings, and drugs.
- Most healthcare professionals consider an allergic reaction to be anaphylaxis when it involves difficulty breathing or affects the heart rhythm or blood pressure. Anaphylaxis symptoms are often referred to as the ABC symptoms (Airway, Breathing, Circulation).
- It is possible to be allergic to anything which contains a protein, however most people will react to a fairly small group of potent allergens.
- Common UK Allergens include (but are not limited to):- Peanuts, Tree Nuts, Sesame, Milk, Egg, Fish, Latex, Insect venom, Pollen and Animal Dander.

#### **Parent Responsibilities**

- On entry to the school, it is the parent's responsibility to inform office staff any allergies. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication.
- Parents are to supply a copy of their child's Allergy Action Plan to school. If they do not currently have an Allergy Action Plan this should be developed as soon as possible in collaboration with a healthcare professional e.g. School nurse/GP/allergy specialist.
- Parents are responsible for ensuring any required medication is supplied, in date and replaced as necessary.
- Parents are requested to keep the school up to date with any changes in allergy management. The Allergy Action Plan will be kept updated accordingly.

## Staff Responsibilities

- All staff will complete anaphylaxis training. Training is provided for all staff on a yearly basis and on an ad-hoc basis for any new members of staff.
- Staff must be aware of the pupils in their care (regular or cover classes) who have known allergies as an allergic reaction could occur at any time and not just at mealtimes. Any food-related activities must be supervised with due caution.
- Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication. Pupils unable to produce their required medication will not be able to attend the excursion.
- School office staff will ensure that the up-to-date Allergy Action Plan is kept with the pupil's medication.
- It is the parent's responsibility to ensure all medication is in date however the school office staff will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
- The School Office keeps a register of pupils who have been prescribed an adrenaline auto-injector (AAI) and a record of use of any AAI(s) and emergency treatment given.

## Pupil Responsibilities

- Pupils are encouraged to have a good awareness of their symptoms and to let an adult know as soon as they suspect they are having an allergic reaction.
- Pupils who are trained and confident to administer their own AAIs will be encouraged to take responsibility for carrying them on their person at all times.
- Allergy action plans are designed to function as individual healthcare plans for children with food allergies, providing medical and parental consent for schools to administer medicines in the event of an allergic reaction, including consent to administer a spare adrenaline autoinjector.
- Bampton CE Primary School recommends using the British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plans to ensure continuity. This is a national plan that has been agreed by the BSACI, Anaphylaxis UK and Allergy UK.
- It is the parent/carer's responsibility to complete the allergy action plan with help from a healthcare professional (e.g. GP/School Nurse/Allergy Specialist) and provide this to the school.

## Emergency Treatment and Management of Anaphylaxis

What to look for:

Symptoms usually come on quickly, within minutes of exposure to the allergen.

Mild to moderate allergic reaction symptoms may include:

- a red raised rash (known as hives or urticaria) anywhere on the body
- a tingling or itchy feeling in the mouth
- swelling of lips, face or eyes
- stomach pain or vomiting.

More serious symptoms are often referred to as the ABC symptoms and can include:

- AIRWAY - swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing).
- BREATHING - sudden onset wheezing, breathing difficulty, noisy breathing.

- CIRCULATION - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

The term for this more serious reaction is anaphylaxis. In extreme cases there could be a dramatic fall in blood pressure. The person may become weak and floppy and may have a sense of something terrible happening. This may lead to collapse and unconsciousness and, on rare occasions, can be fatal.

If the pupil has been exposed to something they are known to be allergic to, then it is more likely to be an anaphylactic reaction.

Anaphylaxis can develop very rapidly, so a treatment is needed that works rapidly. Adrenaline is the mainstay of treatment, and it starts to work within seconds.

What does adrenaline do?

- It opens up the airways
- It stops swelling
- It raises the blood pressure

As soon as anaphylaxis is suspected, adrenaline must be administered without delay. Action:

- Keep the child where they are, call for help and do not leave them unattended.
- LIE CHILD FLAT WITH LEGS RAISED – they can be propped up if struggling to breathe but this should be for as short a time as possible.
- USE ADRENALINE AUTO-INJECTOR WITHOUT DELAY and note the time given. AAI's should be given into the muscle in the outer thigh. Specific instructions vary by brand – always follow the instructions on the device.
- CALL 999 and state ANAPHYLAXIS (ana-fil-axis).
- If no improvement after 5 minutes, administer second AAI.
- If no signs of life commence CPR.
- Call parent/carer as soon as possible.
  - Whilst you are waiting for the ambulance, keep the child where they are. Do not stand them up, or sit them in a chair, even if they are feeling better. This could lower their blood pressure drastically, causing their heart to stop.
  - All pupils must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can reoccur after treatment.

### Supply, storage and care of medication

- Depending on their level of understanding and competence, pupils will be encouraged to take responsibility for and to carry their own **two** AAI's on them at all times (in a suitable bag/container).
- For younger children or those not ready to take responsibility for their own medication, there should be an anaphylaxis kit which is kept safely, not locked away and **accessible to all staff**.

Medication should be stored in a suitable container and clearly labelled with the pupil's name. The pupil's medication storage container should contain:

- Two AAI's i.e. EpiPen® or Jext® or Emerade®
- An up-to-date allergy action plan

- Antihistamine as tablets or syrup (if included on allergy action plan)
  - Spoon if required
  - Asthma inhaler (if included on allergy action plan).
- It is the responsibility of the child's parents to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however the Office staff will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
  - Parents can subscribe to expiry alerts for the relevant AAls their child is prescribed, to make sure they can get replacement devices in good time.

### Older children and medication

- Older children and teenagers should, whenever possible, assume responsibility for their emergency kit under the guidance of their parents. However, symptoms of anaphylaxis can come on **very suddenly**, so school staff need to be prepared to administer medication if the young person cannot.

### Storage

AAls should be stored at room temperature, protected from direct sunlight and temperature extremes.

### Disposal

- AAls are single use only and must be disposed of as sharps. Used AAls can be given to ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin. Sharps bins to be obtained from and disposed of by a clinical waste contractor. The sharps bin is kept in the medical room.

### Catering

- All food businesses (including school caterers) must follow the Food Information Regulations 2014 which states that allergen information relating to the 'Top 14' allergens must be available for all food products.
- The school menu is available for parents to view in advance via the school website, Parent Pay or school office and parents of children with allergies need to request an allergy form from the school office to allow the School Lunch Company to create a safe menu for their child.
- The School Office will inform the Cook of pupils with food allergies. Copies of the child's plans with a photograph will be listed in the school kitchen.

The school adheres to the following [Department of Health guidance](#) recommendations:

- Bottles, other drinks and lunch boxes provided by parents for pupils with food allergies should be clearly labelled with the name of the child for whom they are intended.
- If food is purchased from the school canteen/tuck shop, parents should check the appropriateness of foods by speaking directly to the catering manager.
- The pupil should be taught to also check with catering staff, before purchasing food or selecting their lunch choice.
- Where food is provided by the school, staff should be educated about how to read labels for food allergens and instructed about measures to prevent cross contamination during the handling, preparation and serving of food. Examples include: preparing food for children with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils. For further information, parents/carers are encouraged to liaise with the Catering Manager.

- Food should not be given to primary school age food-allergic children without parental engagement and permission (e.g. food treats).
  - Use of food in crafts, cooking classes, science experiments and special events (e.g. fetes, assemblies, cultural events) needs to be considered and may need to be restricted/risk assessed depending on the allergies of particular children and their age.
- We support the approach advocated by Anaphylaxis UK towards nut bans/nut free schools. They would not necessarily support a blanket ban on any particular allergen in any establishment, including in schools. This is because nuts are only one of many allergens that could affect pupils, and no school could guarantee a truly allergen free environment for a child living with food allergy. They advocate instead for schools to adopt a culture of allergy awareness and education.
  - A 'whole school awareness of allergies' is a much better approach, as it ensures teachers, pupils and all other staff are aware of what allergies are, the importance of avoiding the pupils' allergens, the signs & symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.

### **School trips**

- Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication. Pupils unable to produce their required medication will not be able to attend the excursion.
- All the activities on the school trip will be risk assessed to see if they pose a threat to allergic pupils and alternative activities planned to ensure inclusion.
- Overnight school trips should be possible with careful planning and a meeting for parents with the lead member of staff planning the trip should be arranged. Staff at the venue for an overnight school trip should be briefed early on that an allergic child is attending and will need appropriate food (if provided by the venue).

### **Sporting Excursions**

- Allergic children should have every opportunity to attend sports trips to other schools. The school will ensure that the P.E. teacher/s are fully aware of the situation. The school being visited will be notified that a member of the team has an allergy when arranging the fixture. A member of staff trained in administering adrenaline will accompany the team. If another school feels that they are not equipped to cater for any food-allergic child, the school will arrange for the child to take alternative/their own food.
- Most parents are keen that their children should be included in the full life of the school where possible, and the school will need their co-operation with any special arrangements required.

### **Risk assessment**

- We will conduct a detailed individual risk assessment for all new joining pupils with allergies and any pupils newly diagnosed, to help identify any gaps in our systems and processes for keeping allergic children safe.

### **5. Offsite Learning:**

- *All Staff* should be aware of how a child's medical condition impacts on their ability to participate and there should be enough flexibility for all children to participate according to their abilities.

- Offsite learning can bring about additional risks and the nominated member of staff leading the trip (Trip Leader) is responsible for ensuring that the necessary risk assessments have been carried out. The nominated Trip Leader(s) must also ensure that arrangements are made in accordance with Section 2 of this Policy such that any required medication is made available.

#### **6. Emergency Procedures:**

- Medical Care plans identify at what point to call an ambulance.
- If staff are concerned a child's life is in danger call an ambulance.
- If staff judge a child's health to be deteriorating they must call an ambulance.

#### **7. Unacceptable Practice:**

Trustees would expect policies to reflect the use of discretion and judgement by school staff, judging each case on its merits with reference to the child's individual healthcare plan. However, they are clear it is not acceptable practice to:

- prevent pupils from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every pupil with the same condition requires the same treatment;
- ignore the views of the pupil or their parents; or ignore medical evidence or opinion (although this may be challenged);
- send pupils with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- should a pupil become ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments;
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs;
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

#### **8. Insurance:**

- The staff of all ODST schools are adequately covered through the governments RPA insurance scheme in providing cover for staff who administer to children with medical needs. Details of the cover provided is available from the Trust's Operations Manager.

#### **9. Complaints:**

- If a parent/carer or pupil is dissatisfied with the support provided they should discuss their concerns with the Headteacher. If this does not resolve the issue this should be pursued through the school's Complaints Procedure.

## PART 2

### **Procedural Guidance**

*The following procedural guidance is intended to assist LGBs and school leaders to develop specific and clear guidance for the effective implementation of their individual school policy. It is not Trustees expectation that this will be adopted without significant input to reflect school's individual and unique pupil population. It is offered as a supportive framework within which LGBs can draft their own guidance.*

#### **Individual Health Care Plans**

Whenever the school is notified of a child with a potential medical condition the Head Teacher will, in consultation with the parent/carer, assess what further action needs to be taken and this may often result in the necessity to develop an Individual Health Care Plan (IHCP) for the child.

#### **Developing an IHCP:**

Where a child has a need to take medication for a prolonged period or has a chronic ongoing condition, the school will ensure that an Individual Health Care Plan (IHCP) is developed - see Appendix A. Advice on the development of an IHCP can be found in Appendix B.

The school and the parents/carers will jointly develop and agree the IHCP after taking into account the advice of health care professionals. The plans put in place will have given due regard to the Equality Act 2010 and the SEN Code of Practice. This will ensure that children with medical conditions have access to the same opportunities as other children as long as it is safe for them to do so.

Parents/carers should provide the school with all the necessary information about their child's condition and must sign the appropriate forms for the administration of any medication.

IHCPs will be compiled and recorded in line with the current DfE guidance that was published in 2014. (See Appendix A)

In cases where a child is returning to school following a period of hospital education or alternative provision, the school should work with the LA and/or education provider to ensure that the IHCP identifies the support the child needs to reintegrate quickly and effectively.

All school staff must be made aware of children with IHCPs and their conditions by highlighting the issues at staff meetings and through individual briefings for teachers and other staff with specific responsibility for the pupil.

Administration of medication will be by a qualified member of staff and will only take place if written permission has been obtained from the parents/carers and the Headteacher. If the child refuses their medication, the school must not force them to take it but contact the parents/carers as a matter of urgency.

The IHCP must detail what symptoms constitute an emergency and what actions to take. The school must ensure that procedures are in place for such an emergency situation and that, in addition, contingency arrangements are also in place.

The IHCP must be reviewed if there is any change in circumstances, or at least annually, whichever occurs first.

#### **Staff Training:**

Staff may require additional training to support a child with medical needs. The Head Teacher is responsible for ensuring that the necessary training is undertaken and completed. Such training must be by a recognised body.

### School Premises:

- If a child becomes ill during a school day, their class teacher should assess and monitor the child. If there is no noticeable improvement over a reasonable period, the school office should be informed. The office will then try to contact the child's parents or other contacts. If successful, the child may be collected. If it is not possible to contact anyone from the contact information, the child should remain in school and continue to be monitored regularly.
- If the child complains of a headache parents will be called and advice sought on next steps.
- In a case of a child becoming seriously unwell or suffering serious injuries, attempt must be made immediately to contact the parents/carers and any other relevant services. Staff should not delay, waiting for parental contact but call 999 for an ambulance. Unwell or injured pupils should not be transported to hospital or a surgery by staff cars.
- When administering first aid, whenever possible, adults should ensure that another adult is present and aware of the action being taken.
- Parents/carers should always be informed when first aid has been administered.
- Medicines should only be administered at school when it would be detrimental to a child's health or learning not to do so. Verbal consent prior to administering a medicine must be sought from parents/carers wherever possible even for non-prescription medicines.
- No child should be given prescription medicines without their parent's written consent.
- No child should be given Aspirin unless prescribed by a medical practitioner.
- Prescribed medicines must only be accepted if they are in-date; labelled; provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin. It can be accepted in an Insulin pen or pump rather than its original container but must still be in date.
- All medicines must be stored safely. Children should know where their medicines are at all times and be able to access them immediately. Where relevant, children should know who holds the keys to any storage facility. Some medicines and devices, e.g. Asthma inhalers, should be readily available to children and not locked away. This is particularly important when outside of school premises.
- A child who has been prescribed a controlled drug may legally have it in their possession provided they are competent to do so. However, passing it to another child is an offence and staff should remain vigilant to this possibility with appropriate monitoring procedures in place.
- Subject to the above, controlled drugs that have been prescribed for a child, should be stored securely in a non-portable facility with only named staff having access. However, the controlled drugs should remain accessible quickly in an emergency.
- A record should be kept of any doses used and of the amount of the controlled drug held in school.
- Only qualified staff may administer a controlled drug to a child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions. A record must be kept of all medicines administered to individual children (See Appendix B). Such records should state what and how much was administered. It should also include when it was

administered and by whom. Any side effects of the medication to be administered at school should be noted.

- Any out of date or unused medicines should be returned to the parent/carer for safe disposal.
- Sharps boxes should always be used for the disposal of needles and other sharps.
- Parents/carers should be advised when approximately 10 days' worth of the medicine remains to allow time for a repeat prescription to be obtained.

### **Offsite Learning:**

Offsite Learning can bring about additional risks and staff should adhere to the additional guidance below:

- In all instances, the Trip Leader will collect any necessary medication and follow normal guidelines or requirements set out in any IHCP and take any plans appropriate to the individual child.
- For **part-day visits**, children should, wherever possible, take their medication prior to and after the visit.
- For **full-day visits** the Trip Leader should ensure that parents/carers have completed the relevant Parental Consent Form giving all relevant information.
- For **Residential visits**, the Trip Leader is responsible for checking medical needs of all children. The Trip Leader must check any IHCP requirements with parents and ensure that appropriate procedures and contingency plans are in place.

### **Emergency Procedures:**

- Staff should maintain good practice always.
- For children with an IHCP, details of what constitutes an emergency and how this should be dealt with is detailed in the child's IHCP. Staff must comply with these requirements at all times.
- If a staff member believes that a child's situation is an emergency they must contact another member of staff and the emergency services without delay.

### **Unacceptable Practice:**

- Staff need to be aware that children with medical needs often require additional considerations and should ensure that they adhere to the requirements laid down in section 1 of this policy.

### PART 3

- **Appendix A:** Individual Health Care Plan (IHCP)
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Appendix A

**Individual Health Care Plan**

**Child information:**

Child's Name:
Date of birth:
Class:
Child's address:
Medical condition:
Date:
Review Date:

**Family Contact Information:**

Primary Contact Name:

Relationship to child:

Phone No.(s) Home:

Mobile:

Work:

Secondary Contact Name:

Relationship to child:

Phone No.(s) Home:

Mobile:

Work:

**Hospital/Clinic Contact Information:**

Name of establishment

Contact Name (if any):

Phone No.(s) Primary:

Secondary:

**GP Contact Information:**

GP Name:

Name and Address of Practice:

Phone No.(s) Primary:

Secondary:

Who is responsible for providing support in the school?

Describe the 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/self-administered with/without supervision.

Daily care requirements

Specific support for the pupil's educational, social and emotional needs.

Arrangements for school visits or trips etc.

Other information

**EMERGENCIES:** Describe what constitutes an emergency and action to be taken if this occurs

Who is responsible in an emergency (state if different for off-site activities)

Staff training needed or undertaken – who, what, where, when.

This plan has been developed and agreed by:

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Parent/Carer consent:**

*The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to Dr South's Primary School staff to administer medicine in accordance with the school Policy.*

*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.*

Name: \_\_\_\_\_

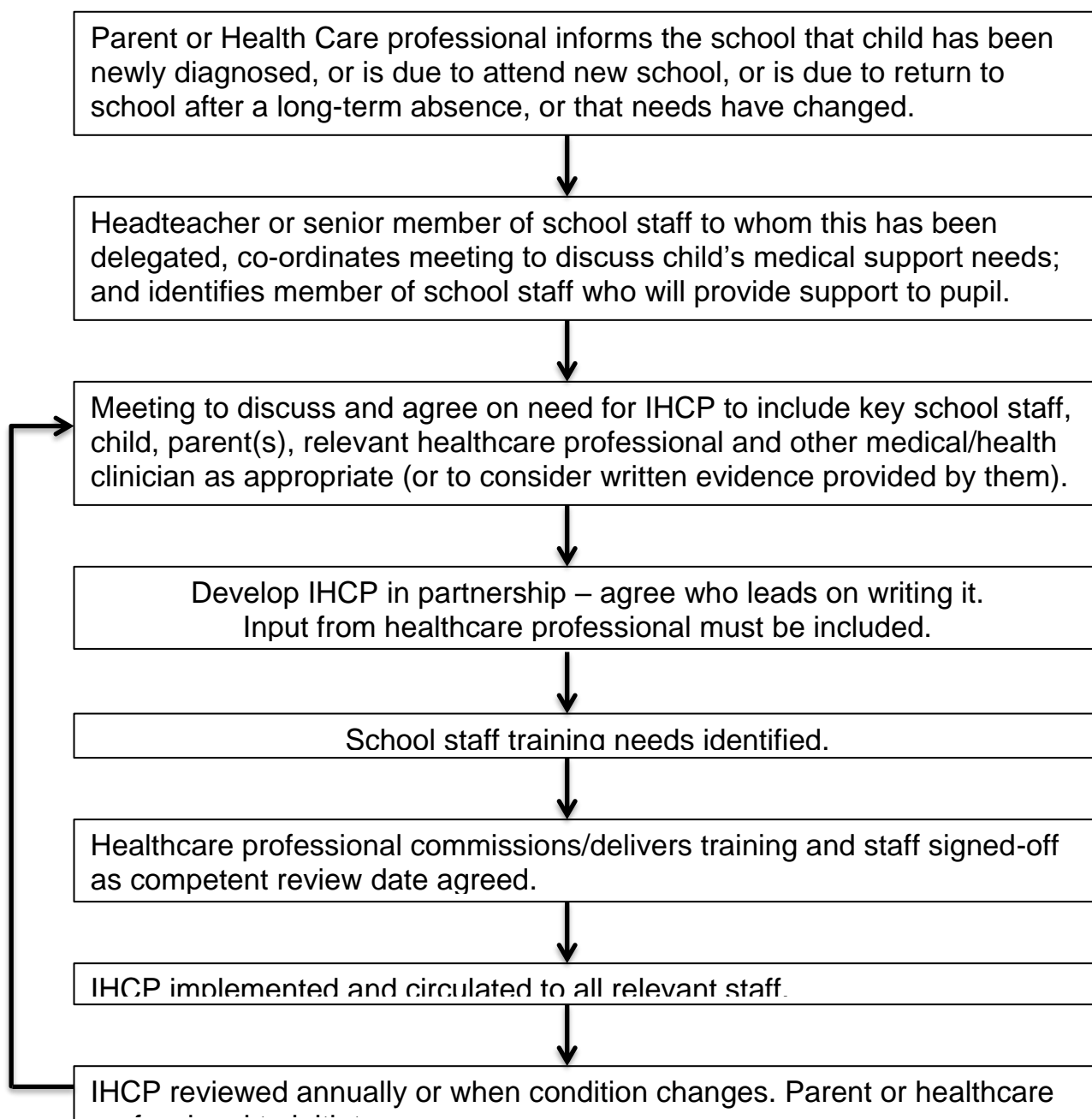
Signature: \_\_\_\_\_

Date: \_\_\_\_\_

.....

Form copied to:

Developing an IHCP



**Record of medicine administered to an individual child**

Name of Child		Age:
Date Medicine provided by parent		
Group/Class/Form		
Quantity received		
Name and strength of medicine		
Expiry date		
Quantity used		
Dose and Frequency used		

Signature of staff member	
Signature of Parent/Carer	

Date		
Time given		
Dose given		
Name of staff member		
Staff initials		

Date		
Time given		
Dose given		
Name of staff member		
Staff initials		





Appendix E

**Parental agreement for school to administer medication**

The school will not give your child medicine unless you complete and sign this form.

Name of child:	
Date of birth:	
Class:	
Medical condition or illness:	

**Medicine**

Name (as printed on the container):	
Expiry date:	
Dosage and method:	
Timing:	
Special precautions:	
Any side effects that the school needs to know about:	
Procedures to take in an emergency.	
Self-Administered	Yes/No

**Contact details**

Name:	
Daytime contact number:	
Relationship to child:	

I understand that I must deliver the medicine personally to: \_\_\_\_\_

*The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. 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.*

Name: \_\_\_\_\_ Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**Request for child to carry his/her own medication**

The Parents/carers must complete this form

If staff members have any concerns, discuss this request with a health care professional

Name of Child	
Class	
Name of medicine	
Procedures to take in an emergency	

**Contact Information**

Name	
Daytime telephone number	
Relationship to Child	

I would like my child to keep his/her own medicine on him/her for use as necessary.

*The above information is, to the best of my knowledge, accurate at the time of writing. I will inform the school if the medicine is stopped.*

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**If more than one medicine is to be given a separate form should be completed for each one.**

.....**School Use Only**.....

Request Approved: Yes/No. If No, parent/carer should be advised in writing with reasons.