



# Supporting Pupils with Medical Conditions & Administering Medicines Policy

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| <b>Date of Policy:</b>                 | March 2021  |
| <b>Date of Next Review:</b>            | March 2022  |
| <b>Signature (Chair of Governors):</b> | L. Charlton |



## **Introduction:**

This policy sets out how the school will support pupils with medical conditions. It has been written with due regard for the 2015 Gov.uk 'Supporting pupils at school with medical conditions' which was issued under section 100 of the Children and Families Act 2014. This places a duty on governing bodies to make arrangements for supporting pupils at school with medical conditions.

As stated in the DfE guidance, governing bodies, *'must ensure that arrangements are in place to support pupils with medical conditions. In doing so they should ensure that such children can access and enjoy the same opportunities at school as any other child.'*

This policy will set out the procedures that are to be followed in school and the responsibilities of members of staff and governors.

## **Aim:**

The aim of this policy is to ensure that all children with medical conditions (both short-term and long-term) are fully supported at Mill Rythe Junior School and that parents feel confident that the school will provide effective support for their child's medical condition and the pupil feels safe.

## **Principles:**

- When planning to meet children's medical needs, the school should focus on the needs of each individual child and how their medical condition impacts on their school life.
- The school will work in partnership with parents, healthcare providers and the child concerned when planning to meet an individual's medical needs.
- Staff involved in supporting pupils with medical conditions should receive appropriate training.
- Children with medical conditions will not be denied admission or prevented from taking up a place in school because arrangements for their medical conditions have not been made.
- In line with safeguarding duties the school should ensure that the pupil's health and the health of the school population is not put at unnecessary risk from, for example infectious diseases. The school therefore does not have to accept a child in school at times when it would be detrimental to the health of that child or others to do so. In such cases the school would seek advice from medical professionals and / or the Health and Safety Executive.
- The school should have plans in place to support children who need reintegration after a period of absence due to ill health. Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), schools should work with the local authority and education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

## **Roles and Responsibilities:**

The named person who has overall responsibility for the implementation of this policy is the Headteacher, David Bessant.

He is responsible for ensuring that:

- sufficient staff are suitably trained
- 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 and other school activities outside of the normal timetable are completed
- individual healthcare plans are created, monitored and reviewed
- school staff are appropriately insured and are aware that they are insured to support pupils in this way.
- the school nursing service is contacted in the case of any child 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.

**The Governing Body** - must make arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented. They should ensure that a pupil with a medical condition is supported to enable the fullest participation possible in all aspects of school life. Governing bodies should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. They should also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

**School staff** - any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach. School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help (see flowchart below).

**Pupils** – with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. Other pupils will often be sensitive to the needs of those with medical conditions.

#### **Procedure to be followed when notification is received that a new or existing pupil has a medical condition:**

Step 1: School receives notification that a new or existing pupil has a medical condition (this could be from parents, the school nurse team, other medical professionals or another school).

Step 2: School gathers information about medical condition (usually in the form of a meeting with parents, relevant medical professionals and child where appropriate. In cases where child is transferring from another school, this would include relevant staff from that school). School contacts School Nurse at this stage if they are not already involved.

Step 3: School will normally receive a care plan from a medical professional if one is considered necessary. This care plan is then used to create an in school individual health care plan (IHCP) with input from Headteacher/teacher/parent/pupil. All staff involved in the plan are fully informed via CPOMS and class alert sheets. The training needs of staff and any additional equipment required in school will be identified by this process.



Step 4: If no IHCP is required, school will consider what other forms may need to be

completed i.e. briefing for school staff /sharing via CPOMS, medication permission form and all relevant teaching staff will be informed via email from school office and child added to class medical alert sheet.

Step 5: IHCPs are reviewed on at least an annual basis but sooner if there is a change to the child's needs.

### **Individual Healthcare Plans:**

It is the responsibility of the Headteacher to ensure IHCPs are written and reviewed. In most cases, the writing of the plan will be delegated to an appropriate member of staff.

Healthcare plans provide clarity about what needs to be done, when and by whom. The level of detail within the plan will depend on the complexity of the child's condition and the degree of support needed.

They will often be essential and are helpful where a child's medical condition is long-term and complex. However, not all children will require an IHCP. The school, healthcare professional and parent should decide whether an IHCP is appropriate. If consensus cannot be reached, the Headteacher is best placed to take a final view.

A flowchart for developing individual healthcare plans can be found in Annex A. A template for individual healthcare plans can be found in Annex B.

### **Staff Training and Support:**

Any member of school staff providing support to a pupil with medical needs will have received suitable training.

The nature of that training and the training provider will entirely depend on the child's needs as outlined in the IHCP. In many cases, the school will work with local healthcare providers i.e. school nurse, diabetic nurse to support staff and to ensure all staff gain the knowledge and skills required.

Due to the wide variety of medical needs, it may not be possible for staff to have received sufficient training in advance to cover all medical conditions. At the point of writing the IHCP, training needs will be identified and appropriate training organised. The relevant healthcare professional should normally lead on identifying and agreeing with the school, the type and level of training required, and how this can be obtained. Staff expertise and training requirements will be reviewed each year as the IHCP is reviewed and as part of the annual school training audit. **A first-aid certificate does not constitute appropriate training in supporting children with specific medical conditions.**

The school will endeavour to provide all staff with on-going training and updates for the most common medical conditions e.g. asthma. This will be reviewed and planned each year as part of the school improvement plan process in July / August. Staff will be briefed about any major updates through regular staff / Teaching Assistant meetings.



At the start of each year and through the induction process, all staff will be reminded of this policy and their role in implementation.

### **Involving Children in the Individual Healthcare Plan:**

After discussion with parents, the school will aim to ensure that children become increasingly competent and independent in managing their own health needs as is appropriate. This will be captured in the annual IHCP.

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

### **Managing Medicines on School Premises:**

See below – ‘Managing and Administration of Medicines on School Premises’.

### **Emergency Procedures:**

The school has in place an emergency procedure for general emergencies (see Critical Incident Policy).

Where an IHCP exists, they should always include what constitutes an emergency and what procedures should be followed in such circumstances.

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

### **Day Trips, Residential Visits and Sporting Activities:**

As part of any trip off-site, a pre-trip checklist and risk assessment is completed. These will ensure that staff consider how a child’s medical condition will impact on their participation, but there should be enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments. Schools should make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible.

The Evolve system includes a reminder for staff to consider provision for any pupils with medical conditions.

### **Asthma and Asthma Inhalers:**

Children’s asthma can differ in levels of severity. In some cases, an Individual Healthcare Plan will be required but not in all cases. Decisions will be taken on a case by case basis and in consultation with parents and relevant health professionals.



The school is able to store children's inhalers safely. These are kept in individual boxes in the child's classroom for immediate access as required. Children know to access their inhalers when required. The relevant inhaler boxes are taken with children during any physical activity (PE, swimming and play times) and are taken on all school trips.

Our asthma form requires parents to notify us if children are aware of when they need their inhalers, and also if they are capable of taking them without help. When a child uses their inhaler it will be recorded in the class green medical folder which is stored in the medical box by the supervising member of staff. If children are unable to take their inhalers without assistance, an appropriate staff member will help and this will also be recorded. The inhalers of these children will be carried by an adult in their group on school outings.

The school has an emergency salbutamol inhaler to be used if a child's inhaler is not available or out of date. This will only be used if the parent has signed a permission form for this (sent at the start of each year) or if the school is directed to do so by a medical professional or given verbal permission by the parent e.g. phone call.



## **Unacceptable Practice:**

In line with DfE guidance, the school considers that it is not generally acceptable to:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents; or ignore medical evidence or opinion, (although this may be challenged);
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- penalise children for their attendance record if their absences are related to their medical condition eg 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 child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

## **Section 2: Administering Medicines in School**

### **Policy Statement**

Mill Rythe Junior School will undertake to ensure compliance with the relevant legislation and guidance in *Managing Medicines in Schools and Early Years Settings* published by the *Department of Health* with regard to procedures for supporting children with medical requirements, including managing medicines. Responsibility for all administration of medicines at Mill Rythe Junior School is held by Mr David Bessant who is the responsible manager.

It is our policy to ensure that all medical information will be treated confidentially by the responsible manager and staff. All administration of medicines is arranged and managed in accordance with the *Managing Medicines in Schools and Early Years Settings* document. All staff have a duty of care to follow and co-operate with the requirements of this policy.

This policy has been written with due regard to Section 100 of the Children and Families Act 2014 and with reference to DfE guidance – [‘Supporting Pupils at School with Medical Conditions’](#)

### **Aims & Objectives**

Our administration of medicine requirements will be achieved by:

- Establishing principles for safe practice in the management and administration of:
  - prescribed medicines
  - non-prescribed medicines
  - maintenance drugs



- emergency medicine
- Providing clear guidance to all staff on the administration of medicines
- Ensuring that there are sufficient numbers of appropriately trained staff to manage and administer medicines
- Ensuring that there are suitable and sufficient facilities and equipment available to aid the safe management and administration of medicines
- Ensuring the above provisions are clear and shared with all who may require them
- Ensuring the policy is reviewed periodically or following any significant change which may affect the management or administration of medicines

## Administration

The administration of medicines is the overall responsibility of the parents. The Headteacher is responsible for ensuring children are supported with their medical needs whilst on site, and this may include managing medicines where appropriate and agreed with parents.

## Routine Administration

Whilst the school will make every effort to ensure children are given medicines, it cannot offer a *guarantee* that medicines will be given at an exact time. If the medicine or the timing of the administration are critical to the child's health, parents are advised to either phone the school to double check that they have been administered or come into school. This also applies when children are on school trips. This is not the case for long-term medicines where a specific individual health care plan is in place.

### Prescribed medicines

- It is our policy to manage prescribed medicines (eg. antibiotics, inhalers) where appropriate following consultation and agreement with, and written consent from the parents.

### Non-prescribed medicines

- On occasions when children require paracetamol or Calpol/cough mixture it is our policy to administer providing that written consent from the parents has been received in advance and administration is in accordance with guidance provided in the *Managing Medicines in Schools and Early Years Settings* document.
- Children under 16 years old are never to be administered aspirin or medicines containing Ibuprofen unless prescribed by a doctor.
- Responsibility for decision-making about the administration of all non-prescribed medicines will always be at the discretion of the responsible manager.
- As part of the school's policy on seeking permission for residential school trips, all parents will be asked whether they give written permission for their child to be given specific non-prescribed medicines e.g. giving a child paracetamol whilst on a residential trip. Non-prescribed medicines will never be given without this written permission.

In line with recommendations from the Local Authority, the school does keep its own supply of liquid paracetamol (Calpol). Parents are asked to give written permission in principle in advance for the school to administer this. If we cannot contact a parent on the day we only administer between 12pm-1pm. Children who cannot have Calpol are listed in the front of the medicines book.

### Maintenance drugs



- It is our policy to manage the administration of maintenance drugs (eg. Insulin) as appropriate following consultation and agreement with, and written consent from the parents. On such occasions, a health care plan will be written for the child concerned

## **Non-Routine Administration**

### **Emergency medicine**

- It is our policy (where appropriate) to manage the administration of emergency medicines such as:
  - Injections of adrenaline for acute allergic reactions
- In all cases, professional training and guidance from a competent source will be received before commitment to such administration is accepted. Wherever possible this is not done in isolation.
- Staff are trained to use a defibrillator as part of their First Aid training within school. As a school we have two defibrillators located in the office and swimming pool. the local NHS ambulance service of its location.

## **Procedure for Administration**

When deciding upon the administration of medicine needs for children we will discuss this with the parents concerned and make reasonable decisions about the level of care required.

Any child required to have medicines will have an 'administration of medicines/treatment' consent form completed by the parent and kept on file.

Individual health care plans will be completed for children where required and reviewed annually or when a child's needs change.

For any child receiving medicines, a 'record of medicines administered' sheet will be completed each time the medicine is administered and this will be kept in the school office.

If a child refuses to take medication the parents will be informed at the earliest available opportunity.

## **Contacting Emergency Services**

When a medical condition causes the child to become ill and/or requires emergency administration of medicines, then an ambulance will be summoned at the earliest opportunity.

## **Medical Accommodation**

The medical room will be used for medicine administration/treatment purposes. The room will be made available when required.

## **Training**



Where staff are required to carry out non-routine or more specialised administration of

medicines or emergency treatment to children, appropriate professional training and guidance from a competent source will be sought before commitment to such administration is accepted.

A 'staff training record' sheet will be completed to document the level of training undertaken.

Such training will form part of the overall training plan and refresher training will be scheduled at appropriate intervals.

### **Storage**

The storage of medicines is the overall responsibility of the Headteacher who will ensure that arrangements are in place to store medicines safely.

The storage of medicines will be undertaken in accordance with the *Managing Medicines in Schools and Early Years Setting* document and product instructions. Medicines should be stored in the original container in which they were dispensed.

It is the responsibility of all staff to ensure that the received medicine container is clearly labelled with the name of the child, the name and dose of the medicine and the frequency of administration.

It is the responsibility of the parents to provide medicine that is in date. This should be agreed with the parents at the time of acceptance of on-site administration responsibilities.

### **Disposal**

It is not the responsibility of the school to dispose of medicines. It is the responsibility of the parents to ensure that all medicines no longer required including those which have date-expired are returned to a pharmacy for safe disposal.

'Sharps boxes' will always be used for the disposal of needles. Collection and disposal of the boxes will be locally arranged as appropriate.

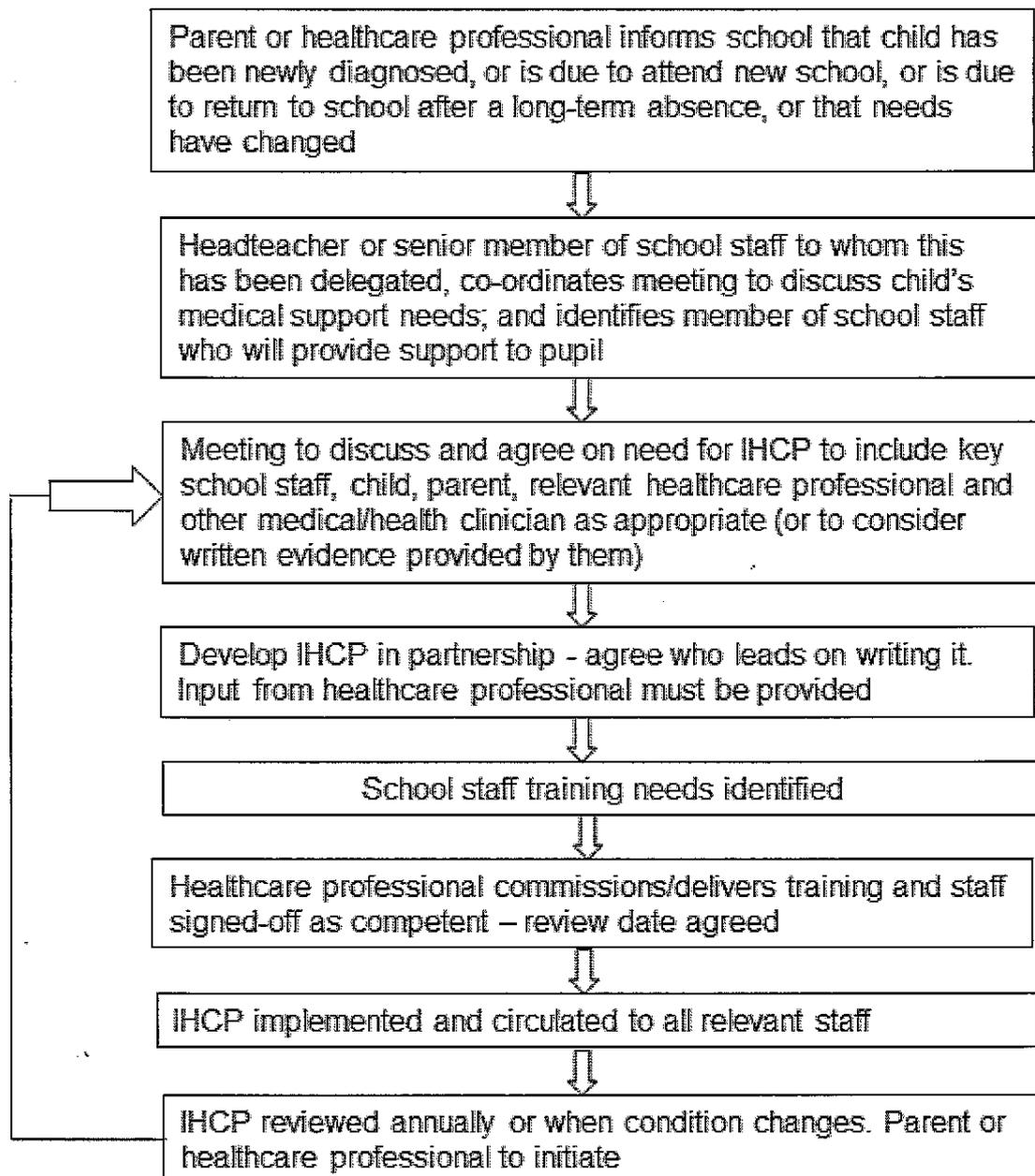
#### **CHILDREN'S SERVICES HEALTH & SAFETY TEAM**

**For advice and guidance when writing your local Administration of Medicines policy or using this template please contact the Children's Services Health & Safety Team on their website at:**

<http://intranet.hants.gov.uk/childrens-services/cs-healthandsafety.htm>



## Annex A: Model process for developing individual healthcare plans





Mill Rythe  
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Annex B:

**Individual Health Care Plan**

**Name:**

**Address:**

**Date of Birth:**

**Name of School:**

**Class:**

**Medical Condition and details of pupil's individual symptoms:**

**Date of plan:**

**Review date:**

**CONTACT INFORMATION**

**Family Contact 1**

**Name:**

**Phone No:**

**(work):**

**(home):**

**(mobile):**

**Relationship:**

**Family Contact 2**

**Name:**

**Phone No:**

**(work):**

**(home):**

**(mobile):**

**Relationship:**



**Contact Details for Other Professionals Involved**

**Name:**

**Phone No:**

**Name:**

**Phone No:**

**Names of school staff directly involved in plan and responsible for daily support:**

**Training requirements for staff:**

**Daily care requirements (e.g. before sport/at lunchtime):**

**Describe what constitutes an emergency for the pupil, and the action to be taken if this occurs:**



**Follow up care after an emergency:**

**Who is responsible in an emergency (State if different on off-site activities)**

**Signatures:**

**Parent/carer**..... **Date**.....

**Head teacher** ..... **Date**.....

**SENCo**..... **Date**.....





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