

**Policy for Supporting pupils at school & preschool with medical conditions  
and for the Administration of Medicines**

**STARCROSS PRIMARY SCHOOL & PRESCHOOL**



**Approved by:**

The Governors of  
Starcross Primary  
School

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**Last reviewed on:**

May 2021

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## *Starcross Primary School & Preschool*

1. The staff of Starcross Primary School & Preschool wishes to ensure that students with medical needs receive proper care and support. Our intention is to ensure that students with medical conditions should have full access to education including trips and PE. The governing body will ensure that staff are supported and trained and competent before they take on the responsibility of supporting students with medical conditions.
2. The school's insurance will cover liability relating to the administration of medication.
3. *The School Leadership / SENDCO / Preschool Managers* will be responsible for ensuring the following:
  - Procedures to be followed when notification is received that a student will be attending who has a medical condition (including transitional arrangements between schools, re-integration or when students' needs change; arrangements for staff training or support)  
*This will include briefings for staff via the school staff meeting structure, and meeting with any outside support agencies and if necessary and appropriate and disseminating the information to relevant stakeholders.*
  - Procedures to be followed when a student moves to the school mid-term or when a student has a new diagnosis:
    - *Disseminating and sharing information with all relevant stakeholders and ensuring that strategic leaders are aware of any implications or reasonable adjustments in relation to the student.*
4. The above procedures will be monitored and reviewed by *The Head Teacher / SENDCO / other senior leaders as appropriate and necessary.*
5. Where identified as being necessary, Individual Health Care Plans (IHCP) will be developed between Starcross Primary School and Pre-School, healthcare professionals and parents so that the steps needed to help a student manage their condition and overcome any potential barriers to getting the most from their education are identified. The IHCP will include:
  - a) The student's medical condition, its triggers, symptoms, medication needs and the level of support needed in an emergency. Also it must include any treatments, time, facilities, equipment, testing and access to food or drink (where it is used to manage their condition), dietary requirements and environmental issues such as crowded corridors and travel time between lessons
  - b) Specific support for the student's education, social and emotional needs, such as how will absences be managed, requirements for extra time to complete exams, use of rest periods or counselling sessions
  - c) Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support from a healthcare professional

- d) Cover arrangements and who in the school/preschool needs to be aware of the student's condition and the support required including supply staff
  - e) Arrangements for written permission from parents for medication
  - f) Arrangements or procedures for school trips or other school activities outside the normal timetable; completion of risk assessments for visits and school activities outside the normal timetable
  - g) The designated individuals to be entrusted with the above information
  - h) Procedures in the event of the student refusing to take medicine or carry out a necessary procedure
6. *The Head Teacher* will have the final decision on whether an Individual Health Care Plan is required.

### **Students with Asthma and the use of an Emergency Inhaler/Spacer**

7. *Regular training will be provided for refreshing the following:*
- Instructing all staff on the symptoms of an asthma attack
  - Instructing all staff on the existence of this policy
  - Instructing all staff on how to check the asthma register
  - Instructing all staff on how to access the inhaler
  - Making all staff aware of who are the designated staff and how to access their help

### **THE ADMINISTRATION OF MEDICINE**

8. The Headteacher will accept responsibility in principle for members of school staff giving or supervising a student taking prescribed medication during the day, where those members of staff have volunteered to do so. Staff are not legally or contractually required to give children their medicine, or to supervise them taking it. Those who agree to administer medication do so voluntarily.
9. Any parent/carer requesting the administration of medication will be made aware that this policy is available on the school website.

### **10. RULES SURROUNDING ADMINISTRATION**

- Prescribed medication will be accepted and administered in the establishment, but only after parents have filled in the correct green medical forms to highlight the type and dosage of the medication. Green forms for Pre-School children will be provided to parent/carers by the Pre-School managers and kept in the Pre-School office.
- Non-prescription medication will only be accepted and administered in specific circumstances in agreement with the Headteacher and only if the parents have filled in the correct documentation. Examples of non-prescription medication which may be administered is eczema cream, anti-sickness medication for travel on trips and Calpol on school trips where parents are unable to travel to administer or collect children easily.

11. Prior written parental consent is required before any medication can be administered. This is to take the form of the school's green medical form, which must be signed by the parent / carer of the person with parental responsibility. Green forms for Pre-School children will be provided to parent/carers by the Pre-School managers and kept in the Pre-School office.
12. Only reasonable quantities of medication will be accepted (no more than one weeks supply).
13. Each item of medication should be delivered in its original dispensed container and handed directly to the Pre-School manager, teacher or member of office staff as first point of contact.
14. Each item of medication should be clearly labelled with the following information:
  - Student's name
  - Name of medication
  - Dosage
  - Frequency of dosage
  - Date of dispensing
  - Storage requirements (if important)
  - Expiry date (if available)
15. The School and Pre-School will not accept items of medication which are in unlabelled containers or not in their original container.
16. Unless otherwise indicated, all medication to be administered in the school will be kept in either the medical cabinet in the staff room or in the refrigerator. Medicine for Pre-School children is kept in the first aid cupboard in the disabled toilet in Pre-School, or in the fridge if required.
17. For children who require non-medical cream for intimate care, such as nappy cream, parents are asked to give written permission. Where intimate care is required for the administration of medication an intimate care plan is created for individual pupils. Pre-School request intimate care permission from all parents whose children require nappy changes.
18. It is the responsibility of parents/carers to notify the school/preschool immediately if there is a change in medication, a change in dosage requirements, or the discontinuation of a student's need for medication.
19. Staff who volunteer to assist in the administration of invasive medication will receive appropriate training/guidance through arrangements made with the school's Nurse Service. In pre-school settings arrangements will be made through Primary Care Health Visitors.
20. The school will make every effort to continue the administration of medication to a student whilst on activities away from the premises, although they will reserve the right to pass on this responsibility to relevant professionals or back to parents if it compromises safeguarding rules.

21. School parents are notified that medication has been administered to their child on the same day via a pink medication slip which is sent home with the child. Pre-School parents are notified of medication administration at pick up time and are asked to sign the green form to acknowledge that the information has been shared with them.
22. It is the responsibility of parents/carers to ensure that all medication is in date, and to check and monitor this regularly.

### **Grievance Procedure**

23. *When an issue arises, any stakeholder may communicate a grievance in the usual way, either through:*

- *Verbal report to a member of staff, who will use the line management system to ensure that it is dealt with,*

*Or*

- *In writing to the Head Teacher, who will investigate accordingly.*

*Or*

- *In a case where a grievance may concern the Head Teacher, in writing to the Chair of Governors via the school office.*



## Appendices Contents:

Introduction	7
Template A: individual healthcare plan	8
Template B: parental agreement for setting to administer medicine	10
Template C: record of medicine administered to an individual child	11
Template D: record of medicine administered to all children	14
Template E: staff training record – administration of medicines	14
Template F: contacting emergency services	15
Template G: model letter inviting parents to contribute to individual healthcare plan development	16

## Introduction

In response to requests from stakeholders during discussions about the development of the statutory guidance for supporting pupils with medical conditions, we have prepared the following templates. They are provided as an aid to schools and their use is entirely voluntary. Schools are free to adapt them as they wish to meet local needs, to design their own templates or to use templates from another source.



Template A: individual healthcare plan

Name of school/setting

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date


**Family Contact Information**

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)


**Clinic/Hospital Contact**

Name

Phone no.


**G.P.**

Name

Phone no.


Who is responsible for providing support in school

--

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues et

--

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

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

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

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

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

### Template B: parental agreement for setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

#### Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

**NB: Medicines must be in the original container as dispensed by the pharmacy**

#### Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) \_\_\_\_\_

Date \_\_\_\_\_

Template C: record of medicine administered to an individual child

Name of school/setting	
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

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

Signature of parent \_\_\_\_\_

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

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

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

Date

Time given

Dose given

Name of member of staff

Staff initials


Date

Time given

Dose given

Name of member of staff

Staff initials


Date

Time given

Dose given

Name of member of staff

Staff initials


Date

Time given

Dose given

Name of member of staff

Staff initials




Template E: staff training record – administration of medicines

Name of school/setting

Name

Type of training received

Date of training completed

Training provided by

Profession and title


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

## Template F: 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: School – 01626 890454
2. your name
3. your location as follows Starcross Primary School, New Road, Starcross, EX6 8QD
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code - EX6 8QD
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone
9. Inform office staff to ensure they can direct the Ambulance Crew on arrival. Double gates off the main road are accessible for emergency vehicles.



## Template G: model letter inviting parents to contribute to individual healthcare plan development

Dear Parent

### DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely



Department  
for Education

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