

**BISHOPSTEIGNTON PRIMARY SCHOOL
BISHOPSTEIGNTON PRESCHOOL
Governing Board**

Policy for Supporting Students with Medical Conditions and for the Administration of Medicine

Date	09 March 2026	Responsibility	Teaching and Learning / Inclusion	Unique I/D	6-10
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Version Control			
Version	Origin	Date	Amendments
2018	Devon County Council / BPS	June 2020	Policy deemed approved by T & L Committee via email response following school closure during the COVID-19 pandemic
2021	Devon County Council / BPS	June 2021	This policy now meets the requirements of both Bishopsteignton Primary School and Bishopsteignton Preschool Approved at the T & L committee meeting 11 June 2021 and adopted at the FGB meeting 07 July 2021 Wrap around Care note also added for approval at the FGB meeting
2022	Devon County Council / BPS	2022	Reviewed at the T & L meeting held on 10 June 2022 Approved at the FGB meeting held on 13 July 2022
2022	Devon County Council / BPS	2023	Reference to Nut-free Policy added page 1 Preschool Supervisor added page 4. Reviewed at the T & L meeting held on 17 March 2023 and approved at the FGB meeting held on 29 March 2023
2022	Devon County Council / BPS	2023	Reviewed at the 11 March 2024 T & L meeting and approved at the 27 March 2024 FGB meeting
2022	Devon County Council / BPS	2025	Note 11 added – Page 3 Approved at the 10 March 2025 T & L meeting.
2022	Devon County Council / BPS	2026	Approved at the 09 March 2026 T & L meeting.

This policy also applies to our Breakfast Club and After School Club which are both based on our school site for current pupils.

For the school's nut-free policy refer to document number:
Policy 6-10a Inclusion – Nut-free Policy

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Part 1 - Bishopsteignton Primary School

At Bishopsteignton Primary School, the Headteacher is Dave Killoran and the Business Manager is Julia Fuell

1. The staff of Bishopsteignton Primary School wish to ensure that students with medical needs receive proper care and support. Our intention is to ensure that students with medical conditions should have full access to education including trips and PE. The governing board will ensure that staff are supported and trained and competent before they take on the responsibility of supporting students with medical conditions.
2. The school's insurance will cover liability relating to the administration of medication.
3. *Administrative staff and headteacher* will be responsible for ensuring the following:
 - Procedures to be followed when notification is received that a student will be attending who has a medical condition (including transitional arrangements between schools, re-integration or when students' needs change; arrangements for staff training or support): *after discussion with parents ,information is disseminated to all staff who need to know*
 - Procedures to be followed when a student moves to the school mid-term or when a student has a new diagnosis:): *after discussion with parents, information is disseminated to all staff who need to know*
4. The above procedures will be monitored and reviewed by *all staff involved with children with specific medical conditions*.
5. Where identified as being necessary, Individual Health Care Plans (IHCP) will be developed between Bishopsteignton Primary School, healthcare professionals and parents so that the steps needed to help a student manage their condition and overcome any potential barriers to getting the most from their education are identified. The IHCP will include:
 - a) The student's medical condition, its triggers, symptoms, medication needs and the level of support needed in an emergency. Also, it must include any treatments, time, facilities, equipment, testing and access to food or drink (where it is used to manage their condition), dietary requirements and environmental issues such as crowded corridors and travel time between lessons
 - b) Specific support for the student's education, social and emotional needs, such as how will absences be managed, requirements for extra time to complete exams, use of rest periods or counselling sessions
 - c) Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support from a healthcare professional
 - d) Cover arrangements and who in the school needs to be aware of the student's condition and the support required including supply staff
 - e) Arrangements for written permission from parents for medication
 - f) Arrangements or procedures for school trips or other school activities outside the normal timetable; completion of risk assessments for visits and school activities outside the normal timetable
 - g) The designated individuals to be entrusted with the above information
 - h) Procedures in the event of the student refusing to take medicine or carry out a necessary procedure

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6. The *Headteacher* will have the final decision on whether an Individual Health Care Plan is required.

Students with asthma and anaphylaxis

Staff first aid training which is required every 3 years should include training in asthma and anaphylaxis recognition and treatment.

7. *Headteacher/Business Manager* will be responsible for ensuring that trained members of staff will take responsibility to deal with medical situations,
8. *Staff will*
- Recognise the signs of an asthma attack and when emergency action is necessary
 - Know how to administer inhalers through a spacer and from an inhaler
 - Make appropriate records of attacks
8. *Business Manager* will be responsible for the supervision of administration of medication and for maintaining the pupil medical register.
9. *Class teacher/office staff* will be responsible for ensuring parents are informed when the auto-injector has been used.

THE ADMINISTRATION OF MEDICINE

10. The *Headteacher* will accept responsibility in principle for members of school staff giving or supervising a student taking prescribed medication during the day, where those members of staff have volunteered to do so.
11. If the arrangements for a child require carers to be on site, the agency in charge of the carers are responsible for the administration of medication.
12. Prescribed and non-prescribed medication will be accepted and administered in the establishment
13. Prior written parental consent is required before any medication can be administered.
14. Only reasonable quantities of medication will be accepted
15. Each item of medication should be delivered in its original dispensed container and handed directly to the office staff.
16. Each item of prescribed medication should be clearly labelled with the following information:
- Student's name
 - Name of medication
 - Dosage
 - Frequency of dosage
 - Date of dispensing
 - Storage requirements (if important)
 - Expiry date (if available)

Non-prescribed medication must be in its original container and labelled with the child's name.

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17. **The school will not accept items of medication which are in unlabelled containers or not in their original container.**
18. Unless otherwise indicated, all medication to be administered in the school will be kept in the office or fridge in staffroom.
19. It is the responsibility of parents/carers to notify the school if there is a change in medication, a change in dosage requirements, or the discontinuation of a student's need for medication.
20. The school will make every effort to continue the administration of medication to a student whilst on activities away from the premises.
21. This policy is available on the school's website for parents' information.

Part 2 - Bishopsteignton Preschool

Policy statement

The Preschool Supervisor is Christie Tribble. While it is not our policy to care for sick children, who should be at home until they are well enough to return to the setting, we will agree to administer medication as part of maintaining their health and well-being or when they are recovering from an illness. We ensure that where medicines are necessary to maintain health of the child, they are given correctly and in accordance with legal requirements.

In many cases, it is possible for children's GPs to prescribe medicine that can be taken at home in the morning and evening. As far as possible, administering medicines will only be done where it would be detrimental to the child's health if not given in the setting. If a child has not had a medication before, it is advised that the parent keeps the child at home for the first 48 hours to ensure there are no adverse effects, as well as to give time for the medication to take effect.

Our staff are responsible for the correct administration of medication to children. This includes ensuring that parent consent forms have been completed, that medicines are stored correctly and that records are kept according to procedures.

Procedures

- Children taking prescribed medication must be well enough to attend the setting.
- We only usually administer medication when it has been prescribed for a child by a doctor (or other medically qualified person). It must be in-date and prescribed for the current condition.
- Children's prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the children. On receiving the medication, the member of staff ensures that it is in date and prescribed specifically for the current condition. It is stored in the top cupboard within our kitchen area.
- Parents must give prior written permission for the administration of medication. The staff member receiving the medication will ask the parent to sign a consent form stating the following information.
- No medication may be given without these details being provided:

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- 1.the full name of child and date of birth
- 2.the name of medication
- 3.the dosage and times to be given in the setting
4. the signature of the parent
- 5.the date

- The consent form is signed by the staff member who administers the medicine and a staff member who witnesses the administration.

Parents are shown the record at the end of the day and asked to sign the record book to acknowledge the administration of the medicine.

- We use the Pre-school Learning Alliance Medication Administration Record book for recording the administration of medicine and comply with the detailed procedures set out in that publication.
- If the administration of prescribed medication requires medical knowledge, we obtain individual training by a health professional.
- No child may self-administer. Where children are capable of understanding when they need medication, for example with asthma, they should be encouraged to tell a staff member what they need. However, this does not replace staff vigilance in knowing and responding when a child requires medication.

Storage of medicines

- All medication is stored safely in a high cupboard or refrigerated as required. This is within our gated kitchen area. Where the cupboard or refrigerator is not used solely for storing medicines, they are kept in a marked plastic box.
- For some conditions, medication may be kept in the setting to be administered on a regular or as-and-when- required basis. This is kept with all other medicines as mentioned above. Staff members check that any medication held in the setting is in date and return any out-of-date medication back to the parent.

Children who have long term medical conditions and who may require ongoing medication

- We carry out a risk assessment for each child with a long term medical condition that requires on-going medication. This is the responsibility of our manager alongside the key person. Other medical or social care personnel may need to be involved in the risk assessment.
- Parents will also contribute to a risk assessment. They should be shown around the setting, understand the routines and activities and point out anything which they think may be a risk factor for their child.
- For some medical conditions, key staff will need to have training in a basic understanding of the condition, as well as how the medication is to be administered correctly. The training needs for staff form part of the risk assessment.
- The risk assessment includes vigorous activities and any other activity that may give cause for concern regarding an individual child's health needs.
- The risk assessment includes arrangements for taking medicines on outings and advice is sought from the child's GP if necessary where there are concerns.

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- An individual health plan for the child is drawn up with the parent; outlining what information must be shared with other adults who care for the child.
- The individual health plan should include the measures to be taken in an emergency.
- Where a child may require medication as a result of an allergic reaction ie EpiPen, we ensure that staff members are adequately trained to administer this medication.

Managing medicines on trips and outings

- If children are going on outings, an assigned staff member (if possible the key person) will accompany the children with a risk assessment
- Medication for a child is taken in a sealed plastic box clearly labelled with the child's name, the original pharmacist's label and the name of the medication. Inside the box is a copy of the consent form and a card to record when it has been given, including all the details that need to be recorded in the medication record as stated above. For medication dispensed by a hospital pharmacy, where the child's details are not on the dispensing label, we will record the circumstances of the event and hospital instructions as relayed by the parents on our administering medicines form
- If a child on medication has to be taken to hospital, the child's medication is taken in a sealed plastic box clearly labelled with the child's name and the name of the medication. Inside the box is a copy of the consent form signed by the parent.
- This procedure should be read alongside the outings procedure.