

CHILDREN'S SERVICES HEALTH & SAFETY

Statutory/HCC Recommended	Developed by:	Approved by:	Date Approved/Reviewed:	Next Review Date:
School	DHT	HT	September 2017	September 2018

First Aid and Medical Conditions at School policy

Name of Unit/Premises/Centre/School	Fairfields Primary school
Date of Policy Issue/Review	14.9.17
Name of Responsible Manager/Headteacher	Kelly Dillon
Signature of Responsible Manager/Headteacher	

Policy Statement

Fairfields Primary School will undertake to ensure compliance with the relevant legislation with regard to the provision of first aid for all employees and to ensure best practice by extending the arrangements as far as is reasonably practicable to children and others who may also be affected by our activities.

Responsibility for first aid at Fairfields Primary School is held by the headteacher, Kelly Dillon, who is the responsible manager.

All first aid provision is arranged and managed in accordance with the Children's Services Safety Guidance Procedure SGP 08-07(First Aid).

All staff have a statutory obligation to follow and co-operate with the requirements of this policy.

Aims & Objectives

Our first aid policy requirements will be achieved by:

- Carrying out a First Aid Needs Assessment to determine the first aid provision requirements for our premises
 - It is our policy to ensure that the First Aid Needs Assessment will be reviewed periodically or following any significant changes that may affect first aid provision
 - The Children's Services First Aid Needs Assessment Form (CSAF-002) will be used to produce the First Aid Needs Assessment for our site
- Ensuring that there are a sufficient number of trained first aid staff on duty and available for the numbers and risks on the premises in accordance with the First Aid Needs Assessment
- Ensuring that there are suitable and sufficient facilities and equipment available to administer first aid in accordance with the First Aid Needs Assessment
- Ensuring the above provisions are clear and shared with all who may require them

First Aid Training	
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The responsible manager will ensure that appropriate numbers of appointed persons, school first aid trained staff, emergency first aiders, qualified first aiders and paediatric first aid trained staff are nominated, as identified by completion of the First Aid Needs Assessment, and that they are adequately trained to meet their statutory duties.

Appointed Persons

At Fairfields Primary School there are three appointed persons who are as follows:

- Anne Lancashire
- Zoë Shields
- Keith Champion

Where the first aid needs assessment identifies that qualified first aid staff are not necessary due to the nature/level of risk, the **minimum legal requirement** is to appoint a person (the Appointed Person) to be on site at all times during the working day. Appointed persons are in place to take charge of first aid arrangements including looking after equipment and calling emergency services.

Note: Appointed Persons are not First Aiders and should not provide first aid for which they have not been trained. However it is good practice to provide appointed persons with some level of first aid training. Such training does not require HSE approval.

Emergency First Aiders *(Those completing the HSE approved 1-day emergency first aid course)*

At Fairfields Primary School there are 6 emergency first aiders who are as follows:

- Sue Jones
- Jo Gideon
- Soheila Gahari
- Gill Toombes
- Ria Cutmore
- Zara Britton

They will be responsible for administering first aid, in accordance with their training, to those that become injured or fall ill whilst at work or on the premises. They may also have other duties and responsibilities which are identified and delegated as appropriate (eg. first aid kit inspections).

Qualified First Aiders *(Those completing the HSE approved 3-day first aid course)*

At Fairfields Primary School there are two qualified first aiders who are as follows:

- Anne Lancashire
- Nicki Freeth

They will be responsible for administering first aid, in accordance with their training, to those that become injured or fall ill whilst at work or on the premises. There may also be other duties and responsibilities which are identified and delegated to the first aider (eg. first aid kit inspections).

Paediatric First Aid Trained Staff

At Fairfields Primary School there are four paediatric first aid trained staff who are as follows:

- Keith Champion
- Lauren Brownhill
- Anita Bifield
- Zoë Shields

These staff are in place to meet the Early Years Foundation Stage (EYFS) statutory obligations for provision of first aid to those children aged 5 years old or younger.

First Aid Provision	
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Our First Aid Needs Assessment has identified the following first aid kit requirements:

- 16 first aid kits on the premises
These first aid kits will be situated 1 in each classroom and 2 in the office
- 0 travel first aid kits in vehicles
Travel first aid kits are prepared in advance of each school trip, depending on the number of groups travelling. (one kit per group)

It is the responsibility of the emergency/qualified first aiders/appointed persons to check the contents of all first aid kits every term and record findings on the Children's Services First Aid Kit Checklist (CSAF-003). Completed checklists are to be stored in the school office.

The contents of first aid kits are listed under the '*required quantity*' column on the checklist itself.

The medical room and medical area in the school office are designated as the first aid rooms for treatment, sickness and the administering of first aid. The first aid room will have the following facilities:

- running water
- first aid kit
- chair etc

Emergency Arrangements	
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Upon being summoned in the event of an accident, the first aider/appointed person is to take charge of the first aid administration/emergency treatment commensurate with their training. Following their assessment of the injured person, they are to administer appropriate first aid and make a balanced judgement as to whether there is a requirement to call an ambulance.

The first aider/appointed person is to always call an ambulance on the following occasions:

- In the event of a serious injury
- In the event of any significant head injury
- In the event of a period of unconsciousness
- Whenever there is the possibility of a fracture or where this is suspected
- Whenever the first aider is unsure of the severity of the injuries
- Whenever the first aider is unsure of the correct treatment

In the event of an accident involving a child, where appropriate, it is our policy to always notify parents of their child's accident if it:

- is considered to be a serious (or more than minor) injury
- requires first aid treatment
- requires attendance at hospital

Our procedure for notifying parents will be to use all telephone numbers available to contact them and leave a message should the parents not be contactable.

In the event that parents can not be contacted and a message has been left, our policy will be to continue to attempt to make contact with the parents every hour. In the interim, we will ensure that the qualified first aider, appointed person or another member of staff remains with the child until the parents can be contacted and arrive (as required).

In the event that the child requires hospital treatment and the parents can not be contacted prior to attendance, the qualified first aider/appointed person/another member of staff will accompany the child to hospital and remain with them until the parents can be contacted and arrive at the hospital.

Records	
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All accidents requiring first aid treatment are to be recorded with (at least) the following information:

- Name of injured person
- Name of the qualified/emergency/school/paediatric first aider or appointed person
- Date of the accident
- Type of accident (eg. bump on head etc)
- Treatment provided and action taken

Medical Conditions at School

- **This school is an inclusive community that aims to support and welcome pupils with medical conditions.**
- **This school aims to provide all pupils with all medical conditions the same opportunities as others at school.**

We will help to ensure they can:

- be healthy
- stay safe
- enjoy and achieve
- make a positive contribution
- achieve economic well-being
- The school ensures all staff understand their duty of care to children and young people in the event of an emergency
- All staff feel confident in knowing what to do in an emergency
- This school understands that certain medical conditions are serious and can be potentially life threatening, particularly if ill managed or misunderstood
- This school understands the importance of medication being taken as prescribed
- All staff understand the common medical conditions that affect children at this school. Staff receive training on the impact medical conditions can have on pupils.

Policy framework

1. This school is an inclusive community that aims to support and welcome pupils with medical conditions.
2. This school's medical conditions policy is drawn up in consultation with a wide-range of local key stakeholders within both the school and health settings.

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3. The medical conditions policy is supported by a clear communication plan for staff, parents* and other key stakeholders to ensure its full implementation.
4. All staff understand and are trained in what to do in an emergency for the most common serious medical conditions at this school.
5. All staff understand and are trained in the school's general emergency procedures.
6. This school has clear guidance on the administration of medication at school.
7. This school has clear guidance on the storage of medication at school.
8. This school has clear guidance about record keeping.
9. This school ensures that the whole school environment is inclusive and favorable to pupils with medical conditions. This includes the physical environment, as well as social, sporting and educational activities.
10. This school is aware of the common triggers that can make common medical conditions worse or can bring on an emergency. The school is actively working towards reducing or eliminating these health and safety risks and has a written schedule of reducing specific triggers to support this.
11. Each member of the school and health community knows their roles and responsibilities in maintaining and implementing an effective medical conditions policy.
12. The medical conditions policy is regularly reviewed, evaluated and updated. Updates are produced every year.

* The term 'parent' implies any person or body with parental responsibility such as foster parent, carer, guardian or local authority.

1. This school is an inclusive community that aims to support and welcome pupils with medical conditions

a. This school understands that it has a responsibility to make the school welcoming and supportive to pupils with medical conditions who currently attend and to those who may enrol in the future.

b. This school aims to provide all children with all medical conditions the same opportunities as others at school. We will help to ensure they can:

- + be healthy
- + stay safe
- + enjoy and achieve
- + make a positive contribution
- + achieve economic well-being.

c. Pupils with medical conditions are encouraged to take control of their condition. Pupils feel confident in the support they receive from the school to help them do this.

d. This school aims to include all pupils with medical conditions in all school activities.

e. Parents* of pupils with medical conditions feel secure in the care their children receive at this school.

f. The school ensures all staff understand their duty of care to children and young people in the event of an emergency.

g. All staff feel confident in knowing what to do in an emergency.

h. This school understands that certain medical conditions are serious and can be potentially life-threatening, particularly if ill managed or misunderstood.

i. All staff understand the common medical conditions that affect children at this school. Staff receive annual Epi-pen training which supports this.

j. The medical conditions policy is understood and supported by the whole school and local health community.

* The term 'parent' implies any person or body with parental responsibility such as foster parent, carer, guardian or local authority.

2. This school's medical conditions policy has been drawn up in consultation with a wide range of local key stakeholders within both the school and health settings

a. This school has consulted on the development of this medical condition policy with a wide-range of key stakeholders within both the school and health settings. These key stakeholders

include:

- + pupils with medical conditions
- + parents
- + school nurse
- + head teacher
- + teachers
- + inclusion manager
- + home school link worker
- + members of staff trained in first aid
- + all other school staff
- + local emergency healthcare staff (such as accident & emergency staff and paramedics)
- + local healthcare professionals
- + school governors.

b. The views of pupils with various medical conditions were actively sought and considered central to the consultation process.

c. All key stakeholders were consulted during development of the policy

d. This school recognises the importance of providing feedback to those involved in the development process and is committed to acknowledging input and providing follow-up to suggestions put forward.

3. The medical conditions policy is supported by a clear communication plan for staff, parents and other key stakeholders to ensure its full implementation

a. Pupils are informed and regularly reminded about the medical conditions policy:

- + through the school council
- + in the school newsletter at several intervals in the school year
- + in personal, social and health education (PSHE) classes
- + through school-wide communication about results of the monitoring and evaluation of the policy.

b. Parents are informed and regularly reminded about the medical conditions policy:

- + at the start of the school year when communication is sent out about Healthcare Plans
- + in the school newsletter at several intervals in the school year
- + when their child is enrolled as a new pupil
- + via the school's website, where it is available all year round
- + through school-wide communication about results of the monitoring and evaluation of the policy.

c. School staff are informed and regularly reminded about the medical conditions policy:

- + as part of the school's health and safety induction processes
- + through copies handed out at the first staff meeting of the school year and before Healthcare Plans are distributed to parents
- + at scheduled medical conditions training
- + through the key principles of the policy being displayed in several prominent staff areas at this school
- + through school-wide communication about results of the monitoring and evaluation of the policy

d. Local health staff will informed and regularly reminded about the school's medical conditions policy where necessary:

- + through planning meetings with the school nurse or other relevant professionals
- + by letter accompanied with a printed copy of the policy at the start of the school year
- + via primary care trust (PCT) links and the school/community nurse
- + through communication about results of the monitoring and evaluation of the policy.

e. All other relevant external stakeholders are informed and reminded about the school's medical conditions policy:

- + by letter accompanied with a printed copy of the policy summary at the start of the school year
- + through communication about results of the monitoring and evaluation of the policy.

4. All staff understand and are trained in what to do in an emergency for the most common serious medical conditions at this school

a. All staff at this school are aware of the most common serious medical conditions at this school.

b. Staff at this school understand their duty of care to pupils in the event of an emergency. In an

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emergency situation school staff are required under common law duty of care to act like any reasonably prudent parent. This may include administering medication.

- c. All staff who work with groups of pupils at this school receive training and know what to do in an emergency for the pupils in their care with medical conditions.
- d. Training is refreshed for all staff at least once a year.
- e. Action for staff to take in an emergency for the common serious conditions at this school is displayed in prominent locations for all staff including classrooms, the office and the medical room.
- f. This school uses Healthcare Plans for pupils with epi-pens to inform the appropriate staff (including supply teachers and support staff) of pupils in their care who may need emergency help.
- g. This school has procedures in place so that a copy of the pupil's Healthcare Plan is sent to the emergency care setting with the pupil. On occasions when this is not possible, the form is sent (or the information on it is communicated) to the hospital as soon as possible.
- h. This school has arrangements with the local hospital to ensure the timely transfer of Healthcare Plans to the hospital in the event of an emergency.

5. All staff understand and are trained in the school's general emergency procedures

- a. All staff know what action to take in the event of a medical emergency. This includes:
 - how to contact emergency services and what information to give
 - who to contact within the school.
- b. Training is refreshed for all staff at least once a year.
- c. Action to take in a general medical emergency is displayed in prominent locations for staff. These include classrooms, the staff room, food preparation areas and sporting facilities.
- d. If a pupil needs to be taken to hospital, a member of staff will always accompany them if a parent is not available to do so and will stay with them until a parent arrives. The school tries to ensure that the staff member will be one the pupil knows.
- e. Generally, staff should not take pupils to hospital in their own car. This school has clear guidance from the local authority on when (and if) this is appropriate.

6. The school has clear guidance on the administration of medication at school

Administration – emergency medication

- a. All pupils at this school with medical conditions have **easy access to their emergency medication**.
- b. All pupils are encouraged to administer their own emergency medication, when their parents

and health specialists determine they are able to start taking responsibility for their condition. All such pupils can access their emergency medication at any time, unless they are controlled drugs as defined in the Misuse of Drugs Act 1971. This is also the arrangement on any off-site or residential visits.

c. Pupils who do not carry and administer their own emergency medication know where their medication is stored and how to access it.

d. Pupils who do not carry and administer their own emergency medication understand the arrangements for a member of staff (and the reserve member of staff) to assist in helping them take their medication safely.

Administration – general

e. All use of medication defined as a controlled drug, even if the pupil can administer the medication themselves, is done under the supervision of a named member of staff at this school.

No child under 16 years should be given prescription or non-prescription medicines without consent-except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed.

f. This school understands the importance of medication being taken as prescribed and only accepts prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin, which must still be in date, but will generally be available to schools inside an insulin pen/pump.

g. All staff are aware that there is no legal or contractual duty for any member of staff to administer medication or supervise a pupil taking medication unless they have been specifically contracted to do so.

h. There are several members of staff at this school who have been specifically contracted to administer medication.

i. Many other members of staff are happy to take on the voluntary role of administering medication. For medication where no specific training is necessary, any member of staff may administer prescribed and non-prescribed medication to pupils under the age of 16, but only with the written consent of the pupil's parent.

j. Training is given to all staff members who agree to administer medication to pupils, where specific training is needed. The local authority provides full indemnity.

k. All school staff have been informed through training that they are required, under common law duty of care, to act like any reasonably prudent parent in an emergency situation. This may include taking action such as administering medication.

l. In some circumstances medication is only administered by an adult of the same gender as the

pupil, and preferably witnessed by a second adult.

m. Parents at this school understand that if their child's medication changes or is discontinued, or the dose or administration method changes, that they should notify the school immediately.

n. If a pupil at this school refuses their medication, staff record this and follow procedures. Parents are informed as soon as possible.

o. If a pupil at this school needs supervision or access to medication during home to school transport organised by the local authority, properly trained escorts are provided. All drivers and escorts have the same training as school staff, know what to do in a medical emergency and are aware of any pupils in their care who have specific needs. If they are expected to supervise or administer emergency medication they are properly trained and have access to the relevant Healthcare Plans.

p. All staff attending off-site visits are aware of any pupils with medical conditions on the visit. They receive information about the type of condition, what to do in an emergency and any other additional support necessary, including any additional medication or equipment needed. This information will form part of the school's risk assessment for the visit.

q. If a trained member of staff, who is usually responsible for administering medication, is not available this school makes alternative arrangements to provide the service. This is always addressed in the risk assessment for off-site activities.

r. If a pupil misuses medication, either their own or another pupil's, their parents are informed as soon as possible. These pupils are subject to the school's usual disciplinary procedures.

7. This school has clear guidance on the storage of medication at school

Safe storage – emergency medication

a. Emergency medication is readily available to pupils who require it at all times during the school day or at off-site activities. If the emergency medication is a controlled drug and needs to be locked up, the keys are readily available and not held personally by members of staff.

b. Most pupils at this school have access to their emergency medication in their classrooms and this accompanies them at all times when off site.

c. Pupils at this school are reminded to carry their emergency medication with them when necessary.

d. Pupils, whose healthcare professionals and parents advise the school that their child is not yet able or old enough to self manage and carry their own emergency medication, know exactly where to access their emergency medication.

*If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or

accompany a child taken to hospital by ambulance.

Safe storage – non-emergency medication

- e. All non-emergency medication is kept in a secure place, in a lockable cupboard in a cool dry place. Pupils with medical conditions know where their medication is stored and how to access it.
- f. Staff ensure that medication is only accessible to those for whom it is prescribed.

Safe storage – general

- g. There is an identified member of staff who ensures the correct storage of medication at school.
- h. All controlled drugs are kept in a locked cupboard and only named staff have access, even if pupils normally administer the medication themselves.
- i. Three times a year the identified member of staff checks the expiry dates for all medication stored at school.
- j. The identified member of staff, along with the parents of pupils with medical conditions, ensures that all emergency and non-emergency medication brought in to school is clearly labeled with the pupil's name, the name and dose of the medication and the frequency of dose. This includes all medication that pupils carry themselves.
- k. All medication is supplied and stored, wherever possible, in its original containers. All medication is labelled with the pupil's name, the name of the medication, expiry date and the prescriber's instructions for administration, including dose and frequency.
- l. Medication is stored in accordance with instructions, paying particular note to temperature.
- m. Some medication for pupils at this school may need to be refrigerated. All refrigerated medication is stored in an airtight container and is clearly labelled. Refrigerators used for the storage of medication are in a secure area, inaccessible to unsupervised pupils or lockable as appropriate.
- n. All medication is sent home with pupils at the end of the school year. Medication is not stored in summer holidays.
- o. It is the parent's responsibility to ensure new and in date medication comes into school on the first day of the new academic year.

Safe disposal

- p. Parents at this school are asked to collect out-of-date medication.
- q. If parents do not pick up out-of-date medication, or at the end of the school year, medication is taken to a local pharmacy for safe disposal.
- r. A named member of staff is responsible for checking the dates of medication and arranging for the disposal of any that have expired. This check is done at least three times a year and is always documented.

- s. Sharps boxes are used for the disposal of needles. Parents obtain sharps boxes from the child's GP or paediatrician on prescription. All sharps boxes in this school are stored in a locked cupboard unless alternative safe and secure arrangements are put in place on a case-by-case basis.
- t. If a sharps box is needed on an off-site or residential visit, a named member of staff is responsible for its safe storage and return to a local pharmacy or to school or the pupil's parent.
- u. Collection and disposal of sharps boxes is arranged with the local authority's environmental services.

8. This school has clear guidance about record keeping

Enrolment forms

- a. Parents at this school are asked if their child has any health conditions or health issues on the enrolment form, which is filled out at the start of each school year. Parents of new pupils starting at other times during the year are also asked to provide this information on enrolment forms.

Healthcare Plans

Drawing up Healthcare Plans

- b. This school uses a Healthcare Plan to record important details about individual children's medical needs at school, their triggers, signs, symptoms, medication and other treatments. Further documentation can be attached to the Healthcare Plan if required. Healthcare plans for most children are drawn up by the school nurse following advice from the child's doctor.

c. Where a Healthcare Plan is necessary to support a child's condition, but is not provided by the school nurse, the school will, in liaison with the child and their parents, create the required documentation.

- c. If a pupil has a short-term medical condition that requires medication during school hours, a medication form must be completed by the child's parents.

[See Appendix 1 - Administration of Medicines & Treatment Consent form](#)

- d. The school nurse will ensure that all relevant school staff understand the HealthCare Plan.

School Healthcare Plan register

- g. Healthcare Plans are kept centrally by a member of staff with responsibility for first aid.

h. The responsible member of staff follows up with the parents any further details on a pupil's Healthcare Plan required or if permission for administration of medication is unclear or incomplete.

Ongoing communication and review of Healthcare Plans

- i. Parents at this school will be reminded to update their child's Healthcare Plan if their child has a medical emergency or if there have been changes to their symptoms (getting better or worse), or their medication and treatments change.

j. Staff at this school use opportunities such as teacher–parent interviews and home–school diaries to check that information held by the school on a pupil's condition is accurate and up to date.

k. Every pupil with a Healthcare Plan at this school has their plan discussed and reviewed at least once a year.

Storage and access to Healthcare Plans

l. Parents and pupils at this school are provided with a copy of the pupil's current agreed Healthcare Plan.

m. Healthcare Plans are kept in a secure central location at school.

n. Apart from the central copy, specified members of staff securely hold copies of pupils' Healthcare Plans. These copies are updated at the same time as the central copy.

o. All members of staff who work with groups of pupils have access to the Healthcare Plans of pupils in their care.

p. When a member of staff is new to a pupil group, for example due to staff absence, the school makes sure that they are made aware of (and have access to) the Healthcare Plans of pupils in their care.

q. This school ensures that all staff protect pupil confidentiality.

r. This school seeks permission from parents to allow the Healthcare Plan to be sent ahead to emergency care staff, should an emergency happen during school hours or at a school activity outside the normal school day. This permission is included on the Healthcare Plan.

s. This school seeks permission from the pupil and parents before sharing any medical information with any other party, such as when a pupil takes part in school visit and may be supervised by an adult not in the school's employ.

Use of Individual Healthcare Plans (IHPs)

Healthcare Plans are used by this school to:

- + inform the appropriate staff and supply teachers about the individual needs of a pupil with a medical condition in their care
- + remind pupils with medical conditions to take their medication when they need to and, if appropriate, remind them to keep their emergency medication with them at all times
- + identify common or important individual triggers for pupils with medical conditions at school that bring on symptoms and can cause emergencies. This school uses this information to help reduce the impact of common triggers
- + ensure that all medication stored at school is within the expiry date
- + ensure this school's local emergency care services have a timely and accurate summary of a pupil's current medical management and healthcare in the event of an emergency
- + remind parents of pupils with medical conditions to ensure that any medication kept at school for their child is within its expiry dates. This includes spare medication.
- + Where a child has SEN but does not have a statement or EHCP, their special educational needs

should be mentioned in their individual healthcare plan.

+At our school the Inclusion Manager is responsible for developing healthcare plans.

+Plans are drawn up in partnership between the school, parents and a healthcare professional.

+Plans will be reviewed annually.

+Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), we will work with the local authority and education provider to ensure that the individual healthcare plan identifies the support the child will need to integrate effectively.

+

Consent to administer medicines

t. If a pupil requires regular prescribed medication at school, parents are asked to provide written consent giving the pupil or staff permission to administer medication on a regular/daily basis, if required. A separate form is sent to parents for pupils taking short courses of medication.

u. All parents of pupils with a medical condition who may require medication in an emergency are asked to provide consent on the Healthcare Plan for staff to administer medication.

v. If a pupil requires regular/daily help in administering their medication then the school outlines the school's agreement to administer this medication on the pupil's Healthcare Plan. The school and parents keep a copy of this agreement.

w. Parents of pupils with medical conditions at this school are all asked if they and their child's healthcare professional believe the child is able to manage, carry and administer their own emergency medication.

Residential visits

x. Parents are sent a residential visit form to be completed and returned to school shortly before their child leaves for an overnight or extended day visit. This form requests up-to-date information about the pupil's current condition and their overall health. This provides essential and up-to-date information to relevant staff and school supervisors to help the pupil manage their condition while they are away. This includes information about medication not normally taken during school hours.

See Appendix 1 – Educational visit information and consent form

y. All residential visit forms are taken by the relevant staff member on visits and for all out-of-school hours activities where medication is required. These are accompanied by a copy of the pupil's Healthcare Plan.

z. All parents of pupils with a medical condition attending a school trip or overnight visit are asked for consent, giving staff permission to administer medication at night or in the morning if required.

aa. The residential visit form also details what medication and what dose the pupil is currently taking at different times of the day. It helps to provide up-to-date information to relevant staff and supervisors to help the pupil manage their condition while they are away.

See Appendix 1 – Educational visit information and consent form

Other record keeping

bb. This school keeps an accurate record of each occasion an individual pupil is given or supervised

taking medication. Details of the supervising staff member, pupil, dose, date and time are recorded. If a pupil refuses to have medication administered, this is also recorded and parents are informed as soon as possible.

See Appendix 1 – Record of prescribed medicines given to a child in school

cc. This school holds training on common medical conditions once a year. All staff attending receive a certificate confirming the type of training they have had. A log of the medical condition training is kept by the school and reviewed every 12 months to ensure all new staff receive training.

dd. All school staff who volunteer or who are contracted to administer medication are provided with training by a healthcare professional. The school keeps a register of staff who have had the relevant training.

ee. This school keeps an up-to-date list of members of staff who have agreed to administer medication and have received the relevant training.

Unacceptable practice

It is not acceptable practice to:

+prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary

+assume that every child with the same condition requires the same treatment

+ignore the views of the child or their parents; or ignore medical evidence or opinion (although this may be challenged)

+send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs

+if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable

+penalize children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments

+prevent pupils from eating, drinking or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively

+require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs

+prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child

9. This school ensures that the whole school environment is inclusive and favourable to pupils with medical conditions. This includes the physical environment, as well as social, sporting and educational activities

Physical environment

a. This school is committed to providing a physical environment that is accessible to pupils with medical conditions.

b. Pupils with medical conditions are included in the consultation process to ensure the physical environment at this school is accessible.

c. This school's commitment to an accessible physical environment includes out-of-school visits. The school recognises that this sometimes means changing activities or locations.

Social interactions

d. This school ensures the needs of pupils with medical conditions are adequately considered to ensure their involvement in structured and unstructured social activities, including during breaks and before and after school.

e. This school ensures the needs of pupils with medical conditions are adequately considered to ensure they have full access to extended school activities such as school discos, Freddie's club, school productions, after school clubs and residential visits.

f. All staff at this school are aware of the potential social problems that pupils with medical conditions may experience. Staff use this knowledge to try to prevent and deal with problems in accordance with the school's anti-bullying and behaviour policies.

g. Staff use opportunities such as personal, social and health education (PSHE) lessons to raise awareness of medical conditions amongst pupils and to help create a positive social environment.

Exercise and physical activity

h. This school understands the importance of all pupils taking part in sports, games and activities.

i. This school ensures all classroom teachers, PE teachers and sports coaches make appropriate adjustments to sports, games and other activities to make physical activity accessible to all pupils.

j. This school ensures all classroom teachers, PE teachers and sports coaches understand that pupils should not be forced to take part in an activity if they feel unwell.

k. Teachers and sports coaches are aware of pupils in their care who have been advised to avoid or to take special precautions with particular activities.

l. This school ensures all PE teachers, classroom teachers and school sports coaches are aware of the potential triggers for pupils' medical conditions when exercising and how to minimize these triggers.

m. This school ensures all pupils have the appropriate medication or food with them during physical activity and that pupils take them when needed.

n. This school ensures all pupils with medical conditions are actively encouraged to take part in out-of-school clubs and team sports.

Education and learning

o. This school ensures that pupils with medical conditions can participate fully in all aspects of the curriculum and ensures that appropriate adjustments and extra support are provided.

p. If a pupil is missing a lot of time at school, they have limited concentration or they are frequently tired, all teachers at this school understand that this may be due to their medical

condition.

q. Teachers at this school are aware of the potential for pupils with medical conditions to have special educational needs (SEN). Pupils with medical conditions who are finding it difficult to keep up with their studies are referred to the SEN coordinator. The school's SEN coordinator consults the pupil, parents and the pupil's healthcare professional to ensure the effect of the pupil's condition on their schoolwork is properly considered.

r. This school ensures that lessons about common medical conditions are incorporated into PSHE lessons and other parts of the curriculum.

s. Pupils at this school learn about what to do in the event of a medical emergency.

Residential visits

t. Risk assessments are carried out by this school prior to any out-of-school visit and medical conditions are considered during this process. Factors this school considers include: how all pupils will be able to access the activities proposed, how routine and emergency medication will be stored and administered, and where help can be obtained in an emergency.

u. This school understands that there may be additional medication, equipment or other factors to consider when planning residential visits. This school considers additional medication and facilities that are normally available at school.

v. Risk assessments are carried out before pupils start any work experience or off-site educational placement. It is this school's responsibility to ensure that the placement is suitable, including travel to and from the venue for the pupil. Permission is sought from the pupil and their parents before any medical information is shared with an employer or other education provider.

10. This school is aware of the common triggers that can make medical conditions worse or can bring on an emergency. The school is actively working towards reducing or eliminating those health and safety risks.

a. This school is committed to reducing the likelihood of medical emergencies by identifying and reducing triggers both at school and on out-of-school visits.

b. School staff have been given training on medical conditions. This training includes detailed information on how to avoid and reduce exposure to common triggers for common medical conditions.

c. Written information about how to avoid common triggers for medical conditions is been provided to all school staff when necessary.

e. This school uses Healthcare Plans to identify individual pupils who are sensitive to particular triggers. The school has a detailed action plan to ensure these individual pupils remain safe during all lessons and activities throughout the school day.

f. Full health and safety risk assessments are carried out on all out-of-school activities before they are approved, including work experience placements and residential visits, taking into account the

needs of pupils with medical conditions.

g. The school reviews medical emergencies and incidents to see how they could have been avoided. Appropriate changes to this school's policy and procedures are implemented after each review.

11. Each member of the school and health community knows their roles and responsibilities in maintaining an effective medical conditions policy

a. This school works in partnership with all interested and relevant parties including the school's governing body, all school staff, parents, employers, community healthcare professionals and pupils to ensure the policy is planned, implemented and maintained successfully.

b. The following roles and responsibilities are used for the medical conditions policy at this school. These roles are understood and communicated regularly.

Employer

This school's employer has a responsibility to:

+promote co-operation between relevant partners with a view to improving the wellbeing of children with regard to their physical and mental health, and their education, training and recreation

+provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within IHPs can be delivered effectively

+work with schools to support pupils with medical conditions to attend full time

+make other arrangements for pupils who will not receive a suitable education in a mainstream school because of their health needs

+ ensure the health and safety of their employees and anyone else on the premises or taking part in school activities (this includes all pupils). This responsibility extends to those staff and others leading activities taking place off-site, such as visits, outings or field trips

+ ensure health and safety policies and risk assessments are inclusive of the needs of pupils with medical conditions

+ make sure the medical conditions policy is effectively monitored and evaluated and regularly updated

+ report to parents, pupils, school staff and the local authority about the successes and areas for improvement of this school's medical conditions policy

+ provide indemnity for staff who volunteer to administer medication to pupils with medical conditions.

Head teacher

This school's head teacher has a responsibility to:

+ensure the development of Individual Healthcare Plans (IHPs)

+ensure that school staff are appropriately insured and are aware that they are insured to support pupils in this way

+contact the school nursing service in the case of any child 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 the school is inclusive and welcoming and that the medical conditions policy is in line with local and national guidance and policy frameworks

+ liaise between interested parties including pupils, school staff, special educational needs

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coordinators, pastoral support/welfare officers, teaching assistants, school nurses, parents, governors, the school health service, the local authority transport service, and local emergency care services

- + ensure the policy is put into action, with good communication of the policy to all and that staff understand their role in its implementation
- + ensure every aspect of the policy is maintained
- + ensure that information held by the school is accurate and up to date and that there are good information sharing systems in place using pupils' Individual Healthcare Plans
- + ensure pupil confidentiality
- + assess the training and development needs of staff and arrange for them to be met, (including whole staff awareness training, where necessary) so that there are sufficient trained numbers of staff available to implement the policy and deliver Individual Healthcare Plans, including in contingency and emergency situations
- + ensure all supply teachers and new staff know the medical conditions policy
- + delegate a staff member to check the expiry date of medicines kept at school and maintain the school medical conditions register
- + monitor and review the policy at least once a year, with input from pupils, parents, staff and external stakeholders
- + update the policy at least once a year according to review recommendations and recent local and national guidance and legislation
- + report back to all key stakeholders about implementation of the medical conditions policy.
- + ensure that appropriate risk assessments are in place for school visits, holidays and other school activities outside of the normal timetable

All school staff

All staff at this school have a responsibility to:

- + be aware of the potential triggers, signs and symptoms of common medical conditions and know what to do in an emergency
- + understand the school's medical conditions policy
- + know which pupils in their care have a medical condition and be familiar with the content of the pupil's Individual Healthcare Plan
- + allow all pupils to have immediate access to their emergency medication
- + maintain effective communication with parents including informing them if their child has been unwell at school
- + ensure pupils who carry their medication with them have it when they go on a school visit or out of the classroom
- + be aware of pupils with medical conditions who may be experiencing bullying or need extra social support
- + understand the common medical conditions and the impact it can have on pupils (pupils should not be forced to take part in any activity if they feel unwell)
- + ensure all pupils with medical conditions are not excluded unnecessarily from activities they wish to take part in
- + ensure pupils have the appropriate medication or food with them during any exercise and are allowed to take it when needed

Teaching staff

Teachers at this school have a responsibility to:

- + ensure pupils who have been unwell catch up on missed school work

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- + be aware that medical conditions can affect a pupil's learning and provide extra help when pupils need it
- + liaise with parents, the pupil's healthcare professionals, special educational needs coordinator and welfare officers if a child is falling behind with their work because of their condition
- + use opportunities such as PSHE and other areas of the curriculum to raise pupil awareness about medical conditions.

School nurse or school healthcare professional

The school nurse at this school has a responsibility to:

- + help update the school's medical conditions policy
- + notify the school when a child has been identified as having a medical condition which will require support in school (wherever possible before the child starts at school)
- + help provide regular training for school staff in managing the most common medical conditions at school
- + provide information about where the school can access other specialist training.

First aider

First aiders at this school have a responsibility to:

- + give immediate help to casualties with common injuries or illnesses and those arising from specific hazards with the school
- + when necessary, ensure that an ambulance or other professional medical help is called.

Special educational needs coordinators

Special educational needs coordinators at this school have the responsibility to:

- + help update the school's medical condition policy
- + know which pupils have a medical condition and which have special educational needs because of their condition
- + ensure pupils who have been unwell catch up on missed schoolwork
- + ensure teachers make the necessary arrangements if a pupil needs special consideration or access arrangements in exams or course work.

Local doctors and specialist healthcare professionals

Individual doctors and specialist healthcare professionals caring for pupils who attend this school, have a responsibility to:

- + contribute to the pupil's Individual Healthcare Plans
- + where possible, and without compromising the best interests of the child, try to prescribe medication that can be taken outside of school hours
- + offer every child or young person (and their parents) a written care/self-management plan to ensure children and young people know how to self manage their condition
- + ensure the child or young person knows how to take their medication effectively
- + ensure children and young people have regular reviews of their condition and their medication
- + provide the school with information and advice regarding individual children and young people with medical conditions (with the consent of the pupil and their parents)
- + understand and provide input in to the school's medical conditions policy.

Emergency care services

Emergency care service personnel in this area have a responsibility to:

- + have an agreed system for receiving information held by the school about children and young

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people's medical conditions, to ensure best possible care

+ understand and provide input in to the school's medical conditions policy.

Pupils

The pupils at this school have a responsibility to:

+ treat other pupils with and without a medical condition equally

+ tell their parents, teacher or nearest staff member when they are not feeling well

+ let a member of staff know if another pupil is feeling unwell

+ let any pupil take their medication when they need it, and ensure a member of staff is called

+ treat all medication with respect

+ know how to gain access to their medication in an emergency

+ if mature and old enough, carry their own relevant devices or should be able to access their medicines for self-medication quickly and easily. (Children who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant staff should help to administer medicines and manage procedures for them).

+ ensure a member of staff is called in an emergency situation.

*If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the IHP. Parents should be informed so that alternative options can be considered.

Parents*

The parents of a child at this school have a responsibility to:

+ tell the school if their child has a medical condition and provide up-to-date information about their child's medical needs

+ ensure the school has a complete and up-to-date Healthcare Plan for their child

+ inform the school about the medication their child requires during school hours

+ inform the school of any medication their child requires while taking part in visits, outings or field trips and other out-of-school activities

+ tell the school about any changes to their child's medication, what they take, when, and how much

+ inform the school of any changes to their child's condition

+ ensure their child's medication and medical devices are labelled with their child's full name

+ provide the school with appropriate spare medication labelled with their child's name

+ ensure that their child's medication is within expiry dates

+ keep their child at home if they are not well enough to attend school

+ ensure their child catches up on any school work they have missed

+ ensure their child has regular reviews about their condition with their doctor or specialist healthcare professional

+ ensure their child has a written care/self-management plan from their doctor or specialist healthcare professional to help their child manage their condition.

+ carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times

* The term 'parent' implies any person or body with parental responsibility such as foster parent, carer, guardian or local authority.

When deciding what information should be recorded on IHPs the Governing Body will consider the following:

Speak to Govs and ask them to contribute – write here our decision?!

Governing Bodies

The Governing Body at this school have a responsibility to:

- +make arrangements to support pupils with medical conditions and ensure this policy is implemented
- +ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life
- +ensure that sufficient staff have received suitable training and are competent before they take on the responsibility to support children with medical conditions
- +ensure that members of staff are able to access information and other teaching support materials as needed

Clinical commissioning groups (CCGs) have a responsibility to:

- +ensure that commissioning is responsive to children's needs, and that health services are able to co-operate with schools supporting children with medical conditions

12. The medical conditions policy is regularly reviewed evaluated and updated. Updates are produced every year

a. This school's medical condition policy is reviewed, evaluated and updated every year in line with the school's policy review timeline.

b. New Department for Children, Families and Schools and Department of Health guidance is actively sought and fed into the review.

c. In evaluating the policy, this school seeks feedback on the effectiveness and acceptability of the medical conditions policy with a wide-range of key stakeholders within the school and health settings. These key stakeholders include:

- + pupils
- + parents
- + school nurse and/or school healthcare professionals
- + headteacher
- + teachers
- + special education needs coordinator
- + pastoral support/welfare officer
- + first aider
- + all other school staff
- + local emergency care service staff (including accident & emergency and ambulance staff)
- + local health professionals
- + the school employer

+ school governors.

d. The views of pupils with various medical conditions are actively sought and considered central to the evaluation process.

13. Procedure to be followed when notification is received that a pupil has a medical condition

Governing bodies should ensure that the school's policy sets out the procedures to be followed whenever a school is notified that a pupil has a medical condition.

+When children leave the school, their medical information must be passed on

+If pupils' needs change the Headteacher should be informed so that staff training/support can be arranged as necessary

+For children starting at a new school, arrangements should be in place in time for the start of the relevant school term. In other cases, such as a new diagnosis or children moving to a new school mid-term, every effort should be made to ensure that arrangements are put in place within two weeks.

+We will support pupils' medical conditions as necessary (this may be before a formal diagnosis).

Where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on the available evidence. This would normally involve some form of medical evidence and consultation with parents.

Staff must not give prescription medicines or undertake healthcare procedures without appropriate training (updated to reflect any IHPs).

Legislation and guidance

Introduction

+ Local authorities, schools and governing bodies are responsible for the health and safety of pupils in their care.

+ Areas of legislation that directly affect a medical conditions policy are described in more detail in *Managing Medicines in Schools and Early Years Settings*. The main pieces of legislation are the Disability Discrimination Act 1995 (DDA), amended by the Special Educational Needs and Disability Act 2001 (SENDA) and the Special Educational Needs and Disability Act 2005. These acts make it unlawful for service providers, including schools, to discriminate against disabled people. Other relevant legislation includes the Education Act 1996, the Care Standards Act 2000, the Health and Safety at Work Act 1974, the Management of Health and Safety at Work Regulations 1999 and the Medicines Act 1968.

This section outlines the main points from the relevant legislation and guidance that schools should consider when writing a medical conditions policy.

Managing Medicines in Schools and Early Years Settings (2004)

This provides guidance from the DfES (now DCFS) and DH on managing medicines in schools and early years settings. The document includes the following chapters:

- + developing medicines policies
- + roles and responsibilities
- + dealing with medicines safely
- + drawing up a Healthcare Plan
- + relevant forms.

Medical Conditions at School: A Policy Resource Pack is designed to work alongside *Managing Medicines in Schools and Early Years Settings*.

Disability Discrimination Act 1995 (DDA) and the Special Educational Needs and Disability Acts (2001 and 2005)

+ Many pupils with medical conditions are protected by the DDA and SENDA, even if they don't think of themselves as 'disabled'.

+ The Commission for Equality and Human Rights (CEHR) (previously the Disability Rights Commission) publishes a code of practice for schools, which sets out the duties under the DDA and gives practical guidance on reasonable adjustments and accessibility. The CEHR offers information about who is protected by the DDA, schools' responsibilities and other specific issues.

Schools' responsibilities include:

- + not to treat any pupil less favourably in any school activities without material and sustainable justification
- + to make reasonable adjustments that cover all activities – this must take into consideration factors such as financial constraints, health and safety requirements and the interests of other pupils. Examples of reasonable adjustments can be found in the DfES resource: *Implementing the DDA in Schools and Early Years Settings**
- + to promote disability equality in line with the guidance provided by the DCSF and CEHR through

the Disability Equality Scheme.

*DfES publications are available through the DCSF.

The Education Act 1996

Section 312 of the Education Act covers children with special educational needs, the provisions that need to be made and the requirements local health services need to make to help a local authority carry out its duties.

The Care Standards Act 2000

This act covers residential special schools and responsibilities for schools in handling medicines.

Health and Safety at Work Act 1974

This act places duties on employers for the health and safety of their employees and anyone else on their premises. This covers the head teacher and teachers, non-teaching staff, pupils and visitors.

Management of Health and Safety at Work Regulations 1999

These regulations require employers to carry out risk assessments, manage the risks identified and to communicate these risks and measures taken to employees.

Medicines Act 1968

This act specifies the way that medicines are prescribed, supplied and administered.

Additional guidance

Other guidance resources that link to a medical conditions policy include:

- + Healthy Schools Programme – a medical conditions policy can provide evidence to help schools achieve their healthy school accreditation
- + Every Child Matters: Change for Children (2004). The 2006 Education Act ensures that all schools adhere to the five aims of the Every Child Matters agenda
- + National Service Framework for Children and Young People and Maternity Services (2004) – provides standards for healthcare professionals working with children and young people including school health teams
- + Health and Safety of Pupils on Educational Visits: A Good Practice Guide (2001) – provides guidance to schools when planning educational and residential visits
- + Misuse of Drugs Act 1971 – legislation on the storage and administration of controlled medication and drugs
- + Home to School Travel for Pupils Requiring Special Arrangements (2004) – provides guidance on the safety for pupils when traveling on local authority provided transport
- + Including Me: Managing Complex Health Needs in School and Early Years Settings (2005).

Further advice and resources

The Anaphylaxis Campaign

PO Box 275

Farnborough

Hampshire GU14 6SX

Phone 01252 546100

Fax 01252 377140

info@anaphylaxis.org.uk

www.anaphylaxis.org.uk

Asthma UK

Summit House
70 Wilson Street
London EC2A 2DB
Phone 020 7786 4900
Fax 020 7256 6075
info@asthma.org.uk
www.asthma.org.uk

Diabetes UK

Macleod House
10 Parkway
London NW1 7AA
Phone 020 7424 1000
Fax 020 7424 1001
info@diabetes.org.uk
www.diabetes.org.uk

Epilepsy Action

New Anstey House
Gate Way Drive
Yeadon
Leeds LS19 7XY
Phone 0113 210 8800
Fax 0113 391 0300
epilepsy@epilepsy.org.uk
www.epilepsy.org.uk

Long-Term

Conditions Alliance
202 Hatton Square
16 Baldwins Gardens
London EC1N 7RJ
Phone 020 7813 3637
Fax 020 7813 3640
info@ltca.org.uk
www.ltca.org.uk

**Department for Children,
Schools and Families**

Sanctuary Buildings
Great Smith Street
London SW1P 3BT

Phone 0870 000 2288
Textphone/Minicom 01928 794274
Fax 01928 794248
info@dcsf.gsi.gov.uk
www.dcsf.gov.uk

Council for Disabled Children
National Children's Bureau
8 Wakley Street
London EC1V 7QE
Phone 020 7843 1900
Fax 020 7843 6313
cdc@ncb.org.uk
www.ncb.org.uk/cdc

National Children's Bureau
National Children's Bureau
8 Wakley Street
London EC1V 7QE
Phone 020 7843 6000
Fax 020 7278 9512
www.ncb.org.uk

Administering Medicines

Policy Statement

Fairfields Primary School will undertake to ensure compliance with the relevant legislation and guidance in *Health Guidance for Schools* with regard to procedures for supporting children with medical requirements, including managing medicines. Responsibility for all administration of medicines at Fairfields Primary School is held by the head teacher who is the responsible manager.

It is our policy to ensure that all medical information will be treated confidentially by the responsible manager and staff. All administration of medicines is arranged and managed in accordance with the *Health Guidance for Schools* document. All staff have a duty of care to follow and co-operate with the requirements of this policy.

Aims & Objectives

Our administration of medicine requirements will be achieved by:

- Establishing principles for safe practice in the management and administration of:
 - prescribed medicines
 - non-prescribed medicines
 - maintenance drugs
 - emergency medicine
- Providing clear guidance to all staff on the administration of medicines
- Ensuring that there are sufficient numbers of appropriately trained staff to manage and administer medicines

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- Ensuring that there are suitable and sufficient facilities and equipment available to aid the safe management and administration of medicines
- Ensuring the above provisions are clear and shared with all who may require them
- Ensuring the policy is reviewed periodically or following any significant change which may affect the management or administration of medicines

Administration	
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The administration of medicines is the overall responsibility of the parents. The head teacher is responsible for ensuring children are supported with their medical needs whilst on site, and this may include managing medicines where appropriate and agreed with parents.

Routine Administration

Prescribed medicines

- It is our policy to manage prescribed medicines (eg. antibiotics, inhalers) where appropriate following consultation and agreement with, and written consent from the parents

Non-prescribed medicines

- It is our general policy not to take responsibility for the administration of non-prescribed medicines, (eg. Calpol or cough mixtures provided by the parents) as this responsibility rests with the parents
- **On occasions when children require paracetamol it is our policy to administer providing that written consent from the parents has been received in advance and administration is in accordance with guidance provided in the *Health Guidance for Schools* document**
- Children under 16 years old are never to be administered aspirin or medicines containing Ibuprofen unless prescribed by a doctor
- Responsibility for decision-making about the administration of all non-prescribed medicines will always be at the discretion of the responsible manager who may decide to administer under certain miscellaneous or exceptional circumstances

Maintenance drugs

- It is our policy to manage the administration of maintenance drugs (eg. Insulin) as appropriate following consultation and agreement with, and written consent from the parents. On such occasions, a health care plan will be written for the child concerned.

Non-Routine Administration

Emergency medicine

- It is our policy (where appropriate) to manage the administration of emergency medicines such as (for example):
 - o Injections of adrenaline for acute allergic reactions
 - o Rectal diazepam for major fits
 - o Injections of Glucagon for diabetic hypoglycaemia
- In all cases, professional training and guidance from a competent source will be received before commitment to such administration is accepted

Procedure for Administration

When deciding upon the administration of medicine needs for children we will discuss this with the parents concerned and make reasonable decisions about the level of care required.

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Any child required to have medicines will have an 'administration of medicines/treatment' consent form completed by the parent and kept on file.

Individual health care plans will be completed for children where required and reviewed periodically in discussion with the parents to ensure their continuous suitability.

For any child receiving medicines, a 'record of prescribed medicines' sheet will be completed each time the medicine is administered and this will be kept on file.

If a child refuses to take medication, the parents will be informed the earliest available opportunity.

Contacting Emergency Services

When a medical condition causes the child to become ill and/or requires emergency administration of medicines, then an ambulance will be summoned at the earliest opportunity.

Medical Accommodation

The main office will be used for medicine administration/treatment purposes. The first aid room will be made available when required.

Training

Where staff are required to carry out non-routine or more specialised administration of medicines or emergency treatment to children, appropriate professional training and guidance from a competent source will be sought before commitment to such administration is accepted.

A 'staff training record' sheet will be completed to document the level of training undertaken.

Such training will form part of the overall training plan and refresher training will be scheduled at appropriate intervals.

Storage

The storage of medicines and or supplements is the overall responsibility of the head teacher who will ensure that arrangements are in place to store medicines safely in the school office Staff medication (excluding inhalers) should be kept in lockers and not drawers, pockets or bags.

The storage of medicines will be undertaken in accordance with product instructions and in the original container in which the medicine was dispensed.

It is the responsibility of all staff to ensure that the received medicine container is clearly labelled with the name of the child, the name and dose of the medicine and the frequency of administration.

It is the responsibility of the parents to provide medicine that is in date. This should be agreed with the parents at the time of acceptance of on-site administration responsibilities.

Disposal

It is not the responsibility of Fairfield's Primary School to dispose of medicines. It is the responsibility of the parents to ensure that all medicines no longer required including those which have date-expired are returned to a pharmacy for safe disposal.

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'Sharps boxes' will always be used for the disposal of needles. Collection and disposal of the boxes will be locally arranged as appropriate.