ENDEAVOUR ACADEMIES
POLICIES

INSPIRING FUTURES

PRIMARY SCHOOL ARCHIBALD

SUPPORTING PUPILS AT SCHOOL WITH MEDICAL CONDITIONS POLICY

Macmillan Academy Post 16 Macmillan Academy PRIMARY SCHOOL ARCHIBALD

POLICY DETAILS

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Staff name and job title:	Symone Jackson – Operations Manager
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POLICY REVISION AND APPROVAL HISTORY

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1	September 2023	September 2024	New policy	Headteacher
2	19 September 2023	September 2024	Amendments to procedures regarding intimate injuries and first aid slips.	Headteacher
3	September 2024	September 2025	Policy review – Estates Director changed to Operations Director. Addition of "Any other training required will be undertaken as and when needed in relation to medication within school or medical conditions" on page 6 for wider staff training	Headteacher
4	September 2025	September 2026	Update of link for guidance on the use of emergency salbutamol inhalers. Addition of Section 9 to include guidance on administering non-prescription medication to pupils in line with DfE guidance (P9-11)	Headteacher
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1. Introduction

1.1 From 1 September 2014 The Children and Families Act 2014 places a statutory duty on governing bodies of maintained schools, proprietors of academies and management committees to make arrangements for supporting pupils at their schools with medical conditions whilst they are at school.

1.2 This policy has been developed in accordance with, guidance from Tees Valley Public Health Shared Service and the Department for Education's (DfE's) document entitled 'Supporting Pupils' at school with medical conditions, August 2017.

1.3 There is no legal requirement for school staff to administer medicines. Staff are expected to do what is reasonable and practical to support the inclusion of all pupils. The DfE states that the Children and Families Act 2014 places a duty on schools to 'make arrangements to support pupils at their school with medical conditions'.

1.4 The Governing Body of Archibald Primary School and Endeavour Academies Trust take seriously its responsibility to comply with their duties under the Equality Act 2010 to support disabled pupils and those pupils who have special education needs (SEN). For pupils with SEN, this policy should be read in conjunction with the SEN Code of Practice.

1.5 The Headteacher and all school staff treat medical information including information about prescribed medicines confidentially. The senior administrator should agree with the parent/carer who else should have access to records and other information about the pupil.

1.6 Throughout this policy we have used the term 'parent/carer' to indicate a person with legal parental responsibilities.

1.7 The aims of this policy are:

- 1.7.1 To ensure that all pupils with medical conditions, in terms of physical and mental health, are supported in the school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.
- 1.7.2 To ensure the safe administration of medicines to pupils where necessary.
- 1.7.3 To ensure the on-going care and support of pupils with long term medical needs via a healthcare plan.
- 1.7.4 To explain the roles and responsibilities of school staff in relation to medicines.
- 1.7.5 To clarify roles and responsibilities of parents in relation to pupil's attendance during and following illness.
- 1.7.6 To outline to parents and school staff the safe procedures for bringing medicines into school when necessary and their storage.
- 1.7.7 To outline the safe procedure for managing medicines on school education visits.

2. Roles and Responsibilities

2.1 We will ensure that:

- The Governing Body, school staff and parents/carers understand and fulfil their responsibilities.

2.1.1 GOVERNING BODY

- Arrangements are in place to support pupils with medical conditions. In doing so they should ensure that such pupils can access and enjoy the same opportunities as any other pupil
- In making these arrangements, the Governing body will consider that many of the medical conditions that require support at the school will affect quality of life and may be life-threatening. Some will be more obvious than others. The Trustees will therefore ensure that the focus is on the needs of each individual pupil and how their medical condition impacts on their school life
- Ensure that arrangements to support pupils with medical conditions give parents/carers and pupils the confidence in the school's ability to provide effective support for medical conditions in the school. The arrangements should show an understanding of how medical conditions impact on a pupil's ability to learn, as well as increase their confidence and promote self-care
- Ensure that appropriate staff are provided with administrating medication training.
- Ensure that the arrangements that the school put in place are sufficient to meet their statutory responsibilities and should ensure that policies, plans, procedures and systems are properly and effectively implemented
- Ensure that this policy is reviewed regularly and is accessible to parents and school staff
- Ensure that this policy is implemented effectively, including nominating the person who has overall responsibility who is the School Administrator.
- Ensure that the policy sets out how complaints may be made and will be handled concerning the support provided to pupils with medical conditions
- Ensure that the policy is explicit about what practice is not acceptable
- Ensure that records are kept of all medicines issued
- Ensure that the policy sets out what should happen in emergency situations
- Ensure that the policy sets out clearly how staff will be supported in carrying out their role to support pupils with medical conditions, and how this will be reviewed, identifying how training needs are assessed, and how and by whom training will be commissioned and provided
- Ensure that the policy covers the role of individual healthcare plans, and who is responsible for their development, in supporting pupils at the school with medical conditions
- Ensure the healthcare plans are reviewed at least annually or earlier if evidence is presented that pupil's needs have changed

- Ensure that healthcare plans are developed with the pupil's best interests in mind and ensure that as a school we assess and manage risks to the pupil's education, health and social wellbeing and minimise disruption
- Ensure that the appropriate level of insurance is in place and appropriately reflect the level of risk. When deciding what information should be recorded on individual healthcare plans, the Governing Body should consider the following:
    - 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 absence 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, (some pupils will be able to take responsibility for medication, this should 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 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 education visits or other school activities outside of the normal school timetable that will ensure the pupil can participate.
    - 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 whom to contact, and contingency arrangements/ Some pupil's may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

2.1.2 HEADTEACHER RESPONSIBILITIES

- Ensure policy development and implementation
- Ensure all staff are aware of the policy and understand their role in implementation and communicated.
- Ensure staff who need to know are aware of individual pupil's medical conditions

- Ensure sufficient trained numbers of staff are available to implement and adhere to this policy and deliver against healthcare plans
- Have overall responsibility for pupil's individual healthcare plans
- Ensure that medicines are safely stored
- Ensure school staff are appropriately insured
- Inform school nursing service in the case of any pupil who has a medical condition that may require support but who is not known to the service
- Ensure parents are aware of the school's 'Supporting Pupils' at school with medical conditions policy'
- Ensure that the policy is reviewed every three years.

2.1.3 ALL SCHOOL STAFF RESPONSIBILITIES

- To follow the procedures outlined in this policy
- Any member of staff may be asked to support pupils with medical conditions although they cannot be required to do so
- Any member of school staff should know what to do and respond accordingly when they become aware a pupil with a medical condition needs help
- Staff should not take on responsibility to support a pupil with a medical condition without being authorised/trained to do so.

2.1.4 FIRST AIDERS' RESPONSIBILITIES

- To follow the procedures outlined in this policy using the appropriate forms
- To complete a healthcare plan in conjunction with parents and relevant healthcare professionals for pupils with complex or long-term medical needs (Healthcare plans should be in place before the start of the new school term and if this is not possible i.e. due to new diagnosis within 2 weeks)
- To share medical information as necessary to ensure the safety of a pupil
- To retain confidentiality
- To take all reasonable precautions to ensure the safe administration of medicines
- To manage and maintain the administration and recording of medicines required on a short-term basis e.g. course of antibiotics
- Ensure that only medicines which have been prescribed to a pupil are administered (exception to over the counter medication in exceptional circumstances only)
- Ensure that when administering medicines that the medicines are in its original container/outer packaging and where it has a pharmacy label showing the pupil's name, dosage instructions and that the product is in date, with the exception to an insulin pen or pump, rather than its original container
- Ensure that over the counter medication/pain relief is in date and in its original packaging

- Be aware that only medicines which have been prescribed, other than painkillers agreed by the medicines in school's team, with prior agreement, for a pupil can be administered in the school
- Inform the Operations Director of any controlled drugs required by pupils
- Count and record tablets when brought to Reception to be stored away and when collected again
- Challenge and agree the use of painkillers, such as paracetamol or ibuprofen, in exceptional circumstances.
- To contact parents with any concerns without delay
- To contact the emergency services if necessary, without delay
- To keep the first aid boxes stocked with supplies.

2.1.5 Education Visits Coordinator – see 'PE and Out of School Activities'

- Pupils must NOT bring painkillers into the school.
- Individual staff training record is held by Human Resources.

2.1.6 PARENT/CARER RESPONSIBILITIES

- To provide the school with adequate information about their child's medical needs prior to the pupil starting the school; and any changes, such as higher/lower dosage
- Support the school with input to create individual pupil healthcare plans, their development and review as required
- Complete relevant paperwork/consent required by the school
- Support the school by following the procedures for bringing medicines and equipment into the school in line with policy
- To only request medicines to be administered in the school when essential. In the case of antibiotics, this is when the dosage is more than 3 times a day.
- To ensure that medicines are in date and in its original container with administration details and that asthma inhalers are not empty
- Adhere to support the management of non-prescriptive painkiller use
- To notify the school of changes in a pupil's medical needs, e.g. when medicine is no longer required or when a pupil develops a new need e.g. Asthma.

3. Individual Healthcare Plans (IHCP)

3.1 The main purpose of an Individual Healthcare Plan for a pupil with long term medical needs is to identify the level of support that is needed while the pupil is in the school. IHCP should be agreed and drawn up in partnership between the school, parent/carers and healthcare professionals.

3.2 Health care plans are updated annually with parents/carers by the school administrator or earlier if changes are needed.

4. Staff Indemnity in Relation to School Staff

4.1 Endeavour Academies Trust fully indemnifies its employees against claims for alleged negligence, providing they are acting within the scope of their employment. For the purposes of indemnity, the administration of medication falls within this definition and hence staff can be reassured about the protection that their employer provides. The indemnity would cover the consequences that might arise where an incorrect dose is inadvertently given or where the administration is overlooked. In practice indemnity means the Trust and not the employee will meet the cost of damages should such a claim for alleged negligence be successful. It is very rare for school staff to be sued for negligence and instead the action will usually be between the parent/carer and the employer.

5.1 First Aid Team Training

5.1.1 Staff involved in Supporting Pupils with Medical Conditions/staff involved in the administration of medicines undertake relevant training as directed by the Operations Director

5.1.2 The Operations Director will ensure that staff allocated to the roles of administering medicines are adequately training

5.1.3 The Operations Director will name staff responsible for administering medicines, or delegate the role to the senior administrator as appropriate

5.1.4 The senior administrator will ensure that all staff are updated on the medical needs of other pupils, be able to access the names of the pupils with IHCP; be aware of the changes to pupils' medical needs; aware of who the lead staff are when faced with an issue to do with administering medicines.

5.2 Wider Staff Training

5.2.1 All staff receive health and safety training, including what action to take in an emergency situation. Epilepsy/Diabetes and Adrenaline Auto Injection Devise (AAID) training is offered to staff (this is optional). Any other training required will be undertaken as and when needed in relation to medication within school or medical conditions.

5.2.2 Supply staff are provided with a 'Supply Induction Pack' outlining First Aid provision within the school.

5.2.3 The senior administrator is available should any member of staff require advice and support.

6. Storage of Medicines in the School

6.1 Prescribed medicines, i.e. antibiotics must be stored in a lockable cabinet/fridge in the admin office cupboard.

6.2 Adrenaline auto injection devise (Epi-pens) must be stored in the admin office, and be easily accessible and labelled with the pupil's name and photograph

6.3 Asthma inhalers should be stored in the classrooms and be easily accessible and labelled with the pupil's name, in a yellow bag.

6.4 Antihistamine eye drops for severe hay fever must be stored in the First Aid Room

6.5 Large volumes of medicines should not be stored in the school. Staff should only store, supervise and administer medicines that have been prescribed or painkillers that have been pre-agreed for an individual pupil

6.6 First aid staff and pupils with medical conditions that require medicines storing must be aware of where the medicines are stored and how to access them

6.7 We recommend that parent/carers take receipt of medicines at the end of each year and return back to the school at the start of each year and inform the school when any medication is due to expire

6.8 Pupils that need two or more medicines each should be stored together. Staff must not transfer medicines from its original container

6.9 Only authorised staff and First Aid trained staff have access to first aid provisions in the admin office.

6.10 Only authorised staff have access to medication within in the first aid room.

6.11 Some drugs administered in the school may be classified as controlled drugs e.g. Methylphenidate, Midazolam. Controlled drugs must be handled in the same was as any drug except that they are not suitable to be carried by a pupil and should be stored in the locked medicines cabinet, housed in the Medical Room. The exception to this is Emergency Epilepsy Medication (i.e. Midazolam/Bucolam).

7. Disposal of Medicines/Medical Supplies

7.1 School staff should not dispose of medicines by for example flushing tablets or medicines down the toilet. Expired/no longer required medicines should be disposed of as agreed with parents/carer. If parents do not collect the expired/no longer required medicines within the specified time frame the school uses a third-party waste management company to dispose of any expired medication. This should be recorded on the pupil's medication sheet – it is advised that this is documented and undertaken by two members of staff.

7.2 Expiry dates of all medicines held in the school should be checked before every administration. A check of expiry dates should be undertaken of all medicines in the school on an annual basis.

7.3 The renewal of any medicine which has passed its expiry date is the responsibility of the parents. Ideally parents should be reminded at least 14 days in advance of medicines expiring that they need to arrange a replacement supply.

7.4 Under the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 (the Sharp Regulations) the school must ensure that risks of sharps injuries are adequately assess and appropriate control measure are in place for the safe handling and removal of sharps.

7.5 All Sharps are disposed of in a Sharps container held in the First Aid Room and are removed from site by a third-party professional waste management company on a quarterly basis.

8. Administration of Medicines in the School – see Appendix 1 for Medication in School Checklist

8.1 No medicine should be administered unless clear written instructions to do so have been obtained from a doctor. The school reserves the right to refuse responsibility for the administration of medicine in some instances. None prescription painkillers usage should be accepted where written permission for that particular medicine has been obtained from the child's parent and/or carer under exceptional circumstances.

8.2 All pupils who require medication to be given during school hours should have clear instructions where and to whom they report. This procedure will only be necessary where medicines have to be taken for an extended period of time or retained by the school for emergency purposes. Copies are to be kept in pupil's medical/confidential file.

8.3 Parents/Carers must take responsibility to update the school of any changes in administration for routine or emergency medication and maintain an in-date supply of the medication.

8.4 Any unused or time expired medication must be handed back to the parents/carers for disposal or disposed of.

8.5 All medicines must be clearly labelled with the pupil's name, route i.e. mode of administration oral/aural etc, dosage, frequency and name of medication being given. Oral medication must be in original packs with the original prescription label.

8.6 Changes to instructions should only be accepted when received in writing. A fresh supply of correctly labelled medication should be received as soon as possible.

8.7 A record of medication given in the school (Student Medication Record) must be kept in a file which is accessible to staff administrating medication.

8.8 Wasted dosages e.g. tablets dropped on floor should be recorded and disposed of as per guidance on disposal of medicines. Wasted doses should not be administered.

8.9 Liquid medicines should be administered with a suitable graduated medicine spoon or syringe

8.10 First Aid staff and trained staff must be issued with disposable protective gloves to be used where appropriate

8.11 Staff who are asked to handle hazardous material e.g. "sharps" should request specific information regarding disposal.

8.12 Medication administration ideally should take place in the First Aid Room where the medication is stored and all necessary paperwork should be available at the time of the administration of medicine. This should include a consent form and record of medication.

8.13 Medication should be administered to the pupil at a time specified by the parent.

8.14 It is expected that the pupil should be known to the person administering the medicine and that the staff member positively identifies the pupil at time of administration by confirming name, date of birth, and/or comparing with recent school photo, affixed to the medication. The pupil's identity will be confirmed with a member of staff from the pupil's class.

8.2 Prior to administration staff should check:

- The pupil's identity
- That there is written consent from parent/carer
- The medication name, strength and dose instructions match the details on the consent form
- The name on the label matches the pupil's identity
- The photograph on the medication matches the pupil's identity
- The medicine is in date
- The pupil has not already been given the medicine.

8.3 Where a pupil refuses to take medication:

- Staff should not force the pupil to take it the school should inform the pupil's parents as a matter of urgency.
- Where such action is considered necessary to protect the health of the pupil the school should call the emergency services
- Records of refused/non-administration or doses should be made in the pupil's medicines administration record.

9. Non-Prescription Medication

9.1 The school is aware that pupils may, at some point, suffer from minor illnesses and ailments of a short-term nature, and that in these circumstances, health professionals are likely to advise parents to purchase over the counter medicines, for example, paracetamol and antihistamines.

9.2 The school works on the premise that parents have the prime responsibility for their child's health and should provide the school and settings with detailed

information about their child's medical condition as and when any illness or ailment arises.

9.3 To support full attendance the school will consider making arrangements to facilitate the administration of non-prescription medicines following parental request and consent.

9.4 Pupils and parents will not be expected to obtain a prescription for over-the-counter medicines as this could impact on their attendance and adversely affect the availability of appointments with local health services due to the imposition of non-urgent appointments being made.

9.5 If a pupil is deemed too unwell to be in school, they will be advised to stay at home or parents will be contacted and asked to take them home.

9.6 When making arrangements for the administration of non-prescription medicines the school will exercise the same level of care and caution, following the same processes, protocols and procedures as those in place for the administration of prescription medicines.

9.7 The school will also ensure that the following requirements are met when agreeing to administer non-prescription medicines.

- Non-prescription medicines will not be administered for longer than is recommended. For example, most pain relief medicines, such as ibuprofen and paracetamol, will be recommended for three days use before medical advice should be sought.
- Parents will be asked to bring the medicine in, on at least the first occasion, to enable the appropriate paperwork to be signed by the parent and for a check to be made of the medication details.
- Non-prescription medicines must be supplied in their original container, have instructions for administration, dosage and storage, and be in date. The name of the child and their photograph will be written on the container by an adult to ensure identification.
- Only authorised staff who are sufficiently trained will be able to administer non-prescription medicines.

9.8 Paracetamol

9.8.1 The school is aware that paracetamol is a common painkiller that is often used by adults and children to treat headaches, stomach ache, earache, cold symptoms, and to bring down a high temperature; however, it also understands

that it can be dangerous if appropriate guidelines are not followed and recommended dosages are exceeded.

9.8.2 The school understands that children need to take a lower dose than adults, depending on their age and sometimes, weight. The school will ensure that authorised staff are fully trained and aware of the NHS advice on how and when to give paracetamol to children, as well as the recommended dosages and strength.

9.8.3 Staff will always check instructions carefully every time they administer any medicine, whether prescribed or not, including paracetamol.

9.8.4 The school will ensure that they have sufficient members of staff who are appropriately trained to manage medicines and health needs as part of their duties.

9.8.5 The written consent of parents will be required in order to administer paracetamol to pupils.

9.8.6 When a pupil is given medicine, the authorised member of staff will witness the pupil taking the paracetamol and make a record of it. This record will include:

- Pupil's name.
- The name of the medicine.
- Dose given.
- Date and time of administration.
- Signature of the person administering.

9.8.7 Only standard paracetamol will be given, not combination medicines which may contain other drugs. If paracetamol does not alleviate symptoms, the pupil's parents will be contacted again. Paracetamol will not be given following a head injury, or where a pupil has taken paracetamol containing medicine within the last four hours.

9.8.8 Pupils who frequently require paracetamol will be asked to provide their own tablets which will be kept securely labelled in the first aid room; parents will be contacted by the office staff in these circumstances.

10. Record and Audit Trail of Medicines in the School

10.1 Each pupil who receives prescribed medicine at the school must have a completed permission form for each medication they are to receive. This

information is transferred to a Student Medication Record, to which the pupil's photograph is affixed.

10.2 First aid staff are responsible for recording information about the medicine and about its use.

10.3 The prescribers written instructions and the medication register should be checked on every occasion when the medication is administered and completed by the member of staff administering the medicine. The school record will be retained for a period of 5 years.

10.4 The following information should be recorded on the Pupil Medication Register:

10.4.1 Details of the prescribed medicine that has been received by the school's

10.4.2 The date and time of administration of medicine and the dose given

10.4.3 Details of any reactions or side effects to medication.

10.5 The amount of medicine left in stock:

10.5.1 All movements of prescribed medicine within the school and outside the school on education visits for example;

10.5.2 When the medication is handed back to the parent/carer at the end of the course of the treatment. If a parent/carer has requested a pupil self-administers their medicine with supervision a record of this should be made on the Pupil Medication Register. Changes to instructions should only be accepted when made in writing. A fresh supply of correctly labelled medication should be obtained as soon as possible.

11 Record and Audit Trail of Medicines in the School

11.1 When a pupil receiving first aid treatment of any kind throughout the school day, a first aid slip will be stamped with the school logo for parent/carer to be informed.

11.2 If any pupil suffers a head or intimate injury, a first aid slip will be completed, alongside a phone call to a parent/carer to provide further information.

12 Hygiene and Infection Control

12.1 All staff should be familiar with normal precautions for avoiding infection and must follow basic hygiene procedures. Staff have access to protective disposable gloves and take care when dealing with spillages of blood or other bodily fluids and disposing of dressings and equipment. Where specialist or enhanced hygiene arrangements are required these should be covered by an appropriate risk assessment written in consultation with parent/carers/health care professional.

13 Intimate or Invasive Treatment

13.1 Intimate or invasive treatment by school staff should be avoided wherever possible. Any such requests will require careful assessment. Some school staff are understandably reluctant to volunteer to administer intimate or invasive treatment because of the nature of the treatment or fears about accusations of abuse.

13.2 Parents/carer's and Headteacher must respect such concerns and undue pressure should not be put on staff to assist in treatment unless they are entirely willing. The Operations Manager along with the senior administrator will provide appropriate training for school staff willing to give medical assistance.

13.3 Where intimate or invasive treatment is required, it should be subject to an individual risk assessment.

14 Emergency Treatment

14.1 In the event of an emergency staff should contact the emergency services using 999. Where an individual health care plan has been agreed and arrangements put in place to deliver any emergency treatment this should be undertaken by authorised individuals.

14.2 Qualified First Aiders in the school may also be able to offer support. Should a pupil need to go to hospital, parent/carers must be contacted, if an urgent transfer to hospital is needed a member of staff should always accompany the pupil to hospital and stay with them until the pupil's parent/carer arrives.

14.3 Healthcare professionals are responsible for any urgent decisions on medical treatment when parent/carers are not available. Where pupils are taken off site on educational visits or work experience then the arrangements for the provision of medication must be considered in consultation with parents and risk assessments and arrangements put in place for each individual pupil.

14.4 Controlled drugs taken out of the school for off- site education visits or work experience must be held in a lockable container.

14.5 Emergency medication should always be readily accessible and never locked away.

14.6 Parents/carers have the responsibility to provide the school with an epi-pen to be stored as a spare in case of emergencies. They must also ensure that their child has an epi-pen on their persons at all times whilst in the school. The school do not hold spare epi-pens. Epi-pens will be held in yellow bags in classrooms, labelled with the child's name.

14.7 Pupil's known to have asthma must have a reliever inhaler available with them at all times in the school. Inhalers will be held in yellow bags in classrooms, labelled with the child's name.

14.8 Pupil's known to have epilepsy have individual healthcare plans and manage their condition well in the school. Staff must be mindful of triggers of an attack

and seek First Aid support: Anxiety, Stress, Tiredness, Flashing/Flickering lights and pupil's feeling generally unwell.

15 PE and Out of School Activities

15.1 Education Visit Group Leaders must check pupil medication records and take any pupil medication that needs administering and adhere to this policy.

15.2 Asthma relievers should always be available during physical education, sports activities and education visits.

15.3 A spare inhaler and spacers are available and stored in a place where they can be readily accessed if the primary inhaler cannot be accessed.

15.4 Pupils with asthma should participate in all aspects of school life, including physical activities.

15.5 They need to take their relevant inhaler with them on all off-site activities. Some pupil's may need to take their reliever asthma medication before any physical exertion, as specified on their asthma care plan.

15.6 Asthma medicine should be clearly labelled with the pupil's name in the original box.

15.7 The expiry date of the medicine should be checked every six months.

15.8 Pupils with epilepsy should be included in all activities. Extra care may be needed in some areas such as swimming. Concerns about safety should be discussed with the pupils and parents as part of the IHCP.

16 Treatment of Attention Deficit Hyperactivity (ADHD)

16.1 When medication is prescribed for ADHD it is usually part of a comprehensive treatment programme and always under the supervision of a specialist childhood behavioural problems. Methylphenidate (Ritalin, Equasym and Medikinet) and dexamphetamine are used in the treatment of ADHD and a lunch time dose is usually needed.

16.2 In some cases, once symptoms are stabilised a longer acting version of Methylphenidate is used (Concerta XL, Equasym XL and Medikinet XL). There are legally categorised as controlled drugs and should be treated in the same way as other medicines administered in the school.

16.3 However, they should not be carried by the pupil and should be kept securely in a locked cabinet.

17 Management of Diabetes

17.1 Pupils who have diabetes must have emergency supply kits available at all times. This kit should include a quick acting glucose in the form of glucose sweets or drinks. Most pupils will also have a concentrated glucose gel preparation e.g. Gluogel. These are used to treat low blood glucose levels (hypoglycaemia). The kit should also contain a form of longer acting

carbohydrate such as biscuits. Pupils with diabetes will generally need to undertake blood glucose monitoring at lunchtime before PE and if they are feeling 'hypo'.

17.2 This should be administered in a space arranged and approved of by the school, child and parent/carer.

18 Salbutamol Inhalers

18.1 Archibald Primary School is aware of the guidance, 'The use of emergency salbutamol inhalers in schools from the Department of Health' (March, 2015), which gives guidance on the use of emergency salbutamol inhalers in schools.

18.2 The document can be found at: Guidance on the use of emergency salbutamol inhalers in schools.

18.3 Management of Epilepsy

18.4 Pupils who have epilepsy are identified from pupil personal data when joining the school. As detailed at point 3 of this policy pupils would be issued with an IHCP. Most pupils with epilepsy manage well and this will not impact on their time in the school. Pupils with epilepsy do not normally need their prescribed medication during the school day. This is managed in their home environment. Should a pupil require medication in the day this will be managed and administered by trained staff and procedures detailed at point 8 of this policy will be adhered too.

Appendix 1

Medication in School Checklist

(Copy attached to the wall in the school office)

1. Parent to fill in medication form, including the dosage and time of dosage of prescribed medication
2. Medication must arrive in the prescribed box, with the child's name on it. Check this.
3. Set alarm for time of dosage.
4. Print out photos of the child for bottle and box of the prescribed medication and stick photos to the bottle and box
5. Store prescribed medication in locked cupboard or in refrigerator (depending on instructions)
6. Prepare blank Medication in School Form, adding the details from the medication form and the child's photograph.
7. Put the form in the Medication in School folder, in locked medicine cupboard
8. At the allotted time ask the child to identify their name on the prescription label. Check identity of the child with a member of staff from their class, then give the dosage according to the parent instructions.
9. Record the medication given to pupil on the Medication in School Form, located in locked cupboard.

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Primary School ARCHIBALD