



EXETER ROAD

Thrive, Care, Succeed

MEDICAL PROCEDURE

**Adopted by the Governors of
Teignmouth Community School**

June 2024

Review date:

June 2025

MEDICAL PROCEDURE

1 Scope

The staff and directors of Teignmouth Community School are committed to pursuing a policy of inclusive education that welcomes and supports students with medical conditions. This policy is designed to support the management of medication and medical care in school, and to support individual students with medical needs.

This Medical Procedure Policy complies with DCF Guidelines for 'Supporting pupils at school with medical conditions, statutory guidance for Governing bodies of maintained schools and proprietors of academies in England', 2015 and Section 100 of the Children and Families Act 2014

2 Objectives

To provide a clear policy that is understood and accepted by all staff, parents and children, providing a sound basis for ensuring that children with medical needs receive proper care and support in school, and that for such children attendance is as regular as possible.

The policy includes:

- A clear statement of parental responsibilities in respect of medicines
- Roles and responsibilities of staff administering medicines
- Procedures for managing prescription medicines which need to be taken in the school day
- Procedures for managing prescription medicines on outings and trips
- Written permissions from parents for medicines
- Circumstances in which children may take non-prescription medicines
- Assisting children with long term medical needs
- Staff training
- Record keeping
- Safe storage of medicines
- The school's emergency procedures
- Risk assessment and management procedures
- Management of medical conditions

3 Principles

a) Parents or guardians have prime responsibility for their child's health and should provide the school with up to date information about their child's medical conditions, treatment and/or any special care needed. If their child has a more complex medical condition, they should work with the school nurse or other health professionals to develop an individual healthcare plan, which will include an agreement on the role of the school in managing any medical needs and potential emergencies. It is the parent/carers responsibility to make sure that their child is well enough to attend school.

b) There is no legal duty which requires school staff to administer medication; this is a voluntary role. While teachers have a general professional duty to safeguard the health and safety of their pupils and to act in 'loco parentis', that is, to act as any reasonable parent would, this does not imply a duty or obligation to administer medication. Staff will have access to information on pupils' medical conditions and actions to take in an emergency. Staff managing the administration of medicines and those who administer medicines will receive appropriate training and support from health professionals.

c) The policy of this school is not to administer medication or medical care unless the student has a medical condition, which if not managed, could prove detrimental to their health or limit access to education. The Head Teacher accepts responsibility, in principle, for school staff administering or supervising the taking of prescribed medication or medical care during the school day only where it is absolutely necessary.

4 Requirements

PRESCRIBED MEDICINES

a) Prescribed medicines should only be brought 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. Medicines prescribed 'three times a day' should be administered "before school, after school and at night".

b) Exceptions to this are students on health care plans who have individual medical needs requiring emergency medication to treat specific conditions, such as anaphylaxis.

c) This school will only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber, and are presented in the original container dispensed by a pharmacist and include the student's name, prescriber's instructions for administration and dosage.

NON-PRESCRIBED MEDICINES

Non-prescribed medicines will only be administered with prior written permission from parents in extreme circumstances such as residential trips. Staff will check the medicine has previously been administered without adverse effect and Form 3A must be completed.

ADMINISTERING MEDICINES

a) This school recognises no child under 16 should be given medicines without their parent's written consent. Following written consent using Form 3A, any member of staff administering medicines to a student should check:

- The child's name
- Name of medication
- The prescribed dose
- Expiry date
- Written instructions provided by the prescriber on the label or container

If in doubt about any procedure, staff will not administer the medicine before checking with parents or a health professional before taking further action.

- b) A written record must be kept following administration of medicines to students, using Form 5
- c) If a child refuses to take a medicine, staff will not force them to do so, but will record this on Form 5 and parents/carers will be notified of the refusal.

LONG-TERM MEDICAL NEEDS

Where a student has a chronic illness, medical or potentially life threatening condition, the school will initiate a health care plan to meet individual needs and support the student. This will be drawn up by health care professionals in consultation with the child's parents or guardians and will contain the following information:

- Definition and details of the condition
- Special requirements e.g. dietary needs, pre-activity precautions
- Treatment and medication
- What action to take/not to take in an emergency
- Who to contact in an emergency
- Staff training where required
- The role the staff can play
- Consent and agreement

RECORD KEEPING

a) Parents should tell the school about the medicines their child needs to take and provide details of any changes to the prescription or the support required. Medicines should always be provided in the original container as dispensed by the pharmacist and include the prescriber's instructions. Requests for staff to administer medication should be written on Form 3A.

These should include:

- Name of child
- Name of medicine
- Dose
- Method of administration
- Time/frequency of medication
- Any side effects
- Expiry date

Completed forms will be kept in the Student Service Office with the medication, and referred to when administering medication. Form 5 must be completed by staff following administration; If a child refuses medication, this must be recorded on Form 5 and parents should be notified.

STORING MEDICINES

- a) Staff will only store, supervise and administer medicine that has been prescribed for an individual child. Medicines must be stored safely in the pharmacist's original container and clearly labelled with the child's name, the dosage and instructions for administration.
- b) Non-emergency prescribed medication is stored in the Student Service Office. Where possible, medication requiring refrigeration is stored in the Student Service fridge. Controlled medication will be kept in Student Services in locked, secure cupboard.

- c) Emergency medications such as Epi-pens and asthma inhalers should be carried by the child at all times. We recommend that spare medications are kept in central place in Student Service Office. Children should know where their medicines are stored; they should not be locked away.
- d) Parents are ultimately responsible for checking expiry dates on their children's medicines and replacing as necessary. The First Aid coordinator will also check medication expiry dates yearly

DISPOSAL OF MEDICINES

- a) Staff should not dispose of medicines. Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. They should also collect medicines held at the end of each year. Any medicines that have not been collected should be taken to a local pharmacy for safe disposal.
- b) Sharps boxes should always be used for the safe disposal of needles. Parents should obtain these from their child's GP and return to a pharmacy for safe disposal.

EMERGENCY PROCEDURES

- a) All staff are aware of procedures when dealing with a medical emergency. These should be supervised by a trained First Aider.
- b) All staff are aware of students on a health care plan and understand the need to follow agreed emergency support.
- c) All staff know how to call the emergency services;
- d) In the event of an emergency, every effort will be made to contact a parent so that they may accompany their child to hospital. If this is not possible, a member of staff will accompany the child to hospital by ambulance and stay until the parent arrives. Health care professionals are responsible for any decisions on medical treatment when parents are not available.

EDUCATIONAL VISITS

- a) This school actively encourages children with medical needs to participate in trips and visits. Staff will aim to facilitate reasonable adjustments to enable students with medical needs to participate fully and safely on visits. Risk assessments will be used to highlight any potential difficulties and ensure procedures are in place to support students.
- b) Prior to an overnight school trip, parents must complete an up-to-date medical questionnaire about student's current general health and medication. Prescribed medication will be administered, providing parents have completed Form 3A. Parents are invited to provide written consent to enable staff to act 'in loco parentis' and administer Calpol analgesia if required. Where this is refused, parents are requested to discuss alternative support measures with staff.
- c) Accompanying staff will be aware of any medical needs and relevant emergency procedures.

STAFF TRAINING

- a) Teignmouth Community School will provide training opportunities on specified medical conditions regularly; this may be delivered by health care professionals or provided online. A log of staff training is kept and reviewed every 12 months to ensure new staff receive training.

- b) Staff training is provided to support the administration of emergency medications such as Epi-pens or insulin. The school keeps a register of staff who have undertaken the relevant training.
- c) Teignmouth Community School has several appointed First Aiders and Paediatric First Aiders. Training is reviewed regularly and updated every three years.

MEDICAL CONDITIONS

ASTHMA

This school recognises that asthma is a widespread, potentially serious, but controllable condition and encourages students with asthma to achieve their potential in all aspects of school life.

- a) Parents have a duty to inform staff if their child is asthmatic. Preventative inhalers should be provided and labelled with the student and class name. These should be kept with the child at all times. If required, extra inhalers will be kept in an assigned container in medical cabinet in Student Service Office
- b) Parents should be notified when a child has used an inhaler excessively or more regularly than usual.

EPILEPSY, ANAPHYLAXIS AND DIABETES

Parents have a duty and responsibility to notify the school if their child has any of these conditions and should provide details of any treatment and support they may require in school. Relevant health care professionals will liaise between parents/guardians and school personnel to ensure staff are aware of, and trained to provide, any relevant or emergency support or treatment. An individual health care plan will usually be compiled, detailing the course of action to be taken.

HEAD INJURIES

Students who sustain a head injury MUST be reviewed by a First Aider in school. For any head injury parents will be informed. If a student has a visible wound, swelling or adverse reaction parents are welcome to assess their child personally. Where there are no residual effects, the student can remain in school whilst being observed. A head injury advice sheet must be given/ sent home for parent/carer. In all cases staff will record that parents have been contacted and head injury leaflet given

5 Key Terms and Definitions

ACRONYM	TERM	DEFINITION

Amendment Record

VERSION #	DATE	AMENDED BY	NATURE OF CHANGE	DATE OF NEXT REVIEW
1	26. 09. 2014	J Moore		
2	June 2024	B Lee	updated	June 2025 requires updating to medical conditions policy
