



LANCASTER  
STEINER SCHOOL



# LANCASTER STEINER SCHOOL MEDICAL CONDITIONS IN SCHOOL POLICY

VERSION DATE: NOVEMBER 2020

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LSSMC/009/2018



Many pupils, at some time, have a medical condition, which could affect their participation in school activities and could limit the pupil's access to education. This may be an acute short-term illness or a long-term medical condition.

Our Medical Conditions in School Policy supports pupils with medical needs to enable them to be managed effectively and give the child continuous access to education as far as is possible. This policy has been prepared with reference to the DfE publication "Supporting pupils at school with medical conditions, Statutory guidance 2014"

All mentioned consent forms are in the appendix of this document or are available from the school office.

This policy includes:

- the safe storage and management (including records) of medication;
- self-administration and staff supervision;
- staff administration of medication;
- authorised persons;
- information for parents;
- information for staff;

**The school will no longer be making homeopathic remedies available to children unless they prescribed by a registered NHS practitioner.**



## SUPPORTING PUPILS WITH SHORT TERM MEDICAL CONDITIONS

We wish to ensure that pupils with medical needs receive the proper care and support at school. The college of teachers will accept responsibility in principle for members of staff giving or supervising pupils taking prescribed medication during the school day, where those members of staff who are paediatric first aid trained AND have volunteered to do so, AND is witnessed by a 2<sup>nd</sup> staff member. Medication can only be given if a medication form has been filled in by the parent / guardian for the duration of prescription.

1. Parents will be asked to complete an Administration of Medicine for Short Term Illnesses form (Appendix A by school staff).
2. A new form will be needed for each week in which the medicine is being administered.
3. When medication is given, the staff member who has volunteered to give the medicine will fill in the Administration of Medicine form noting every instance of medication and signed and witnessed by a staff member, as well as by the parent at home time.
4. Medication (including Homeopathy & herbal medicine) will only be accepted in school if prescribed by a doctor or authorised medical practitioner, which is evidenced with either a prescription or a letter.
5. Only reasonable quantities of medication can be supplied to the school.
6. It is the parents' responsibility to check that medicines kept in school remain in-date.
7. Each item of medication is to be delivered in its original container, handed directly to the office or class teacher.
8. Each item of medication must be clearly labelled with the following:
  - pupil's name
  - name of medication
  - dosage
  - frequency of dosage
  - storage requirements
  - expiry date
9. The school will not accept items of medication in unlabelled containers.
10. All medication will be kept in a locked medicine cupboard in the staffroom unless required to be kept in the fridge in the kitchen. Children are not permitted in either of these rooms.
11. Any Short-term or Generic Medical Form for all pupils in the school are in the filing cabinet in the Office (i.e. Flu Vaccinations or antibiotics). A note about any medical conditions is made in the back of each class register. Short term Administration of Medicine forms are kept in the registers and then;



12. The school will then provide parents/carers with details of when medication has been administered to their child by showing parents a copy of the forms filed in (signed and witnessed by a 2<sup>nd</sup> staff member). The Parent will need to sign this form every day to confirm the medication has been administered and can request a printed copy if required.
13. Where it is appropriate to do so pupils will be encouraged to administer their own medication, if necessary, under staff supervision.
14. It is the responsibility of parents/carers to notify the school if there is:
  - a change in medication
  - a change in dosage requirements
  - a discontinuation of the pupil's need for medication
15. All staff trained in paediatric first aid can be authorised to administer medication but any staff member who does not wish to volunteer this service will notify the college of teachers.
16. No staff member can be forced to administer medicine if they have not volunteered for this role.
17. If a child refuses medication, the staff member must contact the parent immediately for them to come to the school and administer the dose, or in the last case scenario, parents take the child home until the dose can be given.
18. No member of staff is to administer medicines that have previously not been given to the child, i.e. first doses in case of reactions.



## SUPPORTING PUPILS WITH LONG TERM MEDICAL CONDITIONS

Pupils with more serious medical conditions will require specific medical procedures. This includes asthma, anaphylaxis, epilepsy or diabetes. These pupils will have an Individual Health Care Plan (Appendix B) which describes in detail the medical procedures required for their specific medical condition. Any member of staff who has volunteered to participate in these procedures will have received training including:

- the policy and any changes / inclusions
  - the administration of medication
  - medical procedures
  - responsibilities
  - duty of care in emergencies
  - related policies/acts: Health and Safety; Inclusion; Disability Discrimination Act
1. The child's Individual Health Care Plan should be completed on/or soon after admission to the school or at a time when it becomes apparent that the long term medical needs of the pupil make the completion of a Health Care Plan desirable. It is the responsibility of the parents/carers to update, when necessary, the school about any changes in their child's medical condition.
  2. All members of staff who have a duty of care for the pupil will be made aware of the medical file for the pupils necessary.
  3. The Individual Health Care Plan will be retained as part of the child's school records which are stored in SEND files in the staff room and electronically on the shared drive.
  4. The Individual Health Care Plan will contain details of:
    - pupil's medical condition
    - name of health professionals involved with the pupil
    - any medical procedures, including medication
    - daily health care routines required
    - symptoms of the child's condition that constitute an emergency
    - emergency procedures and contact

If parent's consent, an EPIPEN will be kept in a secure place in the classroom of ANAPHYLACTIC pupils. If supplying an Epi Pen this must be in a plastic, lidded container with the child's name and picture clearly displayed. This picture must be updated annually.

5. All notes regarding the medical health care plan of individual pupils are treated with the strictest confidence and are kept in a secure location in the staffroom. Copies for each class



are kept in Teacher's Administration files so supply staff have access to them.

6. In the case of children being able to self-administer medication this will be done under the supervision of a dedicated/named member of staff who will complete medication records and be witnessed by a 2<sup>nd</sup> member of staff.
7. Inhalers will be kept in a safe place in the classroom of the pupil requiring it. They will be clearly labelled with the child's name.
8. Before staff can be asked to administer or be responsible for administering medication for a long-term condition they will need to be trained by an appropriate medical professional. This will be recorded on Form appendix C
9. It is the parent's responsibility to check periodically that the school held medications are in date and provide new medication when needed.
10. The class teacher or break supervisor should always know the whereabouts of the medication and have this within a short distance.
11. On Off-site visits (e.g. school trips, PE, Allotment, Nature Walks), the teacher in charge will take medication (including inhalers) and emergency contact details for all pupils.



**RECORD OF ADMINISTRATION OF MEDICINE FOR SHORT TERM ILLNESSES  
AND PARENTAL AGREEMENT FORM - APPENDIX A**

<b>Day and date:</b>				<b>Name of Child</b>	
<b>Name of Medication (as shown)</b>					
<b>To be kept in the fridge?</b>		<b>Yes / No</b>	<b>Dose Amount</b>	<b>mls /puffs /tablets</b>	
<b>Spoon etc. provided</b>		<b>Yes / No</b>	<b>Dose times</b>		
<b>Are there any side effects we need to be aware of?</b>					
<b>Time Dose Given</b>	<b>Sign</b>	<b>Witness Sign</b>	<b>Any comments</b>	<b>Parents Signature</b>	
am                  pm					
am                  pm					
am                  pm					
am                  pm					
am                  pm					
<b>On handing over the medication to acknowledge its receipt by teacher</b>					
<u>Signature of teacher</u>				<u>Signature parent/guardian</u>	
<b>On returning the medication to acknowledge that the treatment has been given and the medication returned</b>					
<u>Signature of teacher</u>				<u>Signature parent/guardian</u>	



**INDIVIDUAL HEALTHCARE PLAN (IHCP) - APPENDIX B**

<b>School/Setting:</b>		Lancaster Steiner School		<b>PHOTO</b>
<b>Name of Child:</b>				
<b>Date of Birth:</b>				
<b>Address of Child:</b>				
<b>Gender:</b>		<b>Class:</b>		
<b>Date:</b>		<b>Review Date:</b>		
<b>Who is responsible for providing support in school?</b>				
<b>Medical Diagnosis or Condition</b>				





EMERGENCY CONTACT INFORMATION			
Family Contact 1		Family Contact 2	
Name:		Name:	
Relationship to Child:		Relationship to Child:	
Work Tel. No:		Work Tel. No:	
Home Tel. No:		Home Tel. No:	
Mobile Tel. No:		Mobile Tel. No:	
Clinic or Hospital Contact		GP Contact	
Name:		Name:	
Contact No:		Contact No:	
<p><b>Describe the child's medical needs</b> (e.g. details of any symptoms, triggers, signs, treatments, facilities, equipment/devices, environmental issues etc.)</p>			



**Medication details** (e.g. name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision, whether carried by the child and how carried etc.)

**Agreed procedure in the event that medicine or procedures are refused by the child**

**Daily care requirements** (e.g. before sports activities, at lunchtime etc.)

**Specific support in place for any educational, social and emotional needs** (include re-integration and any partnership working following absences e.g. Local Authority hospital/home tuition services etc. and sensitive management of re-integration after serious or embarrassing incidents at school.)



**Arrangements for educational visits or other activities outside the normal timetable**

See above

**Other Information**

**Describe what constitutes an emergency and the action to take if this occurs**



**Describe any follow-up care required**

**Who is responsible in an emergency?** (Please state if different for different activities e.g. off-site etc.):

Class teacher (in school)

Sessional Teacher (in school)

**Staff training needs identified or already undertaken** (e.g. names of staff trained, what training they have received and when, along with any plans to train others and when)



**Plan developed with** (e.g. the child, named parents, staff, healthcare professionals and any others)

Parent(s)

Class Teacher

SENDCo -

**Form copied to** (Please state who holds copies of this information and where):

Parents

Class Teacher

School central records

Pupil Personal Files in Teacher's Filing Cabinet



LANCASTER  
STEINER SCHOOL

RECORD OF TRAINING FOR ADMINISTRATION OF MEDICINE -  
APPENDIX C

Name of school/setting	Lancaster Steiner School
Name	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

I confirm that .....has received the training detailed above and is competent to carry out

any necessary treatment. I recommend that the training is updated .....

Trainer's signature \_\_\_\_\_

Date \_\_\_\_\_

**I confirm that I have received the training detailed above.**

Staff signature \_\_\_\_\_

Date \_\_\_\_\_

Suggested review date