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Supporting Pupils with Medical Conditions, Those Who Cannot Attend School & Administration of Medication Policy

Holyport CE Primary School

Approved by:	**Estates & Safeguarding Committee**
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HOLYPORT CE PRIMARY SCHOOL	
ADOPTED AND SIGNED ON BEHALF OF THE SCHOOL GOVERNING BODY ON: 3.7.24	SIGNATURE OF GOVERNING BODY REPRESENTATIVE:
Name of Headteacher: Amanda Featherstone	Signature of Headteacher: A Featherstone
Presented to: Finance, Premises and Pay	Policy to be next reviewed: July 2024

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Guidance

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 (DfE)'s statutory guidance on supporting pupils with medical conditions at school.

This policy complies with the following guidance:

- Children and Families Act 2014
- Education Act 1996.
- Equality Act 2010
- Special Education Needs and Disability Code of Practice
- Special educational needs and disability code of practice 0 to 25
- The early years foundation stage - sets out specific requirements on early years settings inmanaging medicines for children under 5 years of age
- Working together to safeguard children - statutory guidance on inter-agency working
- Safeguarding children: keeping children safe in education - statutory guidance for schools and colleges
- Education for children who cannot attend school because of health needs -statutory guidance for local authorities
- Drug advice for schools - published by DfE/Association of Chief Police Officers, this documentprovides advice on controlled drugs

Policy Statement & Purpose:

The Children and Families Act 2014 places a duty on schools to make arrangements for supporting pupilswho have medical conditions. The key points for these arrangements are that:

- Pupils at school with medical conditions should be properly supported so that they have full accessto education, including school trips and physical education.
- Local Governing Body (LBG) must ensure that arrangements are in place in schools to support pupils at school with medical conditions.
- The LGB should ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions and disabilities are properly understood and effectively supported.
- This Policy guidance is intended to support the LGB in ensuring that children and youngpeople in all ODST academies are properly supported and safeguarded.
- In doing so, the Trustees are mindful that many medical conditions that require support at school will affect quality of life and maybe life-threatening. Trustees would urge LGBs to ensure that appropriate focus is placed on the needs of each individual child and how their condition will impact on school life. Headteachersshould aim to minimise any disruption to the child's learning as far as possible.
- Trustees also note that some children with medical conditions may also be considered disabled or have Special Educational Needs (SEN). Where appropriate, along with this Policy, reference should be made to the Equality Act 2010 and the SEN Code of Practice
- In the Early Years Foundation Stage, staff should apply the Statutory Framework for the Early Years Foundation Stage.
- Suitable education is arranged for pupils on roll who cannot attend school due to health needs. Pupils, staff and parents understand what the school is responsible for when this education is being provided by the local authority
- The overriding aim for Trustees is to ensure that all children & young people with physical, medical and mental health conditions are properly supported in our schools so they can play a full and active role in school life and remain healthy and achieve their academic potential.

Responsibilities:

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. The ability to provide effective support will depend to an appreciable extent onworking co-operatively with other agencies. Partnership working between school staff, healthcare professionals (and, where appropriate, social care professionals), local authorities, and parents and pupils will be critical.

The Local Governing Body:

- ensures that pupils are fully supported at school and that the necessaryresources and training opportunities are available to members of staff;
- ensures that the school's policy is clear about the procedures to befollowed;
- delegates the responsibility for implementing this policy to the *HeadTeacher and senior leaders;*

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
- Ensure that all staff who need to know are aware of a child's condition
- 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

- Make a referral (where available) to the school nursing service (which may, or may not, be supported by their 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

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.

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, and ensure they or another nominated adult are contactable at all times

Pupils:
Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils must 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.

Visibility:
- All staff will be advised of the school's policy during induction.
- All staff must be made aware of children with medical needs.
- The school's policy will be made readily accessible to all stakeholders including, but not limited to staff, healthcare professionals and parents/carers.
- It will be available on the school website or as a 'hard copy' on request.

Managing medicines in school:

Prescription and non-prescription medicines will only be administered at school:
- When it would be detrimental to the pupil's health or school attendance not to do so **and**
- Where we have parents' written consent

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

All medicines will be stored safely. Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.

Medicines will be returned to parents to arrange for safe disposal when no longer required.

Non-prescription medicines:
The school will not administer any medicines that have not been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber, unless it is done as part of an individual Health Care Plan or an exceptional circumstance. No child will be given any medicines without their parent's written consent.

The school will administer prescribed medication, e.g. for pain relief, only with the written consent of the parent/carer who must complete the "Parental Agreement for school to Administer medicine" form (or similar) (See Appendix D).

Medication will not be administered without first checking the maximum dosage, when the previous dose was taken and a record made of the administration. The school will always inform parents/carers that medication has been given.

Prescription medicines:
Prescription medicines or controlled drugs that have **not** been prescribed by a UK medical practitioner will **not** be administered in school. Where possible parents/carers should be encouraged to administer medication outside school hours.

The school will only accept prescribed medicines which are in the child's name and that are:

- in date;
- labelled and intact;
- provided in their original container as dispensed by a UK pharmacist; and
- include instructions for administration, dosage and storage;

The exception to this is insulin. Dosages of this must be in date and made available to the school inside an insulin pen or pump rather than in its original container.

Medicines must only be administered according to the instructions on the pharmacy label and with written parental consent.

Qualified school staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines must do so in accordance with the prescriber's instructions. Any pupil who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so but only in limited amounts or prescribed doses. The school will closely monitor this.

Subject to the above, controlled drugs that have been prescribed for a child, must be stored securely in a non-portable facility with only named staff having access. However, the controlled drugs must remain accessible quickly in an emergency.

Pupils managing their own needs:
Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents and it will be reflected in their IHPs. Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHP and inform parents so that an alternative option can be considered, if necessary.

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.

Records:

In line with DfE 2014 guidance, the school will keep a written record of all medicines administered to any child (See Appendix C) and also to individual children with IHCPs (See Appendix B).

These records will include:

- What was administered (including the dose);
- When it was administered (date & time);
- Who administered the medication.
- Any side effects of the medication administered at school will also be noted.

Storing and disposal of Medicines:

Parents/carers are responsible for ensuring that the correct, in date, medication is supplied to theschool in a timely fashion. The school must ensure that medication is kept securely in a locked cupboard and is only accessed by authorised staff. Where medicines require special storage considerations, the school will ensure these are adhered to; e.g. refrigeration.

When prescription medicines are no longer required or out of date, they must be returned to parents/carers. It is the parents/carers responsibility to collect and dispose of such medication.

The school must notify parents/carers if medication supplies are low. The school will endeavor togive notice when 10 days' supply remains to allow repeat prescriptions to be obtained.

The school must use 'sharps' boxes for the disposal of needles and other sharps.

Epipens, Asthma equipment and other Emergency Medication:

Sufficient staff will be given appropriate training in the administration of emergency & other medication where necessary. Their names should be displayed in staff rooms and/or medical rooms.

Arrangements will be made to ensure that immediate access to emergency medication is available.
All emergency medicines, such as asthma inhalers and adrenaline pens (epipens), will be readily available to children. Inhalers must be named and stored in classroom cupboards with a record book to record usage. Epipens will be stored in the locked cupboard in the First Aid Room. All such medicines will be kept in clearly labelled boxes with the child's name and photograph on. There will be a file of children with such allergies with information about the allergens and any specific treatment.

Inhalers and Epipens will be sent home termly to be checked by parents. They must be returned to school for the beginning of term. Staff will receive regular training on the use of epipens.

Schools may hold asthma inhalers for emergency use. This is entirely voluntary, and the Department of Health has published a protocol which provides further information.

Wherever there are specific requirements needed with a controlled medicine, to meet the needs ofan individual in

school, the school will work within the medical and DfE guidance regarding this.

Emergency medication will always be taken if the student goes out on a trip and identified; trained staff will be designated to administer any medication if required.

Supporting Pupils with Medical Needs:

Unforeseen Illness during the day:
If a child becomes ill during a school day, their class teacher must assess and monitor the child. If there is no noticeable improvement over a reasonable period, the school office must be informed. The office will then try to contact the child's parents or other contacts. If successful, the child may be collected. If it is not possible to contact anyone from the contact information, the child must remain in school and continue to be monitored regularly.

If the child complains of a headache, medication can be administered to any child (age appropriate) whose parents/carers have returned the permission slip. The details should be recorded in the general record of medicine administered to all children (See Appendix C). This is kept in the medical room - folder. Parents should also be notified.

In a case of a child becoming seriously unwell or suffering serious injuries, attempt must be made immediately to contact the parents/carers and any other relevant services. Staff must not delay, waiting for parental contact but call 999 for an ambulance. Unwell or injured pupils must not be transported to hospital or a surgery by school staff cars.

When administering first aid, whenever possible, adults should ensure that another adult is present and aware of the action being taken.

Parents/carers should always be informed when first aid has been administered.

Prolonged use of medication and Individual Health Care Plans:
Where a child has a need to take medication for a prolonged period or has a chronic ongoing condition, the Headteachers will ensure that an Individual Health Care Plan (IHCP – see Appendix A) is put in place. The school and the parents/carers must jointly develop and agree the IHCP after taking into account the advice of health care professionals. The plans put in place should have given due regard to the Equality Act 2010 and the SEN Code of Practice. This will ensure that children with medical conditions have access to the same opportunities as other children as long asit is safe for them to do so.

Parents/carers must provide the school with all the necessary information about their child's condition and must sign the appropriate forms for the administration of any medication.

IHCPs will be compiled and recorded in line with the current DfE guidance that was published in2014. All school staff should be made aware of children with IHCPs and their conditions.

Administration of medication must only be by a qualified member of staff and will only take place ifwritten permission has been obtained from the parents/carers and countersigned by the Headteacher.

Should a child refuse medication, the school will not force them to take it but contact theparents/carers as a matter of urgency.

The school will ensure that procedures are in place for an emergency situation and that contingencyarrangements are in place. The IHCP must detail what symptoms constitute an emergency and whatactions to take.

Children with health needs who cannot attend school:
Initially, the school will attempt to make arrangements to deliver suitable education for children with health needs who cannot attend school. The school will discuss these arrangements with parents/carers. These discussions will include:

- Information about who will be responsible for making and monitoring these arrangements
- What sort of arrangements could be made (e.g. sending work home, hospital schools)
- How the child will reintegrate back into school

If the school can't make suitable arrangements, the Local Authority will become responsible for arranging suitable education for pupils. In cases where the local authority makes arrangements, the school will:

- Work constructively with the local authority, providers, relevant agencies and parents to ensure the best outcomes for the pupil
- Share information with the local authority and relevant health services as required
- Help make sure that the provision offered to the pupil is as effective as possible and that the child can be reintegrated back into school successfully
- When reintegration is anticipated, work with the local authority to:
    - Plan for consistent provision during and after the period of education outside the school, allowing the pupil to access the same curriculum and materials that they would have used in school as far as possible
    - Enable the pupil to stay in touch with school life (e.g. through newsletters, emails, invitations to school events or internet links to lessons from their school)
    - Create individually tailored reintegration plans for each child returning to school
    - Consider whether any reasonable adjustments need to be made
    -

Offsite Learning:

All Staff must be aware of how a child's medical condition impacts on their ability to participate and there should be enough flexibility for all children to participate according to their abilities.

Offsite learning can bring about additional risks and the nominated member of staff leading the trip (Trip Leader) is responsible for ensuring that the necessary risk assessments have been carried out. The nominated Trip Leader(s) must also ensure that arrangements are made in accordance with the section below such that any required medication is made available.

In all instances, the Trip Leader will collect any necessary medication and follow normal guidelines or requirements set out in any IHCP and take any plans appropriate to the individual child.

For **part-day visits**, children should, wherever possible, take their medication prior to and afterthe visit. For **full-day visits** the Trip Leader must ensure that parents/carers have completed the relevant Parental Consent Form giving all relevant information. For **Residential visits,** the Trip Leader is responsible for checking medical needs of all children. The Trip Leader must check any IHCP requirements with parents and ensure that appropriate procedures and contingency plans are in place.

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.

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

Insurance:

The staff of all ODST schools are adequately covered through the governments RPA insurance scheme in providing cover for staff who administer to children with medical needs. Details of thecover provided is available from the Trust's Operations Manager.

Complaints:

If a parent/carer or pupil is dissatisfied with the support provided they should discuss their concerns with the Headteacher. If this does not resolve the issue this should be pursued through the school's Complaints Procedure.

Appendix A: Individual Health Care Plan (IHCP)
Appendix B: Developing an IHCP.
Appendix C: Record of medicine administered to individual children.
Appendix D: General record of medicine administered to all children.
Appendix E: Parental Agreement for school to administer medication.
Appendix F: Request for child to carry his/her own medication.

Appendix A

Individual Health Care Plan Child Information

Child's Name:		
Date of birth:		
Class:		
Child's address:		
Medical condition:		
Date:		
Review Date:		
Family Contact Information:		
Primary Contact Name:		
Relationship to child:		
Home	Mobile	Work
Secondary Contact Name:		
Relationship to child:		
Home	Mobile	Work
Hospital/Clinic Contact Information:		
Name of establishmentContact Name (if any):		
Phone No. (s)		

GP Contact Information:
GP Name:
Name and address of practice
Phone No. (s)

Who is responsible for providing support in the school?

Describe the 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/self-administered with/without supervision.

Daily care requirements

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

Arrangements for school visits or trips etc.

EMERGENCIES: Describe what constitutes an emergency and action to be taken if this occurs

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

Staff training needed or undertaken – who, what, where, when.

This plan has been developed and agreed by:

Name:	Date:
Signature:	
Name:	Date:
Signature:	

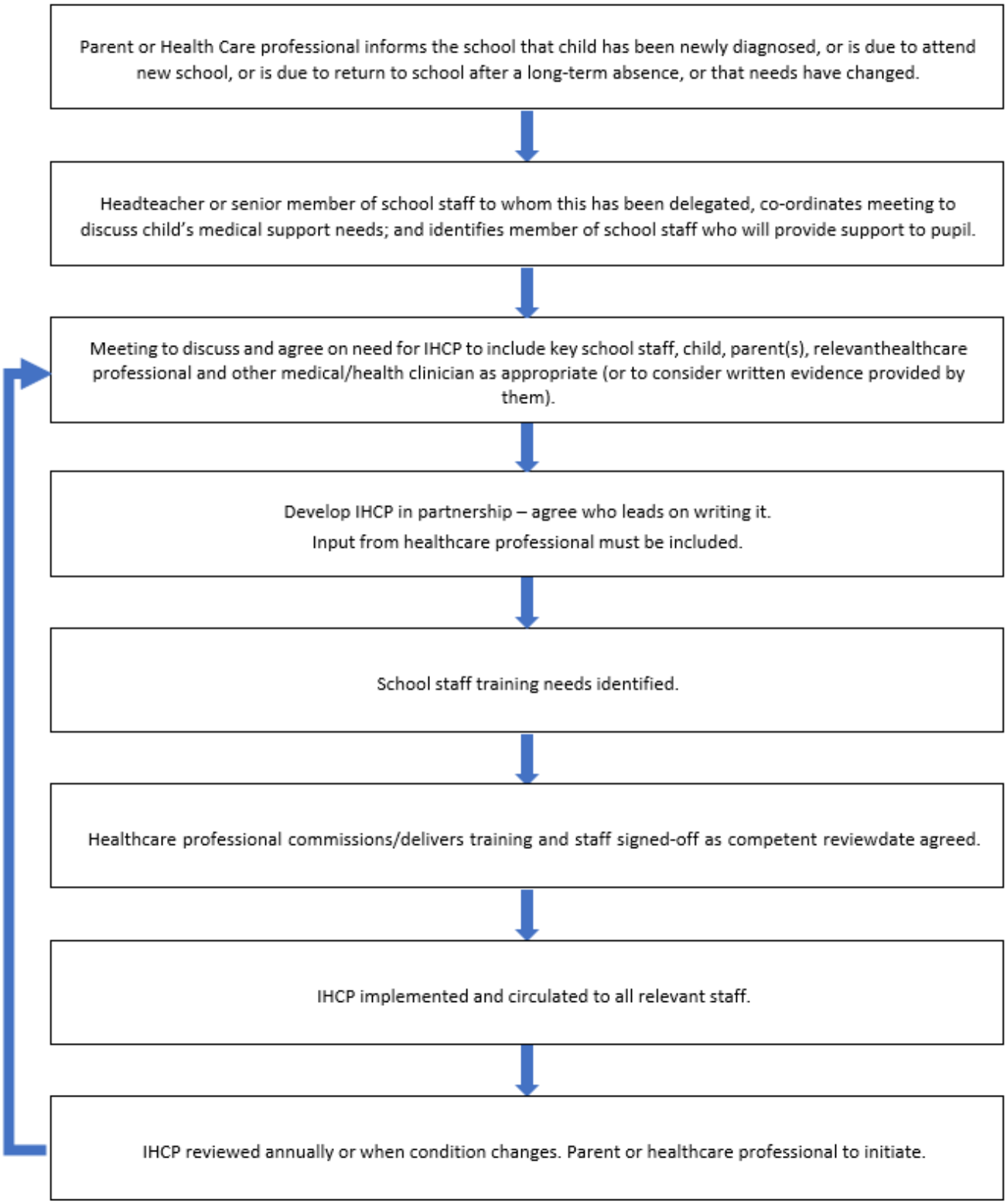
Parent/Carer consent:	
Name:	Date:
Signature:	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to School staff to administer medicine in accordance with the school Policy.
I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication orif the medicine is stopped.

Form copied to:

Appendix B

Developing an IHCP



Appendix C

Record of medicine administered to an individual child

Name of Child		Age:	
Date Medicine provided by parent			
Group/Class/Form			
Quantity received			
Name and strength of medicine			
Expiry date			
Quantity used			
Dose and Frequency used			
Signature of staff member			
Signature of Parent/Carer			

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

Appendix D

General record of medicine administered to all children

Date	Child's name	Time	Medicine name	Dose given	Any reactions	Staff name & signature

Appendix E

Parental agreement for school to administer medication

The school will not give your child medicine unless you complete and sign this form.

Name of child:	
Date of birth:	
Class:	
Medical condition or illness:	

Medicine

Name (as printed on thecontainer):	
Expiry date:	
Dosage and method:	
Timing:	
Special precautions:	
Any side effects that the schoolneeds to know about:	
Procedures to take in anemergency.	
Self-Administered	Yes/No

Contact details

Name:	
Daytime contact number:	
Relationship to child:	

I understand that I must deliver the medicine personally to: _____

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to schoolstaff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Name:	Date:
Signature:	

Appendix F

Request for child to carry his/her own medication

The Parents/carers must complete this form
If staff members have any concerns, discuss this request with a health care professional

Name of Child	
Class	
Name of medicine	
Procedures to take in an emergency	

Contact Information

Name	
Daytime telephone number	
Relationship to Child	

I would like my child to keep his/her own medicine on him/her for use as necessary.
The above information is, to the best of my knowledge, accurate at the time of writing. I will inform the school ifthe medicine is stopped.

Name:	Date:
Signature:	

If more than one medicine is to be given a separate form should be completed for each one.

School Use Only

Request Approved: Yes/No. If No, parent/carer should be advised in writing with reasons: