

# FLITWICK LOWER SCHOOL

Administration of Medicines to Pupils & the  
Management of Medical Conditions



The governors and staff wish to adhere to the advice issued in the document "Administration of Medicine to Pupils and the Management of Medical Conditions". Also, to follow the guidelines set out in the DFEE good practice guide "Supporting Pupils with Medical conditions April 2014".

Updated Government Rules and Regulations including L.A. guidelines are displayed in the Medical Room.

In order to personalise this guidance into our particular school setting, the following principles are set out:-

1. **Parental Responsibility**

Parents or guardians have prime responsibility for their child's health and should provide schools with up to date information about their child's medical condition.

2. **School Health Service**

The School Health Service can provide advice on health issues to pupils, parents and teachers. Working together will help to ensure that pupils with medical needs and school staff have effective support in schools.

3. **Administration of Medicine**

There is no legal duty which requires school staff to administer medication; this is a voluntary role. Staff who provide support for pupils with medical needs will require support from parents, access to information and training, if required, to administer medication. We do not administer any pain killing medication such as Calpol or Ibruofen without it being prescribed.

Staff cannot be held liable for any problems incurring from the voluntary administration of medication.

4. **Medication for Childhood Illnesses and Ailments**

If children are acutely unwell they should be kept at home.

School will follow the clearly defined guidelines regarding children returning to school following an infectious illness.

If children are required to finish a course of antibiotics or have lotion applied, then parents should either make arrangements to do this themselves at lunchtime or nominate another person who will undertake this task (this could be a member of the school administration staff subject to availability.) School staff will not administer non-prescribed medication. In the case of medication for long-term medical conditions this must be discussed and agreed with the head teacher. In this case, a form of indemnity will need to be obtained from the school office and signed. All medication administered is logged and shared with parents.

5. **Long-term Medical Needs**

The school needs to have sufficient information about the medical condition of pupils with long-term medical needs. This needs to be discussed before the child starts school or when the child develops a condition and requires updating on a regular basis.

For children who attend hospital appointments on a regular basis, special arrangements may also be necessary.

A written health care plan will be drawn up for such pupils, involving the parents and relevant health professionals.

Any medication kept in school will be monitored regularly by the 'office staff' and kept in a clearly labelled, secure cupboard.

Parents will be asked to replace expired stock.

**Medication issued on a daily basis:**

Parents will be asked to fill in and sign a medical instruction form, stating the name of the medication, when and how it should be administered. This will be checked regularly.

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ALL medication administered on a regular basis is kept in a secure cupboard (this includes inhalers) and is clearly labelled with the child's name and class. A log of all medicines administered is kept in the medical room. Only nominated school personnel control the issue of these medications.

Named members of staff with First Aid qualifications attend regular up-grading of their qualifications.

## **School Trips**

Children with medical needs will be encouraged to participate in school trips, wherever safety permits. Staff supervising excursions should always be aware of any medical needs and relevant emergency procedures.

Any Medication kept in school will accompany the relevant child for any off-site activity.

Separate forms are completed for residential trips, if children need pain killing medicine for headaches etc this must be provided by the parent and parents are asked to consent to this.

## 6. **Sporting Activities**

Most children with medical conditions can participate in extra-curricular sport or in the PE curriculum. Any restrictions on a pupil's ability to participate in PE should be included in their individual health care plan.

## 7. **Asthma, Epilepsy, Diabetes and Anaphylaxis**

### **Asthma**

Children with asthma must have immediate access to their reliever inhalers when they need them. Inhalers will be available during physical education and sports activities and accompany the child on any school trips. It is helpful if parents provide schools with a spare inhaler for their child's use in case the inhaler runs out. Spare reliever inhalers must be clearly labelled with the pupils name and stored safely.

### **Epilepsy**

Pupils with epilepsy are usually well controlled by medication, making seizures unlikely to happen during the school day. Parents should tell school of likely 'triggers' so that action can be taken to minimise exposure to them. When drawing up health plans, parents should tell schools about the type and duration of seizures to enable appropriate safety measures to be taken.

### **Diabetes**

Most diabetics of school age control their condition by two injections of insulin each day. It is unlikely that these will need to be given during school hours. Parents should consult with the school over individual requirements.

### **Anaphylactic Shock**

Anaphylaxis is an extreme allergic reaction requiring urgent medical treatment. Parents need to ensure that school knows the allergens that the child must avoid.

**Food allergies** – school work in partnership with parents and the School Meals Provider to ensure that an up to date record is held in school.

Lunch time Supervisors are also informed of children with allergies.

### **Use of Auto immune injections**

Annual training will be given to all staff who require it on the use of Auto immune injections in school. This training is usually delivered by the school nurse. This is an annual training programme

Policy Agreed by staff:	September 13
Policy ratified by Governors:	October 2014
Last Review Date:	November 16
Next Review date:	November 17
Signed:	