

Shadsworth Infant School



Medicines and supporting pupils in school with medical conditions

Reviewed Date: February 2025

Next Review due: Spring term 2026

Reviewed by: Mrs G. Crompton

Introduction

The Children and Families Act 2014, from September 2014, places a duty on the school governing body to make arrangements for children with medical conditions. **'Pupils with special medical needs have the same right of admission to school as other children and should have full access to education, including school trips and physical education.'**

At Shadsworth Infant School, we believe that parents and guardians have prime responsibility for their child's health and should provide the school with information about their child's medical condition. We acknowledge that many pupils at some time will have a medical condition that may affect their participation in school activities and that some children will have long-term medical conditions that, if not managed properly, could limit their access to education. We will endeavour to support these children with the management of such medical conditions during school hours.

Some children with medical conditions may be disabled and where this is the case the governing body must comply with the Equality Act 2010. Some pupils may have SEN and have an Education, Health and Care Plan (EHP)

Aims

The school aims to:

- assist parents in providing medical care for their children;
- educate staff and children in respect of special medical needs;
- arrange training for volunteer staff to support individual pupils;
- liaise as necessary with medical services in support of the individual pupil;
- ensure access to full education if possible considering each child's needs individually
- effectively support pupils after absences due to frequent appointments or long-term absences
- monitor and keep appropriate records.

Expectations

It is expected that:

- parents will be encouraged to co-operate in training children to self-administer medication if this is practicable and that members of staff will only be asked to be involved if there is no alternative;
- parents will have confidence in the support provided by school
- There is a commitment that all relevant staff will be made aware of the child's condition
- Procedures to be followed to support a pupil's medical condition should be clearly set out in the child's health care plan.
- cover arrangements are in place in case of staff absence or staff turnover to ensure someone is always available to support the child
- school will arrange training for volunteer staff to support individual pupils;
- school seeks advice from healthcare professionals as well as listening to parents and the child.
- Individual health care plans will be reviewed annually or earlier if the child's needs change.
- No child should be put at risk

Responsibilities

- The Governing Body is responsible for ensuring this policy is implemented.
- The Headteacher has overall responsibility for the management of medication in school.
- The Headteacher is responsible for ensuring that sufficient staff are suitably trained

- The Headteacher should ensure all staff are insured to support children with medical conditions.
- The SENCO is responsible for developing individual health care plans.
- The SENCO is responsible for ensuring adequate transition arrangements are in place and relevant information is exchanged.
- Class TAs would brief supply teachers
- Class teachers supported by TAs will monitor individual healthcare plans
- Where staff administer medicines, this is done so voluntarily (e.g. insulin) There is no legal requirement that staff should administer or supervise the administration of medicines. However, where they have agreed to do so, they must ensure this responsibility is upheld or notify the headteacher.
- The school nurse is responsible for notifying the school when a child has been identified as having a medical condition which will require support in school.
- Specialist local health teams may be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes)
- 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.
- Parents – should provide the school with sufficient and up-to-date information about their child's medical needs.
- Local authorities 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.
- Health services can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.

Medication to be administered

- medicines should 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 should be given prescription or non-prescription medicines without their parent's written consent
- a child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed
- where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours
- Parents should give antibiotics at home. If it is necessary (e.g. if required four times a day) for a child to complete a course of antibiotics at school, then parents should come into school and administer the medicine themselves by agreement with the Headteacher. *Only in extraordinary circumstances might the Headteacher decide that school would administer such medicine. In this case, school's 'Administration of Medication' form must be completed, kept in the office and destroyed when the need for medication is over*

- schools should only accept prescribed medicines that 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
- School should keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held in school
- school staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions. Schools should keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted
- when no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps

Calpol/Piriton Medicine - Unprescribed

It may be necessary at times to administer unprescribed Calpol or Piriton to a child during school hours. Parental/Guardian consent for this is given by signing the section of the Parent Permission Forms on application to the school/or in an emergency.

Storage of Medicines.

- All medicines should be stored safely. Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away. This is particularly important to consider when outside of school premises e.g. on school trips
- Dates of medication should be checked. Parents are responsible for replacing out of date medication. Reminders may be required
- All asthma preparations, equipment and a copy of the Administration form are to be kept in the classroom readily available to the asthma sufferer and staff concerned at all times.
- Medicines which need to be kept in a refrigerator are kept in the medical room/locked fridge in the medical room. They should be in a sealed container clearly labelled.
- Medication for the emergency treatment of e.g. anaphylactic shock, is kept in the office and the child's classroom and the kitchen office. They should be in a sealed container clearly labelled.
- For regular medication, there is to be a dated sheet, split into days to be signed each time / day medication has been administered, to avoid duplication.

- For specific conditions, basic emergency details and a photograph of the child to be available in the classroom, medical room, office and kitchen area.

Records

- Records will be kept of all children receiving medication. Parents will complete school's 'Administration of Medication' form which gives written instructions on administration and also gives school permission to administer the medication. Long term medication will be administered as instructed by either the parents or school nurse/G.P/ Consultant. This will be kept with the Health Care Plan in the medical room. (A copy is kept in the office and by the class teacher).
- Records will also be kept of any child being given medication which is additional to their usual medication (this must be prescribed medication by a doctor) along with the consent form, including the parental permission form for administering Calpol. The completed forms are kept in the children's personnel files which are kept in each classroom. That record is then kept with the child.

Individual Health Care Plans

Individual healthcare plans can help to ensure that school 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 school, 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 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 App.1

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 should be easily accessible to all who need to refer to them, while preserving confidentiality. (Classroom, Medical Room, Office and Kitchen) Plans should not be a burden on a school, but should 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 health care plans, (and their review), may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child. Plans should be drawn up in partnership between the school, parents, and a relevant healthcare professional, e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils should also be involved whenever appropriate. The aim should 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. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school. See App. 2 regards the contents of healthcare plan.

Staff training and support

Any member of school staff providing support to a pupil with medical needs should have received suitable training. This should have been 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 should 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. Schools may choose to arrange training themselves and should ensure this remains up-to-date.

Training should 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.

Staff must not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any individual healthcare plans). A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.

Whole school staff training should be arranged for some conditions such as anaphalaxia, diabetes, asthma and should be included in induction for new staff.

Children administering their own medication

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

Where appropriate, 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 may require an appropriate level of supervision.

School Visits

School will consider what reasonable adjustments we might make to enable children with medical needs to participate fully and safely on visits. There will be a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included.

- Adequate supplies of medication (and instructions) for children with long term conditions should be taken. This includes inhalers. All staff on the visit should be aware of children requiring medication.
- A list of emergency contact numbers should be taken, or contact details are available in the office.
- If there is a particular concern, an additional adult should accompany the visit in order to look after the child. (This could be the parent).

Emergency Procedures

Health Care Plans should give guidance for an emergency. Where an ambulance is needed, 999 should be called and parents informed immediately. Staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance.

Sudden cardiac arrest is when the heart stops beating and can happen to people at any age and without warning. When it does happen, quick action (in the form of early CPR and defibrillation) can help save lives. A **defibrillator** is a machine used to give an electric shock to restart a patient's heart when they are in cardiac arrest. Modern defibrillators are easy to use, inexpensive and safe. Once a defibrillator has been purchased we will notify the local NHS ambulance service of its location.

Trained school staff will be able to use this in an **emergency**.

Unacceptable Practice

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

Staff with medical needs

- Employees are not obliged to disclose medical conditions or disabilities to their employer, however, it may be in the employee's best interest to disclose a medical condition where support may be required, for example if the employee has seizures.
- If the condition is unlikely to have any impact on other staff or children, the employee may decide against declaring it.
- Common sense would suggest that any condition that may put others in danger, such as HIV, should be declared, but that the Equality Act 2010 does not explicitly dictate this.
- Once a condition has been voluntarily disclosed, the Equality Act and Disability Act comes into effect and schools must make reasonable adjustments accordingly
- Staff with medical needs should ensure the school is aware of their needs and what to do in an emergency and that any necessary medication is kept in school as needed.
- Medication (Prescribed and over the counter) for personal use by members of staff must be kept in a locked cupboard. e.g; handbags, etc., containing such items must be locked away and not be left in the classroom or any place where pupils could gain access to them.

Insurance

The Governing Body must ensure adequate insurance is taken to cover all staff supporting pupils with medical conditions.

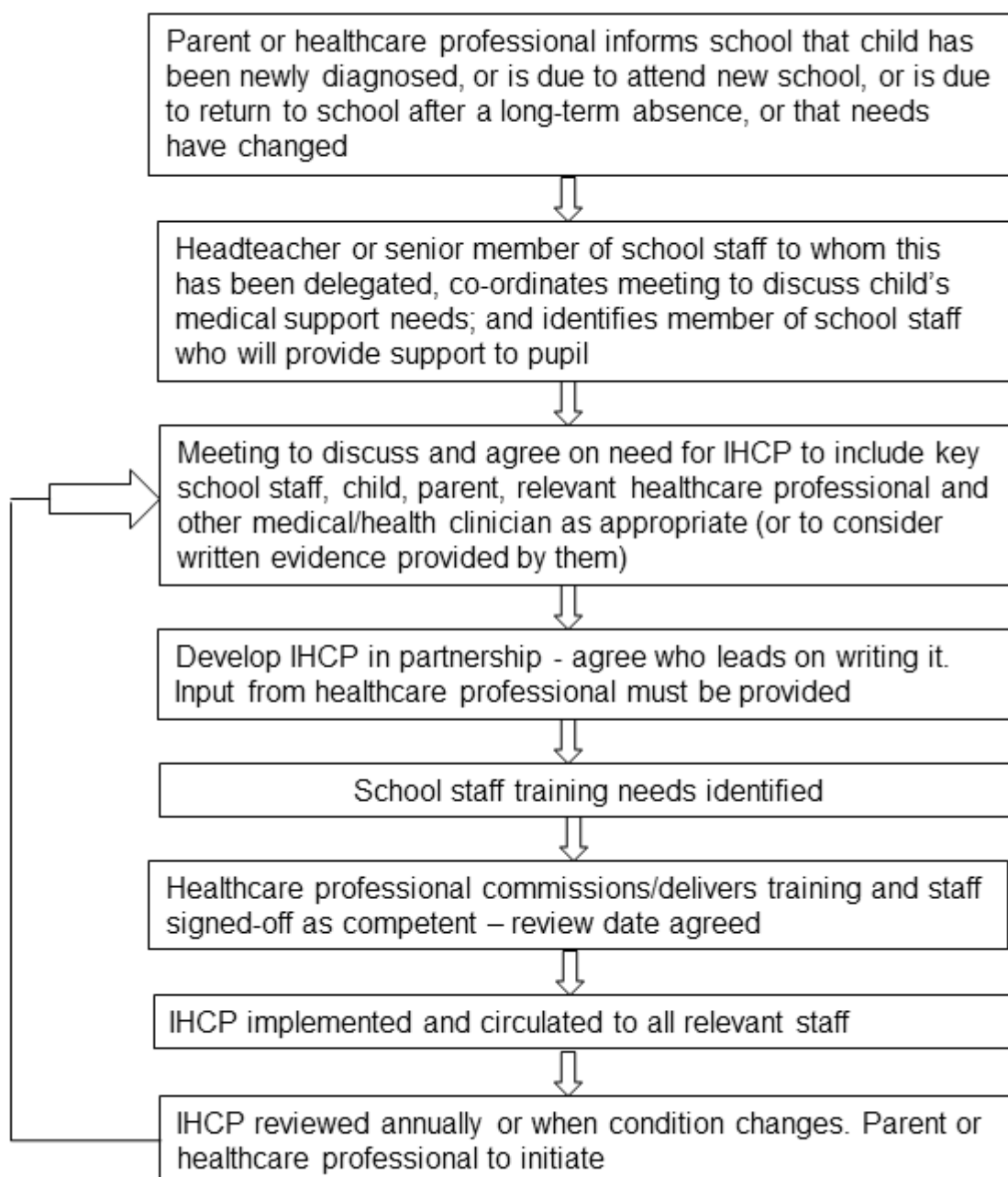
Complaints

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.

This policy should be read alongside 'Supporting Pupils at school with Medical Conditions' (DFE April 2014) and school policies for Asthma, First Aid

App1 Model process for developing an individual healthcare plan
App 2 Individual healthcare plan

App1 **Model process for developing individual healthcare plans**



App 2 Individual healthcare plans

When deciding what information should be recorded on individual healthcare plans, the governing body should consider the following:

- ☐ 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;
- ☐ 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.