



Supporting Pupils at School with Medical Conditions Policy

This policy meets the statutory requirements for supporting children with medical conditions and the administration of medicines.

Date approved: November 2016

Date of Next Review: November 2018



Article 3

The best interests of the child must be a top priority in all things that affect children.

General:

We are a very caring school and the staff always acts as a 'reasonable parent' would to make sure that the children's welfare is safeguarded. This extends to administering medicines. Our policy is based on the guidance issued by the Local Authority.

Prescribed Medicines:

From BFBC guidance:

Medicines should only be taken to school or settings when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school day.

Schools should only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration. Schools and settings should never accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions.

It is helpful, where clinically appropriate, if medicines are prescribed in dose frequencies which enable it to be taken outside school hours. Parents could be encouraged to ask the prescriber about this. It is to be noted that medicines that need to be taken three times a day could be taken in the morning, after school hours and at bedtime.

How Wildmoor Heath applies this:

Prescribed medicines (e.g. asthma inhalers), needed to enable a child to take a full part in education, will be administered as long as parents complete a medical consent form. Injections, however, will only be administered in emergencies to save life (e.g. an EpiPen for nut allergy). Where possible, children will be encouraged and supported to administer their own medication. Medication is usually stored in the office. However, there will be circumstances where the child will need to carry their medication with them (e.g. an asthma inhaler on a school trip). These circumstances will be noted on individual care plans or trip risk assessments as required.

Individual Health Care Plans

Individual healthcare plans can help to ensure effective support for pupils with medical conditions. They provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex. A decision as to whether a plan should be put in place will be made by the school, healthcare professional and parent. The BFBC format will be used. Health care plan reviews will be carried out with the school, health care professional, parents and where appropriate the pupil. A review can be initiated by any professional at any time e.g. dosage change, changes in condition etc. The plans will be shared with all adults in contact with the pupil to ensure the needs of the pupil are met. Where a pupil has a special educational need that is reported in an EHCP then the health care plan will be linked or form part of the EHCP.

Non-Prescribed Medicines:

From BFBC guidance:

Staff should never give a non-prescribed medicine to a child unless there is specific prior written permission from the parents.

Criteria, in the national standards for under 8s day care providers, make it clear that non-prescription medicines should not normally be administered. Where a non-prescribed medicine is administered to a child it should be recorded.

A child under 16 should never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.

Many children will need to take medicines during the day at some time during their time in a school or setting. This will usually be for a short period only, perhaps to finish a course of antibiotics or to apply a lotion. To allow children to do this will minimise the time that they need to be absent. However, such medicines should only be taken to school or an early

years setting where it would be detrimental to a child's health if it were not administered during the school day.

It is good practice to support and encourage children, who are able, to take responsibility to manage their own medicines from a relatively early age and schools should encourage this. The age at which children are ready to take care of, and be responsible for, their own medicines, varies.

If children can take their medicines themselves, staff may only need to supervise.

If a child refuses to take medicine, staff should not force them to do so.

How Wildmoor Heath applies this:

Non-prescribed medication (e.g. off the shelf pain killers) cannot be administered by school staff. However, parents may send, **with prior agreement**, non-prescription medicine into school for their child (but not aspirin or medicines containing ibuprofen – see above). This **MUST** be kept in the office and parents must also complete a medical consent form. Consent given for non-prescribed medicine will only last for one day and parents must collect any unused medicine at the end of the school day.

In the event that a child needs to use non-prescribed medication for longer than a day, the school will only extend the consent period if we are in receipt of a letter to that effect from a doctor, dentist, nurse prescriber or pharmacist prescriber.

We will advise and help children take medicines themselves, if they wish to, but we will not compel or administer it to them. Children will not be reminded to take non-prescribed medicines – they must ask for them if and when they need them