Beeston Fields
Flying High Academy

Medicines and Supporting Children with Medical Conditions Policy

2024-2025

Approved by Governing Body: Autumn 2024
Due for next review: Autumn 2025
Responsible for review: Governing Body

Aims

- To ensure the safe and appropriate administration of medicines to pupils in our school.
- To support pupils with long term medical conditions such as diabetes, asthma and epilepsy
- To ensure pupils with long-term medical conditions have full access to education, allsporting activities and educational visits so that they can play a full and active roll in school.
- To ensure effective individual health care plans are in place
- To share good practice within school

Most pupils at some time have a medical condition that may affect their participation in school activities. For many this will be short term. Other children have medical conditions that, if not properly managed, could limit their access to education. Such pupils are regarded as having medical needs. Most of these children will be able to attend school regularly and take part in normal school activities.

Responsibilities:

Parents and Carers

- Parents and Carers are responsible for making sure that their child is well enough toattend school. Children should be kept at home when they are acutely unwell.
- Parents and Carers are responsible for providing the school with sufficient informationabout their child's medical condition and treatment or special care needed at school.
- With the Headteacher, they should reach an agreement on the school's role in helpingtheir child's medical needs.
- Where Parents and/or Carers have difficulty understanding or supporting their child's medical condition themselves, the School Health Service can provide additional assistance.
- Parents and Carer's religious and cultural views should always be respected.

If the school staff agree to administer medication on a short term or occasional basis, parents/carers are required to complete a Consent Form.***Verbal instructions will not be accepted***.

For administration of ongoing medication, a Health Care Plan must be completed by the parents/carers in conjunction with school staff. Minor changes to the Care Plan can be made if signed and dated by the parent(s). If, however, changes are major, a new Care Plan must be completed. Care Plans should be reviewed at least annually.

Parents/carers need to ensure there is sufficient medication and that the medication is in date. They must replace the supply of medication at the request of relevant school/health professional. Medication should be provided in an original container with the following, clearly shown on the label:

- Child's name, date of birth;

- Name and strength of medication;

- Dose;
- Expiry dates whenever possible;
- Dispensing date/pharmacists details.
- Ensuring that date expired medicines are returned to a pharmacy for safe disposal
- Collect medicines at the end of each term

The Governing Body

The Governing Body has a duty to ensure that the procedures outlined in this policy are followed and that any necessary training is made available to staff. They should ensure therefore that any pupils with medical needs are able to participate as fully as possible in all aspects of school life.

The Headteacher

The Headteacher is responsible for implementing this policy in practice and for developing detailed procedures. This includes ensuring that all staff are aware of the policy for 'Supporting Pupils with Medical Conditions' and understand their role in its implementation. When teachers, TAs or other members of staff volunteer to give pupils help with their medical needs, the Headteacher should agree to them doing this, and must ensure that they receive proper supportand training where necessary. The Headteacher is also responsible for making sure that parentsand carers are aware of the school's policy and procedures for dealing with medical needs. TheHeadteacher is responsible for arranging cover when the member of staff responsible for a pupilwith medical needs is absent or unavailable.

School staff

School staff should understand the nature of the condition(s) of pupils with whom they come into contact. They should be aware when an individual may need extra attention. They should also be aware of the likelihood of an emergency arising and what action to take if one occurs. If staff are to administer medication (this is voluntary - individual decisions will be respected), they may only do so if they have received appropriate training if needed.

No pupil will be given medication without the parents/carers prior written consent. - s*ee appendix – medical consent form* . This consent will also give details of the medication to be administered including the name, dose, method of administration, time and frequency of administration . Staff will record each time they give medication and the dosage and whenever possible this will be witnessed by a second adult. If pupils take their medication themselves, staff will supervise this. Written parental consent is necessary for this.

Hygiene

All staff should follow basic hygiene procedures. Where appropriate staff should use appropriate PPE and take particular care when dealing with blood and other body fluids and disposing of dressings or equipment, following school's risk assessment and health and safety guidelines.

Other health professionals

The school will receive support and advice as necessary from the following in conjunction with meeting the needs of pupils with medical needs:

- the local health authority
- the school health service
- the school nurse
- the G.P. (with consent of the child's parents or carers)

Short Term Medical Needs

At times, it may be necessary for a child to finish a course of medication at school. However, where possible, parents and carers will be encouraged to administer medicine outside school hours.

Long Term Medical Needs

The School needs to have sufficient information of any pupil with long term medical needs. The school will then draw up a written health care plan for such pupils, involving the parents/carers and all relevant health professionals.

Individual Health Care Plans

These enable the school to identify the level of support that is needed at school. Those who may need to contribute are:

- the Headteacher
- the parent/carer
- the child (if sufficiently mature)
- class teacher
- TA
- School staff who have agreed to administer medication or to be trained in emergency procedures.
- The school health service, the child's G.P. or other health care professionals.At the

meeting the following may be discussed:

- Confidentiality of pupil information
- The medical condition
- Medication and dosage
- Self-management of medication
- Medication administered by school personnel
- Storage and accessibility of medication
- Dietary information/access to food and drink
- Level of support required
- Training needs for personnel
- Health and safety issues
- Procedures regarding educational visits
- Risk assessments
- Dealing with emergency situations
- School evacuation procedures

Refusing medication

If a child refuses to take their medication, the school staff will not force them to do so. The school will inform the child's parents/carers as a matter of urgency. If necessary, the school will call the emergency services.

Briefing staff

Ensure that all staff, including lunchtime supervisors have been briefed on key information

If staff are concerned about the pupil, it's important that they phone the parents/carers to discuss the significance of signs or symptoms. Parents can collect the child and seek further medical advice if necessary.

It would be rare for there to be an acute emergency, but if this occurs (as with any child) call a 999 ambulance, and ensure that the crew are aware that the child or young person is on, or has recently finished, cancer treatment

Circulate letters about infection risks when requested by the child's family or health professionals . Inform other school staff about long-term effects, such as fatigue, difficulty with memory or physical changes.

School trips/visits

DAY VISITS (e.g. to a museum or exhibition)

The pupil should be given the appropriate medication before leaving home, and when a written parental consent is received he/she may be given a further dose before leaving the venue for the return journey (in a clearly marked sealed envelope with child's details, contents, and time of medication). Medication is to be kept in the charge of a named member of staff, and the parental consent is signed by that staff member before inclusion in the visit documentation.

RESIDENTIAL VISITS

On occasion it may be necessary for a school/centre to administer an "over the counter" medicine in the event of a pupil suffering from a minor ailment , such as a cold, sore throat while away on an Educational Visit . In this instance the parental consent form (EV4) will provide an "if needed" authority, which should be confirmed by phone call from the Group Leader to the parent/carer when this is needed, and a written record is kept with the visit documentation. This action has been agreed by the Council's Insurance and Legal Sections.

Sporting activities

Children with medical needs will be encouraged to take part in sporting activities appropriate to their own abilities. Any restrictions on a pupil's ability to participate in P.E. will be included in their individual health care plan. Some pupils may need to take precautionary measures before or during exercise and/or need to be allowed immediate access to their medication if necessary. Teachers and other adults should be aware of relevant medical conditions and emergency procedures.

Confidentiality

The School will treat medical information confidentially. The Headteacher will agree with the parents/carers who will have access to records and information about a pupil. If information is withheld from staff they cannot be held responsible if they act incorrectly in giving medical assistance.

Storing medication

All medicines in school should be labelled with the name of the pupil, the name of the drug and the frequency of administration. Pupils should know where their medication is stored. All medicines are to be stored appropriately, ie. In a fridge, secure cabinet. When items are for emergency use they may be kept in a designated area or near / with the pupil as appropriate, it may not be necessary to lock these items away and they should be easily accessible for staff and pupils to access.

CLASS 1 and 2 DRUGS

When Class 1 and 2 drugs (primarily "Ritalin" prescribed for Attention Deficit Syndrome) are kept on school premises, a **written stock record is also required** in order to comply with the Misuse of Drugs Act legislation. This should detail the quantities kept and administered, taken and returned on any educational visit, and returned to the parent/carer, e.g. at the end of term. These drugs should be kept in a locked cabinet within a room with restricted access (staff only).

Disposal of medicines

Parents must collect medicines held at school at the end of each term. Parents are responsible for the safe disposal of date-expired medicines.

OVER THE COUNTER MEDICINE (EG HAYFEVER REMEDIES)

These should be accepted only in exceptional circumstances, and be treated in the same way as prescribed medication. Parent(s) must clearly label the container with child's name, dose and time of administration and complete a Consent Form.

TRAVEL SICKNESS

In the event of a pupil suffering from travel sickness (by coach or public transport) the same procedure may apply:

ANALGESICS (PAINKILLERS)

For pupils who regularly need analgesia (e.g. for migraine), an individual supply of their analgesic should be kept in school. It is recommended that school does **not** keep stock supplies of analgesics e.g. paracetamol (in the form of soluble), for potential administration to any pupil. Parental consent must be in place. ***CHILDREN SHOULD NEVER BE GIVEN ASPIRIN OR ANY MEDICINES CONTAINING ASPIRIN.***

ANTIBIOTICS

Parents/carers should be encouraged to ask the GP to prescribe an antibiotic which can be given outside of school hours wherever possible. Most antibiotic medication will not need to be administered during school hours. Twice daily doses should be given in the morning before school and in the evening. Three times a day doses can normally be given in the morning before school, immediately after school (provided this is possible) and at bedtime. If there are any doubts or queries about this please contact your school nurse.
It should normally only be necessary to give antibiotics in school if the dose needs to be given four times a day, in which case a dose is needed at lunchtime.
Parents/carers must complete the Consent Form and confirm that the child is not known to be allergic to the antibiotic. The antibiotic should be brought into school in the morning and taken home again after school each day by the parent. (Older children may bring in and take home their own antibiotics if considered appropriate by the parent(s) and teachers.) Whenever possible the first dose of the course, and ideally the second dose, should be administered by the parent(s).

All antibiotics must be clearly labelled with the child's name, the name of the medication, the dose and the date of dispensing. In school the antibiotics should be stored in a secure cupboard or where necessary in a refrigerator. Many of the liquid antibiotics need to be stored in a refrigerator – if so; this will be stated on the label.
Some antibiotics must be taken at a specific time in relation to food. Again this will be written on the label, and the instructions on the label must be carefully followed. Tablets or capsules must be given with a glass of water. The dose of a liquid antibiotic must be carefully measured in an appropriate medicine spoon, medicine pot or oral medicines syringe provided by the parent.
The appropriate records must be made. Record keeping. If the child does not receive a dose, for whatever reason, the parent must be informed that day.

SELF MANAGEMENT

Children are encouraged to take responsibility for their own medicine from an early age. A good example of this is children keeping their own asthma reliever.

Emergency Procedures

All appropriate staff should have regular First Aid training and ensure good access to calling the emergency services. Any pupil taken to hospital by ambulance will be accompanied by a member of staff until the pupil's parents/carers arrive. Emergency procedures are highlighted at the conclusion of all Health care plans

GUIDELINES FOR THE ADMINISTRATION OF EPIPEN BY SCHOOL STAFF

An Epipen is a preloaded pen device, which contains a single measured dose of adrenaline (also known as epinephrine) for administration in cases of severe allergic reaction. An Epipen is safe, and even if given inadvertently it will not do any harm. It is not possible to give too large a dose from one dose used correctly in accordance with the Care Plan. An Epipen can only be administered by school staff that have
Volunteered and have been designated as appropriate by the head teacher and who has been assessed as competent by the school nurse/doctor. Training of designated staff will be provided by the school doctor/nurse and a record of training undertaken will be kept by the head teacher. Training will be updated at least once a year.

1. There should be an individual Care Plan and Consent Form, in place for each child.These should be readily available. They will be completed before the training session in conjunction with parent(s), school staff and doctor/nurse.
2. Ensure that the Epipen is in date. The Epipen should be stored at room temperatureand protected from heat and light. It should be kept in the original named box.
3. The Epipen should be readily accessible for use in an emergency and wherechildren are of an appropriate age; the Epipen can be carried on their person.
4. Expiry dates and discoloration of contents should be checked by the school nursetermly. If necessary she may ask the school doctor to carry out this responsibility.The Epipen should be replaced by the parent(s) at the request of the school nurse/school staff.
5. The use of the Epipen must be recorded on the child's Care Plan, with time, dateand full signature of the person who administered the Epipen.
6. Once the Epipen is administered, a 999 call must be made immediately. If two people are present, the 999 call should be made at the same time of administeringthe Epipen. The used Epipen must be given to the ambulance personnel. It is the parent's responsibility to renew the Epipen before the child returns to school.
7. If the child leaves the school site e.g. school trips, the Epipen must be readily available.

GUIDELINES FOR MANAGING ASTHMA

People with asthma have airways which narrow as a reaction to various triggers. The narrowing or obstruction of the airways causes difficulty in breathing and can usually be alleviated with medication taken via an inhaler. Inhalers are generally safe, and if a pupil took another pupil's inhaler, it is unlikely there would be any adverse effects.

1. If school staff are assisting children with their inhalers, a Consent Form from parent(s) should be in place. Individual Care Plans need only be in place if childrenhave severe asthma which may result in a medical emergency.
2. Inhalers MUST be readily available when children need them. Pupils should be encouraged to carry their own inhalers. If the pupil is too young or immature to take responsibility for their inhaler, it should be stored in a readily accessible safe place

e.g. the classroom. Individual circumstances need to be considered, e.g. in smallschools; inhalers may be kept in the school office.

3. It would be considered helpful if parent(s) could supply a spare inhaler for childrenwho carry their own inhalers. This could be stored safely at school in case the original inhaler is accidentally left at home or the child loses it whilst at school. This inhaler must have an expiry date beyond the end of the school year.
4. All inhalers should be labelled with the child's name.
5. Some children, particularly the younger ones, may use a spacer device with their inhaler; this also needs to be labelled with their name. The spacer device needs tobe sent home at least once a term for cleaning.
6. School staff should take appropriate disciplinary action if the owner or other pupils misuse inhalers.
7. Parent(s) should be responsible for renewing out of date and empty inhalers.
8. Parent(s) should be informed if a child is using the inhaler excessively.
9. Physical activities will benefit pupils with asthma, but they may need to use their inhaler 10 minutes before exertion. The inhaler MUST be available during PE and games. If pupils are unwell they should not be forced to participate.
10. If pupils are going on offsite visits, inhalers MUST still be accessible.
11. It is good practice for school staff to have a clear out of any inhalers at least on an annual basis. Out of date inhalers, and inhalers no longer needed must be returnedto parent(s).
12. Asthma can be triggered by substances found in school e.g. animal fur, glues and chemicals. Care should be taken to ensure that any pupil who reacts to these areadvised not to have contact with these.

GUIDELINES FOR MANAGING HYPOGLYCAEMIA (HYPO'S OR LOW BLOODSUGAR) IN PUPILS WHO HAVE DIABETES

Diabetes is a condition where the person's normal hormonal mechanisms do not control their blood sugar levels. In the majority of children the condition is controlled by insulin injections and diet. It is unlikely that injections will need to be given during school hours, but some older children many need to inject during school hours. All staff will be offered training on diabetes and how to prevent the occurrence of hypoglycaemia. This might be in conjunction with paediatric hospital liaison staff or Primary Care Trust staff.
Staff who have volunteered and have been designated as appropriate by the head teacher will administer treatment for hypoglycaemic episodes.

To prevent "hypo's"

1. There should be a Care Plan and Consent Form in place. It will be completed at thetraining sessions in conjunction with staff and parent(s). Staff should be familiar with pupil's individual symptoms of a "hypo". This will be recorded in the Care Plan.
2. Pupils must be allowed to eat regularly during the day. This may include eating snacks during class time or prior to exercise. Meals should not be unduly delayed e.g. due to extra curricular activities at lunchtimes or detention sessions. Off site activities e.g. visits,overnight stays, will require additional planning and liaison with parent(s).

To treat "hypo's"

1. If a meal or snack is missed, or after strenuous activity or sometimes even for no apparent reason, the pupil may experience a "hypo". Symptoms may include sweating, pale skin, confusion and slurred speech.
2. Treatment for a "hypo" might be different for each child, but will be either dextrose tablets, or sugary drink, chocolate bar or hypostop (dextrose gel), as per Care Plan. Whichever treatment is used, it should be readily available and not locked away. Manychildren will carry the treatment with them. Expiry dates must be checked each term,either by a member of school staff or the school nurse.
3. It is the parent's responsibility to ensure appropriate treatment is available. Once the childhas recovered a slower acting starchy food such as biscuits and milk should be given. If the child is very drowsy, unconscious or fitting, a 999 call must be made and the child putin the recovery position. Do not attempt oral treatment. Parent(s) should be informed of "hypo's" where staff have issued treatment in accordance with Care Plan.

If Hypostop has been provided

The Consent Form should be available.
Hypostop is squeezed into the side of the mouth and rubbed into the gums, where it will be absorbed by the bloodstream. The use of Hypostop must be recorded on the child's Care Plan with time, date and full signature of the person who administered it. It is the parent's responsibility to renew the Hypostop when it has been used.

DO NOT USE HYPOSTOP IF THE CHILD IS UNCONSCIOUS.

GUIDELINES FOR MANAGING CANCER

Children and young people with cancer aged 0–18 are treated in a specialist treatment centre. Often these are many miles from where they live, though they may receive some care closer to home. When a child or young person is diagnosed with cancer, their medical team puts together an individual treatment plan that takes into account:

- the type of cancer they have
- its stage (such as how big the tumour is or how far it has spread)
- their general health.

The three main ways to treat cancer are:

- chemotherapy surgery radiotherapy.

A treatment plan may include just one of these treatments, or a combination. Children and

young people may be in hospital for long periods of time, or they may have short stays and be out of hospital quite a bit. It depends on the type of cancer, their treatment and how their body reacts to treatment.

Some can attend school while treatment continues. When cancer is under control, or inremission, children and young people usually feel well and rarely show signs of being unwell. If cancer comes back after a period of remission, this is known as relapse.

Treatment for cancer can also have an emotional and psychological impact. Children and young people may find it more difficult to cope with learning, returning to school and relationships with other pupils. They may have spent more time in adult company, having more adult-like conversations than is usual, gaining new life experiences and maturing beyond their peers.

Treatment for cancer can last a short or a long time (typically anything from six months to three years), so a child or young person may have periods out of school, some planned (for treatment) others unplanned (for example, due to acquired infections).

When they return to school your pupil may have physical differences due to treatment side effects. These can include:

- hair loss
- weight gain/loss
- increased tiredness

There may also be longer term effects such as being less able to grasp concepts and retain ideas, or they may be coping with the effects of surgery.

Falling behind with work

Children and young people with cancer can worry that they have slipped behind their peers, especially older children doing exam courses. Young children may also worry more than they want to say. The school, and the child or young person's parents, should be able to reassure them and if necessary arrange extra teaching or support in class.

Teachers may need to adjust their expectations of academic performance because of the child or young person's gaps in knowledge, reduced energy, confidence or changes in ability.

Staff may need to explicitly teach the pupil strategies to help with concentration and memory, and the pupil may initially need longer to process new concepts.

Wherever possible the child should be enabled to stay in the same ability sets as before, unless they specifically want to change groups.
Regularly revise the pupils' timetable and school day as necessary.

Having a 'key' person at school

It's helpful to have one 'key' adult that the pupil can go to if they are upset or finding school difficult, plus a 'Plan B' person for times the usual person is not available

Health care plan

Name:	**D.O.B:**	**Class teacher:**
Condition:	**Staff qualified to provide care:**	
Does the child require a personal and intimate care plan? Yes/No (circle as appropriate)		
Are there any lessons that the child is not able to access and needs adaptations to be made?	**If yes, please give details:**	
What constitutes as an emergency for the child and action to be taken? Symptoms- Actions to be taken if-		
Any additional comments separate to the health and intimate care plan if one is in place: **Medication** **Emergency contact-**		
Parent/guardian signature:	**Assessment date:**	
Assessors signature:	**Expected reassessment date:**	

Contacting emergency services

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

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

1. your telephone number
2. your name
3. your location as follows [insert school/setting address]
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew willbe met and taken to the patient
8. put a completed copy of this form by the phone

The school will not give your child medicine unless you complete and sign this form, and the school has a policy that the staff canadminister medicine.

Name of school	BEESTON FIELDS FHA
Name of child	
Date of birth	
Class	
Medical condition or illness	
MEDICINE – MUST BE PRESCRIBED BY THE PHARMACY	**DOCTOR/HOSPITAL AND IN THE ORIGINAL CONTAINER AS DISPENSED BY THE**
Name/type of medicine (as described on the container)	
Date dispensed	
Expiry date	
Dosage and method	
Time to be given	
Date(s) to be given from/to	
Is your child currently taking/using this medication at home?	**YES / NO**
If so please state the dosage and time last administered	
Is your child currently taking/using any other medication at home?	**YES / NO**
If so please state name of medication, dosage and time last administered	
Any other instructions	
Are there any side effects that the school needs to know about?	
CONTACT DETAILS	
Name	
Day time telephone number	
I understand that I must deliver the medicine personally to	Main Office
I accept that this is a service that the school is not obliged to undertake	
I understand that I must notify the school of any changes in writing	

I give consent for a member of staff to administer the above medication. I understand that the same member of staff may notbe available at all times and the medication may be administered by a different member of staff. I undertake to deliver the correct weekly medication to the classroom assistant appointed to support my child or the head teacher in a child proof container/ bottle, which will be administered according to my instruction above. The weekly supply of medication must always bekept in a locked cabinet. I acknowledge that any staff involved in the administering of medication in school are not qualified medical practitioners, nor holding themselves out to be qualified medical practitioners. I understand that the staff in the school will take reasonable care in the administration of medication in school and will endeavour to respond appropriately in all circumstances should emergency treatment be required.

Signature of parent: _____

Please print name:_____Date: _____

Date	Time	Dose given	Any reactions	Signature	Print name

Administration Details