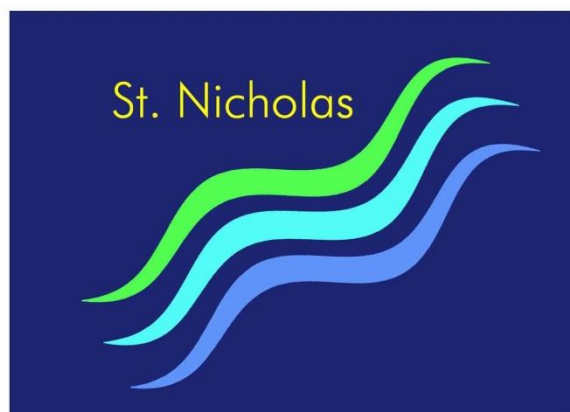


Supporting Pupils with Medical Conditions Policy

Including: Administering Medicines

St Nicholas CE Primary School



Approved by:	St Nicholas CE Primary School Governing Body	Date: September 2020
Last reviewed on:	September 2020	
Next review due by:	September 2021	

1. Aims

This policy aims to ensure that:

- Pupils, staff and parents understand how our school will support pupils with medical conditions
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities

The governing board will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of pupil's condition, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- Providing supply teachers with appropriate information about the policy and relevant pupils
- Developing and monitoring individual healthcare plans (IHPs)

The named person with responsibility for implementing this policy is the Headteacher

2. Legislation and statutory responsibilities

This policy meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education's statutory guidance: [Supporting pupils at school with medical conditions](#).

3. Roles and responsibilities

3.1 The governing board

The governing board has ultimate responsibility to make arrangements to support pupils with medical conditions. The governing board will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

3.2 The Headteacher

The Headteacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- Take overall responsibility for the development of IHPs
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- Contact the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

3.3 Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

3.4 Parents

Parents will:

- Provide the school with sufficient and up-to-date information about their child's medical needs
- Be involved in the development and review of their child's IHP and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHP e.g. provide medicines and equipment

3.5 Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

3.6 School nurses and other healthcare professionals

Our school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible.

Healthcare professionals, such as GPs and paediatricians, will liaise with the schools nurses and notify them of any pupils identified as having a medical condition.

3.7 Local Authority

The Local Authority should provide support, advice and guidance to support children with medical conditions to attend full time. Where children would not receive a suitable education at St Nicholas C of E Primary School because of their health care needs the LA has a duty to make other arrangements.

4. Equal opportunities

Our school is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

5. Being notified that a child has a medical condition

When the school is notified that a pupil has a medical condition, the process outlined in Appendix A will be followed to decide whether the pupil requires an IHP.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

6. Individual healthcare plans

The Headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to the SENCO

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is not a consensus, the Headteacher will make the final decision. IHP template can be seen in Appendix A

Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

IHPs will be linked to, or become part of, any statement of special educational needs (SEN) or education, health and care (EHC) plan. If a pupil has SEN but does not have a statement or EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing board, the Headteacher and the SENCO will consider the following when deciding what information to record on IHPs:

- 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 absences 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, including in emergencies. If a pupil is self-managing their medication, this will 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 and the Headteacher 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 school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments
- 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 who to contact, and contingency arrangements

7. Managing medicines

7.1 Pupils with Short Term Medical Needs

Many children will need to take medicines during the day at some time during their time in school. This will usually be for a short period only, perhaps to finish a course of prescribed antibiotics or as and when required in the case of an asthma inhaler. However such medicines should only be brought to school where it would be detrimental to a child's health if it were not administered during the school day.

Parents should inform the school (on the agreed form. Appendix C) about the medicines that their child needs to take and provide details of any further support required. Staff should make sure that this information is the same as that provided by the prescriber.

If the child has any infectious or contagious condition, they should not come to school.

7.2 Pupils with Long Term or Complex Medical Needs

Where a child's needs are particularly complex and could affect their ability to access the full curriculum or participate in other areas of school life, then special arrangements will need to be made. A written, individual health care plan will be developed for such children with the School Nurse, to clarify for staff, parents and the child, the support that will be provided. This will include details of the child's medical condition, any medication, daily care requirements, sharps procedures (if relevant) and action to be taken in an emergency, including parents' contact numbers.

7.2.1 Prescribed Medicines

- Medicines will only be accepted if they have been prescribed by a doctor, dentist, nurse or pharmacist.
- Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration
- Medicines that have been taken out of the container as originally dispensed will not be accepted.

7.2.2 Non-prescription medicines

- Staff should never administer a non-prescribed medicine
- If a child suffers regularly from frequent or acute pain the parents should be encouraged to refer the matter to the child's GP.
- A child under 16 should never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.

7.3 Administration of Medicines – Guidance to Staff

No child under 16 will be given medicines without their parent's written consent. Parents should inform the school (on the agreed form) about the medicines that their child needs to take. They should also provide written details of any further support required. Staff should make sure that this information is the same as that provided by the prescriber. Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions.

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

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

Adrenaline pens should only be administered by trained members of staff. Instructions for these are clearly displayed inside the individual's box/bag, where the pens are stored.

Each child's 'Individual Health Plan' gives explicit details of action to be taken and is displayed clearly in the office, the staffroom and their classroom.

7.4 Responsibility for Administering Prescribed Medication

Teachers' conditions of employment do not require them to give, or supervise, a pupil taking medicines. The school will ensure that there are sufficient members of support staff who are employed, appropriately trained and willing to manage medicines. The type of training necessary will depend on the individual case. They should also be aware of possible side effects of the medicines and what to do should they occur. If in doubt about any procedure, staff should not administer the medicines but check with the Headteacher, parents or a health professional before taking further action.

7.5 Record-keeping

Staff should complete and sign a record (Appendix D) each time they give medicine to a child. (These are filed and locked away in the office). Or in the case of a child with a long term medical condition, kept in a locked cupboard in the classroom. (Appendix E)

7.6 Refusal to take medicine

If a child refuses to take medicine, staff should not force them to do so, but should note this in the records and parents should be informed of the refusal on the same day. If a refusal to take medicines results in an emergency, then the usual emergency procedures should be followed.

7.7. Storage of Medicines

The Headteacher is responsible for making sure that medicines are stored safely. 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 should be stored strictly in accordance with product instructions and in the original container in which dispensed. Staff should never transfer medicines from their original containers. Children should know where their own medicines are stored and who holds the key/ is able to administer them.

All emergency medicines, such as asthma inhalers and adrenaline pens, should be readily available to children and should not be locked away.

Other non-emergency medicines should be kept in a secure place not accessible to children. Some medicines need to be refrigerated. They can be kept in a refrigerator containing food but should be in an airtight container and clearly labelled. At St Nicholas we keep such medicines in the large staff room fridge. Access to this refrigerator is restricted to staff.

7.8 Controlled drugs

[Controlled drugs](#) are prescription medicines that are controlled under the [Misuse of Drugs Regulations 2001](#) and subsequent amendments, such as morphine or methadone.

- The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act and its associated regulations. Some may be prescribed as medication for use by children, e.g. methylphenidate.
- It is permissible for schools and settings to look after a controlled drug, where it is agreed that it will be administered to the child for whom it has been prescribed
- A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. All other controlled drugs are kept in a secure cupboard in the school office and only named staff have access.
- Any member of staff may administer a controlled drug to the child for whom it has been prescribed. The same procedures should be followed for recording the administration of a controlled drug as for prescribed medicines. (See above)
- Controlled drugs should be stored in a locked container and only staff who administer the medicines should have access. A record should be kept for audit and safety purposes.
- Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.
- A controlled drug, as with all medicines, should be returned to the parent when no longer required, to arrange for safe disposal (by returning the unwanted supply to the local pharmacy).

7.9 Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable to:

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents

- Ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

8. Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives, or accompany the pupil to hospital by ambulance.

Accurate information is given to best inform emergency services. (Appendix G)

9. Training

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the Headteacher. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- Fulfil the requirements in the IHPs
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction. (Appendix F)

10. Liability and indemnity

The governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

School has an Insurance Policy that provides liability cover relating to the administration of medication.

11. Complaints

Parents with a complaint about their child's medical condition should discuss these directly with the Headteacher in the first instance. If the Headteacher cannot resolve the matter, they will direct parents to the school's complaints procedure.

12. Links to other policies

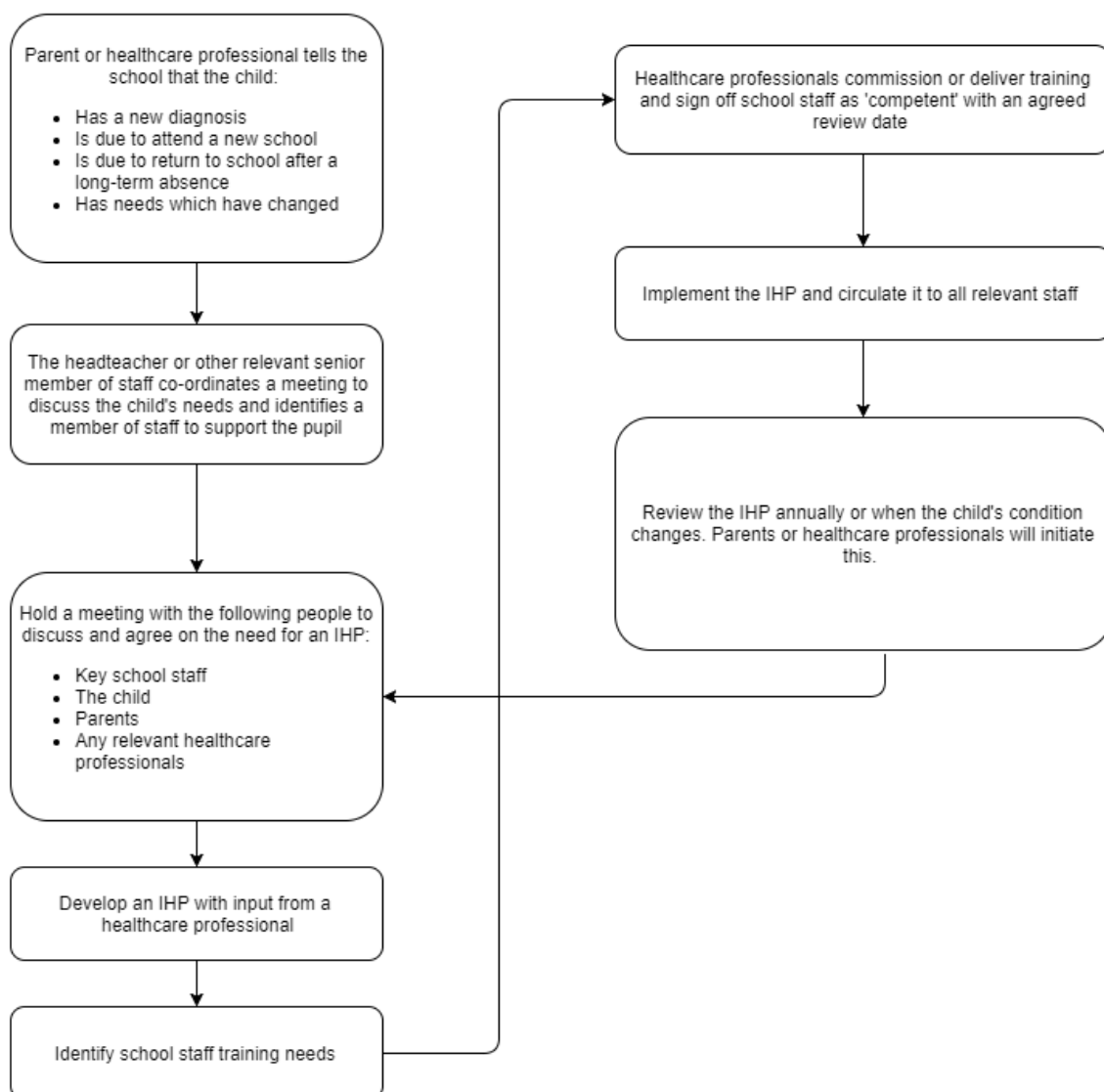
This policy links to the following policies:

- Accessibility plan
- Complaints
- Equality information and objectives
- First aid
- Health and safety
- Safeguarding
- Special educational needs information report and policy

13. Monitoring arrangements

This policy has been written with reference to : DFES publication Managing Medicines in Schools and Early Years Settings (2005) and DFE guidance on Managing Medicines in School (January 2103)

This policy will be reviewed and approved by the governing board every two years.



Appendix B

Individual Healthcare Plan (IHP)

Name of school/setting

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Phone no.

Who is responsible for providing support in school

--

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to



BATH & NORTH EAST SOMERSET

Appendix 2

Parental request for the school to administer medication

The school will not give your child medicine unless this form has been completed and the Headteacher has agreed that staff can administer the medication

Details of pupil

Surname _____

Forename(s) _____

Address _____

Date of birth _____

Class _____

Medication

Name/Type of Medication _____

For how long will your child take this medication _____

Date dispensed _____

Full directions for use _____

Dosage and method _____

Timing _____

Special precautions _____

Side Effects _____

Self Administration _____

Emergency procedures _____

Contact details

Name _____

Relationship to pupil _____

Daytime telephone number _____

Address _____

I understand that I must deliver the medicine personally to _____

and that the school is not obliged to undertake this service

Signed _____

Date _____

Appendix E

Record of medicine administered to an individual child

Date					
Time given					
Dose given					
Name of member of staff					
Staff initials					

Date					
Time given					
Dose given					
Name of member of staff					
Staff initials					

Date					
Time given					
Dose given					
Name of member of staff					
Staff initials					

Date					
Time given					
Dose given					
Name of member of staff					
Staff initials					

Date					
Time given					
Dose given					
Name of member of staff					
Staff initials					

Appendix F

Staff training record – administration of medicines

Name of school/setting

Name

Type of training received

Date of training completed

Training provided by

Profession and title

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____

Contacting Emergency Services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

1. Telephone number: 01761 432101
2. Your name
3. Location as follows:
St Nicholas Primary School, Kilmersdon Road, Radstock, BA3 3QH)
4. State what the postcode is: BA3 3QH
5. Provide the exact location of the patient within the school setting
6. Provide the name of the child and a brief description of their symptoms
7. Inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. Put a completed copy of this form by the phone