



Supporting Pupils at School with Medical Conditions Policy

Rosebrook Primary School

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1. Introduction

Rosebrook Primary School strives to ensure that pupils with medical conditions receive appropriate care and support and in doing so ensure pupils with medical conditions have access to and enjoy the same opportunities at school as any other child.

This policy has been developed in line with Department for Education statutory guidance Sep 2014 "Supporting pupils at school with medical conditions".

2. Aims

- To ensure children with medical conditions, in terms of both physical and mental health are properly supported whilst at Rosebrook Primary School so they can play a full and active role in school life, remain healthy and achieve their academic potential.
- To ensure relevant (need to know) staff are made aware of individual children's medical conditions, how to support and what to do in an emergency.
- The school understands the importance of medication and care being managed as directed by health care professionals and parents. Staff involved in the administration of medicines and provision of support to pupils with medical conditions will be suitably trained.
- To keep, monitor and review appropriate medical records held within school.

The named member of school staff responsible for this policy and its implementation is the Headteacher, Mrs Leanne Todd.

3. Parents & Carers

It is the responsibility of the parent or carer to let school know immediately about any new medical conditions and/or a change in their child's healthcare needs including a change in dosage requirements, or the discontinuation of the need for medication.

Parents are asked to collect all medications / equipment at the end of the school term, and to provide new and in date medication at the start of each new term.

Parents and carers are required to provide consent for the administration of medicine or treatment before bringing medication into school.

4. Individual Health Care / Medical Support Plans

Individual healthcare plans and their review may be initiated in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child with complex health needs.

Individual health care plans will be drawn up in partnership between the school, parents, and a relevant healthcare professional, e.g. school, specialist or children's community nurse who can best advise on the particular needs of the child. Pupils may also be involved whenever appropriate. The aim is to capture the steps which Rosebrook Primary School will take to help the child manage their condition and overcome any potential barriers to getting the most from their education.

Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school.

For the start of the new school year, or on receipt of a new diagnosis of a medical condition, every effort should be made to ensure that suitable arrangements are put in place within two weeks.

Schools do not need to wait for a formal diagnosis before providing support to pupils. In cases where a medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based upon the available evidence. This would normally involve some form of medical evidence and consultation with parents. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support is put in place.

Relevant (need to know) members staff will be made aware of individual health care plans.

A central register of individual health care plans will be held by the school, and they shall be reviewed at least annually and more frequently if required.

A copy of the current individual health care plan will be held by the parent / carer / school and where relevant, a health care professional. The individual health care plans will accompany the child on any out of school activities.

5. Administration & Storage of Medication in School

Rosebrook Primary school understands the importance of medication and care being managed as directed by health care professionals and parents.

Medicines which have been prescribed for a child and are in date will be administered in school. Parents should ensure that, wherever possible, medication is prescribed so that it can be taken outside the school day. In special circumstances Paracetamol or Ibuprofen will be administered with parental consent.

Prescribed medicines will only be administered if they are provided in their original container complete with a pharmacy label showing the child's name, dosage instructions and any relevant storage instructions. The product must be in date. The exception to this is insulin which must still be in date but will generally be provided to schools inside an insulin pen or pump, rather than in its original container. The school will not accept any other items of medication which are in unlabelled containers.

Should medication be required to be administered at school, parents and carers must complete an Administration of Prescribed Medicines in School Consent Form. Medication cannot be administered without signed consent.

The completed Administration of Prescribed Medicines in School Consent Form and the prescribed medication should be handed by the parent or carer to a designated member of staff.

The school understands the importance of medication and care being managed as directed by health care professionals and parents. Staff involved in the administration of medicines and provision of support to pupils with medical conditions will be suitably trained.

There are a number of identified staff members who have been authorised to administer medication (see Appendix A).

The school will make sure all medication is stored safely and securely and that pupils with medical conditions know how to access them. All appropriate medication is locked away in a medical cabinet. In the case of emergency medicines such as inhalers and Epi pens, children will have access to them immediately as these will be stored in the child's classroom or on person.

The school will keep an accurate record of all medication they administer or supervise administering, including the dose, time, date and staff involved. If a medication is not administered the parent / carer will be notified.

6. Disposal of Medication

Medication should be returned to parents termly if required. If parents do not collect out of date / no longer required medicines within 14 days of being requested to do so the medicine will be returned by the school to a pharmacy for destruction.

7. Out of School Activities / Extended School Day

Children accessing school activities with medical conditions are accompanied with their medical information sheet and medication (if required).

The school will meet with parents, pupil and health care professional where relevant prior to any overnight or extended day visit to discuss and make a plan for any extra care requirements that may be needed to support a child with a medical condition to participate. This should be recorded in child's individual health care plan which should accompany them on the activity.

Risk assessments are carried out on all on all out of school activities taking into account the needs of pupils with medical needs. School will make sure a trained member of staff is available to accompany a pupil with a medical condition on an offsite visit.

8. Transport

Where the pupil travels on school transport with an escort, parents/carers should ensure the escort is informed of any medication sent with the pupil, including medication for administration during respite care.

Appendix A: Trained in First Aid & Medicine Administration



Adult and Child First Aiders	
BOOTH	Karen
FOTHERGILL	Lucy
JENKINS	Nicola
MCDONALD	Sharon
RENNIE	Kim
WESTALL	Amy

Child First Aiders	
ARMSTRONG	Natalie
CRAIG	Lisa
DUFF	Michelle
HUNTINGTON	Lois
JACKSON	Emma
JACKSON	Kelly
LEE	Leanne
VALLINAS NIGUEZ	Marta
WAITE	Stephanie
WALKINGTON	Rachel
WASE	Tracy

Lunchtime First Aiders	
CASLING	Debbie
HARRISON	Katrina

Emergency First Aiders (cont....)	
DRUMMOND	Dionne
GIBSON	Julie
HAMMOND	Chloe
HARTSHORNE	Danielle
HOARE	Joanne
IBBETSON	Gemma
JAMES	Bianca
JONES	Carl
LEWIS	Georgina
MEARMAN	Sean
MORGAN	Alison
NICHOLSON	Fiona
OLIVER	Courtney
PATTISON	Mandy
SIMMONS	Lindsey
SMALL	Cathy
SWAINSTON	Amy
THOMAS	Joanne
TINJOD	Norbert
THORNE	Emma
TODD	Leanne
WAKE	Donna
WILLIAMS	Joanne

O'HARA	Elaine
PLEWS	Kimberley
POWLES	Tara
RAYNER	Jacqueline
WILLMORE	Susan

WILKINSON	Hannah
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Emergency First Aiders	
AKHTER	Saira
ALLAN	Frances
BAIN	Julie
BELL	Janet
BIRCHENOUGH	Carey
BONNER	Sharon
CASS	Liz
CHISMAN	Teresa
COLE	Karen
COLMER	Claire
CONLIN	Gemma
CONNOR	Bethany
DICKSON	Phillipa
DOHERTY	Patricia

Medication Administrators	
Julie	BAIN
Janet	BELL
Carey	BIRCHENOUGH
Karen	BOOTH
Joanne	HOARE
Emma	JACKSON
Kelly	JACKSON
Nicola	JENKINS
Leanne	LEE
Georgina	LEWIS
Sharon	MCDONALD
Kim	RENNIE
Joanne	THOMAS
Stephanie	WAITE
Amy	WESTALL

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