HOLY SOULS RC PRIMARY SCHOOL

Pride in our achievements

Managing Medicines Policy

Vision Statement

Holy Souls School is a Catholic School where we share our life in Christ in the growing knowledge that Jesus loves us. Our school is a place where everyone is able to feel welcomed, valued, secure, loved and happy. Everyone who comes into our school will be treated with respect. We remember that Jesus said, 'Treat others as you would like them to treat you'

Date Agreed by Governors: 2nd April 2025

Governor Review Date: Spring 2027

Mission Statement

"To love one another as I have loved you" is at the heart of our Mission Statement. Holy Souls is a place where we share our life in Christ, in the growing knowledge that Jesus loves us. Our school is a place where everyone is able to feel welcomed, valued, secure, loved and happy. Everyone who comes into our school will be treated with respect and valued as a unique member of our school family.

The Children and Families Act 2014, from September 2014, places a duty on the school governing body to make arrangements for children with medical conditions. '**Pupils with special medical needs have the same right of admission to school as other children and should have full access to education, including school trips and physical education**'.

At Holy Souls RC Primary School, we believe that parents and guardians have a prime responsibility for their child's health and should provide the school with information about their child's medical condition. We acknowledge that many pupils at some time will have a medical condition that may affect their participation in school activities and that some children will have long-term medical conditions that, if not managed properly, could limit their access to education. We will endeavour to support these children with the management of such medical conditions during school hours with the aim to provide them with full access to education, including school trips and physical education.

Some children with medical conditions may be disabled and where this is the case the governing body must comply with the Equality Act 2010. Some pupils may have SEN and have an Education, Health and Care Plan (EHCP)

Aims

The school aims to:

- Assist parents in providing medical care for their children
- Education staff and children in respect of special medical needs
- Arrange training for staff to support individual pupils
- Liaise as necessary with medical services in support of the individual pupil
- Ensure access to full education if possible, considering each child's needs individually
- Effectively support pupils after absences due to frequent appointments or long-term absences.
- Monitor and keep appropriate records.

Expectations

It is expected that:

- Parents will be encouraged to co-operate in training children to self-administer medication if this is practicable and that members of staff will only be asked to be involved if there is no alternative.
- Parents will have confidence in the support provided by school.
- There is a commitment that all relevant staff will be made aware of the child's condition.
- Procedures to be followed to support a pupil's medical condition should be clearly set out in the child's health care plan.

- Cover arrangements are in place in case of staff absence or staff turnover to ensure someone is always available to support the child.
- School will arrange training for volunteer staff to support individual pupils.
- School seeks advice from healthcare professionals as well as listening to parents and the child.
- Individual health care plans will be reviewed annually, or earlier if the child's needs change.
- No child should be put at risk.

Responsibilities

- The Governing Body is responsible for ensuring this policy is implemented.
- The Headteacher has overall responsibility for the management of medication in school.
- The Headteacher is responsible for ensuring that sufficient staff are suitably trained.
- The Headteacher should ensure all staff are insured to support children with medical conditions.
- The SEND Coordinator is responsible for developing individual health care plans.
- The SEND Coordinator is responsible for ensuring adequate transition arrangements are in place and relevant information is exchanged.
- Class teachers should brief supply teachers where possible.
- Class teachers supported by Tas will monitor individual health care plans.
- The school nurse is responsible for notifying the school when a child has been identified as having a medical condition which will require support in school.
- Specialist local health teams may be able to provide support in schools for children with particular conditions (eg asthma, diabetes) and relevant training when required.
- Pupils with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs.
- Parents should provide the school with sufficient and up-to-date information about their child's medical needs. Parents have a responsibility to share updated health care plans and care with school.
- Local authorities should provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual health care plans can be delivered effectively.
- Health services can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.

Medication to be administered

- Medicine should only be administered at school when it would be detrimental to a child's health.
- No child under 16 should be given prescription or non-prescription medicines without their parent's written consent unless advised to do so by a medical professional in an emergency.
- No child under 16 should be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed.

- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.
- Parents should give antibiotics at home. If it is necessary (e.g. if required four times a day) for a child to complete a course of antibiotics at school, then parents should come into school and administer the medicine themselves by agreement with the Headteacher or Deputy Headteacher. Only in necessary circumstances might the Headteacher decide that school would administer such medicine. In this case, school's 'Administration of Medication' form must be completed by the parents.
- Schools should only accept prescribed medicines that 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 which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container.
- Any medicine that requires to be refrigerated will be stored in a refrigerator located in the school office.
- Epi Pens are to be stored in an accessible location in the classroom.
- Any other medicine will be kept in a safe place within the children's classroom, and out of the reach of children.
- School staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicine should do so in accordance with the prescriber's instructions. Schools should keep a record of all medicine administered to individual children, stating the time/date, how much was administered, and by whom. Any side effects of the medication to be administered at school should be noted.
- When no longer required, medicines should be returned to the parents to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

Storage of Medicines

All medicines will be stored safely and securely in designated areas in school. Children should know where their medicines are at all times and be able to access them immediately. Medicines and devices, such as asthma inhalers, blood glucose testing meters and adrenaline pens should always be readily available and accessible. This is particularly important to consider when outside of school premises e.g. on school trips. For specific conditions, emergency details and a photograph of the child should be in the staffroom.

If a child is given medication in school, parents will be notified of the dosage and time of administration (If the parent is not already aware). Records will be kept by staff who administer the medication. Once medicine is finished the paperwork is put in the child's school folder in the school office.

Where possibly, the child will administer their own medication, the member of staff will just observe and note down when taken. If, however, the parent felt the child was unable to do this, in the first instance, the parent will be asked if they could come to school and give the medicine themselves, if this is still not feasible a 'Administration of Medicine Form' should be completed at the office by the parent to consent for the medicine to be given by school.

Individual Health Care Plans

Individual health care plans can help to ensure that school effectively supports pupils with medical conditions. They provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex. However, not all children will require one. The school, health care professional and parent should agree, based on evidence, when a health care plan would be inappropriate or disproportionate. If consensus cannot be reached, the Headteacher is best placed to take a final view.

The format of individual health care plans may vary to enable school to choose whichever is the most effective for the specific needs of each pupil. They should be easily accessible to all who need to refer to them, while preserving confidentiality. A copy will be kept in class and in the SENDCO room. Plans should not be a burden on a school but should capture they key information and actions that are required to support the child effectively. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support.

Individual health care plans (and their review), may be initiated in consultation with the parent by a member of school staff or a healthcare professional. E.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils should also be involved whenever appropriate. The aim should be to capture the steps which a school should take to help the child manage their condition and overcome any potential barriers to getting the most from their education. Partners should agree who will take lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school.

Staff Training and Support

Any member of school staff providing support to a pupil with medical needs should have received suitable training. This should have been identified during the development or review of individual health care plans. Some staff may already have some knowledge of the specific support needed by a child with a medical condition and so extensive training may not be required. Staff who provide support to pupils with medical conditions should be included in meetings where this is discussed.

The relevant healthcare professional should normally lead on identifying and agreeing with the school, the type and level of training required, and how this can be obtained. Schools may choose to arrange training themselves and should ensure this remains up-to-date.

Training should be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual health care plans. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures. Staff must not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any individual health care

plans). A first aid certificate does not constitute appropriate training in supporting children with medical conditions.

Whole school staff training should be arranged for some conditions such as anaphylaxis, diabetes, asthma and should be included in induction for new staff.

Children administering their own medication

After discussion with parents, children who are competent should be encouraged to take responsibility for managing their own medicine and procedures. Theis should be reflected within individual healthcare plans.

Where appropriate, children should be allowed to carry their own medicine and relevant devices or should be able to access their medicines for self-medication quickly and easily. Children who can take their medicines themselves or manage procedures may require an appropriate level of supervision.

School Visits

School will consider what reasonable adjustments we might make to enable children with medical needs to participate fully and safely on visits. There will be a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are include. We will endeavour to make adjustments and to make trips as safe as possible to ensure inclusion of children with medical needs. These arrangements may include:

- Adequate supplies of medication (and instructions) for children with long-term condition should be taken. This includes inhalers. All staff on the visit should be aware of children requiring medication.
- A list of emergency contact numbers should be taken, or contact details are available in the office
- If there is a particular concern, an additional adult should accompany the visit in order to look after the child (this could be the parent).

Emergency Procedures

- Health Care Plans should give guidance for an emergency. Where an ambulance is needed, 999 should be called and parents informed immediately. Staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance.
- Sudden cardiac arrest is when the heart stops beating and can happen to people at any age, and without warning. If it does happen, quick action (in the form of early CPR and defibrillation) can help save lives.

Unacceptable Practice

Examples of unacceptable practice include:

- Preventing children from easily accessing their inhalers and medication and administering their medication when and where necessary.
- Assuming that every child with the same condition requires the same treatment.

- Ignore the views of the child or their parents; or ignore medical evidence of opinion (although this may be challenged).
- Sending children with medical conditions home frequently or prevent them from staying of normal school activities, including lunch, unless this is specified in their individual health care plans.
- If the child become ill, sending them to the school office unaccompanied of with someone unsuitable.
- Penalising children for their attendance record if their absences are related to their medical condition e.g., hospital appointments.
- Preventing children from drinking, eating, or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively.
- Requiring 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.
- Preventing children from participating in any aspect of school life, including school rips, e.g., by requiring parents to accompany the child.

Staff with medical needs

- Employees are not obliged to disclose medical conditions or disabilities to their employer; however, it may be in the employee's best interest to disclose a medical condition where support may be required, for example, if the employee has seizures.
- If the condition is unlikely to have any impact on other staff or children, the employee may decide against declaring it.
- Common sense would suggest that any condition that may put others in danger, such as HIV, should be declared, but the Equality Act 2010 does not explicitly dictate this.
- Once a condition has been voluntarily disclosed, the Equality Act and Disability Act comes into effect and schools must make reasonable adjustments accordingly.
- Staff with medical needs should ensure the school is aware of their needs and what to do in an emergency and that any necessary medication is kept in school as needed.
- Medication (prescribed and over the counter) for personal use by members of staff must be kept in a locked cupboard. Handbags, rucksacks etc., containing such items must be locked away and not be left in the classroom or any place where pupils could gain access to them.

Complaints

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

Asthma Record and Medication in School

Child's Full Name _____ Class _____

Emergency Contact: Name _____

Telephone _____

Doctor's Name _____

Doctor's Address _____

Doctor's Telephone No. _____

Details of Condition _____

Details of Asthma medication to be taken at school – PLEASE MAKE SURE THE ACTUAL INHALER HAS YOUR CHILDS NAME ON IT NOT JUST THE BOX

1. Name and type of medication _____

Dose to be given and when _____

Is this medication to be taken regularly in school? **Y/N**

Is this medication to be taken as relief treatment when needed i.e. for sudden chest tightness, wheezing, breathlessness? **Y/N**

Procedure for asthma sufferers:

If no relief or symptoms reappear: - Call Parent/Carer

If child's condition deteriorates: - Dial 999 for an ambulance or take to nearest hospital

- Call Parent/Carer

Please state how independent your child is in administering their own inhaler medication

_____

_____

I agree to members of staff administering the **measured dose requested** of the aforementioned medicine to my child.

Parent's Signature _____

Date _____ Emergency Contact No

_____

As with all medication held in school it is the parents' responsibility to check the expiry date and availability of their child's medication.

FOR SCHOOL USE ONLY

Date					
Time Given					
Dose Given					
Staff Name					
Staff Signature					
Staff Witness					

Date					
Time Given					
Dose Given					
Staff Name					
Staff Signature					
Staff Witness					

Date					
Time Given					
Dose Given					
Staff Name					
Staff Signature					
Staff Witness					

Date					
Time Given					
Dose Given					
Staff Name					
Staff Signature					
Staff Witness					

Date					
Time Given					
Dose Given					
Staff Name					
Staff Signature					
Staff Witness					

Parents' Authorisation for School to Administer Medication

Child's Full Name: _____ Class: _____

Name of medication: _____ Expiry Date: _____

Only one medication per form – please complete multiple forms if more than one medication is to be administered

Please complete relevant section:

Section A

Medication for a ***set period of time only***, e.g. antibiotic.

To be administered from (date) _____ until (date) _____

Dose to be given: _____

Time to be given: _____

Section B

Ongoing medication/intermittent use e.g. Piriton, Calpol.

Start date: _____ Expiry date of medicine _____

Requirements for medication to be given (severity of symptoms e.g. hayfever, temperature):

_____

_____

Dose to be given: _____

Time to be given: _____

I agree to members of staff administering the **measured dose requested** of the aforementioned medicine to my child.

Signed (Parent/Carer)

_____

Date: ___________________ Emergency Contact No:

____

Please note it is the responsibility of the parent/carer to collect the medicine at the end of the school day.

FOR SCHOOL USE ONLY

Date					
Time Given					
Dose Given					
Staff Name					
Staff Signature					
Staff Witness					

Date					
Time Given					
Dose Given					
Staff Name					
Staff Signature					
Staff Witness					

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Staff Name					
Staff Signature					
Staff Witness					

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Asthmatics Only

Dear Parents/Carers

Re: Important Information for all pupils with Asthma – Emergency Salbutamol Inhaler

From 1st October 2014 Schools are allowed to purchase a Salbutamol inhaler. This is for the use of pupils diagnosed with asthma, whose prescribed inhaler is not available for various reasons in the event of an emergency.

If your son/daughter has been diagnosed with asthma and/or has been prescribed an inhaler, please complete the form attached and return it to school.

Inhalers will only be administered to pupils for whom written parental/carer consent for the use of the emergency inhaler has been given. Asthma is a very serious condition and in order for the school to provide the best possible care for pupils with asthma, I urge you to complete and return the form.

Yours sincerely
D Ellison
Mrs D Ellison
Headteacher

Emergency Salbutamol Inhaler
Consent Form

- I can confirm that my child has been diagnosed with asthma and has a prescribed reliever inhaler.
- My child has a working, in date inhaler, clearly labelled and has been advised to keep it with them at all times.
- In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive Salbutamol from an emergency inhaler held by the school for such emergencies.

Pupil's Name	

Parents/Carers Signature	
Date	

Address	
Telephone/Mobile Number	