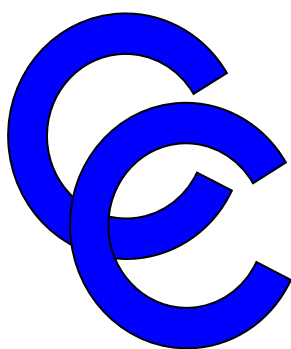


# Supporting Children with Medical Conditions Policy

## Cavendish Close Infant School & Nursery



<b>Approved by:</b>	Mrs Diffin and Full Governing Body	<b>Date:</b> September 2023
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<b>Last reviewed on:</b>	September 2023
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<b>Next review due by:</b>	April 2024
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# 1. Aims

This policy aims to ensure that:

- Pupils, staff and parents/carers understand how our school will support pupils with medical conditions
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities

The governing board will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of pupil's conditions, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- Providing all staff with appropriate information about the policy and relevant pupils
- Developing and monitoring individual healthcare plans (IHPs)

**The named person with responsibility for implementing this policy is the Inclusion Leader**

## 2. Legislation and statutory responsibilities

This policy meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education's statutory guidance: [Supporting pupils at school with medical conditions](#), Derby City Council's 'Administering Medicine in Schools' policy: <https://schoolsportal.derby.gov.uk/ohs/policies/> and the Department for Education's guidance on using emergency inhalers in school: <https://www.gov.uk/government/publications/emergency-asthma-inhalers-for-use-in-schools>

## 3. Roles and responsibilities

### 3.1 The governing board

The governing board has ultimate responsibility to make arrangements to support pupils with medical conditions. The governing board will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

Governing bodies should ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are properly understood and effectively supported.

### 3.2 The head teacher

The head teacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- Take overall responsibility for the development of IHPs, following guidance from health professionals
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- Contact the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

### 3.3 Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

It is essential that teachers communicate information about medical conditions and medication with the full class team. Good information sharing is vital. Class teams must inform the leadership and safeguarding teams of any pupils with medical conditions.

When pupils with medical conditions attend curriculum clubs, breakfast club and after school club it is the responsibility of the class teacher to share information regarding medical conditions with all relevant members of staff.

### **3.4 Parents/carers**

Parents/carers will:

- Provide the school with sufficient and up-to-date information about their child's medical needs
- Be involved in the development and review of their child's IHP
- Carry out any action they have agreed to as part of the implementation of the IHP e.g. provide medicines and equipment

### **3.5 Pupils**

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs, in an age appropriate way.

### **3.6 Healthcare professionals**

In order to communicate with any health professionals, obtain medical reports or medication reviews we must first seek permission from parents/carers. We are then able to obtain a copy of the information that we require.

## **4. Equal opportunities**

Our school is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

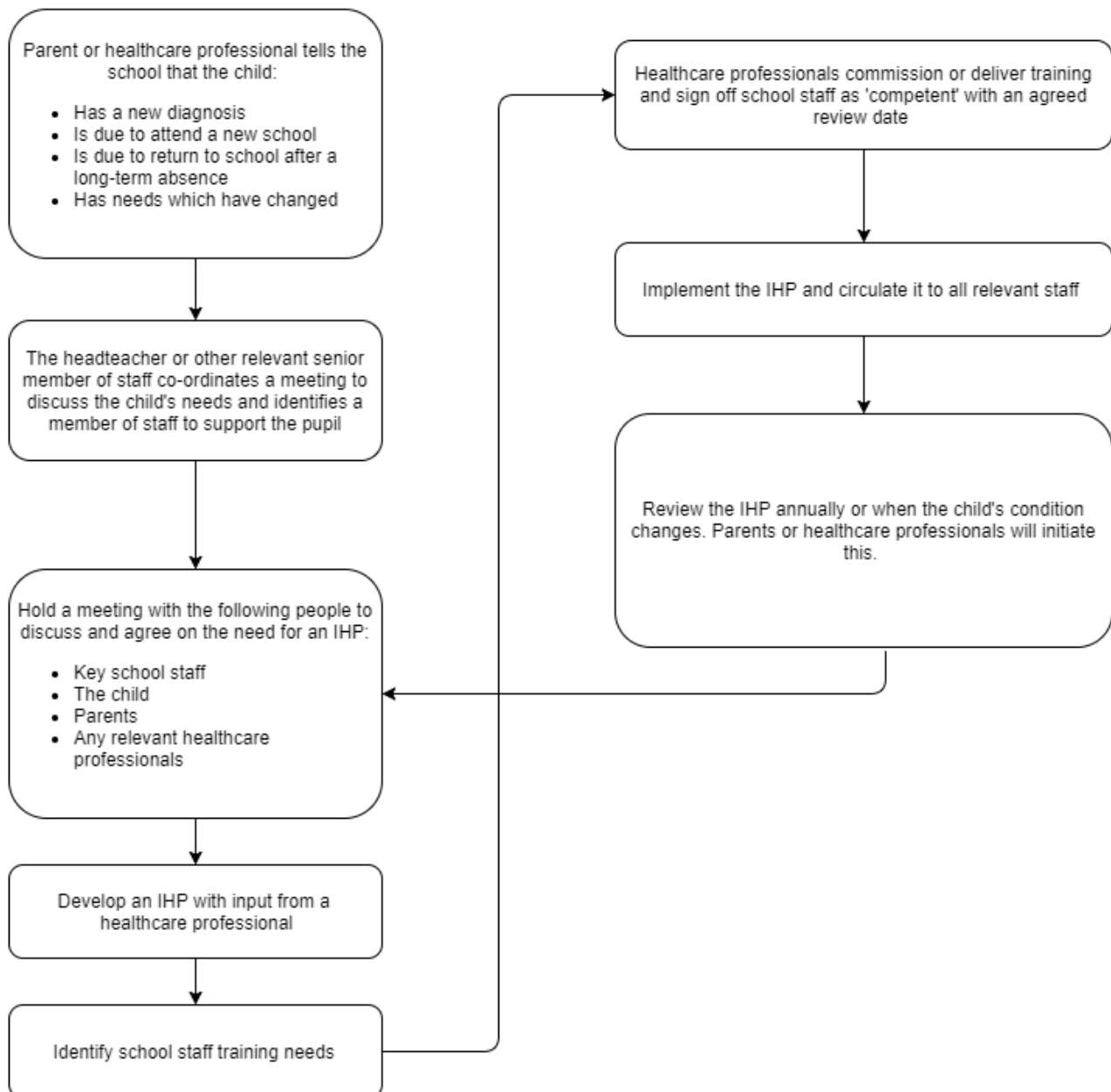
The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents/carers and any relevant healthcare professionals will be consulted.

## **5. Being notified that a child has a medical condition**

When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHP.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.



## 6. Individual health & care plans

The head teacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to the Inclusion Leader.

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents/carers when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is not a consensus, the head teacher will make the final decision.

Plans will be drawn up in partnership with the school, parents/carers and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

IHPs will be linked to, or become part of, any Education, Health and Care (EHC) plan. If a pupil has SEND but does not have an EHC plan, the SEND will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing board and the Inclusion Leader, will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments
- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues
- Specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed, use of rest periods or additional support in catching up with lessons
- The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable
- Who in the school needs to be aware of the pupil's condition and the support required
- Arrangements for written permission from parents and the head teacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition
- A health and care plan will be displayed in school (the classroom, staff room, school dinner hall) detailing the medical condition, symptoms, action required in case of an emergency, the child's full name, class and date of birth (See Appendix 1)
- A paper copy of the health and care plan must be given to the Inclusion Leader and the School Office
- Parents/carers must sign and complete a Supporting Children with Medical Conditions at School Parental Consent Form for Health and Care plans (See Appendix 2)

## 7. Managing medicines

Prescription [and non-prescription] medicines will only be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so **and**
- Where we have parents/carers written consent

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents/carers will always be informed.

The school will only accept prescribed medicines that are:

- In-date
- Correctly labelled with the pupil's name and date of birth
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage
- Provided with the correct utensil for administering the medication
- Within the expiry date
- Details of any known allergies

The school will show discretion regarding over the counter medication e.g. supporting pain relief for a broken arm.

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

Once a medication, with the exception of a controlled medication, has been checked in safely it will be stored in a plastic zip wallet. The wallet will be clearly labelled with the pupil's name. All wallets will be stored in the corresponding plastic class basket in the medical cupboard, which is situated on the ground floor, next to the School Office. The key is stored in the key safe, which is situated next to the School Office. Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines

and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils who require them.

An 'Administration of Medicines in School Parental Consent' form must be fully completed, when accepting any medication (See Appendix 3). The form must contain –

- Full name of child
- Class
- Date of birth
- Address
- Medical condition/illness
- Name/type of medication as described on the medicine packaging
- Quantity
- Strength of medication
- Dispensing date
- Expiry date
- Detailed instructions regarding when and how medicine is administered
- Information regarding any special instructions around taking the medicine e.g. taken with food
- Information regarding any possible side effects from taking the medication
- Date medication is received
- A copy of the relevant Patient Information Leaflet that accompanies the medication

The completed consent form must be copied twice. A copy of the form must be kept with the medication in a labelled plastic wallet, in the labelled class basket, which is stored in the medical cupboard. The second copy of the form must be given to the class team and kept in the class folder. The original form must be given to the Inclusion Leader, to be kept in the whole school medical folder.

Medicines will be returned to parents to arrange for safe disposal when no longer required or out of date. When a medication is returned to a parent it is essential that a 'Safe Disposal of a Medication' form is completed (See Appendix 4). A copy of the form must be given to the Inclusion Leader to be safely stored in the whole school medical folder.

The 'Additional Medication Sign-in Form' can be used where a parental consent form has previously been completed and there has been no change to the medication provided (See Appendix 5). A copy of the form must be given to the Inclusion Leader to be safely stored in the whole school medical folder and the medication log must be updated to reflect the new quantity of medication being stored.

The Inclusion Leader holds responsibility for checking medication forms, medication and all records on a termly basis and recording such checks appropriately.

### **7.1 Managing controlled medication**

When a controlled medication is brought into school an 'Administration of Medicines in School Parental Consent' form must be fully completed and signed by the parent/carer and TWO members of staff. The completed consent form must be copied twice. A copy of the form must be kept with the medication. The second copy of the form must be given to the class team and kept in the class folder. The original form must be given to the Inclusion Leader, to be kept in the whole school medical folder.

The controlled medication must then be taken immediately to the First Aid cupboard, which is situated on the ground floor, next to the School Office. Controlled medication will be double locked away. The medication must be placed inside a locked box, with the pupil's name displayed on the outside. The locked box must be stored inside the locked First Aid cupboard. The key for the locked box must be safely stored in the pupil's classroom cupboard. It is the responsibility of the class team to ensure that the key is safely stored. The key to the First Aid cupboard is stored in the key safe which is situated next to the School Office.

The 'Administering a Controlled Medication Guide' will be completed by the Inclusion Leader on receipt of the controlled medication (See Appendix 6). A copy of the guide must be kept in the individual pupil folder which is kept with the medication. This is to ensure that the medication is administered correctly.

Controlled medication is often in tablet or capsule format. If a tablet is crushed or a capsule is opened, its use is then outside the product licence i.e. the pharmaceutical company then cannot guarantee the quality, safety and efficacy of the medicinal product. If we are instructed by a parent to spilt open a capsule and empty the contents into a drink, for example, we must have medical guidance confirmed in writing by the prescriber or relevant medical professional and this must be detailed within the medication review.

### **Liquid Medication**

When liquid medication is opened the date of opening must be documented on the medicine bottle and within the 'Administration of a Medication Log'. (See Appendix 7).

## **8. Administration of medicine**

All medication must only be administered by a member of staff. Staff will ensure that before the medication is administered the pupil is seated and comfortable. The pupil must confirm that their full name matches the name on the medication.

Any incidence of maladministration of a medication must be reported to the most senior member of staff in school as an investigation will be required.

When a medicine is administered the member of staff giving the medication must complete an 'Administration of a Medication Record Log'. It is the duty of the staff member giving the medication to ensure that the medication log is completed accurately each time the medication is administered. Each class has their own medication folder containing these forms. Folders are stored safely in the locked medical cupboard (See Appendix 7). The staff member who administers the medication must ensure that the medication is in date, before administering the medication.

### **8.1 Administering controlled medication**

Two members of staff must be present when controlled medication is administered. The member of staff giving the medication must complete an 'Administration of a Controlled Medication Record Log' (See Appendix 8). It is the duty of the staff member giving the medication to ensure that the medication log is completed accurately each time the medication is administered. A second member of staff must witness the entire procedure of the administration of the controlled medication and also sign the record log.

### **8.2 Responding to asthma symptoms and an asthma attack**

**Common 'day to day' symptoms of asthma are:**

- Cough and wheeze ( a 'whistle' heard on breathing out ) when exercising
- Shortness of breath when exercising
- Intermittent cough

These symptoms are usually responsive to use of their own inhaler and rest (e.g. stopping exercise). They would usually not require the child to be sent home from school or to need urgent medical attention.

If a pupil presents with common 'day to day' symptoms and requires use of their own inhaler, this must be recorded down onto the 'Use of inhaler form' and given to parents/carers at the end of the school day (See Appendix 14.)

**Signs of an asthma attack include:**

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Being unusually quiet



- The child complains of shortness of breath at rest, feeling tight in the chest (younger children may express this feeling as a tummy ache)
- Difficulty in breathing (fast and deep respiration)
- Nasal flaring
- Being unable to complete sentences
- Appearing exhausted
- A blue/white tinge around the lips
- Going blue

If a child is displaying the above signs of an asthma attack, the guidance below on responding to an asthma attack should be followed.

**CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD –**

- Appears exhausted
- Has a blue/white tinge around lips
- Is going blue
- Has collapsed

#### **Responding to signs of an asthma attack**

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward
- Use the child's own inhaler – if not available, use the emergency inhaler
- Remain with the child while inhaler and spacer are brought to them
- Immediately help the child to take two separate puffs of the salbutamol via the spacer
- If there is no immediate improvement, continue to give two puffs every two minutes up to a maximum of ten puffs, or until their symptoms improve. The inhaler should be shaken between puffs.
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, **CALL 999 FOR AN AMBULANCE**
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way
- The child's parents/carers should be contacted after the ambulance has been called
- A member of staff should always accompany a child taken to hospital by ambulance and stay with them until a parent/carer arrives

#### **8.3 Emergency Salbutamol inhalers**

Emergency salbutamol inhalers and spacers are stored in –

- All classrooms – Emergency inhalers and spacers must be stored in the classroom medical cupboard. This is situated above the classroom sink and is clearly labelled.
- Nursery – The emergency inhaler and spacer must be stored in the nursery medical cupboard. This is situated above the nursery sink and is clearly labelled.
- In the medical cabinet on the ground floor, next to the school office – The medical cabinet is locked and the key is kept in the key safe, situated on the wall next to the school office.

Every half term Mrs Vincett, Mrs Leadbeater and Mrs Dearie will check that all emergency inhalers and spacers are correctly stored in medical cupboards and are in date. These checks will be completed alongside First Aid kit checks. All checks are recorded on the 'Medical checklist record' (See Appendix 13).

An emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.

Use of the emergency inhaler should be recorded. This should include where and when the attack took place, how much medication was given, and by whom. The child's parents must be informed in writing so that this information can also be passed onto the child's GP (See Appendix 9).

Once the emergency inhaler and disposable spacer has been used, the spacer should be disposed of and the inhaler must be thoroughly wiped down and then placed back into its original storage space along with a new, unused disposable spacer.

Government guidance on the use of emergency salbutamol inhalers in school can be accessed here: [Guidance on the use of emergency salbutamol inhalers in schools \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/guidance/978946)

#### **8.4 Pupils managing their own needs**

Pupils who are competent will be encouraged to take age appropriate responsibility for managing their own medicines and procedures. This will be discussed with parents/carers and it will be reflected in their IHPs.

#### **8.5 Unacceptable practice**

School staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable to:

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents/carers
- Ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs
- If the pupil becomes ill, send them to the school office unaccompanied or with someone unsuitable
- Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Require parents/carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues. No parent/carer should have to give up working because the school is failing to support their child's medical needs
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents/carers to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

### **9. Emergency procedures**

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent/carer arrives, or accompany the pupil to hospital by ambulance.

### **10. Training**

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the Inclusion Leader. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- Fulfil the requirements in the IHPs
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

The Inclusion Leader is responsible for keeping an up to date whole school Medication Training Log.

## **11. Record keeping**

The governing board will ensure that written records are kept of all medicine administered to pupils. Parents/carers will be informed if their pupil has been unwell at school.

IHPs are kept in a readily accessible place which all staff are aware of.

The Inclusion Leader has the responsibility of maintaining the Supporting Children with Medical Conditions folder. The folder contains copies of all health and care plans, signed consent forms, a whole school allergy register, whole school asthma register and a whole school medical conditions register (See Appendices 10, 11 & 12).

## **12. Liability and indemnity**

The governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

## **13. Complaints**

Parents/carers with a complaint about their child's medical condition should discuss these directly with the Inclusion Leader in the first instance. If the Inclusion Leader cannot resolve the matter, they will direct parents to the school's complaints procedure.

## **14. Monitoring arrangements**

This policy will be reviewed and approved by the governing board every year.

## **15. Links to other policies**

This policy links to the following policies:

- [Accessibility plan](#)
- [Complaints procedure](#)
- [Equality information and objectives](#)
- [First aid policy](#)
- [Health and safety policy](#)
- [Safeguarding policy](#)
- [Special educational needs information report and policy](#)

## 16. Links to Guidance

This policy links to the following guidance:

- [Guidance on the use of emergency salbutamol inhalers in schools](#)
- [Derby City Council - Administration of Medicines Guidance: Responsibilities and Requirements](#)

## 17. Links to EduCare Training

This policy links to the following training programmes:

- [Understanding asthma](#)
- [Understanding anaphylaxis](#)
- [Understanding diabetes](#)
- [Understanding epilepsy](#)
- [Administration of medication in schools](#)

The Inclusion Leader has the responsibility of identifying who accesses which training, how frequently training needs to be reviewed and when updates are required. This is clearly identified in the staff training plan (See Appendix 15).



**Cavendish Close Infant and Nursery School**

**Health and Care Plan**

**Child's Name -**

**Date of Birth –**

**Class –**

**Please insert picture here**

**Medical Condition –**

**Symptoms –**

**Action Required –**

**Contact details in case of emergency –**



**Cavendish Close Infant and Nursery School**

**SUPPORTING CHILDREN WITH MEDICAL CONDITIONS AT SCHOOL  
PARENTAL CONSENT FORM FOR HEALTH & CARE PLANS**

Name of Child: \_\_\_\_\_ Class: \_\_\_\_\_

I agree to information about my child's medical condition being shared in school on a health and care plan including a recent photograph of my child.

Health & Care plans will be displayed in my child's classroom, the staffroom and the dining hall.

I understand that sharing medical information in school is in my child's best interest.

Class teachers will create health and care plans using information provided by parents/carers.

Contact details will be displayed on medical posters so parents/carers can be contacted without delay in the event of a medical emergency.

\_\_\_\_\_

As parents/carers, we will

- Keep school fully informed about any changes to our child's medical condition, including updates throughout the year and information from medical professionals.
- Ensure school has our up to date contact details.

\_\_\_\_\_

I accept that whilst my child is in the care of the school, staff stand in the position of the parent and that staff may, therefore, need to arrange any medical aid considered necessary in an emergency, but I will be told of any such action as soon as possible.

\_\_\_\_\_

Full name of parent/carer: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**ADMINISTRATION OF MEDICINES IN SCHOOL**  
**CAVENDISH CLOSE INFANT SCHOOL AND NURSERY SCHOOL**

**Parental Consent Form**

TO BE COMPLETED BY A PARENT/CARER REQUESTING PRESCRIBED MEDICATION TO BE ADMINISTERED TO THEIR CHILD UNDER THE SUPERVISION OF SCHOOL STAFF.

\*The school may show discretion regarding over the counter medication e.g. supporting pain relief for a broken arm.

Name of child:

Date of birth:

Class:

Medical condition/illness:

Name/type of medication as described on the medicine packaging (Please enclose the Patient Information Leaflet with each medication:

Quantity and strength of medication received:

Dispensing date (date on pharmacy label):

Expiry date:

Dose to  
be given

Strength of  
medication

Time to  
be  
given

Form of  
medication

Special precautions / instructions e.g. to be taken with food:

Are there any side effects that the school needs to know about?

Please tick which statement is correct:

My child can administer his/her own medication.

My child requires supervision to administer his/her own medicine.

My child requires assistance to administer his/her medicine.

Describe how the child best takes their medication; (from a spoon, a cup etc.)

#### TO BE COMPLETED BY PARENTS/CARERS OF CHILDREN WITH PRESCRIBED INHALERS

Please sign here to give school permission to administer an emergency salbutamol inhaler if the prescribed inhaler is not available (for example, because it is broken, or empty).

Signature:

Date:

I request that the medicine be given in accordance with the above information by a named member of staff who has received all necessary training.

I undertake to supply school with the medicine in the original, labelled packaging, as provided by a dispensing chemist.

I will inform school if the prescription is changed by the doctor.

I accept that whilst my child is in the care of the school, staff stand in the position of the parent and that staff may, therefore, need to arrange any medical aid considered necessary in an emergency, but I will be told of any such action as soon as possible.

Parental Name:

signature\_\_\_\_\_

#### TO BE COMPLETED BY SCHOOL

Date medication is received in school:

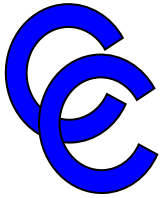
Consenting staff involved:

Senior Leaders informed:      Mrs C. Diffin (Headteacher)  
   Mrs C. Howett (Deputy Headteacher)  
   Mrs R. Vincett (Inclusion Leader)  
   Mrs N. Tusa (School Business Manager)

#### **Office Use Only**

- |   |   |
|---|---|
| <input type="checkbox"/> Name of medication matches name on consent form        | <input type="checkbox"/> Medicine/cream in container as dispensed by pharmacist |
| <input type="checkbox"/> Medicine/cream has been prescribed by a GP             | <input type="checkbox"/> Correct utensil for administering medicine is present  |
| <input type="checkbox"/> Medicine/cream needs to be given in school hours       | <input type="checkbox"/> Dosage has been highlighted on bottle/label            |
| <input type="checkbox"/> Dosage on the bottle matches the parental consent form | <input type="checkbox"/>  |

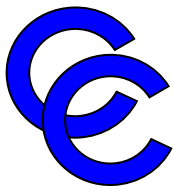




## Safe Disposal of a medication

## Appendix 4

Child's Name	Class	Date medication is returned to parent	Type/s of medication	Amount of medication left at the time of return	Staff name & signature	Parent/carer name & signature



## Additional Medication Sign-in Form

## Appendix 5

Child's Name:				Class:		Date medication received in school:	
Name of medication, in what form and expiry date: (If the medication is a liquid ensure that the date of opening is recorded)	Quantity of medication received	New total quantity of medication held in school	Does the name of the medication, strength and dose match the original consent form?	Is this a controlled medication?  The packaging will be marked CD or controlled drug.	Staff Name:	Parent / Carer Name:	
					Signature:	Signature:	
					Date:	Date:	
<b>In the case of controlled medication, a Senior Leader must check the form, complete the next box and counter sign.</b>	Administration of a controlled medication guide still accurate: YES / NO  Controlled medication double locked away: YES / NO				Senior Leader Name:		
					Signature:		
					Date:		



### **Example of an administration of a controlled medication guide**

#### **Storage – include where and how medication is stored**

The medication is locked inside a small square labelled box. The box is kept in the school First Aid cupboard which is also locked.

#### **Preparation – include where and how medication is prepared**

The medication is in liquid format. A syringe is used to administer the medication. This is prepared outside the head teacher's office, on top of the medical cupboard. This is witnessed by a second member of staff.

#### **Medication – include dosage administered**

2.5ml of Dexamphetamine.

#### **Date and time medication is administered**

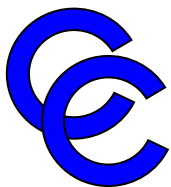
The medication is taken at 12pm every day, prior to having lunch.

#### **Adult administering medicine**

A member of the class team administers the medication. A second member of staff witnesses the medication being prepared and administered. The pupil must be seated and comfortable. They must confirm that their full name matches the full name on the medication.

#### **Disposal of medication – include how and what medication has been disposed of**

The empty syringe must be rinsed out in hot, soapy water in the hygiene room. If the pupil refuses to take the medication this must be reported to parents and logged down on the Administering medication form. The syringe must be washed out with hot, soapy water.



## Administration of a medication record log

## Appendix 7

Name of medication (include quantity received, strength and form of medication. If the medication is in liquid form please record the date of opening.)									
Dose to be given (taken from label)									
Date given									
Actual dose given									
Time given									
Staff name									
Staff signature									
Amount remaining									



## Administration of a controlled medication record log

## Appendix 8

Name of child:			Date of birth:				Class:		
Name of medication (include quantity received, strength and form of medication)									
Dose to be given (taken from label)									
Date given									
Dose given									
Time given									
Staff name									
Staff signature									
Witness name									
Witness signature									
Amount remaining									



**Cavendish Close Infant and Nursery School**

**LETTER TO INFORM PARENTS OF EMERGENCY SALBUTAMOL INHALER USE**

Name of Child: \_\_\_\_\_

Class: \_\_\_\_\_

Date: \_\_\_\_\_

Dear \_\_\_\_\_

This letter is to formally notify you that we needed to administer the emergency asthma inhaler containing salbutamol today.

Your child was given.....puffs.

Name of staff member who administered the emergency inhaler -

Yours sincerely,



Cavendish Close Infant and Nursery School

## Allergy Register

<b><u>Nursery</u></b>		
<b><u>Class 1</u></b>	<b><u>Class 2</u></b>	<b><u>Class 3</u></b>
<b><u>Class 4</u></b>	<b><u>Class 5</u></b>	<b><u>Class 6</u></b>
<b><u>Class 7</u></b>	<b><u>Class 9</u></b>	

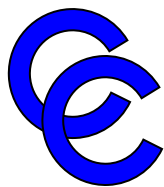


Cavendish Close Infant and Nursery School

## Asthma Register

<b><u>Nursery</u></b>		
<b><u>Class 1</u></b>	<b><u>Class 2</u></b>	<b><u>Class 3</u></b>
<b><u>Class 4</u></b>	<b><u>Class 5</u></b>	<b><u>Class 6</u></b>
<b><u>Class 7</u></b>	<b><u>Class 9</u></b>	





Cavendish Close Infant and Nursery School

## Medical Conditions Register

**Nursery****Class 1****Class 2****Class 3****Class 4****Class 5****Class 6****Class 7****Class 9**

**Cavendish Close Infant & Nursery School****Medical checklist record**

Date	First Aid box	Emergency Inhaler & spacer	Emergency Adrenaline Auto- injector	Name of staff member completing the checks

Signature of staff member completing checks: \_\_\_\_\_

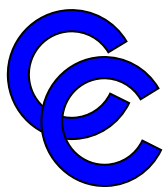
Checks reviewed by R Vincett

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



Use of an inhaler form

Child's Name	Class	Date	Time	Amount of puffs taken	Staff name & signature



### Elite Safety in Education

Training Needs Analysis Schools													
	Headteacher/ SMT	Teachers/TAs	B/Managers	Caretaker/Site Manager	Lunchtime Supervisors	SENCO	Nursery/Early Years	Reception/ Admin	Governors	Cleaners/ Domestics	Kitchen/ Catering	Nominated Person(s)	All Key Staff Identified
Accident Reporting/Investigation Once Only (Walsall Schools 3 Yearly) Included in IOSH Managing Safely in Schools													
Adrenaline Pen 3 Yearly													
Asbestos Awareness Training 3-yearly													
Asbestos Duty Holder 3-yearly													
Asthma Training Annually													
Caretaker/Site Manager Training Once Only													
Conflict Resolution Once Only													
COSHH Training 3-year refresher													
DATA Training 5 Yearly													
Defibrillator Training 3 Yearly													
Display Screen Equipment Yearly Assessment Refresher													
EVC/Group Leader 3-Yearly Refresher Training													
Fire Extinguisher (all staff) 3 Yearly													
Fire Extinguisher (kitchen staff) 3 Yearly													
Fire Warden/Fire Marshall 2/3-Yearly													
First Aid – Emergency First Aid 3 Yearly													
First Aid – First Aid at Work 3 Yearly													
First Aid – Mental Health First Aid 3 Yearly													
First Aid – Paediatric (12 hour course) 3 Yearly													
Food Hygiene/Food Safety – Catering Staff 3 Yearly													
Food Hygiene/Food Safety – General Staff 3 Yearly													
Food Hygiene/Food Safety – Secondary Science Staff 3-Yearly Refresher Training													
Health & Safety Awareness (includes Fire, Manual Handling, Working at Height) Annually													
Health & Safety Governors Training Once Only													
Health & Safety Induction Once Only													
IOSH Managing Safely in Schools Once only (good practice refresher every 3 - years)													
Legionella Training Once Only													

Lunchtime Supervisor Training 3 Yearly													
Managing Medicines Every 3 Years													
Manual Handling 3-year refresher													
MidAS Training 4 Yearly													
Pool Plant Training (one off and then regular update)													
Positive Handling / Team Teach Every 2 years													
Radiation Training 5 Yearly													
Safe Use of Electrical Equipment/Dilution and Spillages													
Safeguarding – Heads / DSL Every 2 – 3 Years (Keeping Children Safe in Education)													
Safeguarding – All Staff Every Year refreshers (Keeping Children Safe in Education)													
Safer Recruitment Training (Every 3 years)													
Stress Awareness Once Only													
Working at Height – Higher Level 3-year refresher													

**Key:**



Mandatory – legal requirement (where “O” is indicated see notes below)



Essential - considered best practice



Recommended/advisable.

**Notes:** “O” is indicated in the paediatric first aid column indicates an OFSTED requirement

\* Check with your Local Authority / MAT / Academy if a mandatory requirement

## **CHANGES**

<b>DATE</b>	<b>CHANGE AND REASON</b>
March 2021	Created an Appendices containing copies of Medication consent forms, Whole School registers, a Medical Poster and an Administration of Medicines document
March 2021	Added the phrase parents/carers into the document
March 2021	Personalised Section 7 – Managing Medicines
March 2021	Updated Links to other policies, guidance, EduCare training
June 2022	Information regarding asthma attacks and the use of an emergency salbutamol inhaler added on Page 7 & 8.
July 2022	Letter to inform parents of emergency salbutamol inhaler use – Appendix 8.
April 2023	Section 2, Page 3 – Direct link to DCC's Administration of Medicines School Policy added.
April 2023	Section 3.1, Page 3 – Information added regarding the responsibility of the Governing Body.
April 2023	Section 3.1, Page 3 – Information added regarding the correct sharing of medical information.
April 2023	Section 7, Page 6 – Information added regarding accepting a prescribed medication in school.
April 2023	Section 7, Page 7 – An updated description of the Parental Consent form.
April 2023	Section 7, Page 7 – Information regarding the administration of a controlled medication.
April 2023	Section 15, Page 10 – Link to DCC guidance.
April 2023	Appendix 9, 10 and 11 added.
April 2023	Section 2, Page 3 – Link to the DFE Emergency Inhaler guidance added.
April 2023	Section 3.3, Page 4 – Class teams need to inform safeguarding and leadership teams of any pupils with medical conditions.
April 2023	Section 3.6, Page 4 – Title and information changed.
April 2023	Section 7, Page 6 – The medical cupboard key is stored in the key safe.
April 2023	Section 6, Page 6 – Medical poster changed to Health & Care plan.
April 2023	Section 7, Page 7 – Medication will be returned to parents when out of date.
April 2023	Appendix 1, Page 12/13 – Quantity/strength of medication and date medication received added to the form.

April 2023	Section 7, Page 7 – information added regarding the consent form.
April 2023	Section 7, Page 7 – Copies of the consent form must be kept in the medical cupboard, class team folder and whole school medical folder
April 2023	Section 7, Page 6 – Correct storage of medication.
April 2023	Section 7, Page 7 – Leadership checks of medication will happen on a termly basis.
April 2023	Section 7, Page 6 – Reference to controlled medication.
April 2023	Section 7, Page 7 – Reference to where controlled medication is stored.
April 2023	Section 7, Page 8 – Administering medication section added.
April 2023	Section 7, Page 8 – Maladministration information added.
April 2023	Section 16, Page 11 – Educare courses added.
April 2023	Section 7, Page 7 – Expiry date of medication.
April 2023	Section 7, Page 8 – Information regarding liquid medication added.
April 2023	Section 7, Page 7 – Information added regarding the administration of a controlled medication.
July 2023	NT Updates to section 7. Section 7 reorganised. Section 8 added. Updates to appendices. All appendices reorganised. Working links added throughout document. Contents updated.
September 2023	RV Updates to section 7 Updates to Section 8.3 Updates to Section 17 Appendix 13 added Appendix 14 added
September 2023	NT Update to section 7. Off Licence Medication Update to appendices 13, 14 & 15