

## 1. MISSION STATEMENT

---

- 1.1 To enable all children to gain the skills, knowledge and understanding necessary for them to be able to develop their Jewish and secular studies, as well as nurturing their personal, social and emotional growth towards preparation for adult life.
- 1.2 To encourage all members of the school community to be sensitive to the welfare and wellbeing of others and to empower them to make a positive contribution to the school and wider community.

## 2. INTRODUCTION

---

- 2.1 Children with medical needs have the same rights of admission to our school as other children. Most children will at some time have short-term medical needs, while other children may have longer term medical needs and may require medicines on a long-term basis to keep them well. Other children may require medicines in particular circumstances, such as children with severe allergies.

## 3. AIMS OF THIS POLICY

---

- 3.1
  - to explain our procedures for managing prescription medicines which may need to be taken during the school day
  - to explain our procedures for managing prescription medicines on school trips
  - to outline the roles and responsibilities for the administration of prescription medicines

## 4. LEGAL RESPONSIBILITIES

---

- 4.1 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 (DfE)'s statutory guidance on supporting pupils with medical conditions at school.

## 5. PRESCRIBED MEDICINES

---

- 5.1 Medicines should only be taken to school when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school day. Staff at Beis Yaakov Primary School will only administer medicines prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. Medicines will only be accepted in the original container as dispensed by a pharmacist and should include the prescriber's instructions for administration. It is helpful if medicines are prescribed in dose frequencies which enable it to be taken outside school hours. For example, medicines that need to be taken three times a day could be taken in the morning, after school hours and at bedtime. If a parent wishes to adapt the timing of medicine administration, written confirmation of this must accompany the medication.
- 5.2 Exceptions:
  1. Prescribed medicine will not be given: Where the timing of the dose is vital and where mistakes could lead to serious consequences.
  2. Where medical or technical expertise is required.
  3. Where intimate contact would be necessary.

## 6. BEING NOTIFIED THAT A CHILD HAS A MEDICAL CONDITION

- 6.1 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.  
See Appendix 1.

## 7. INDIVIDUAL HEALTHCARE PLANS (IHPs)

- 7.1 The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to SENDCO. 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
- 7.2 Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the headteacher will make the final decision. Plans will be drawn up in partnership with the school, parents 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 SEN but does not have an EHC plan, the SEN will be mentioned in the IHP.
- 7.3 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 headteacher 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, e.g. crowded corridors, travel time between lessons.
  - Specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions.
  - 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 headteacher 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.
- What to do in an emergency, including who to contact, and contingency arrangements.

## 8. CHILDREN WITH ASTHMA

---

- 8.1 Children who have inhalers should have them available where necessary. Inhalers should be kept in a safe but accessible place. This could either be in the drawer of the teacher's desk, or in a child's own tray. Depending on the needs of the individual, inhalers should be taken to all physical activities. Inhalers must be labeled and include guidelines on administration.
- 8.2 **It is the responsibility of parents to regularly check the condition of inhalers and ensure that they are working and have not been completely discharged**
- 8.3 Children with asthma are encouraged to participate fully in PE and teachers will remind children whose asthma is triggered by exercise to take their reliever inhaler **before** the lesson and complete a warm up in preparation.
- 8.4 Outings and change in school routine are considered in regard to these pupils.
- 8.5 Members of staff who come into contact with children with asthma know what to do in the event of an asthma attack.

## 9. ASTHMA ATTACKS

---

- 9.1 All members of staff who come into contact with children with asthma know what to do in the event of an asthma attack. The school follows the following procedure:
1. Ensure that the reliever inhaler is taken immediately.
  2. Stay calm and reassure the child.
  3. Help the child to breathe by ensuring tight clothing is loosened.
- 9.2 **After the attack**  
Minor attacks should not interrupt a child's involvement in school. When they feel better they can return to school activities.
- 9.3 **The child's parents must be told about the attack.**

## 10. EMERGENCY PROCEDURE

---

- 10.1 Call the child's doctor **urgently** from the secretary's office using the asthma register to find out the number of the GP if:
- The reliever has no effect after five to ten minutes
  - The child is either distressed or unable to talk
  - The child is getting exhausted
  - You have any doubts at all about the child's condition

---

**If the Doctor is unobtainable, call an ambulance**

- If for any reason the child stops breathing, an ambulance should be called immediately.
- 10.2 A child should always be taken to hospital in an ambulance. School staff should not take them in their car as the child's condition may deteriorate
- 10.3 Parents will complete a healthcare plan and will be requested to update it annually.

---

**11. DIABETIC PUPILS**

- 11.1 Spare equipment, healthcare plan and daily kit are stored in a safe box in the classroom and emergency equipment and a copy of the healthcare plan is in the front office. Class teachers and assistants are trained to administer the daily checks, including before and after PE sessions. Duty timetables are made to cover breaks and lunch time to ensure that the pupils' levels are stable and respond accordingly. If feeling unwell during break, diabetic pupils are instructed to report to the office. Outings and a change in school routine are considered in regard to these pupils.
- 11.2 **It is the parents' responsibility to ensure that the healthcare plan, medicines and essential sugars are in date and replaced as necessary.**

---

**12. CHILDREN WITH ALLERGIES**

- 12.1 Pupils who have been prescribed an Epi-pen have 2 available at school - one in the office and one in the classroom, together with a full health care plan, so that treatment can be administered as soon as possible.
- 12.2 Staff members are trained annually to respond correctly to symptoms of a reaction. Staff are made aware of which children in their classroom have allergies, as well as those requiring an Epi-pen.
- 12.3 Outings and change in school routine are considered in regard to these pupils.
- 12.4 **It is the parents' responsibility to ensure that the Epi-pens are in date and replaced as necessary.**

---

**13. STORAGE OF MEDICINES**

- 13.1 All medicines should be delivered to the school office by the parent or carer. In no circumstances should medicines be left in a child's possession. Teachers and teaching assistants should not take receipt of any medicines. All medicines should be stored in accordance with product instructions (paying particular attention to temperature). Medicines will normally be kept in the school office or staffroom fridge and should not be kept in classrooms, with the exception of inhalers and epi-pens. All medicines must be stored in the supplied container and be clearly labelled with the name of the child; the name and dose of the medicine and the frequency of administration.
- 13.2 All emergency medicines should be readily available to children and staff and kept in an agreed place in the front office. Children may carry their own inhalers, when appropriate.

#### 14. DISPOSAL OF MEDICINES

---

- 14.1 Staff should not dispose of medicines. Parents are responsible for ensuring that date-expired medicines are returned to the pharmacy for safe disposal. They should collect medicines at the end of the agreed administration time period.

#### 15. TRIPS AND OUTINGS

---

- 15.1 Children with medical needs are given the same opportunities as other children. Staff may need to consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits. This may include carrying out a risk assessment for such children. The school visit co-ordinator will be responsible for tabulating medical information for each child and one member of staff will be nominated as having responsibility for the administration of all medication. Roles and responsibilities of parents/carers as outlined below will apply.

#### 16. ROLES AND RESPONSIBILITIES

---

##### 16.1 Parent/Carer\*

- Should give sufficient information about their child's medical needs if treatment or special care is required.
- Must complete and sign the parental agreement form at the beginning of the school year.
- Must keep staff informed of changes to prescribed medicines.
- Keep medicines in date – particularly emergency medication, such as Epi-pens.

##### 16.2 Head teacher

- To ensure that the school's policy on the administration of medicines is implemented.
- There are members of staff within the school willing to volunteer to administer medication to specific pupils if required.
- Ensure that staff receives support and appropriate training where necessary.
- To share information, as appropriate, about a child's medical needs.
- Ensure that parents are aware of the schools policy on the administration of medicines.
- Ensure that medicines are stored correctly.

##### 16.3 Staff

- On receipt of medicines, the child's name; prescribed dose; expiry date and written instructions provided by the prescriber should be checked.
- **Ensure that the parent/carer completes a consent form for the administration of medicines following the prescriber's instruction. See separate form**
- Ensure that a second member of staff is present when medicines are administered.
- Complete the 'administration of medicines' record sheet each time medication is given.
- Ensure that medicines are returned to parents for safe disposal.

#### 17. REFUSAL OF MEDICINES

---

- 17.1 If a child refuses to take medicines, staff should not force them to do so, but should note this in the records and inform parents/carers immediately or as soon

---

as is reasonably possible.

---

## 18. NON-PRESCRIPTION MEDICINES

---

18.1 We are unable to administer medicines that have not been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. We are unable to give children aspirin or medicines containing ibuprofen unless prescribed by a doctor.

---

## 19. RECORD KEEPING

---

19.1 Medicines should be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions. Staff should check that written details include:

- name of the child
- name of the medicine
- dose
- method of administration
- time and frequency of administration
- any side effects
- expiry date

19.2 A parental agreement form (see appendix) must be completed and signed by the parent, before medicines can be administered. At the time of administering medicines, the member of staff must complete the medicines record sheet. No medication should be given unless it has been checked by a second adult.

---

## 20. CHILDREN WITH LONG TERM MEDICAL NEEDS

---

20.1 It is important that the school has sufficient information about the medical condition of any child with long term medical needs. A health care plan will be written for children with long term medical needs, involving the parents and relevant health professionals.

---

## 21. CONFIDENTIALITY

---

21.1 The head and staff take issues of confidentiality into account and acknowledge that there will be an occasion where it is necessary for staff to be told of a child's medical condition.

The head should agree with the child/parent who else should have access to records and other information about a child.

---

## 22. COMPLAINTS

---

22.1 Parents with a complaint about their child's medical condition should discuss these directly with our SENDCO, Chaya Mills, in the first instance. If she cannot resolve the matter, she will direct parents to the school's complaints procedure.

---

## 23. STAFF TRAINING

---

23.1 Training opportunities are identified for staff with responsibilities for administering medicines.

---

## 24. RELATED POLICIES

---

24.1 For more information see the Health and Safety policy, Safeguarding policy, Intimate Care policy, and School's First Aid procedures.

---

## 25. MONITORING

---

25.1 This policy should be reviewed annually in accordance with national guidance.

- 25.2 \*Parents, as defined in section 576 of the Education Act 1996, include any person who is not a parent of a child but has parental responsibility for or care of a child. In this context, the phrase 'care of the child' includes any person who is involved in the full-time care of a child on a settled basis, such as a foster parent, but excludes baby sitters, child minders, nannies and school staff.

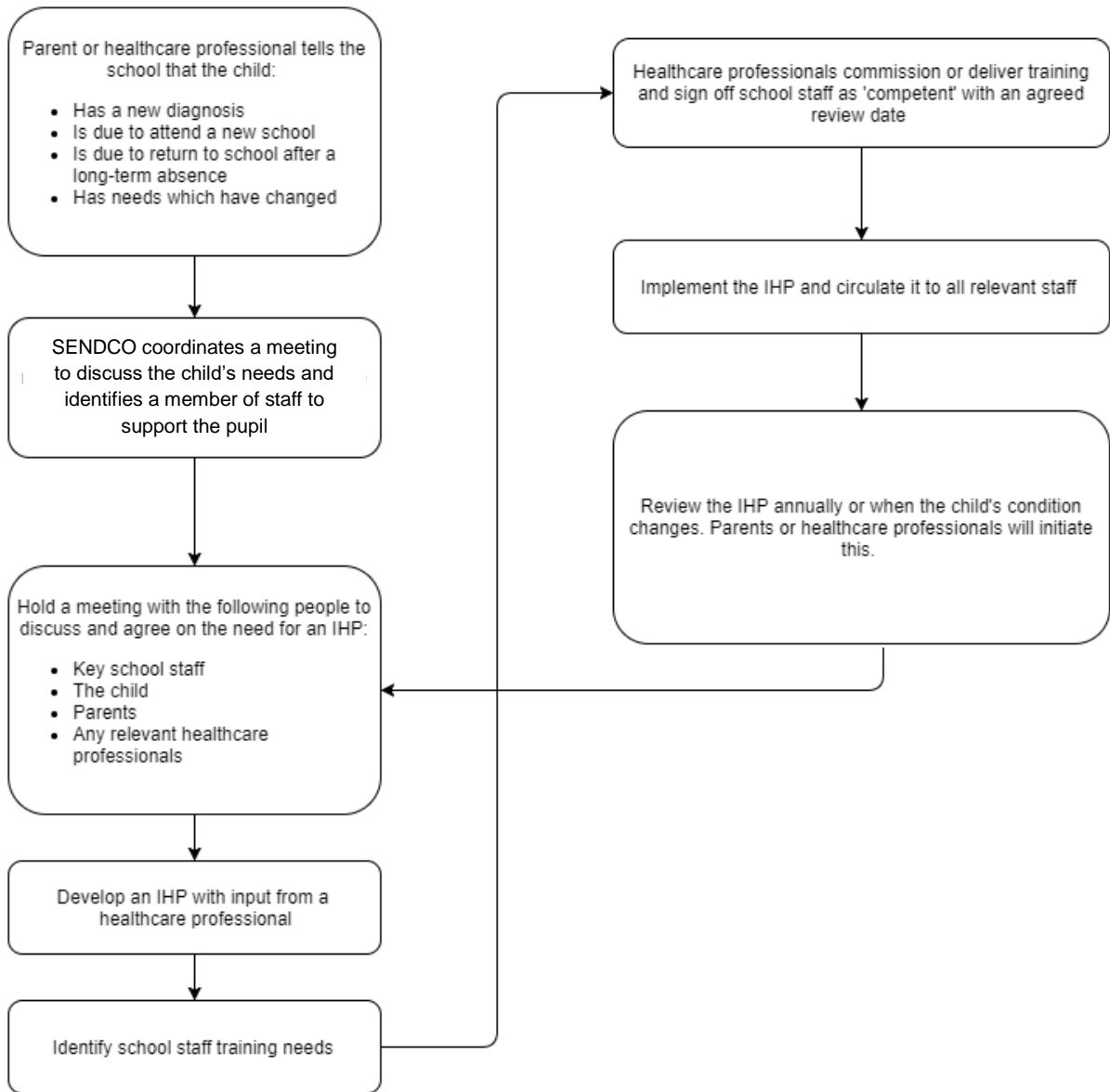
**Ratified by the Governing Body**

Signed:   
Chair of Governors

Date: 23<sup>rd</sup> January 2023

**This policy will be reviewed on or before the following date:** January 2024

Appendix 1. Being notified a child has a medical condition







**Parental Agreement for School to administer Medication**

The school will give your child medication once you have completed and signed this form. The school has a policy that staff can administer medication. Please always bring in the original bottle or container of the medicine, with the child's name on it.

Full name of Child:

Class:

Medical Condition or illness:

Name/type of medicine:  
*(as described on container)*

How to store the medicine?  
In a fridge  Other \_\_\_\_\_

Dosage:  
Spoon  Syringe  Other \_\_\_\_\_

How many doses during school day?

At what times?

How many days?

Or until medicine is finished?  
Yes / No

Will your child be taking the medicine home at the end of each day?  
Yes / No

Special Precautions or additional information:

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

Parent/Carer Name:

Relationship to child:

Daytime Phone No:

I/We give permission for the school to administer this medicine to my child mentioned above. I understand that I must notify the School of any changes in writing.

Signature of Parent/Carer:

Date: