



## **SUPPORTING CHILDREN AT SCHOOL WITH MEDICAL CONDITIONS AND MEDICINES IN SCHOOLS POLICY (Medical Conditions)**

For I will restore health to you, and your wounds I will heal, declares the LORD.  
Jeremiah 30:17

### **Introduction**

Archbishop Runcie CE First School (ARFS) is an inclusive community that welcomes and supports all children, including those children with medical needs. We work with families and healthcare professionals to ensure that all children have access to the same learning and experiences in school, regardless of medical needs.

This policy sets out how Archbishop Runcie CE First School intends to include and support children already on roll and our readiness to welcome new children with diverse needs in the future. It also outlines expectations and routines to current and future staff working within our school.

### **Policy statement**

Our school will welcome, support and include children with long-term medical conditions, short-term medical needs and medical technical support.

We will work with families, health partners and others to devise, implement and review health care plans for individual children.

Archbishop Runcie CE First School aims to provide all children the same opportunities at school.

This school ensures that the whole school environment is inclusive and favorable to children with medical conditions. This includes the physical environment, as well as social, sporting and educational activities. Archbishop Runcie CE First School ensures the needs of children with medical conditions are adequately considered to ensure they have involvement in structured and unstructured social activities and full access to extended school activities such as school film nights, school productions, clubs and residential visits.

Full health and safety risk assessments are carried out on all out-of-school activities before they are approved, including work experience placements and residential visits, taking into account the needs of children with medical conditions.

The medical conditions policy is regularly reviewed, evaluated and updated. Formal updates are produced by the TLA Cttee every two years. The school reviews medical emergencies and incidents

to see how whether procedures need to be amended.

This school has clear guidance on the administration, storage and record keeping of medication at school. Data will be stored in line with UK-GDPR policies.

### Aims

- We will safely store and administer medication where appropriate, in line with legal requirements.
- We ensure all staff understand their duty of care to children and young people with medical needs.
- All staff will feel confident in knowing what to do in an emergency.
- All staff understand the common medical conditions e.g. asthma, epilepsy, diabetes, allergies that affect children at this school.

### Key Staff & Roles in School

<b>Policy leader</b>	Kate Massey, Headteacher
<b>Storage and administration of medicines in school</b>	Angela Armstrong, First Aid & Medicines Lead – EYFS Kimberly Hannaby, First Aid & Medicines Lead –KS1 Lynne Norman, First Aid & Medicines Lead –KS2 Jodi Wakefield, First Aid & Medicines Lead – Wraparound
<b>Children with health care plans for enduring medical needs and / or medical technology needs</b>	Vicky Ravel, Inclusion Leader and SENCo
<b>Children who are unable to attend school because of medical needs</b>	Vicky Ravel
<b>First aid / emergency response</b>	Angela Armstrong, First Aid & Medicines Lead – EYFS Kimberly Hannabby, First Aid & Medicines Lead –KS1 Lynne Norman, First Aid & Medicines Lead –KS2 Jodi Wakefield, First Aid & Medicines Lead – Wraparound
<b>Staff training</b>	Rae Lowe
<b>School nurse</b>	Newcastle 0-19 Service 0191 282 3319

### Communication

This policy is supported by a clear communication plan for children, staff, parents/carers, health partners and other key stakeholders to ensure its full implementation

- a. **Children** are informed and regularly reminded about the medical conditions policy in personal, social and health education (PSHE) lessons.
- b. **Parents, carers and families** are informed and regularly reminded about the medical conditions policy:
  - at the start of the school year via newsletter

- when their child is enrolled as a new learner
  - via the school's website, where it is available all year round
- c. **School staff** are informed and regularly reminded about the medical conditions policy:
- through copies handed out at the relevant staff meeting early in the school year and before Healthcare Plans are distributed to parents
  - at scheduled medical conditions training
  - through the induction training for all staff and volunteers
  - all supply and temporary staff are informed of the policy via class information files or by class teachers

d. **Relevant local health staff** are informed and regularly reminded about the school's medical conditions policy:

- school/community nurse
- through communication by the Governing Body about results of the monitoring and evaluation of the policy.

e. All other external stakeholders are informed and reminded about the school's medical conditions policy as appropriate.

### **Tier 1: Whole school medical needs**

#### **Registration forms**

Parents at ARFS are asked if their child has any health conditions or health issues on the registration form, which is filled out prior to children beginning school, parents are asked to update information at least annually. Parents of new children starting at other times during the year are also asked to provide this information on registration forms.

#### **Dietary Requirements**

Children with specific requirements e.g. dietary intolerances should have a photo displayed in the classroom for easy staff reference (including supply). Additionally, children may also wear a lanyard to lunch to remind catering staff (green - vegetarian, red - medical need). Lanyards should be worn at all events that involve food e.g. parties, picnics, PTFA events.

All classroom staff should be aware of individual children's' medical or dietary needs. The kitchen staff have photos of children with dietary requirements displayed.

#### **Emergencies**

In an emergency situation, all school staff are required under common law duty of care to act like any reasonably prudent parent. This may include administering medication. In such emergencies, all staff should do what is obviously necessary and appropriate to relieve extreme distress or prevent further and otherwise irreparable harm. Qualified medical treatment should be secured in emergencies at the earliest opportunity.

All staff who work with groups of children at this school receive training and know what to do in an emergency for the children in their care with medical conditions e.g. Asthma. Training is refreshed for key staff on a regular basis.

ARFS is aware of individual children who are sensitive to particular triggers. The school will actively

work towards reducing or eliminating health and safety triggers related to specific conditions e.g. severe nut allergies.

All staff understand the school's general emergency procedures:

1. The nearest first aider, member of the SLT and school office are contacted immediately.
2. The school office will ring emergency services and a first aider might take over the conversation (using a wireless telephone handset or mobile) as appropriate.

If a children needs to be taken to hospital before a parent is available to accompany him/her, a member of staff will always accompany the child and will stay with him/her until a parent arrives. Staff should not take children to hospital in their own car, unless there is no alternative and this has been agreed by the Headteacher (see Code of Conduct).

### **Non-prescription medicines**

Antihistamines and Paracetamol Oral Suspension are held in school. We need written permission from parents/carers to administer prescribed and non-prescribed medicines to children in school.

In addition, we also need parent/carer consent at the time of administering the medication and therefore we will always ring parents/carers at the time. This enables parents/carers to tell us if they have already had medication that day and to express any concerns around the administration of medicine or child's health. If we cannot contact parents/carers, we will not administer any medication, unless in the case of an emergency if we were advised to do so by the ambulance service staff, either in person or via the telephone.



medicaltracker

### **Record Keeping of Medication at school**

Staff administering medicines must complete Medical Tracker and be witnessed by another member of staff for each dose administered. When children administer medication themselves, at least one staff member must be on hand to supervise and to record use on Medical Tracker.

### **First Aid**

Please see the first aid policy in school. Photographs of First Aiders are displayed in the staffroom and main school office.

### **Tier 2: Specific /short term medical needs**

#### **Consent to administer medicines**

If a child requires regular prescribed medication at school, parents are asked to provide consent for staff permission to administer medication on a regular/daily basis for as long as is required. A separate form is sent to parents for children taking short courses of medication (see Appendix 2).

#### **Safe storage – emergency medication Tier 3**

Emergency medication is stored as close the child as possible (within classroom or taken to Hall during PE). It is readily available to children who require it at all times during the school day or at off-site activities. If the emergency medication is a controlled drug and needs to be locked up, the keys must be readily available and not held personally by members of staff.

Some emergency medicines, such as asthma inhalers and EpiPens, must be readily available to children and must not be locked away. Children who are capable of carrying their own inhalers should be allowed to do so, following consultation between parents and the Headteacher. Generally, it is helpful if the school keeps a spare inhaler for that particular child, in case the original is mislaid. (Schools are permitted to hold a spare salbutamol inhaler for emergency use, provided that parental consent has been given for its use in an emergency, should the child's own inhaler not be available.)

Children in KS2 should know where their own medication is stored and how to obtain it.

Class Teachers are responsible for ensuring medication is always close to the child e.g. during PE lessons it may be taken outdoors if required and on educational visits it must be taken and stored securely.

### **Safe storage – non-emergency medication**

Only prescribed medicines should be brought into school. Medicines should only be administered at school where it would be detrimental not to do so and those prescribed for four times a day or more frequently.

All non-emergency medication is kept in a secure place. Children with medical conditions know where their medication is stored and how to access it.

### **Safe storage – general**

There is an identified member of staff within each Key Stage who ensures the correct storage of medication at school for the children in this age phase.

All controlled drugs are kept in a secure place and only named staff have access, even if children normally administer the medication themselves.

Three times a year, immediately after summer, Christmas and Easter Holidays, the identified members of staff check the expiry dates for all medication stored at school.

The identified member of Key Stage staff, along with the parents of children with medical conditions, ensures that all emergency and non-emergency medication brought in to school is clearly labeled with the children's name, the name and dose of the medication and the frequency of dose.

All medication is supplied and stored, wherever possible, in its original container and packaging. All medication is labelled by the pharmacy with the children's name, the name of the medication, expiry date and the prescriber's instructions for administration, including dose and frequency as well as side effects. This should be handed to the designated staff member by the parent/carer. Doses of liquid medicines should not be transferred from the original bottle as this would result in the loss of some of the medicine on the sides of the bottle. It is not safe practice for staff managing medicines to follow re-labelled/re-written instructions or to receive and use re-packaged medicines other than as originally dispensed.

Medication is stored in accordance with instructions, paying particular note to temperature. Some medication for children at this school may need to be refrigerated. All refrigerated medication is stored in an airtight container and is clearly labelled. The Admin Office has a small fridge for the storage of medicines which must be refrigerated. Other medication can be stored in a secure place (at height

within the classroom) in a clearly labelled box. Controlled drugs should be stored in a locked container in the school office.

All medication is sent home with children at the end of the school year. Medication is not stored in school during the summer holidays. It is the parent's responsibility to ensure new and in date medication comes into school on the first day of the new academic year.

### **Safe disposal**

Schools should not continue to store surplus or out-of-date medicines. Parents should be asked to collect the containers for delivery back to the chemist, and should routinely collect medicines held by the school at the end of each school year. If parents do not collect all medicines, they should be taken to a local pharmacy for safe disposal. Medicines Leads are responsible for checking expiry dates on all medication across all classes and following up, in writing, with parents to request up to date supplies.

Parents at this school are asked to collect out-of-date medication. If parents do not pick up out-of-date medication, or at the end of the school year, medication is taken to a local pharmacy for safe disposal.

A named member of staff (Angela Armstrong) is responsible for checking the dates of medication and arranging for the disposal of any that have expired. This check is done at least three times a year.

Sharps boxes are used for the disposal of needles. Parents obtain sharps boxes from the child's GP or paediatrician on prescription. All sharps boxes in this school are stored in a locked cupboard unless alternative safe and secure arrangements are put in place on a case-by-case basis. If a sharps box is needed on an off-site or residential visit, a named member of staff is responsible for its safe storage and return to a local pharmacy or to school or the children's parent. Collection and disposal of sharps boxes is arranged with the local authority's environmental services.

### **Administration – general**

Where appropriate, the medicine should be self-administered if possible under the supervision of an adult. A written record of the date and time of the administration must be kept by law (via Medical Tracker). Staff managing medicines should ensure that the administration of the medicine is carried out and recorded in line with school and employer policies and should be witnessed by a second member of staff.

All use of medication defined as a controlled drug, even if the children can administer the medication themselves, is done under the supervision of a named member of staff at this school. We understand the importance of medication being taken as prescribed.

All school staff have been informed through training that they are required, under common law duty of care, to act like any reasonably prudent parent in an emergency situation. This may include taking action such as administering medication. Training is given to specific staff members who have responsibility for administering medication to children, where specific training is needed. The local authority provides full indemnity. In some circumstances medication is only administered by an adult of the same gender as the children and witnessed by a second adult.

Parents at ARFS understand that if their child's medication changes or is discontinued, or the dose or

administration method changes, they should notify the school immediately.

If a child at this school refuses their medication, staff record this and follow procedures. Parents are informed as soon as possible.

All staff attending off-site visits are aware of any children with medical conditions on the visit. They receive information about the type of condition, what to do in an emergency and any other additional support necessary, including any additional medication or equipment needed. A designated first aider will always accompany class visits.

If a trained member of staff, who is usually responsible for administering medication, is not available we will make alternative arrangements to provide the service. This is addressed in the risk assessment for off-site activities.

We will only administer medicine which needs to be given 4 times per day. Medication that requires 3 daily doses can be administered before school, after pick up and before bedtime so there is no requirement for the school to administer a dose during the school day.

Support staff, as part of their contract at ARFS, have specific duties to administer medication. Staff must not routinely give medicines or undertake healthcare procedures without appropriate training.

Staff should receive appropriate information and training regarding administering medicines where:

- the timing of its administration is crucial to the health of the child
- some technical or medical knowledge is required
- intimate contact with the children is necessary (this would include administration of rectal Valium, assistance with catheters or use of equipment for children with tracheotomies).

### **Tier 3: High level medical needs**

#### **Administration – emergency medication**

When parents and health specialists determine children are able to start taking responsibility for their condition, children are encouraged to carry and administer their own emergency medication (this is unlikely to be the case at ARFS due to the age of the children).

Children who do not carry and administer their own emergency medication know where their medication is stored and how to access it and understand the arrangements for a member of staff (and the reserve member of staff) to assist in helping them take their medication safely.

#### **Health Care Plans**

ARFS recognises that it is essential for children with long-term recurring health conditions, such as asthma, epilepsy and diabetes, to be accommodated within school in order that they can continue their education. For this to be done, proper and clearly understood arrangements for administration of medicines must be made. This will help ensure that children are comfortable with the arrangements.

Parents should be encouraged to provide maximum support and assistance in helping the school accommodate the child. This would include measures such as self-administration (where necessary and only after approval from a GP) or parental supervision.

An individual health care plan should be drawn up and agreed for every child who may need medical care over during the school day, this includes children with inhalers etc. The type of plan will vary according to the medical needs of the child, ranging from a short-written agreement with parents to a more detailed document requiring the involvement of appropriate health professionals. Such care plans should be reviewed on a termly basis with parents. It is also important that the child's teachers – including any supply or temporary staff – are made aware of the plan, and especially of what to do in cases of emergency. All medical details will be treated confidentially and only be made available to others outside of school with the consent of the child/parent.

Children who are genuinely unwell should not attend school. We will, however, assist a child who needs medication during the school day as far as possible.

Many children with long-term medical conditions will not require medication during school hours. Those that do may be able to administer it themselves.

### **Drawing up Individual Healthcare Plans**

ARFS uses Individual Healthcare Plans (IHP) to record important details about individual children's medical needs at school, their triggers, signs, symptoms, medication and other treatments. Further documentation can be attached to the Healthcare Plan if required.

A Healthcare Plan, accompanied by an explanation of why and how it is used, is sent to all parents of children with a long-term medical condition. This is sent at the start of the school year, at enrolment and when a diagnosis is first communicated to the school.

The parents and children with a medical condition are asked to fill out the children's Healthcare Plan together. Parents then return these completed forms to the school, directly to the medicine lead. We ask parents to provide information from the healthcare professional involved or we contact the healthcare professionals independently, as appropriate.

We ensure that a relevant member of school staff is also present (SENCo), if required to help complete a Healthcare Plan for children with complex healthcare or educational needs.

### **School Healthcare Plan Register**

Healthcare Plans are used to create a centralized register of children with medical needs. The SENCo has responsibility for the register at this school. The SENCo will work with specialists, staff and parents on a children's Healthcare Plan required or if permission for administration of medication is unclear or incomplete.

Parents at this school are regularly reminded to update their child's Healthcare Plan if their child has a medical emergency or if there have been changes to their symptoms (getting better or worse), or their medication and treatments change.

Medication Leads within each Key Stage check that information held by the school on a children's condition is accurate and up to date at the beginning of each school year or upon admission to the school. Children's information forms are updated annually by all parents. Every child with a Healthcare Plan at this school has their plan discussed and reviewed at least once a year.

### **Storage and access to Healthcare Plans**

Parents/carers and children at this school are provided with a copy of the children's current agreed Healthcare Plan. Healthcare Plans are kept in Key Stage Medication files, Medical Tracker, information files for supply staff and are pinned on CPOMS.

All members of staff have access to the Healthcare Plans of children in their care.

When a member of staff is new to a group, for example due to staff absence, they are made aware of (and have access to) the Healthcare Plans of children in their care.

We ensure that all staff protect children's confidentiality and conform to the school's UK-GDPR policy.

We seek permission from parents to allow the Healthcare Plan to be sent ahead to emergency care staff, should an emergency happen during school hours or at a school activity outside the normal school day. This permission is included on the Healthcare Plan.

### **Staff Medication**

School staff may need to bring their own medication into school. This should be securely stored out of reach of children and should be stored in line with children's medicines. Medication should never be left visible to children or in unattended bags, desks or cupboards.

It is important that staff do not provide medication to colleagues or children under any circumstances.

### **This school's Governing Body has a responsibility to:**

- ensure the health and safety of their employees and anyone else on the premises or taking part in school activities (this includes all children). This responsibility extends to those staff and others leading activities taking place off-site
- ensure health and safety policies and risk assessments are inclusive of the needs of children with medical conditions
- make sure the medical conditions policy is effectively monitored and evaluated and regularly updated
- report to parents/carers, school staff and the local authority about the successes and areas for improvement of this school's medical conditions policy
- provide indemnity for staff who volunteer to administer medication to children with medical conditions.

### **This school's Headteacher has a responsibility to:**

- ensure the school is inclusive and welcoming and that the medical conditions policy is in line with local and national guidance and policy frameworks
- liaise between interested parties including children, school staff, special educational needs coordinators, pastoral support/welfare officers, teaching assistants, school nurses, parents, governors, the school health service, the local authority transport service, and local emergency care services
- ensure the policy is put into action, with good communication of the policy to all
- ensure every aspect of the policy is maintained
- ensure that information held by the school is accurate and up to date and that there are good information sharing systems in place using children's Individual Healthcare Plans
- ensure children confidentiality
- assess the training and development needs of staff and arrange for them to be met

- ensure all supply teachers and new staff know the medical conditions policy
- delegate a staff member to check the expiry date of medicines kept at school and maintain the school medical conditions register
- monitor and review the policy at least once a year, with input from children, parents, staff and external stakeholders
- update the policy at least once a year according to review recommendations and recent local and national guidance and legislation
- report back to all key stakeholders about implementation of the medical conditions policy.

**All staff at this school have a responsibility to:**

- be aware of the potential triggers, signs and symptoms of common medical conditions and know what to do in an emergency
- understand the school's medical conditions policy
- know which children in their care have a medical condition and be familiar with the content of the children's Individual Healthcare Plan
- allow all children to have immediate access to their emergency medication
- maintain effective communication with parents/carers including informing them if their child has been unwell at school
- be aware of children with medical conditions who may be experiencing bullying or need extra social support
- understand the common medical conditions and the impact it can have on children
- ensure all children with medical conditions are not excluded unnecessarily from activities they wish to take part in
- ensure children have the appropriate medication or food with them or available to them during any exercise and are allowed to take it when needed.
- store personal medication securely.

**Teachers at this school have a responsibility to:**

- ensure children who have been absent or have barriers to learning because of a medical condition are given the right support and catch up on missed learning as best as possible
- liaise with parents/carers, the children's healthcare professionals, special educational needs coordinator and welfare officers if a child is falling behind with their work because of their condition
- use opportunities such as PSHE and other areas of the curriculum to raise children awareness about medical conditions
- give lots of opportunities for the child to have a voice and know that their views are valued.

**The school nurse at this school has a responsibility to:**

- help update the school's medical conditions policy
- help provide regular training for school staff in managing the most common medical conditions at school
- provide information about where the school can access other specialist training.

**First aiders at this school have a responsibility to:**

- give immediate help to casualties with common injuries or illnesses and those arising from specific hazards with the school
- when necessary ensure that an ambulance or other professional medical help is called.

**The SENCo has the responsibility to:**

- help update the school's medical condition policy
- know which children have a medical condition and which have special educational needs because of their condition
- ensure children who have been unwell catch up on missed schoolwork
- ensure teachers make the necessary arrangements if a children needs special consideration or access arrangements in statutory assessments.

**Individual doctors and specialist healthcare professionals caring for children who attend this school, have a responsibility to:**

- complete the children's Individual Healthcare Plans provided by parents/carers
- where possible, and without compromising the best interests of the child, try to prescribe medication that can be taken outside of school hours
- offer every child or young person (and their parents) a written care/self-management plan to ensure children and young people know how to self-manage their condition
- ensure the child or young person knows how to take their medication effectively
- ensure children and young people have regular reviews of their condition and their medication
- provide the school with information and advice regarding individual children and young people with medical conditions (with the consent of the children and their parents)
- understand and provide input in to the school's medical conditions policy.

**Emergency care service personnel in this area have a responsibility to:**

- have an agreed system for receiving information held by the school about children and young people's medical conditions, to ensure best possible care

**The children at this school have a responsibility to:**

- treat other children with and without a medical condition equally, with love, in line with the school's ethos and No Outsiders approach
- tell their parents/carers, teacher or nearest staff member when they are not feeling well
- let a member of staff know if another child is feeling unwell
- treat all medication with respect
- know how to direct adults to gain access to their medication in an emergency

**The parents/carers of a child at this school have a responsibility to:**

- tell the school if their child has a medical condition
- ensure the school has a complete and up-to-date Individual Healthcare Plan for their child
- inform the school about the medication their child requires during school hours
- inform the school of any medication their child requires while taking part in out of school activities and visits
- tell the school about any changes to their child's medication, what they take, when, and how much
- inform the school of any changes to their child's condition
- ensure their child's medication and medical devices are labelled with their child's full name, instructions for administration and side effects
- provide the school with appropriate spare medication labelled with their child's name
- ensure that their child's medication is within expiry dates

- keep their child at home if they are not well enough to attend school
- ensure their child has regular reviews about their condition with their doctor or specialist healthcare professional
- ensure their child has a written care/self-management plan from their doctor or specialist healthcare professional to help their child manage their condition.

\* The term ‘parent’ implies any person or body with parental responsibility such as foster parent, carer, guardian or local authority.

### Monitoring and Evaluation

This Policy was reviewed and agreed by the Governing Body. We are aware of the need to review the policy every 2 years. The Supporting Children with Medical Conditions Policy will be formally reviews by the TLA Committee annually in conjunction with the Summary of First Aid and Medicines.

Date	Action	By who	Date due for review
January 2016	New Policy	S Hawkins	Jan 2018
June 2018	Updated	KM	June 2020
Nov 2018	Updated with counter signatory	KM	June 2020
September 2020	Updated and shared with all staff	KM/JB	September 2021
May 2021	Updated First Aiders and those responsible for Managing Medicines	KM	Sept 2022
Sept 2021	Vision statement added and UK-GDPR referenced	KM	Sept 2022
June 2022	Updated	TLA Cttee	
September 2022	Updated to include non-prescription meds & shared with all staff	KM	Sept 2023
June 2023	Updated & included Medical Tracker	TLA	June 2024

Be courageous; be strong.

Do everything in love.

1 Corinthians 16:13-14



## Appendix 1 – Individual Healthcare Plan

The parents and children with a medical condition, are asked to fill out the children’s Healthcare Plan together. Parents should then return these completed forms to the school. We ask parents to provide information from the healthcare professional involved .

<b>Child’s name</b>	
<b>Class</b>	
<b>Date of birth</b>	
<b>Child’s address</b>	
<b>Medical diagnosis or condition</b>	
<b>Date of diagnosis</b>	
<b>Review date</b>	
<b>Parents/carers Contact information</b>	Name: Work tel: Home tel: Mobile tel:
<b>Relationship to child</b>	
<b>Clinic/Hospital</b>	
<b>Contact Name</b>	
<b>Phone no.</b>	
<b>GP Name</b>	
<b>GP surgery</b>	
<b>GP Contact number</b>	
<b>Name of other Healthcare professionals &amp; their role</b>	
<b>Other Healthcare professionals phone no.</b>	
<b>Describe medical needs and give details of child’s symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc</b>	
<b>Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by adult/self-administered, with/without supervision</b>	

<b>Daily care requirements</b>	
<b>Specific support for the children's educational, social and emotional needs</b>	
<b>Arrangements required for school visits/trips etc</b>	
<b>Access arrangements required for assessments</b>	
<b>Other information</b>	
<b>Describe what constitutes an emergency, and the action to take if this occurs</b>	

Do you give permission for this Individual Healthcare Plan to be shared with emergency care staff, should an emergency happen during school hours or at a school activity outside the normal school day?

Do you give permission for this Individual Healthcare Plan to be shared with all staff who will work with your child?

Signed by parents and carers:

#### FOR SCHOOL USE

<b>Who is responsible for providing support in school?</b>	
<b>Who will deputise for providing support in school?</b>	
<b>Who is responsible in an emergency (state if different for off-site activities)</b>	
<b>Plan developed with:</b>	
<b>Staff training needed/undertaken – who, what, when</b>	
<b>Form copied to:</b>	

Signed by SENCo:

Signed by Class Teacher:

Signed by Key Stage Medicines Lead:



**Appendix 2 - Parental agreement for Archbishop Runcie First School to administer prescription medicine**

This form should be completed by the parents/carers then given to the Medication Leader in school, along with the medication in its original packaging.

Staff at Archbishop Runcie First School will not give your child medicine unless you complete and sign this form.

<b>Child's details</b>	
Date for review to be initiated by	
Name of child Date of birth	
Class	
Medical condition or illness	
<b>Medicine</b>	
Name/type of medicine (as described on the container)	
Expiry date	
Dosage and method	
Timing	
Period of time medicine is to be administered (days/weeks etc)	
Special precautions/other instructions	
Possible side effects	
Are there any evident side effects that the school needs to know about?	
Self-administration	Yes / No
Procedures to take in an emergency	
<b>Emergency Contact Details</b>	
Name	
Daytime telephone no.	
Relationship to child	
Address	

Doctor's name and contact details	
<p>I understand that I must deliver the medicine personally to the School Medicines Leader.</p> <p>The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to Archbishop Runcie CE First School staff administering medicine in accordance with the policy for Supporting Children with Medical Conditions in school.</p> <p>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.</p>	
Signature(s) of parents/carers	
Date	
Signature(s) of staff member	
Date	



**Appendix 3 Staff training record – administration of medicines and/or medical procedures**

## Archbishop Runcie First School

Name

Type of training received

Date of training completed

Training provided by

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 [name of member of staff].

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

Date \_\_\_\_\_

I confirm that I have received the training detailed above.

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

Date \_\_\_\_\_

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



## Appendix 4 Antihistamine permission

### Archbishop Runcie First School

Dear Parents and Carers

As you are already aware, we need written permission from you to administer prescribed medicines to children in school. From September 2022, this also applies to administering non-prescription antihistamine medication which we hold in school for use when:

- Children who have a mild reaction to a bite or sting, where the area around the bite or sting becomes inflamed and itchy.
- An episode of urticaria (hives) which is causing your child discomfort.
- Children are on a school visit (including residential visits) and the above points apply.

As well as needing your written permission, we also need your consent at the time of administering the medication and therefore we will always ring you at the time. This enables you to tell us if they have already had pain relief that day and to express any concerns which you may have around the administration of medicine or your child's health. If we cannot contact you, then we will not administer any medication to your child, unless in the case of an emergency if we were advised to do so by the ambulance service staff, either in person or via the telephone.

We are therefore asking you to complete the form below so that we are able to follow the above procedures.

*The arrangements around prescribed medications remain the same and we will seek written permission each time you need us to administer medication prescribed by a doctor. We cannot administer non prescribed medicine other than our own antihistamine as described above.*

Thank you for your support, please contact me if you have any further questions.

Best Wishes

*Kate Massey*

Headteacher

### Administration of Antihistamine in School

<b>Full name of child</b>	<b>Date of Birth</b>
<b>Name of child's GP</b>	<b>Phone no for GP</b>
<b>Please tick ✓ all statements and complete the form if you give permission for school to administer antihistamine in school as described in the attached letter.</b>	
<b>I can confirm that my child:</b>	✓
Has taken antihistamine previously and has not had any allergic reactions to antihistamine or any other medicines in the past.	
Does not have an allergy to the food additives E218 or E216.	
Does not have an intolerance to or can't absorb some sugars, such as lactose or sorbitol.	
Does not have liver or kidney failure.	
Does not have epilepsy or another health problem that puts you at risk of fits.	
I give consent for school staff to administer antihistamine in line with the manufacturers advice regarding the dosage.	
I understand that school will always contact me (other than in an emergency and if directed by ambulance service staff) to seek verbal permission before administering antihistamine as described above. <i>(School needs written consent in advance <b>and</b> verbal consent at the time of administration of the antihistamine).</i>	
I will keep school up to date with my child's medical information, including any chronic conditions, medication and allergies.	

**Parent/ Carer Signature:**

<b>Signed</b>	
<b>Name</b>	
<b>Date</b>	



## Appendix 5 Pain Relief permission

### Archbishop Runcie First School

Dear Parents and Carers,

As you are already aware, we need written permission from you to administer prescribed medicines to children in school. From September 2022, this also applies to administering non-prescription pain relief medication which we hold in school for use when:

- Children have a particularly high temperature and we are waiting for parents/carers to come and pick them up to take home.
- Children have pain such as a headache and the administration of pain relief can enable them to stay in school.
- Children have a cold or similar virus and the symptoms can be relieved through the administration of pain relief and enable them to stay in school.
- Children are on a school visit (including residential visits) and the above points apply.

As well as needing your written permission, we also need your consent at the time of administering the medication and therefore we will always ring you at the time. This enables you to tell us if they have already had pain relief that day and to express any concerns which you may have around the administration of medicine or your child's health. If we cannot contact you, then we will not administer any medication to your child, unless in the case of an emergency if we were advised to do so by the ambulance service staff, either in person or via the telephone.

We are therefore asking you to complete the form below so that we are able to follow the above procedures.

*The arrangements around prescribed medications remain the same and we will seek written permission each time you need us to administer medication prescribed by a doctor. We cannot administer non prescribed medicine other than our own paracetamol oral suspension as described above.*

Thank you for your support, please contact me if you have any further questions.

Best Wishes

*Kate Massey*

Headteacher

### Administration of Paracetamol Oral Suspension in School

<b>Full name of child</b>	<b>Date of Birth</b>
<b>Name of child's GP</b>	<b>Phone no for GP</b>
<b>Please tick ✓ all statements and complete the form if you give permission for school to administer paracetamol oral suspension in school as described in the attached letter.</b>	
	✓
I can confirm that my child has taken paracetamol oral suspension previously and has not had any negative reactions, including reactions to E695, E420, E219, E217, E214, E216, E218 and E122.	
I give consent for staff to follow the manufacturers advice regarding the dosage.	
I give consent for school to administer Paracetamol Oral Infant Suspension in line with the manufacturer's advice regarding dosage (maximum 10ml).	
When my child is over 6 years old, I give consent for school to administer Paracetamol Oral Suspension 6+ in line with the manufacturer's advice regarding dosage (maximum 5ml/7.5ml).	
I understand that school will always contact me (other than in an emergency and if directed by ambulance service staff) to seek verbal permission before administering pain relief as described above. <i>(School needs written consent in advance <b>and</b> verbal consent at the time of administration of the paracetamol oral suspension).</i>	
I will keep school up to date with my child's medical information, including any chronic conditions, medication and allergies.	

**Parent/ Carer Signature:**

<b>Signed</b>	
<b>Name</b>	
<b>Date</b>	

## Legislation and guidance

### Introduction

- Local authorities, schools and governing bodies are responsible for the health and safety of childrens in their care.
- Areas of legislation that directly affect a medical conditions policy are described in more detail in Managing Medicines in Schools and Early Years Settings. The main pieces of legislation are the Disability Discrimination Act 1995 (DDA), amended by the Special Educational Needs and Disability Act 2001 (SENDA) and the Special Educational Needs and Disability Act 2005. These acts make it unlawful for service
- providers, including schools, to discriminate against disabled people. Other relevant legislation includes the Education Act 1996, the Care Standards Act 2000, the Health and Safety at Work Act 1974, the Management of
- Health and Safety at Work Regulations 1999 and the Medicines Act 1968.
- This section outlines the main points from the relevant legislation and guidance that schools should consider when writing a medical conditions policy.

### Supporting Childrens at School with Medical Conditions

This provides guidance from the DfE on managing medicines in schools and early years settings.

### Disability Discrimination Act and the Special Educational Needs and Disability Acts

Many childrens with medical conditions are protected by the DDA and SENDA, even if they don't think of themselves as 'disabled'.

### The Education Act 2011

Section 312 of the Education Act covers children with special educational needs, the provisions that need to be made and the requirements local health services need to make to help a local authority carry out its duties.

### The Care Standards Act 2000

This act covers residential special schools and responsibilities for schools in handling medicines.

### Health and Safety at Work Act 1974

This act places duties on employers for the health and safety of their employees and anyone else on their premises. This covers the head teacher and teachers, non-teaching staff, childrens and visitors.

### Management of Health and Safety at Work Regulations 1999

These regulations require employers to carry out risk assessments, manage the risks identified and to communicate these risks and measures taken to employees.

### Medicines Act 1968

This act specifies the way that medicines are prescribed, supplied and administered.

### **Further advice and resources**

#### **The Anaphylaxis Campaign**

PO Box 275  
Farnborough  
Hampshire GU14 6SX  
**Phone 01252 546100**  
**Fax 01252 377140**  
**info@anaphylaxis.org.uk**  
**www.anaphylaxis.org.uk**

#### **Asthma UK**

Summit House  
70 Wilson Street  
London EC2A 2DB  
**Phone 020 7786 4900**  
**Fax 020 7256 6075**  
**info@asthma.org.uk**  
**www.asthma.org.uk**

#### **Diabetes UK**

Macleod House  
10 Parkway  
London NW1 7AA  
**Phone 020 7424 1000**  
**Fax 020 7424 1001**  
**info@diabetes.org.uk**  
**www.diabetes.org.uk**

#### **Epilepsy Action**

New Anstey House  
Gate Way Drive  
Yeadon  
Leeds LS19 7XY  
**Phone 0113 210 8800**  
**Fax 0113 391 0300**  
**epilepsy@epilepsy.org.uk**  
**www.epilepsy.org.uk**

#### **Long-Term Conditions Alliance**

202 Hatton Square  
16 Baldwins Gardens  
London EC1N 7RJ  
**Phone 020 7813 3637**  
**Fax 020 7813 3640**  
**info@ltca.org.uk**  
**www.ltca.org.uk**

**Department for Children,  
Schools and Families**

Sanctuary Buildings

Great Smith Street

London SW1P 3BT

**Phone 0870 000 2288**

**Textphone/Minicom 01928 794274**

**Fax 01928 794248**

**info@dcsf.gsi.gov.uk**

**www.dcsf.gov.uk**

**Council for Disabled Children**

National Children's Bureau

8 Wakley Street

London EC1V 7QE

**Phone 020 7843 1900**

**Fax 020 7843 6313**

**cdc@ncb.org.uk**

**www.ncb.org.uk/cdc**

**National Children's Bureau**

National Children's Bureau

8 Wakley Street

London EC1V 7QE

**Phone 020 7843 6000**

**Fax 020 7278 9512**

**www.ncb.org.uk**