

Sheringham Woodfields School

Sheringham Woodfields School
Holt Road
Sheringham
Norfolk
NR26 8ND



ANNETTE MACONOCHE
Head Teacher

Telephone: 01263 820 520
Fax: 01263 820 521

STEVE THURLOW
Chair of Governors

Email: office@sheringhamwoodfields.norfolk.sch.uk
Website: www.sheringhamwoodfields.norfolk.sch.uk

Registered Charity: Friends of Sheringham Woodfields School - 1127142

Medical Conditions Policy

Approved by SMT: 12 th September 2022	Approved by Staff: 22 nd September 2022	Approved by Governors: 12 th October 2022
Next Review date: Autumn 2025	Person(s) responsible for review: SENCo	

Principles

- All children and staff to be healthy and stay safe.
- All children to enjoy and achieve and make a positive contribution.
- To ensure all pupils have equal opportunities and provide all pupils with a broad and balanced curriculum, including school trips and physical education.
- To ensure all staff understand their duty of care to children in the event of an emergency.
- To ensure all staff feel confident to act in the event of an emergency.
- To ensure all staff understand the common medical conditions that affect children at this school.
- To ensure that staff receive appropriate training.
- Parents to feel their children receive the best possible care whilst in school.
- To ensure pupils who have long-term absences due to health problems are supported back into school effectively with the appropriate support mechanisms in place.
- To recognise the increased vulnerability that some of our pupils have in terms of physical health, abuse, bullying and isolation. In response to this, the school will try to ensure pupils can communicate these concerns to trusted adults.

Purpose

- Define who is responsible for ensuring that sufficient staff are suitably trained.
- A commitment that all relevant staff will be made aware of the child's condition.
- Cover arrangements in case of staff absence or staff turnover to ensure someone is always available.
- Risk assessments for school visits, holidays, clubs (where appropriate) and other school activities outside of the normal timetable are in place.
- Monitoring of individual healthcare plans.

Communication

The medical conditions policy is supported by a clear communication plan for staff, parents/carers and other key stakeholders to ensure its full implementation

- a. Parents/carers are informed and regularly reminded about the medical conditions policy:
- at the start of the school year when communication is sent out about Healthcare Plans
 - in the school newsletter at several intervals in the school year
 - when their child is enrolled as a new pupil
 - via the school's website, where it is available

- b. School staff are informed and regularly reminded about the medical conditions policy:

- through information provided preparing for new classes at scheduled medical conditions training
- through the key principles of the policy being displayed in several prominent staff areas at this school
- through school-wide communication about results of the monitoring and evaluation of the policy
- all relevant supply and temporary staff are informed of the policy and their responsibilities.

Roles and responsibilities

Head teacher Responsibilities

- Ensure that their school's policy is developed and effectively implemented with partners and that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation.
- Ensure that all staff who need to know are aware of the child's condition and will be made aware of the precautions that need to be taken and the procedure for coping with an emergency.
- Ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations.
- Have overall responsibility for the development of individual healthcare plans in conjunction with the health care professionals and ensure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. They should contact the school nursing service in the case of any child who has a medical condition that may require support.
- Ensure that in the case of a pupil being hospitalised support is given before, during and after this process with additional advice from health professionals to ensure a successful re-integration to school.
- To ensure professionals work together to ensure that children with medical conditions receive a full education. In some cases, this will require flexibility and involve, for example, programmes of study that rely on part-time attendance at school in combination with alternative provision arranged by the local authority.

Staff Responsibilities

- All staff are aware of the most common serious medical conditions at this school.
- Staff understand their duty of care to pupils in the event of an emergency. In an emergency situation school staff are required under common law duty of care to act like any reasonably prudent parent. This may include administering emergency medication e.g. epi-pens, buccal etc.
- All staff who work with groups of pupils at this school receive training and know what to do in an emergency for the pupils in their care with medical conditions.
- Training is refreshed for all relevant staff as and when required by the necessary training body.
- This school uses Healthcare Plans to inform the appropriate staff (including supply teachers and support staff) of pupils in their care who may need emergency help.
- This school has procedures in place so that a copy of the pupil's Healthcare Plan is sent to the emergency care setting with the pupil. On occasions when this is not possible, the form is sent (or the information on it is communicated) to the hospital as soon as possible.

Parental Responsibilities

- Notify the school of a medical condition that may affect the pupil in school, this may require the completion of a health care plan. For many pupils their statement or EHC plan will already identify the need for a health care plan.

- b. Notify the school of any likely changes to a child's medical condition that is likely to require additional training so that the school can ensure this is in place.
- c. At the earliest opportunity inform school staff of any changes to their child's medical condition, including changes to medication that would be a change from the care plan.
- d. Ensure any associated emergency medication needed to enact a Care Plan is provided to the school and is in date.

Staff Training

A health care plan may reveal the need for some staff to have further information about a medical condition or specific training in administering a particular type of medicine, providing specific support or in dealing with emergencies.

Staff should not give medicines without appropriate training from a health professional. In consultation with school health, training is updated regularly for staff who administer medicines or provide support to students. Staff assisting a child with specific medical needs will receive appropriate training arranged in collaboration with local health services.

Monitoring, Evaluation and Review

The school will monitor this policy closely. SENCo and Business Manager will oversee any issues that arise from this policy being adopted. Any changes will first involve consultation with staff and other stakeholders. Success is defined as all pupils, regardless of medical condition, being able to attend school, be educated and cared for in a safe environment. Policy to be renewed every three years.

What follows is the schools medication policy. [Appendix 1](#) and [Appendix 2](#) detail all aspects that satisfy the schools Medical Conditions Policy

Sheringham Woodfields School



Sheringham Woodfields School
Holt Road
Sheringham
Norfolk
NR26 8ND

ANNETTE MACONOCHIE

Head Teacher

Telephone: 01263 820 520

Fax: 01263 820 521

STEVE THURLOW

Chair of Governors

Email: office@sheringhamwoodfields.norfolk.sch.uk

Website: www.sheringhamwoodfields.norfolk.sch.uk

Registered Charity: Friends of Sheringham Woodfields School - 1127142

Medication Policy

Approved by SMT: 12 th September 2022	Approved by Staff: 22 nd September 2022	Approved by Governors: 12 th October 2022
Next Review date: Autumn 2025	Person(s) responsible for review: SENCo	

Principles

- ❖ All children and young people have a right to keep healthy and safe.
- ❖ Many of our pupils depend on medication in order for this to happen.

The purpose of this policy is to ensure:

- ❖ That pupils are able to attend school and keep healthy and safe.
- ❖ Staff, parents/carers and pupils are clear of their roles.
- ❖ There is clarity and consistency across the school.

Definitions

What is meant by Medication?

In the interests of clarity it is important at this stage to define the term medication. In order to do this it is necessary to make a distinction between prescribed and non-prescribed medication.

Prescribed Medication: Any medication requiring a Medical or Dental Practitioner's prescription is defined as a prescribed medication. Examples may include asthma inhalers, antibiotics, adrenalin, midazolam etc.

Non-Prescribed Medication: Any medication not requiring a Medical or Dental Practitioner's prescription is defined as a non-prescribed medication. Examples may include, analgesics, milk of magnesia tablets or liquid, creams and sprays, etc.

Controlled Drugs

The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act. Some may be prescribed as medicine for use by children, e.g. methylphenidate (brand name Ritalin). Any trained member of staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicine should do so in accordance with the prescriber's instructions and this guidance document.

Short-Term Medical Needs

Many children will need to take medicines during the day at some time during their time at school. This will usually be for a short period only, e.g. to finish a course of antibiotics. To allow children to do this will minimise the time that they need to be absent. However, such medicines should only be taken to school where it would be detrimental to a child's health if it were not administered during the day.

Long Term Medical Needs

In the case of children with Complex Health Needs early identification and careful planning with the relevant Health Authority, will result in detailed discussion with the school and the formulation of a carefully designed individual programme (care plan) to meet the needs and circumstances of a particular case. For further information on the procedures required should such a situation occur turn to Appendix 1 and 2 of this document.

Administering Medicines

No child under 16 should be given medicines without their parent/carers [written consent](#). Any member of staff giving medicines to a child should check:

- the child's name
- the prescribed dose
- the expiry date
- written instructions provided by the prescriber on the label or container.

If in doubt about any procedure staff should not administer the medicines but check with the parent/carer or a health professional before taking further action. If staff have any other concerns related to administering medicine to a particular child, the issue should be discussed with the parent/carer, if appropriate, or with a relevant health professional.

Staff will complete and sign the [administration of medication form](#) - each time they give medicine to a child. This will **always** be witnessed by a second member of staff. The form should only be signed and countersigned once the medication has been administered,

On rare occasions, there may be the need to administer emergency medication for a child where permission has not been received/sought (i.e. an severe allergic reaction etc). In such situations, a member of the SLT will support the class team and seek to obtain verbal permission before proceeding. A follow up action to this will be to record said situation within the communication log.

Refusing Medicines

If a child refuses to take medicine, staff should not force them to do so, but should note this in the records. Parents/carers should be informed immediately and medical advice taken if necessary.

Record Keeping

Parents/Carers should tell the school about the medicines that their child needs to take and provide details of any changes to the prescription or the support required. However staff should make sure that this information is the same as that provided by the prescriber.

In all cases it is necessary to check that written details include: -

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

Parents/Carers should be given [Form Med 1 - Parental/Headteacher Agreement for School/Setting to Administer Medicine](#) - to record details of medicines in a standard format. This form confirms, with the parents, that a member of staff will administer medicine to their child.

The School must keep records of medicines given to pupils, and the staff involved. Records offer protection to staff and proof that they have followed agreed procedures. The [administration of medication form](#) - must be used.

Educational Visits

The School acknowledges it is good practice to encourage children with medical needs to participate in safely managed visits. Staff in charge of visits should consider what reasonable adjustments they might make to

enable children with medical needs to participate fully and safely on visits. Risk assessments should be made for children with such needs as and when required.

Home to school transport

Where pupils have life threatening conditions, specific health care plans should be carried on vehicles. As provided by the Health Care Authority. Individual transport health care plans will need input from parents/carers and the responsible medical practitioner for the pupil concerned. The care plans should specify the steps to be taken to support the normal care of the pupil as well as the appropriate responses to emergency situations.

Dealing with Medicines Safely:

Storing Medicines

Large volumes of medicines should not be stored. Staff should only store, supervise and administer medicine that has been prescribed for an individual child. Medicines are stored strictly in accordance with product instructions (paying particular note to temperature) and in the original container in which dispensed. Some medicines should be stored in the locked medical cabinet in each class (key hanging inside the inter-connecting cupboards). A few medicines need to be refrigerated. There should be restricted access to a refrigerator holding medicines. The fridge for storing such medication is located in the staff room. It is secured with a combination pad lock. The code can be obtained from a member of the Leadership Team/Office. Staff **must not** store any medication in their class fridge.

All emergency medication, such as asthma inhalers, buccal midazolam and gastrostomy tubes should be stored in an emergency bum bag with the child's name clearly on the outside and locked in the medical cabinet when in class. When on trips the emergency bags must be carried by a member of staff at all times. A few medicines need to be refrigerated. There is restricted access to a refrigerator holding medicines. The fridge for storing such medication is located in the staff room. It is secured with a combination pad lock. The code can be obtained from a member of the Leadership Team/Office. Staff **must not** store any medication in their class fridge.

Disposal of Medicines

Parents/Carers are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. Parents/Carers will be informed of expired medication by the AHT or member of the office team. Expired medication will be sent home via transport, or at the request of the parent/carer, disposed of by the School Business Manager at the local chemist.

The supplied Sharps box should always be used for the disposal of needles and adrenaline/insulin/epi-pens. Collection and disposal of the boxes is arranged by the School Business manager. Children will not be allowed to be responsible for the sharps box under any circumstances.

Hygiene and Infection Control

All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures. Staff have access to protective disposable gloves and should take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment. Aprons are also available. Spillage compound is available via the office to help deal with the cleaning up of bodily fluids.

Emergency Procedures

The School has arrangements in place for dealing with emergency situations by providing staff trained and qualified in First Aid for the purposes of the Health and Safety (First Aid) Regulations 1981. All staff should also make themselves aware of who is responsible for carrying out emergency procedures in the event of need. The trained person list can be located in each and every classroom, the staff room, conference room and main school office.

A member of staff will always accompany a child taken to hospital by ambulance and should stay with the child until the parent/carer arrives. Health professionals are responsible for any decisions on medical

treatment when parents are not available.

Staff should never take children to hospital in their own car; it is safer to call an ambulance. The only exception to this, is if a child needs to be seen by a health professional at Cromer Minor Injuries. In such circumstances, a member of the Leadership needs to be consulted in the first instance so that suitable transport can be arranged. In the event of a pupil removing a gastrostomy button, seek medical advice immediately and if an ambulance is not available, staff may be required to take said pupil to the Norfolk and Norwich Hospital.

Individual health care plans should include instructions as to how to manage a child in an emergency and identify who has the responsibility in an emergency.

Staff Training

A health care plan may reveal the need for some staff to have further information about a medical condition or specific training in administering a particular type of medicine or in dealing with emergencies.

Staff should not give medicines without appropriate training from a health professional. In consultation with school health, training is updated regularly for staff that administer medicines to students.

The school offers comprehensive training in the following medical conditions:

- Gastrostomy Care
- Jejunostomy Care
- Epilepsy Awareness and supporting children that may require Buccal
- Diabetes
- First Aid
- Epi-pen training
- Nasogastric Tube Care

Medication errors

If a medication error occurs the member(s) of staff that are alerted to this must report it immediately to a member of the Senior Leadership Team. The member of SLT involved will make a decision with regards to the next steps. At all times the School wishes to maintain a fair and open culture which encourages staff to report medicine errors without delay.

Errors can occur in and around:

- Prescribing
- Preparing
- Dispensing
- Administering

For any error that occurs, the family will always be informed in the first instance and will be involved in the review/follow up as/when required.

Medicine errors are not the same as adverse reactions of drugs/medication - which also need to be reported as soon as they occur so that support can be put in place.

At no time must a member of staff give advice on which medicine(s) a pupil can take/should take. We only ever following the advice given within a Care Plan or via Med 1 Form

Roles and responsibilities

The administration of medication to children is the responsibility of parents. School staff are under no duty to administer medication to pupils in school unless it is emergency medication. If it is agreed by the Head teacher or his/her nominated representative to take on this responsibility it is on a voluntary basis.

However, we do acknowledge that it would be very difficult for some of our pupils to attend school if we did not undertake this role.

Head Teacher Responsibilities

The Head Teacher and the school staff must take appropriate action when a child in their care is ill, to

secure either the attendance of a parent or of medical assistance.

When a parent/carer requests that medication be administered to their child at school the Head teacher will deal with the case sympathetically and on its merits. The Head teacher will consider all the circumstances of the case and have regard to the best interests of the pupil and the implications for the staff.

The Head teacher will ensure all staff are aware of the school's procedures with respect to the administration of medication. In the case of pupils with Complex Health Needs, staff who come into contact with that child will be made aware of the precautions that need to be taken and the procedure for coping with an emergency. The Head Teacher and staff will do what a "reasonable parent" would do in the circumstances prevailing at the time.

Parental Responsibilities

Parents/Carers should, wherever possible, administer or supervise the self-administration of medication to their children. Parents may make a request for medication to be administered to the child in school if this is not possible.

Monitoring, Evaluation and Review

The school will monitor this policy closely. SENCo / Business Manager will oversee any issues that arise from this policy being adopted. Any changes will first involve consultation with staff and other stakeholders. Success is defined as all pupils, regardless of medical condition, being able to attend school, be educated and cared for in a safe environment. Policy to be renewed every three years.

Read in conjunction with: Safeguarding Policy
Respect, Dignity and Confidentiality Policy
Intimate Care Policy
Medical Conditions Policy

Appendix 1: Guidance on the Care and Management of Children with Complex Health Needs

Introduction

This guidance is for Governors and Head Teachers. It concerns procedures for the management and care of children with significant and Complex Health Needs. It forms part of the Administration of Medicines guidance and procedures.

The term 'Complex Health Needs' includes those children:

- Whose clinical well being changes significantly from day to day
- Who need many hours of care each day; and
- For whom there is a daily risk of a life threatening event

Such children will be identified by healthcare professionals.

Procedures associated with the above include:

- Invasive procedures, including augmentative feeding (nasogastric tubes, gastrostomy, other 'ostomies' including tracheostomy, ileostomy, colostomy and urinary catheters)
- Regular medication to be given during the school day other than inhalers, antibiotics and medication for epilepsy
- Oxygen supplementation
- Management of emergencies likely to require hospital admission such as:
 - diabetes mellitus
 - allergy
 - asthma
 - seizures
 - anaphylaxia

A significant health need does not usually include feeding or toileting.

There is an important difference between the management of first aid within school and the management of medical emergencies.

Procedures

The forms contained within this document should be used to ensure adequate records are kept and that good management practices are adopted.

The Governing Body will need to ensure that suitable and secure arrangements are provided for the storage of medication, particularly where manufacturers' instructions require that it is stored in a temperature controlled environment, e.g. refrigerated.

Healthcare Plans

An Individual Healthcare Plan must be maintained for every child with Complex Health Needs. Less detailed plans will also be required for other pupils where there has been a parental request for medication to be administered.

Healthcare Plans for children with Complex Health Needs will be initiated by the responsible healthcare professional.

Records of Healthcare Plans

Enrolment forms

Parents/Carers at this school are asked if their child has any health conditions or health issues on the enrolment form, which is filled out at the start of each school year. Parents of new pupils starting at other times during the year are also asked to provide this information on enrolment forms.

Drawing up Healthcare Plans

This school uses a Healthcare Plan, which is written by the healthcare professionals involved with parents/carers. This records important details about individual children's medical needs at school, their triggers, signs, symptoms, medication and other treatments. The AHT needs to sign health care plans before they can be used in school. If the health care plan includes the administration of emergency medication it must be signed by the consultant health care professional, parents and the AHT (or another member of the SLT in the absence of the AHT) before medication can be given.

Further documentation can be attached to the Healthcare Plan if required:

[Request for a School to Administer Medication](#)

[Record of Medication Administered in School](#)

If a pupil has a short-term medical condition that requires medication during school hours, a request for medication form is required from the pupil's parents/carers to enable school to administer the medication. A record of medication administration is completed and kept in school.

School Healthcare Plan register

Healthcare Plans are used to create a centralised register of pupils with medical needs. An identified member of staff (Assistant Head Teacher) has responsibility for the register at this school.

The responsible member of staff follows up with the parents any further details on a pupil's Healthcare Plan required or if permission for administration of medication is unclear or incomplete.

Ongoing communication and review of Healthcare Plans

Parents/Carers at this school are regularly reminded to update their child's Healthcare Plan if their child has a medical emergency or if there have been changes to their symptoms (getting better or worse), or their medication and treatments change.

Staff at this school use opportunities such as teacher-parent/carer interviews and home-school diaries to check that information held by the school on a pupil's condition is accurate and up to date. Annual reviews also play an important part in allowing the school to maintain and update healthcare records.

Storage and access to Healthcare Plans

Parents/Carers and pupils at this school are provided with a copy of the pupil's current agreed Healthcare Plan by the healthcare professional.

Healthcare Plans at school are located in the pupils classroom in their pupil file (purple), in their emergency bumbag if medication is required which is in a locked locker within the classroom, in the main office pupil emergency folder and in the class emergency folder located outside the office.

When a member of staff is new to a pupil group, for example due to staff absence, the school makes sure that they are made aware of (and have access to) the Healthcare Plans of pupils in their care.

This school ensures that all staff safeguard pupil confidentiality.

This school seeks permission from parents/carers to allow the Healthcare Plan to be sent ahead to emergency care staff, should an emergency happen during school hours or at a school activity outside the normal school day and to transport staff.

This school seeks permission from the pupil and parents/carers before sharing any medical information with any other party, such as when a pupil takes part in a work experience placement.

If emergency medication has expired and/or is not available to the school, the universal response is to state that the pupil affected is unable to attend school until the issue around medication has been resolved. This approach is supported by NCC Risk and Insurance.

Role of the School Health Team

A Nurse will be available to give advice and to monitor Healthcare plans for those pupils with complex and significant healthcare needs. The nurse will not be expected to be on school premises at all times.

The Nurse, or other appropriate healthcare professionals, will be responsible for the training and updated of school staff.

Training

Head Teachers are responsible for the health and safety of staff and pupils and must ensure that appropriate training, as required to support Healthcare Plans, is given prior to the admission of a pupil with Complex Health Needs. Training must also be provided if needs change and new procedures are introduced and full records of training must be maintained.

Full records of staff training are kept by the School Business Manager

Staffing

No member of staff should be required to administer medicines or undertake invasive procedures without full training. Such duties will be voluntary although Head Teachers may appoint staff specifically for this purpose.

School staff employed to meet children's healthcare needs must be familiar with the school procedures for the administration of medicines.

Where a member of staff notices any significant emotional, medical or physiological change to a pupil in their care, this should be communicated immediately to the Head teacher, or designated member of staff, who will take appropriate action. This action should be recorded.

Insurance

All staff working in a LA maintained school are covered in respect of public liability insurance while they are acting on behalf of the County Council. This includes any duties that are undertaken to support a healthcare plan.

Appendix 2: School Procedures

Where such a request is made to the school by parents, it should be made using the [Form MED 1 "Request for the School to Administer Prescribed Medication"](#).

If a parent/carer refuses to complete this form, the Head teacher will make it clear to the parent/carer (in writing) that the school is not prepared to administer medication.

The medication, in the smallest practical amount, should be delivered to school, wherever possible by a parent/carer or via school transport. If choosing the latter, medication must be given to the escort, who in turn will pass onto the school.

Parents/Carers should ensure the container (the chemist's original container) is clearly labelled with the contents, the child's name, and the dosage and/or other instructions. The receiving member of staff will check the intelligibility of the instructions. Any concerns about the supply, transportation or storage of a suitable container may be discussed with the School Nurse or the Consultant Community Paediatrician.

Parents/Carers should also ensure the child is familiar with the dosage and, subject to age and physical and mental capacity, is able to self-administer the medication under adult supervision.

In cases where children require medication over long periods of time, any change in the dosage or other arrangements must be notified by parents/carers, in writing, to the Head teacher.

The renewal of any medication which has passed its expiry date is the responsibility of the parent. Parent/Carers will be informed of expired medication by school staff. Expired medication will be sent home via transport, or at the request of the parent/guardian, disposed of by the School Business Manager at the local chemist.

Prescribed Medication

A clear written statement of the school's organisation and arrangements for the administration of medication will be given to parents/carers, including a statement of their responsibilities as detailed above, the [Form MED 1](#), and how to make a request for medication to be given at school.

Where any doubt exists about whether or not to agree the administration of a particular course of medication in school, the Head Teacher will seek advice from the School Nurse or the Consultant Community Paediatrician.

Where medication is to be administered at the school, the SENCo will ensure that records are kept and monitored half termly. The administration of medication will be witnessed and signed for by a second member of staff.

A written record should be kept of the administration of all prescribed medication to pupils. Such a record should be kept together with the instructions given on the [Form MED 1](#), checked on every occasion and completed by the member of staff administering the medicine. The member of staff must countersign against the medication given. The [Administration of medication form](#) should be used for this purpose. This form should be retained on the premises for a period of 5 years.

Prescribed medication kept at the school should be under suitable locked storage and arrangements made for it to be readily accessible when required. If the medication requires to be kept refrigerated, proper arrangements should be implemented to ensure that it is both secure and available whenever required. Under no circumstances will medicines be kept in first-aid boxes.

Wherever possible, arrangements will be made for the medicine to be self-administered, under the supervision of a named adult. Class teams need to take into consideration the needs of the pupils before

undertaking this.

Whichever member of staff undertakes duties concerned with the administration of medicine in the school, within the terms of their job description, the Head teacher will ensure that person has appropriate information and training to undertake the duties, and will continue to exercise the ultimate responsibility for the administration of medication within the school.

Where pupils might need to use an inhaler in school, a flexible approach will be adopted. After discussion with the parent/carer, the child and the doctor, some children will be considered sufficiently responsible to have charge of their own inhalers at all times. In other cases the inhaler will be kept within the schools secure medical storage lockers. The teacher or other member of staff concerned will have immediate access to the inhaler whenever it is required by the child.

Staff should be aware of the need for asthmatics to carry medication with them (or for teachers to take appropriate action) when, for example, participating in outdoor physical education or in the event of an evacuation or fire drill.

All information regarding medication should expire at the end of each school year. If the administration of medication is to continue all relevant information must be confirmed in writing at the commencement of the academic new year. Old records are archived in the main office.

In all cases where, following the administration of medication, there are concerns regarding the reaction in the child, medical advice must be sought immediately.

Where a pupil's case makes it necessary, emergency supplies of drugs will be stored in the school, but only on a single dose, named patient, basis. In these cases specific training on how and when to administer will be sought from the Norfolk Community Health and Care team.

The review and monitoring of individual long term cases, and the necessary liaison with General Practitioners, will be undertaken by the School Nurse or the Consultant Community Paediatrician.

It is stressed that the arrangements described in this document relate only to situations where there is an explicit request by the parents. **In no circumstances should school staff administer prescribed medication on their own initiative.**

Non-Prescribed Medication

In circumstances when pupils suffer headaches, menstrual pains or toothache, the Head teacher or another member of staff may be asked to provide a mild analgesic (e.g. Paracetamol) to relieve pain.

Analgesics will only be given to pupils when parents have given prior [written permission](#). Circumstances under which it might be appropriate for the Head teacher to seek such permission from parents/carers would include residential visits organised by the school.

In such cases, specific members of staff will be authorised to issue tablets or liquids and they will keep a record of issues including name of pupil, time, dose given and the reason.

Tablets, which will be standard Paracetamol for pupils aged 12 and over, or preparations of paracetamol designed specifically for children for those under 12. These will be kept in a secure place during residential visits and not in First Aid boxes. When not on visits, access to said medication can be obtained via the school office.

On no account will **aspirin or ibuprofen**, or preparations containing aspirin or ibuprofen, be given to pupils. This is particularly important where pupils under 16 years of age are concerned. The only exception to this is if a child has been prescribed ibuprofen for pain relief or febrile conditions.

Refusing Medicines

If a pupil refuses to take medicine, staff should not force them to do so, but should note this in the records. Parents/Carers should be informed of the refusal on the same day via the home school book.

Home to School Transport

The School will make every effort to provide health care plans and other relevant information to passenger transport so that risks to pupils are minimised during home to school transport.

Medications at home

Parents/Carers should record any medication given at home above and beyond routine prescriptions. This record should include the dosage and time it was given. The best method for communicating this is via the Home/School book. This is necessary so that the school does not give medication (Paracetamol, Buccal Midazolam etc) too soon after the previous dosage.

SHERINGHAM WOODFIELDS SCHOOL
FORM: SWS MED 1

REQUEST FOR SCHOOL TO ADMINISTER PRESCRIBED MEDICATION

The school will not give your child medicine unless you complete and sign this form and the head teacher has agreed that school staff can administer the medication.

DETAILS OF PUPIL

Name: DOB: Class:

Condition or illness:

MEDICATION

Name of medication	Duration of course	Dosage and method	Timing	Self administer Y or N	Date prescribed

Side effects from medication:

.....
.....

Emergency procedures:

.....
.....

CONTACT DETAILS

Name:

Address:
.....

Daytime telephone number:

DECLARATION

I understand that I must deliver the medicine personally to the transport assistant and accept that this is a service which the school is not obliged to undertake.

I confirm that my child's doctor has stated that (s)he considers it is necessary for the medication to be taken during school hours.

Signed: Date:

Relationship to pupil:

**SHERINGHAM WOODFIELDS SCHOOL
ADMINISTRATION OF MEDICATION**

MEDICATION TO BE CHECKED AND SIGNED FOR BY TWO MEMBERS OF STAFF.

NAME:						
MEDICATION:						
DOSAGE:						
DIRECTIONS:						
WEEK BEGIN		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
	Time					
	Signature 1					
	Signature 2					
	Time					
	Signature 1					
	Signature 2					
	Time					
	Signature 1					
	Signature 2					
	Time					
	Signature 1					
	Signature 2					
	Time					
	Signature 1					
	Signature 2					
	Time					
	Signature 1					
	Signature 2					
	Time					
	Signature 1					
	Signature 2					
	Time					
	Signature 1					
	Signature 2					
	Time					
	Signature 1					
	Signature 2					

Please return completed forms to office for filing at the end of each term

Sheringham Woodfields School



Sheringham Woodfields School
Holt Road
Sheringham
Norfolk
NR26 8ND

ANNETTE MACONOCHIE
Head Teacher

Telephone: 01263 820 520
Fax: 01263 820 521

STEVE THURLOW
Chair of Governors

Email: office@sheringhamwoodfields.norfolk.sch.uk

Website: www.sheringhamwoodfields.norfolk.sch.uk

Registered Charity: Friends of Sheringham Woodfields School - 1127142

Dear Parent/Carer

Update of records

Please find below a permission slip for the administration of analgesics (Calpol, Calpol Plus, Paracetamol etc.). Please would you complete and return to school.

Please note that the school is unable to administer **Aspirin or Ibuprofen** without a doctors prescription and the necessary paperwork (SWS MED 1 - available from the school office and contained within this pack).

Yours sincerely

Matthew Smith
Business Manager

ADMINISTRATION OF ANALGESICS IN SCHOOL

I, parent/carer of, agree that staff of the school may administer analgesics if necessary. I will be informed either by telephone or the home/school book.

Please do / do not administer medication without contacting home first.
(Please delete as necessary)

Signed Date: