

## OUR BLESSED SAINTS FEDERATION

# SUPPORTING PUPILS WITH MEDICAL CONDITIONS AND ADMINISTRATION OF MEDICATION IN SCHOOL



<b>Date of Former Policy (Entitled Administration of Medication in Schools of 2017-2018):</b>	January 2017	<b>Last Review</b>	October 2023
<b>New Policy Approved on:</b>	19 <sup>th</sup> January 2021		
<b>By:</b>	Our Blessed Saints Governing Board		
<b>Review Due:</b>	October 2024		

*This Policy has been adapted from statutory guidance and advice issued by the Department for Education, Supporting Pupils at School with Medical Conditions of December 2015*

**ST LUKE'S CATHOLIC PRIMARY SCHOOL**

## **Policy Summary:**

This document contains both statutory and non-statutory policy procedures. The non-statutory procedures are presented in text boxes. The statutory items apply to any 'appropriate authority' as defined in section 100 of the Children and Families Act 2014. That means governing bodies in the case of maintained schools, proprietors in the case of academies and management committees in the case of pupil referral units (PRUs). 'Appropriate authorities' must have regard to this when carrying out their statutory duty to make arrangements to support pupils at school with medical conditions. This also applies to activities taking place off-site as part of normal educational activities. In this document, references to schools are taken to include academies and PRUs and references to governing bodies include proprietors in academies and management committees of PRUs. Further points, where provided, are based on good practice but is non-statutory. Early years settings should continue to apply the Statutory Framework for the Early Years Foundation Stage. This document replaces an earlier version of the guidance published in September 2014. Previous guidance on managing medicines in schools and early year's settings was published in March 2005.

## **Expiry or review date:**

This policy will be kept under review and updated as necessary.

## **Legislation this policy is issued under:**

Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions. In meeting the duty, the governing body, proprietor or management committee must have regard to guidance issued by the Secretary of State under this section. This guidance came into force on 1 September 2014.

## **Who is this policy for?**

This statutory guidance applies to:

- The governing board of maintained schools (excluding maintained nursery schools)

### **This policy is also provided for use by:**

- Schools, academies (including alternative provision academies) and PRUs
- Local authorities
- Clinical commissioning groups (CCGs), NHS England
- Anyone who has an interest in promoting the wellbeing and academic attainment of children with medical conditions, including alternative provision, e.g. independent schools
- Parents/carers and pupils
- Health service providers

## Key points

- The governing board recognises that pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.
- The governing board must ensure that arrangements are in place in school to support our pupils at school with medical conditions.
- The governing board should ensure that relevant school staff consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are properly understood and effectively supported.

## Introduction

1. On 1 September 2014 a new duty came into force for governing bodies to make arrangements to support pupils at school with medical conditions. The statutory points in this document are intended to enable the governing board meet their legal responsibilities and sets out the arrangements they will be expected to make, based on good practice. The aim is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

2. Parents of children with medical conditions are often concerned that their child's health will deteriorate when they attend school. This is because pupils with long-term and complex medical conditions may require ongoing support, medicines or care while at school to help them manage their condition and keep them well. Others may require monitoring and interventions in emergency circumstances. It is also the case that children's health needs may change over time, in ways that cannot always be predicted, sometimes resulting in extended absences. It is therefore important that our parents feel confident that schools will provide effective support for their child's medical condition and that pupil's feel safe. In making decisions about the support they provide, the school will establish relationships with relevant local health services to help them. It is crucial that school receives and fully considers advice from healthcare professionals and listens to and values the views of parents and pupils.

3. In addition to the educational impacts, the governing board recognises that there are social and emotional implications associated with medical conditions. Children may be self-conscious about their condition and some may be bullied or develop emotional disorders such as anxiety or depression around their medical condition. In particular, long-term absences due to health problems affect children's educational attainment, impact on their ability to integrate with their peers and affect their general wellbeing and emotional health. Any reintegration back into school will be properly supported so that children with medical conditions fully engage with learning and do not fall behind when they are unable to attend. Short-term and frequent absences, including those for appointments connected with a pupil's medical condition (which can often be lengthy), will also be effectively managed and appropriate support put in place to limit the impact on the child's educational attainment and emotional and general wellbeing.

Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. Where this is the case the governing board will comply with their duties under that Act. Some may also have special educational needs (SEN) and may have a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with SEN, this policy will be read in conjunction with the special educational needs

and disability (SEND) code of practice. The special educational needs and disability code of practice explains the duties of local authorities, health bodies, schools and colleges to provide for those with special educational needs under part 3 of the Children and Families Act 2014. For pupils who have medical conditions that require EHC plans, compliance with the SEND code of practice will ensure compliance with this policy with respect to those children.

## **The role of the governing bodies, proprietors and management committees**

4. In meeting the duty to make arrangements to support pupils with medical conditions, functions can be conferred on a governor, a headteacher, a committee or other suitable member of staff as appropriate. Help and co-operation will also be enlisted from other appropriate persons. We expect that an approach to meeting the duty will be taken in light of the statutory guidance in this policy. This will inform the school and others about what needs to be done in terms of implementation. However, the governing body, proprietor or management committee remains legally responsible and accountable for fulfilling its statutory duty.

5. The governing board will ensure that arrangements are in place to support pupils with medical conditions. In doing so it will ensure that such children can access and enjoy the same opportunities at school as any other child providing the medical condition allows.

The School, local authority, health professionals, commissioners and other support services will work together when necessary to ensure that children with medical conditions receive a full education. In some cases this could require flexibility and may involve, for example, programmes of study that rely on part-time attendance at school in combination with alternative provision arranged by the local authority. Consideration can also be given to how children will be reintegrated back into school after periods of absence.

6. In making their arrangements, the governing board will take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others. The governing board will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life.

7. The governing board will ensure that its arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school. The arrangements will show an understanding of how medical conditions impact on a child's ability to learn, as well as increase confidence and promote self-care. They will ensure that school staff are properly trained to provide the support that pupils need.

This policy recognises that children and young people with medical conditions are entitled to a full education and have the same rights of admission to school as other children. This means that no child with a medical condition can be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made. However, in line with their safeguarding duties, the governing board will ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases. They therefore will not have to accept a

child in school at times where it would be detrimental to the health of that child or others to do so.

8. The governing board will ensure that the arrangements in place are sufficient to meet statutory responsibilities and will ensure that policies, plans, procedures and systems are properly and effectively implemented.

9. The governing board will ensure that a policy is developed for supporting pupils with medical conditions that is reviewed regularly and is readily accessible to parents and school staff.

Advice will be sought from a relevant healthcare professional/organisation when necessary.

10. The governing board will ensure that the arrangements set up include details on how the school's policy will be implemented effectively, including a named person who has overall responsibility for policy implementation.

In respect of implementation, the school policy will include:

- Who is responsible for ensuring that sufficient staff are suitably trained?
- A commitment that all relevant staff will be made aware of the child's condition
- cover arrangements for staff absence to ensure someone is available
- Briefing for supply teachers
- Risk assessments for school visits and activities outside the normal timetable
- Monitoring of individual healthcare plans

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

11. When notification is received that a pupil has a medical condition the member of school staff advised will in turn notify relevant staff to include the following so that measures can be explored to support the pupil:

- Federation SENDCo
- School Head Teacher
- Pupil Class Teacher/School Support Staff

Procedures could include any transitional arrangements between schools, the best process to be followed upon reintegration or when pupils' needs change, and arrangements for staff training or support that may be required. For new children starting at school, arrangements will be in place in time for the start of the relevant school term if possible. In other cases, such as a new diagnosis or children moving to a new school mid-term, every effort will be made to ensure that arrangements are put in place in time where possible. It is recognised that the school does not have to wait for a formal diagnosis before providing relevant support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, the SENDCo and senior school staff can obtain judgements about what support to provide based on the available evidence. This could involve some form of medical evidence and consultation with parents, the local authority and external health professionals. Where evidence conflicts, some

degree of challenge may be necessary to ensure that the right support can be put in place.

## Individual healthcare plans

12. The governing board will ensure that the school's policy covers the role of individual healthcare plans, and who is responsible for their development, in supporting pupils at school with medical conditions.

- The responsible persons for the monitoring and development of pupil individual healthcare plans are:
  - The Head Teacher and
  - The Federation SENDCo

13. The SENDCo and other relevant school staff will ensure that plans are reviewed at least annually, or earlier if evidence is presented that the child's needs have changed. They will be developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social wellbeing, and minimises disruption.

Individual healthcare plans can help to ensure that schools effectively support pupils with medical conditions. They provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex. However, not all children will require one. The Federation SENDCo, healthcare professional and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the Headteacher and SENDCo is best placed to take a final view. A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan is provided at annex A.

The format of individual healthcare plans may vary to enable school to choose whichever is the most effective for the specific needs of each pupil. They will be easily accessible to all who need to refer to them, while preserving confidentiality. Plans will not be a burden on school, but will capture the key information and actions that are required to support the child effectively. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support. Where a child has SEN but does not have a statement or EHC plan, their special educational needs should be mentioned in their individual healthcare plan.

Individual healthcare plans (and their review) will be initiated, in consultation with the parent, by the Federation SENDCo and/or a suitable member of school staff or a healthcare professional involved in providing care to the child. Plans will be drawn up in partnership between the school, parents, and a relevant healthcare professional, e.g. school nurse, specialist or children's community nurse or paediatrician, who can best advise on the particular needs of the child. Pupils should also be involved whenever appropriate. The aim will be to capture the



steps which a school should take to help the child manage their condition and overcome any potential barriers to getting the most from their education and how they might work with other statutory services. Partners will agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school.

Where the child has a special educational need identified in a statement or EHC plan, the individual healthcare plan will be linked to or become part of that statement or EHC plan.

Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), the school will 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.

**Home-to-school transport:** This is the responsibility of local authorities, and as such if transport healthcare plans are needed, school will make them aware of a pupil's individual healthcare plan and what it contains, especially in respect of emergency situations.

14. When deciding what information should be recorded on individual healthcare plans, the following will be considered where relevant:

- 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 (some children will be able to take responsibility for their own health needs) including in emergencies. If a child is self-managing their medication, this should 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 child'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 child'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 if appropriate;
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, e.g. risk assessments;

- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and
- what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

## Roles and responsibilities

15. This policy identifies the roles and responsibilities of all those involved in the arrangements they make to support pupils at school with medical conditions.

The governing board recognises that supporting a child with a medical condition during school hours is not the sole responsibility of one person. The school's ability to provide effective support will depend on working co-operatively with other agencies when necessary. Partnership working between school staff, healthcare professionals (and, where appropriate, social care professionals), local authorities, and parents and pupils will be critical. An essential requirement of this policy therefore is to identify collaborative working arrangements between all those involved, showing how they can work in partnership to ensure that the needs of pupils with medical conditions are met effectively. Some of the most important roles and responsibilities are included below but this can vary depending on the situation:

16. The governing board and school staff will make arrangements to support pupils with medical conditions in school, including making sure that the policy for supporting pupils with medical conditions is in place and implemented. They will ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.

### **The role of the governing board:**

The governing board will ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life. They will 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.

### **The role of the Head teacher:**

The headteacher will ensure that the school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. The Headteacher will ensure that all staff who need to know are aware of the child's condition. They will also ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. This could involve recruiting a member of staff for this purpose if deemed necessary. The Headteacher, along with the Federation SENDCo, has overall responsibility for the



development of individual healthcare plans. They will also make sure that school staff are appropriately insured and are aware that they are insured under Local Authority insurances policies support pupils in this way. They will contact the school nursing service 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 role of parents:**

Parents should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents are key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

**The role of pupils:**

It is recognised that 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.

**The role of school staff:**

Any member of school staff could 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 will 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.

**The role of the NHS school nursing team:**

School has access to school nursing services. They are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training. School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs; for example, there are good models of local specialist nursing teams offering training to local school staff, hosted by a local school. Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition. See also paragraphs below about training for school staff.

**School Nurse Contact:**

Telford & Wrekin Council 0-19 Public Health Nursing Service and  
Family Nurse Partnership:

**Telford School and Family Nurse Partnership: 0333 358 3328**

**The role of other healthcare professionals:**

Other healthcare professionals, including GPs and paediatricians, should notify the school nurse when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing individual healthcare plans. Specialist local health teams may be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes, epilepsy).

**The role of the Local Authority:**

This policy recognises that it is important to seek the support of the local authority where appropriate. The local authority is the commissioner of school nurses for maintained schools and academies. Under Section 10 of the Children Act 2004, they have a duty to promote co-operation between relevant partners – such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and NHS England – with a view to improving the wellbeing of children with regard to their physical and mental health, and their education, training and recreation. The Local Authority and clinical commissioning groups (CCGs) must make joint commissioning arrangements for education, health and care provision for children and young people with SEN or disabilities (Section 26 of the Children and Families Act 2014). The Local Authority should provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively. The Local Authority should work with schools to support pupils with medical conditions to attend full-time. Where pupils would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements. Statutory guidance for local authorities health needs sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from school for 15 days or more because of health needs (whether consecutive or cumulative across the school year).

**The role of clinical commissioning groups (CCGs):**

Clinical commissioning groups commission other healthcare professionals such as specialist nurses. They should ensure that commissioning is responsive to children's needs, and that health services are able to co-operate with schools supporting children with medical conditions. They have a reciprocal duty to co-operate under Section 10 of the Children Act 2004 and must make joint commissioning arrangements for education, health and care provision for children and young people with SEN or disabilities (as described above for local authorities). Clinical commissioning groups should be responsive to local authorities and schools seeking to strengthen links between health services and schools, and consider how to encourage health services in providing support and advice (and can help with any potential issues or obstacles in relation to this). The local Health and Wellbeing Board will also provide a forum for local authorities and CCGs to consider with other

partners, including locally elected representatives, how to strengthen links between education, health and care settings. Since 2013 Local Authorities have been responsible for commissioning public health services for school-aged children including school nursing. CCGs should be aware that this does not include clinical support for children in schools who have long-term conditions and disabilities, which remains a CCG commissioning responsibility. Children in special schools in particular may need care which falls outside the remit of local authority commissioned school nurses, such as gastrostomy and tracheostomy care, or postural support. CCGs should ensure their commissioning arrangements are adequate to provide the ongoing support essential to the safety of these vulnerable children whilst in school.

#### **Providers of health services:**

Providers of health services should co-operate with schools that are supporting children with a medical condition, including appropriate communication, liaison with school nurses and other healthcare professionals such as specialist and children's community nurses, as well as participating in locally developed outreach and training. Health services can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.

#### **The role of Ofsted:**

Ofsted's new common inspection framework came into effect on 1 September 2015, aimed at promoting greater consistency across inspection remits. Inspectors must consider how well a school meets the needs of the full range of pupils, including those with medical conditions. Key judgements will be informed by the progress and achievement of these children alongside those of pupils with special educational needs and disabilities, and also by pupils' spiritual, moral, social and cultural development.

### **Staff training and support**

17. This policy sets out how staff will be supported in carrying out their role to support pupils with medical conditions, and how this will be reviewed. To include how training needs are assessed, and how training will be provided.

18. The school policy is clear that any member of school staff providing support to a pupil with medical needs should have suitable training.

Suitable training will be identified during the development or review of individual healthcare plans. Some staff may already have some knowledge of the specific support needed by a child with a medical condition and so extensive training may not be required. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

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. School may choose to arrange training themselves and will ensure this remains up-to-date.

**The School Business Manager will be notified when specific staff training is identified and will organise and monitor the training.**

**The School Business Manager will organise and monitor relevant staff statutory Healthcare training for items including First Aid Training, Asthma Management (via the school Asthma Lead), Anaphylaxis Shock training and Administration of Medication in Schools training.**

Training will be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.

Healthcare professionals, including the school nurse, could provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

Where necessary, the school policy sets out arrangements for whole-school awareness training so that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing that policy, in addition to statutory whole school training. Induction arrangements for new staff will be included where necessary. The relevant healthcare professional should be able to advise on training that will help ensure that all medical conditions affecting pupils in the school are understood fully. This includes preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

This policy recognises that the family of a child will often be key in providing relevant information to school staff about how their child's needs can be met, and parents will be asked for their views. They should provide specific advice, but should not be the sole trainer.

Continuing Professional Development opportunities may also be considered where relevant.

19. Staff will not give prescription medicines or undertake healthcare procedures without appropriate training (updated to reflect requirements within individual healthcare plans where necessary).

In some cases, written instructions from the parent or on the medication container dispensed by the pharmacist may be considered sufficient, but ultimately this is for the school to decide, having taken into consideration the training requirements as specified in pupils' individual health care plans.

## **The child's role in managing their own medical needs**

20. The school's policy covers arrangements for children who are deemed competent to manage their own health needs and medicines where appropriate:

After discussions with parents by school staff, children who are deemed competent could be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected within individual healthcare plans.

In these cases, wherever possible, children should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily. Children who can take their medicines themselves or

manage procedures will be given an appropriate level of supervision and must always include recording any medication taken by a suitable member of school staff.

**Records of any medication taken by or administered to pupils in school will be communicated to parents/carers to include the date, times, detail of medication taken, dosage and any observations.**

If it is not appropriate for a child to self-manage, relevant staff should help to administer medicines and manage procedures for them.

If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents should be informed so that alternative options can be considered.

## **Managing and administering medicines on school premises**

21. The governing board will ensure that the school's policy is clear about the procedures to be followed for managing medicines.

The procedures in place for managing and administering medicines to pupils at school include the following details:

- Medicines, prescribed or non-prescription medicines, will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- No child under 16 will be given prescription or non-prescription medicines without their parent/carer's written consent via a completed school Med1 Form.
- A child under 16 will never be given medicine containing aspirin unless prescribed by a doctor and with a completed Med1 Form from the parent/carer.

Medication, e.g. for pain relief, will never be administered without first checking maximum dosages and when the previous dose was taken.

**School staff administering medication will follow the recording procedure system and parents/carers will be informed.**

**School staff administering medication will undertake Safer Handling of Medication in Schools training (or equivalent) on a regular basis.**

- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.
- School will only accept prescribed medicines if these are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin, which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container the details part of a pupil individual healthcare plan.

- All medicines will be stored safely in a central lockable medicine cabinet or lockable medicine chiller. **\*Apart from – please see below.**

- Children will know where their medicines are at all times and be able to access them immediately particularly in cases of **\*asthma inhalers which are kept nearby in the pupil classroom.** Although staff will schedule the administration of medication to pupils who have a completed Med1 Form from their parent/carer, pupils will be aware of who they can ask when it is time for their medication if they are worried.

- **Relevant school staff will endeavour to administer medication at the times/periods requested by the parent/carer in the Med1 Form, but due to the nature of the school environment, it is not possible to guarantee medication if it is critical to a specific time. Parents/carers will be made aware of this when submitting their Med1 Form, and if need be parents/carers can attend to administer medication to their child at the specific time required. This will be monitored by school staff and a record will be kept as per the system in place.**

**\*Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to children and not locked away. This is particularly important to have in place when outside of school premises, e.g. on school trips.**

**Emergency Asthma inhalers:** School holds 2 x Asthma inhalers kits for emergency use and is available for all pupils who have been diagnosed as asthmatic, and subsequently have an individual asthma healthcare plan, with parent/carer permission. When this is administered, all doses are recorded and parent/carers are notified in line with the main school Administration of Medication system. A specific cleaning, storage and renewal protocol is in place following guidelines from the Department of Health that accompany the Kits.

- When no longer required or out of date, medicines will be returned to the parent/carer to arrange for safe disposal. (Sharps boxes will be used for the disposal of needles and other sharps). It is the parent/carers responsibility to replenish medication within its use by date.

- Schools should keep medicines and controlled drugs that have been prescribed for a pupil securely stored in a lockable container and only named staff will have access. Controlled drugs should be easily accessible in an emergency. A record will be kept of any doses used and the amount of the controlled drug held.

- School staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines will do so in accordance with the prescriber's instructions. School will keep a record of all medicines administered to individual children, stating what, how and dosage administered, when and by whom. Any side effects of the medication administered will also be noted in school and parents/carers will be advised or vice versa.



## Record keeping

22. Written records are kept of all medicines administered to children in school or when off-site on a school event, visit or trip.

It is recognised by this policy that efficient record keeping offers protection to staff and children and provide evidence that agreed procedures have been followed. parent/carers will be informed if their child has been unwell at school.

## Emergency procedures

23. This policy sets out what should happen in an emergency situation.

There are arrangements in place for dealing with emergencies for all school activities wherever they take place, including on school trips. These are defined in the Risk Assessment process.

Where a child has an individual healthcare plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. A Risk Assessment will be in place for all pupils with an individual healthcare plan, and the Risk Assessment for relevant school activities will also contain this where appropriate.

Other pupils in the school know to inform a member of staff immediately if they encounter a worrying situation when help is needed (emergency or otherwise).

If it is established that a child needs to be taken to hospital the following procedure will be followed:

**Parent/carers will be contacted immediately.**

**School staff will stay with the child until the parent arrives, or accompany the child taken to hospital by ambulance.**

**If the emergency is in relation to a health condition a First Aid Report will be completed by the attending staff members which will be available for the parent/carer and the school secure records archives.**

**Cardiopulmonary Resuscitation (CPR):** Staff members appointed as first-aiders are trained in the use of CPR, and school is supported by trained support staff who can administer to pupils and adults.

**Defibrillators:** The consideration of purchasing a school defibrillator as part of their first-aid equipment is underway utilising assistance to purchase available. If a defibrillator is installed, the local NHS ambulance service will be notified of its location and this will be reflected with appropriate signage.

## Day trips, residential visits and sporting activities

24. The Governing board will ensure that arrangements are clear and unambiguous about the need to support actively pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

Teachers/the SENDCo and relevant school staff making arrangements will be aware of 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 will make arrangements for the inclusion of pupils in such activities with any reasonable adjustments as required unless evidence from a clinician such as a GP states that this is not possible or if a parent/carer raises a concern that cannot be surmounted. Schools will consider what reasonable adjustments they can make to enable children with medical needs to participate fully and safely on visits. A risk assessment will be carried out for each visit, event or trip so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions can be included. This will require consultation with parents and pupils and, if necessary, advice from the relevant healthcare professional to ensure that pupils can participate safely on school trips. If need be, Health and Safety Executive (HSE) guidance can be referred to.

### Unacceptable practice

25. The school's policy is explicit about what practice is not acceptable:

Although school staff will use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, it will not be acceptable practice to:

- prevent children from easily accessing their inhalers, 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/carers; or 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 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, 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/carers, or otherwise make them feel obliged, to regularly attend school to administer medication (unless it is time critical) or provide medical support to their child, including with toileting issues (unless spare clothes are needed). No parent should have to give up working because the school is failing to support their child's medical needs
- 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 (unless this is requested by the parent/carer or it is deemed a requirement due to the nature of the disability or health condition and only after consultation with the SENDCo, parent/carers and if needed, health professionals.

## Liability and indemnity

26. This policy recognises that the appropriate level of insurance is required to reflect the level of risk in relation to staff providing support to pupils with medical conditions and liability cover relating to the administration of medication as provided by the Local Authority Insurance cover for Employer's and Public Liability Insurance and Off-Site Schools Insurance.

## Complaints

27. Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's Complaints Procedure Policy which is published on the school website under the Key Information and Policies Menus.

Making a formal complaint to the Department for Education should only occur if it comes within scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted.

## Further sources of information

### Other safeguarding legislation

**Section 21 of the Education Act 2002** provides that governing bodies of maintained schools must, in discharging their functions in relation to the conduct of the school, promote the wellbeing of pupils at the school.

**Section 175 of the Education Act 2002** provides that governing bodies of maintained schools must make arrangements for ensuring that their functions relating to the conduct of the school are exercised with a view to safeguarding and promoting the welfare of children who are pupils at the school. Part 3, and in particular paragraph 7 of the Schedule to the Education (Independent School Standards) Regulations 2014 sets this out in relation to academy schools and alternative provision academies.

**Section 3 of the Children Act 1989** confers a duty on a person with the care of a child (who does not have parental responsibility for the child) to do all that is reasonable in all the circumstances for the purposes of safeguarding or promoting the welfare of the child.

**Section 17 of the Children Act 1989** gives local authorities a general duty to safeguard and promote the welfare of children in need in their area.

**Section 10 of the Children Act 2004** provides that the local authority must make arrangements to promote co-operation between the authority and relevant partners (including the governing body of a maintained school, the proprietor of an academy, clinical commissioning groups and the NHS Commissioning Board) with a view to improving the wellbeing of children, including their physical and mental health, protection from harm and neglect, and education. Relevant partners are under a duty to co-operate in the making of these arrangements.

**The NHS Act 2006: Section 3** gives Clinical Commissioning Groups a duty to arrange for the provision of health services to the extent the CCG considers it necessary to meet the reasonable needs of the persons for whom it is responsible. **Section 3A** provides for a CCG to arrange such services as it considers appropriate to secure improvements in physical and mental health of, and in the prevention, diagnosis and treatment of illness, in, the persons for whom it is responsible. **Section 2A** provides for local authorities to secure improvements to public health, and in doing so, to commission school nurses.

Governing Bodies' duties towards disabled children and adults are included in the **Equality Act 2010**, and the key elements are as follows:

- They **must not** discriminate against, harass or victimise disabled children and young people
- They **must** make reasonable adjustments to ensure that disabled children and young people are not at a substantial disadvantage compared with their peers. This duty is anticipatory: adjustments must be planned and put in place in advance, to prevent that disadvantage

## Other relevant legislation

Section 2 of the **Health and Safety at Work Act 1974**, and the associated regulations, provides that it is the duty of the employer (the local authority, governing body or academy trust) to take reasonable steps to ensure that staff and pupils are not exposed to risks to their health and safety.

Under the **Misuse of Drugs Act 1971** and associated Regulations the supply, administration, possession and storage of certain drugs are controlled. Schools may have a child who has been prescribed a controlled drug.

The **Medicines Act 1968** specifies the way that medicines are prescribed, supplied and administered within the UK and places restrictions on dealings with medicinal products, including their administration.

**Regulation 5 of the School Premises (England) Regulations 2012 (as amended)** provides that maintained schools must have accommodation appropriate and readily available for use for medical examination and treatment and for the caring of sick or injured pupils. It **must** contain a washing facility and be reasonably near to a toilet. It **must not** be teaching accommodation. Paragraph 24 of the Schedule to the Education (Independent School Standards) Regulations 2014 replicates this provision for independent schools (including academy schools and alternative provision academies).

### **The Special Educational Needs and Disability Code of Practice**

<https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>

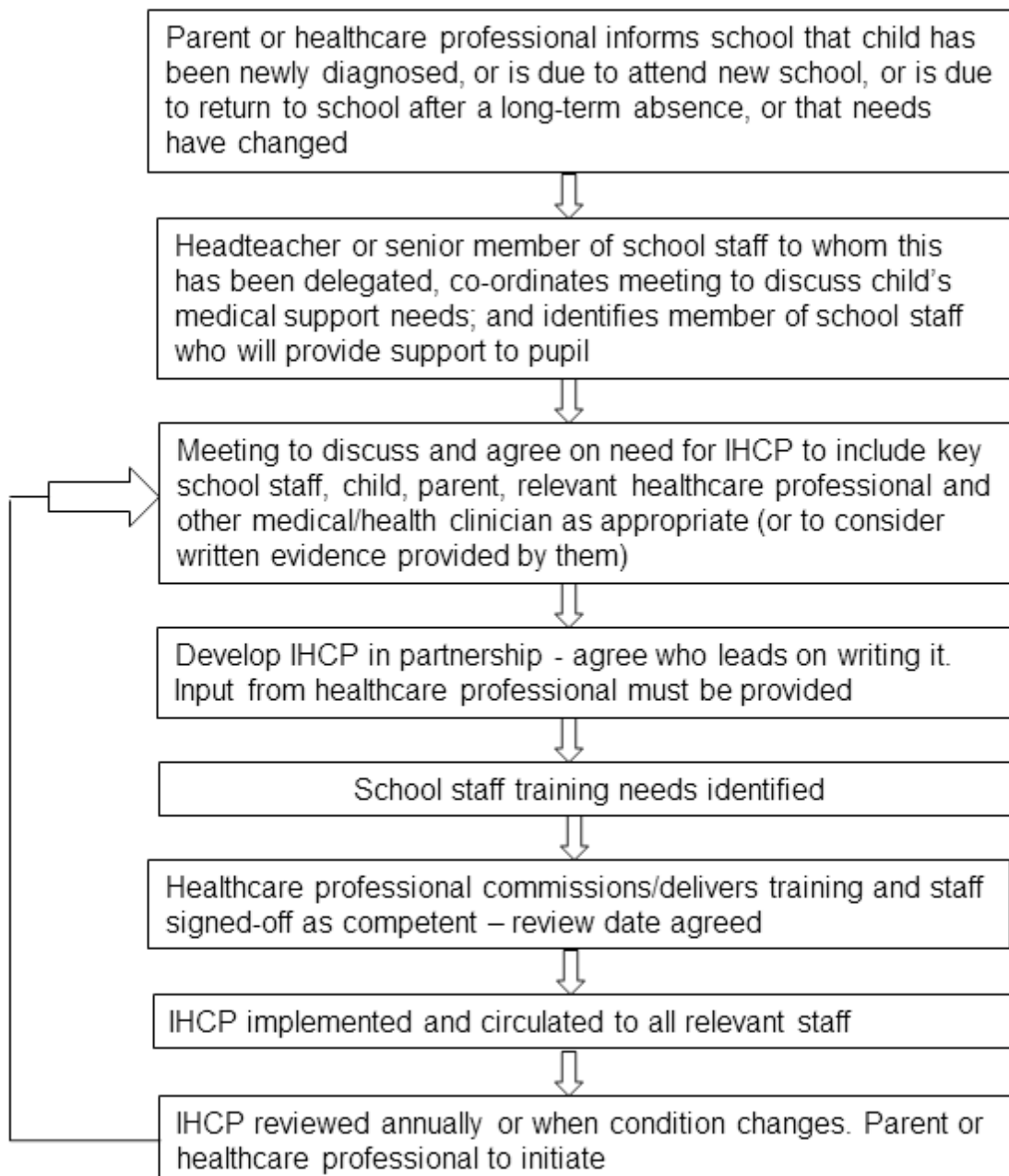
**Section 19 of the Education Act 1996** (as amended by Section 3 of the Children, Schools and Families Act 2010) provides a duty on local authorities of maintained schools to arrange suitable education for those who would not receive such education unless such arrangements are made for them. This education must be full-time, or such part-time education as is in a child's best interests because of their health needs.

## **Associated resources**

View links to other information and associated advice, guidance and resources, e.g. templates, and to organisations providing advice and support on specific medical conditions:

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>

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





# Annex B: Model Parental Request for Medication Form



**Telford & Wrekin**  
C O U N C I L

<b>Form MED1</b>
School:
Address:

## REQUEST FOR SCHOOL TO ADMINISTER MEDICATION

DETAILS OF PUPIL ( <i>Capitals please</i> )						
Name		M/F	Date of Birth	/ /	class/ form:	
Condition or illness ( <i>eg Asthma; Diabetes; Epilepsy, Cystic Fibrosis, Anaphylaxis, Recovery from? Illness, etc</i> ):						
DOCTOR'S DETAILS						
Doctor's Name		Medical Practice		Telephone Number		

MEDICATION AND ADMINISTRATION		
Name of medication ( <i>give full details given on the container label issued by the pharmacist</i> )		
Type of Medication ( <i>eg tablets, mixture, inhaler, Epipen, other (please specify)</i> )		
Date Dispensed:	Dosage and method:	
Times to be Taken in School:	Is precise timing critical? Yes/ No	
For how long will your child need to take this medication?		
For medication that need not be administered at pre-set times please indicate when it should be given: ( <i>eg before exercise, onset of asthma attack, onset of migraine etc</i> )		
The medication needs to be administered by a member of staff		Yes    No
My child is capable of administering the medication him/herself under the supervision of a member of staff		Yes    No

I would like my child to keep his/her medication on him/ her for use as necessary	Yes	No
The medication needs to be readily accessible in case of emergency	Yes	No
<b>ADDITIONAL INFORMATION</b>		
Precautions or Side Effects:		
What to do in an emergency:		

**(Please read the notes on the reverse of this form carefully if you are in doubt about how the medicine is to be given you must seek the advice of your child's doctor before completing this form.)**

The doctor named above has advised that it is necessary for my child to receive his/her medication during school time. I understand that teachers have no *obligation* to give or supervise the administration of medicines at school. However, I request that the medication named above be administered by/taken under supervision of a member staff, who may not have had any first aid or medical training. The school, the Headteacher and staff accept no responsibility for any injury, death or damage suffered by a pupil as a result of the administration of medicine mentioned in this form, other than any injury, death or damage which arises because the school or any members of its staff have been negligent  
I shall arrange to collect and dispose of any unused, expired medicine at the end of each term.

**Signed: Parent/Carer**

**Date:**

### NOTES

1. The school will consider each request on its merits. Where it is practicable the school may well prefer parents to come into school at appropriate times to administer the medicine themselves or make arrangements at break or lunchtime for the pupil to go home to receive the medication.
2. The school may refuse to undertake administration where this is seen to be the reasonable decision in the best interests of the school. For example where timings of administration are critical and crucial to the health of the pupil and cannot be guaranteed; where specific technical or medical knowledge and/or training is required or where administration would make unacceptable intimate contact with the pupil necessary.
3. The school will not agree to administer any medication in school without a written request using this form, having first been made.

4. The school will not agree to administer any medication in school that is not essential to be administered during the course of the school day. (If it is acceptable for doses to be given before and after school the school should not be being asked to administer during the school day).
5. All requests will need to be discussed fully with the head teacher or other authorised member of staff before any medicines are sent into school.
6. Any prescribed medicine must be supplied to the school in the original container labelled by the pharmacist with the name of the medicine, full instructions for use and the name of the pupil. Any non-prescribed medicine bought by the family should be in the original container bearing the manufacturer's instruction/guidelines. The school may refuse to administer any medicines supplied in inappropriate containers.
7. For pupils on long-term medication the request form should be renewed by the parent/carer when required by the school and in any event at the beginning of each new school year.
8. Parents are responsible for notifying the school immediately in writing of any subsequent changes in medicines or doses.
9. Parents are responsible for notifying the school immediately the doctor has stopped the medication.
10. Parents are responsible for collecting and disposing of any unused or expired medicine at the end of each term.
11. A record will be kept by the school of all medicines administered and when in respect of each pupil for whom it has agreed to administer medicines.
12. Where they feel it to be necessary the school reserves the right to ask parents to supply a doctor's note to support/confirm the information given on the request form.

You may find it necessary to seek your Doctor's help in completing this form



## Annex C: Model Medication Record Sheet:

Form MED 2

### SCHOOL RECORD OF ADMINISTRATION OF MEDICATION

**Notes:**

1. No medication should be administered to any pupil without a parental request form (Med 1) having been received. Med 1 should be held within this administration record file until the completion of the period of medication when the request form should be transferred to the pupil's personal file.
2. Any administration of medication including analgesic (pain reliever) to any pupil must be recorded.

Date	Time	Pupil's Name	Name of Medication	Dose Given	Any Reactions/Remarks	Signature of Staff - Please print name

# Annex D: Model Misadministration of Medication Form:



**Telford & Wrekin**  
C O U N C I L

<b>Form MED 3</b>
School:
Address:

## Misadministration of Medications for Schools Form

Name of child who received the Incorrect medication.	Name:		
	Address:		
Date incident occurred			
Time incident occurred			
Who was the original medication prescribed for?			
Please list the incorrect medication administered	Name of Medication	Dose given	Comments
Was the child admitted to	Yes		No

<b>Hospital</b> (please tick)					
<b>If yes, which hospital and what time were they admitted</b>					
<b>Advice sought from a doctor or Pharmacist (other than hospital)</b>		<b>Yes</b>		<b>No</b>	
		<b>Date and time advice sought</b>			
<b>Name of Doctor or Pharmacist</b> <b>Contact details:</b> <b>(address, telephone, number)</b>					
<b>Persons on duty at the time incident occurred</b>					
<b>Child's parents contacted</b>	<i>Record summary of conversation:</i>				
<b>Was the member of staff administering the medication trained and authorised to do so (please circle)</b>				<b>Yes</b>	<b>No</b>
<b>How did the incident occur</b>	<i>Describe in full details:</i>				



<b>Outcome:</b>	<b>Please tick/add comments</b>	
Parents informed and incident report form completed		
Child monitored with no ill effects		
Outcome uncertain		
Child may have short term side effects		
Child survived but may have long term damage		
If admitted to hospital how long did they stay in for (dates from/to)		
What systems were in place at the Time medication was incorrectly administered?		
Risk assessment reviewed		
Training needs identified		
Misadministration form completed		
<ul style="list-style-type: none"> <li>• copy sent to Health and Safety</li> <li>• copy on child's file</li> </ul>		

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