



# Supporting Pupils with Medical Needs

<b>Consultation Period:</b>	
<b>Date Approved by NET:</b>	
<b>Next Review Date:</b>	

## 1. Rational

Hilton Primary Academy wishes to provide a fully inclusive educational and pastoral system. To do this we need to ensure that correct procedures and protocols are in place to enable any pupil with a long-term medical condition to be able to attend school or have minimum disruption to their education.

## 2. Aims

- ❖ To ensure as little disruption to our pupils education as possible
- ❖ To develop staff knowledge and training in all areas necessary for our pupils
- ❖ To ensure we develop links with all outside agency support
- ❖ To ensure safe storage and administration of agreed medication
- ❖ To provide a fully inclusive academy

## 3. Definition

This policy relates to pupils who have a recognised medical condition.

**This is not a policy for short-term illness and related medication for example paracetamol for a cold etc.** The school remains insistent that under these circumstances it will not administer medication. This would be the responsibility of the parents or carers. Any pupil who is infectious or too poorly should not attend school until they are well enough.

## 4. Identification

We will work with the parents and medical professionals to ensure we have specific protocols in place as soon as the child starts school. This may take the form of information sharing, developing specific care plans, organising training, employing new staff or reorganising classroom facilities.

We will also regularly send out data sheets to parents to ensure all our records are up to date.

## 5. Provision and Organisation

Training regarding specific conditions will be delivered as required. This is usually within the term of a new pupil beginning school but if necessary before they commence their education at Hilton Primary Academy.

General training on awareness of medical conditions and their possible medication implications will run in parallel with the school's first aid training, which will continue to be under the guidance of the Health and Safety Policy. Pupils requiring continuous support for a medical condition will be given an Individual Health Care Plan.

## 6. Individual Health Care Plans

The main purpose of an individual health care plan is to identify the level of support that is needed at school for an individual child. The plan clarifies for staff, parents / carers and the child the help the school can provide and receive. These plans will be reviewed annually as a minimum, or more frequently at the request of parents / carers or the school, as required.

A care plan will include:

- ❖ Details of the child's condition
- ❖ Triggers and symptoms
- ❖ What action to take in an emergency
- ❖ Who to contact in an emergency

- ❖ Medication to be administered
- ❖ The role of staff
- ❖ Special requirements eg dietary needs, pre-activity precautions, side effects of medicines etc.

A copy will be given to parents / carers, class teachers and a copy held on file in the school office. A medical register will then be shared with all staff to indicate the pupils with a condition and the medication or treatment required.

All trained staff will ensure they are aware of the protocols and procedures for specific pupils in school through attending training provided and reading care plans devised for pupils.

**Pupils will not be able to carry any medication with the exception of inhalers for asthma control, or car plan specified medication. No pupil is allowed to have any non-prescription drugs in school;** this is to ensure that no pupil unwittingly or otherwise gives another pupil his or her medication.

Medication needing refrigeration will be stored in the first aid room fridge; all other medication will be stored in the first aid cupboard in the first aid room. This has a lock for security. Staff are aware of its location.

**Emergency medical supplies will remain stored in the first aid room and remain organised under the Health and Safety Policy.**

## **7. Roles and Responsibilities**

The ultimate responsibility for the management of this policy in school is with the Principal and the Governing Body.

## **8. School Trips and Visits**

When preparing risk assessments, staff will consider any reasonable adjustments they might make to enable a child with medical needs to participate fully and safely on visits.

Additional safety measures may need to be taken for outside visits and it may be that an additional staff member, a parent / carer or other volunteer might be needed to accompany a particular child. Arrangements for taking any medicines will need to be planned or as part of the risk assessment and visit planning process. A copy of the care plan should be taken on trips and visits in the event of information being needed in an emergency.

## **9. Monitoring and Evaluation**

This policy will be monitored yearly and updated when necessary we will ensure new legislation is incorporated.

This policy will also be made available to parents though the academy website. We will ask parents for annual updates regarding medical information.



Medication Plan  
For pupils with **SHORT TERM** medication requirements.

Dear Head Teacher,

I request that..... (Full name of Pupil and Class) be given the following medicine(s) while at school:

Name of Medicine	Duration of Course	Dose Prescribed	Date Prescribed	Time(s) to be given

Monday	Tuesday	Wednesday	Thursday	Friday

The above medication has been prescribed by the Family Doctor. It is clearly labelled, indicating contents, dosage and Child's name in FULL.

I understand that the medicine MUST be delivered to.....  
and accept that this is a service which the school is not obliged to undertake.

The school will not accept any responsibility for the consequences of the administration of medicine(s) requested on this form.

My child has not had a reaction to his medication in the past.

Signed .....Date ..... Parent / Guardian.

Signed .....Date.....Head Teacher.

**NOTE: - Medication will not be accepted by the school unless this form is completed and signed by the Parent or Legal Guardian of the child and that the administration of the medicine is agreed by the Headteacher.**

**The Governors and Headteacher reserve the right to withdraw this service.**



Healthcare Plan  
For pupils with **LONG TERM** medical conditions  
at Hilton Primary Academy

1. Pupil's information

Name of pupil	
Class / Zone	
Date of birth	

2. Contact information

Pupil's address	
Family contact – Name	
Family contact – Address	
Family contact – Telephone	

3. Details of pupil's medical conditions

Diagnosis:	
Signs and symptoms of this pupil's condition:	
Triggers or things that make this pupil's condition/s worse:	
Routine healthcare requirements:	
Emergency contact names / numbers (if needed):	

4. Regular medication taken during school hours

Name / type of medication	
Details regarding the dose and method of administration, the amount taken and how the medication is taken, eg tablets, inhaler, injection and when. Also, if EpiPens and Inhalers, where they are stored.	
Self-administration: can pupil administer the medication themselves? Yes / No / Yes – with supervision – if so, by whom:	

5. Care plan sign off

<p><b>Parental and pupil agreement</b></p> <p>I agree that the medical information contained in this plan may be shared with individuals involved with my child's care and education (this includes emergency services).</p> <p>I understand that I must notify the school of any changes in writing</p> <p><b>Parent / Carer Signature</b></p>		Date
<b>Head teacher signature</b>		Date
<b>Input into SIMS</b>		Date
<b>Kitchen staff informed</b>		Date
<b>Class teacher informed</b>		Date



Healthcare Plan  
For pupils with medical conditions requiring **INHALERS**  
at Hilton Primary Academy

6. Pupil's information

Name of pupil	
Class / Zone	
Date of birth	

7. Contact information

Pupil's address	
Family contact – Name	
Family contact – Address	
Family contact – Telephone	

8. Details of pupil's medical conditions

Diagnosis:	
Signs and symptoms of this pupil's condition:	
Triggers or things that make this pupil's condition/s worse:	
Routine healthcare requirements:	
Emergency contact names / numbers (if needed):	

9. Regular medication taken during school hours

Name / type of medication	
Details regarding the dose and method of administration, the amount taken and how the medication is taken, eg tablets, inhaler, injection and when. Also, if EpiPens and Inhalers, where they are stored.	
Self-administration: can pupil administer the medication themselves? Yes / No / Yes – with supervision – if so, by whom:	

**Emergency Salbutamol Inhaler Consent Form**

Dear Head Teacher

I confirm that my child has been diagnosed with asthma and has been prescribed a blue reliever inhaler (usually Salbutamol). I \_\_\_\_\_ give consent for

\_\_\_\_\_ to use the school emergency Salbutamol inhaler if needed.

10. Care plan sign off

<b>Parental and pupil agreement</b> I agree that the medical information contained in this plan may be shared with individuals involved with my child's care and education (this includes emergency services). I understand that I must notify the school of any changes in writing. <b>Parent / Carer Signature</b>		Date
<b>Head teacher signature</b>		Date
<b>Input into SIMS</b>		Date
<b>Kitchen staff informed</b>		Date
<b>Class teacher informed</b>		Date





Record of **MEDICATION ADMINISTERED**  
For pupils at Hilton Primary Academy.

Full name of Pupil and Class.....

Date	Time	Name of Medication	Dose prescribed.	Any reactions.	Signature and Print your Name in Full.