

SUPPORTING PUPILS WITH MEDICAL CONDITIONS & ADMINISTRATION OF MEDICINES POLICY



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SUPPORTING PUPILS AT SCHOOL WITH MEDICAL CONDITIONS & ADMINISTRATION OF MEDICINE POLICY

1. Purpose of the Procedure

- 1.1 The Children and Families Act 2014 places a duty on the Governing Body and Senior Leadership Team to make arrangements for supporting pupils at the school with medical conditions. Pupils with medical conditions cannot be denied admission or excluded from school on medical grounds alone unless accepting a child in school would be detrimental to the health of that child or others.
- 1.2 The aim of this document 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 and achieve their potential.

2. Scope of the Procedure

- 2.1 The procedure applies to all employees.
- 2.2 This procedure should be read in conjunction with the relevant statutory guidance; Supporting pupils at school with medical conditions, DfE which provides greater detail regarding notification and individual healthcare plans and with the school's Intimate Care Policy.
- 2.3 *All staff will be expected to have an awareness of those children with medical conditions and how to respond in an emergency, if staff are in doubt they should call 999 and ensure the pupil is not left unattended.* This policy will form part of the schools induction arrangements.
- 2.4 This policy is working in conjunction with section 10, First aid and medication: of the Health and Safety Policy, 2024

3. Roles and Responsibilities

- 3.1 Supporting a child with a medical condition during school hours is not the sole responsibility of one person. Collaborative working arrangements and working in partnership will ensure that the needs of pupils with medical conditions are met effectively.
- 3.2 The governing body will ensure that the school develops and implements a policy for supporting pupils with medical conditions. It will ensure that suitable accommodation for the care of pupils with medical conditions is available. It will ensure that sufficient staff have received suitable training and are competent before they take on the responsibility to support children with medical conditions. It will ensure that the appropriate level of insurance is in place to cover staff providing support to pupils with medical conditions.

- 3.3 The Headteacher will ensure that the school's policy is developed and effectively implemented with partners. S/he will ensure that all staff are aware of the policy and understand their role in its implementation. S/he will make sure that sufficient numbers of staff are available to implement the policy and deliver against all Individual Healthcare Plans, including in emergency and contingency situations. The Headteacher has the overall responsibility for the development of Individual Healthcare Plans. S/he will make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. The Headteacher will contact the school nursing service in the case of any child who has a medical condition that may require support at school.
- 3.4 School staff may be asked to provide support to pupils with medical conditions, including the administration of medicines and intimate care, although they cannot be required to do so unless it is covered within their Job Description. 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. Any member of staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help. Training will be provided to all staff. A pupil taken by ambulance to hospital will be accompanied by a member of staff who will stay with the child until a parent or carer arrives.

Appropriately trained staff (those trained by a member of the medical profession) can use EpiPens and defibrillators, administer injections, dispense prescribed oral medicines and apply splints and topical medicine and other medical support covered for example within a First Aid certificate or where appropriate training has been provided. All medication must be administered as prescribed by a medical professional. School staff may also be asked to provide other support, for example; assisting with feeding, including enteral feeds, or toileting, including changing colostomy bags and catheterisation.

- 3.5 School nurses are responsible for notifying the school when a child has been identified as having a medical condition which will require support at school. School nurses may support staff on implementing a child's Individual Healthcare Plan and provide training, advice, and liaison.
- 3.6 Other healthcare professionals, including GPs and paediatricians 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 healthcare plans.
- 3.7 Pupils will be fully involved in discussions about their medical support needs and will contribute as much as possible to the development of their individual healthcare plan since they know best how their condition affects them. Other pupils in the school will be encouraged to be sensitive to the needs of those with medical conditions.
- 3.8 Parents/carers will provide the school with up-to-date information about their child's medical needs. They will be involved in the development and review of

their child's individual healthcare plan. They will carry out any action they have agreed to as part of its implementation and ensure they or another nominated adult are contactable at all times. Where possible parents/carers should be encouraged to request that medication is prescribed in dose frequencies which enable it to be taken outside of school hours. Where possible parents/carers should be encouraged to support their child in learning for example to self catheterise, monitor their own blood sugar levels, and administer their own insulin. This is not an exhaustive list.

- 3.9 Local authorities should work with schools to support pupils with medical conditions to attend full time.
- 3.10 Health services can provide valuable support, information, advice and guidance to schools and their staff to support children with medical conditions at school.
- 3.11 Clinical commissioning groups (CCGs) 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.
- 3.12 Ofsted – Inspectors consider the needs of pupils with chronic or long term medical conditions and also those of disabled children and pupils with SEN. The school will demonstrate that the policy dealing with medical needs is implemented effectively.

Individual Healthcare Plans (IHPs)

The Headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to Mrs Janine Hobson, Inclusion Manager and Jessie Bennett, Welfare Assistant.

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

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

- What needs to be done
- When
- By Whom

Not all pupils with medical conditions will require an IHP. It will be agreed with a healthcare professional and the parent when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parent and a relevant

healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

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

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

- The medical condition, its triggers, signs, symptoms and treatments
- The pupil's resulting needs including medication (dose, side effects and storage) and other treatments, time facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons
- Specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions
- The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable
- Who in the school needs to be aware of the pupil's condition and the support required
- Arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition.
- What to do in an emergency, including who to contact, and contingency arrangements.

4. Staff training and support

- 4.1 Any member of school staff providing support to a pupil with medical needs will receive suitable training. Staff must not give prescription medicines or undertake healthcare procedures without appropriate training. Staff must not send a child who becomes ill to the school office or medical room unaccompanied or with another child.
- 4.2 Pupils competent in managing their own health needs will be allowed to carry their own medicines and devices if that does not pose a risk to other pupils. Younger pupils or those not deemed competent to manage their own health needs should know where their medicines and relevant devices are.
- 4.3 Healthcare professionals, including the school nurse can provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.
- 4.4 The school will make arrangements for whole school awareness training so that all staff, including new staff, are aware of the school's policy for supporting pupils with medical conditions and their role in implementing that policy. This training will include preventative and emergency measures so that staff can recognise and act quickly when a problem occurs. Parents can also contribute by providing specific advice.
- 4.5 Luton Borough Council's Public Liability cover explicitly provides insurance for appropriately trained staff (those trained by a member of the medical profession) to use EpiPens, defibrillators, injections, dispensing prescribed medicines, application of appliances such as splints and oral and topical medicine. All such medication must be administered as prescribed by a medical professional. In other situations staff are covered provided they have followed the Care Plan in place and have had relevant training.

5. Managing medicines on the school premises

- 5.1 Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so
- 5.2 No child under 16 will be given prescription or non-prescription medicines without their parents' written consent.
- 5.3 A child under 16 should never be given medicines containing aspirin unless prescribed by a doctor
- 5.4 The school will only accept prescribed medicines that have been prescribed by an appropriate practitioner. The medication must be 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 pump, rather than in its original container). A template consent form for schools can be found in appendix 1. This form has been provided by the CCG's medical team for adoption or adaptation.

- 5.5 All medicines will be stored safely in the medical room. Children should know where their medicines are at all times and be able to access them immediately. The school will keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff will have access. Controlled drugs should be easily accessible in an emergency. (A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, however passing it on to another child for use is an offence. Monitoring arrangements may be necessary in such cases).
- 5.6 Staff administering a controlled drug and/or over the counter medication (OTC) must do so in accordance with the prescriber's instructions and/or in accordance with the recommended dosage. The school will keep a written record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects should also be noted. A template consent form for schools can be found in appendix 2. This form has been provided by the CCG's medical team for adoption or adaption.
- 5.7 Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should always be readily available to children and not locked away. Older pupils may carry devices and medicines with them whilst for younger pupils these will be stored appropriately and where the class teacher, class TA and other appropriate staff and child know how to access them.
- 5.8 During school trips, the member of staff in charge of first aid on the trip will carry all medical devices and medicines required.
- 5.9 If a pupil refuses to take medication or carry out a necessary procedure they should not be forced by staff. The procedure agreed in the individual healthcare plan should be followed and the parent/carer informed.
- 5.10 Sharp boxes should always be used for the disposal of needles and other sharps. When no longer required, medicines should be returned to the parent to arrange for safe disposal. Medication no longer required or out of date should not be allowed to accumulate.

6. Unacceptable Practices

- 6.1 Each child's case will be judged on its own merit and with reference to the child's Individual Healthcare Plan, however it is not generally acceptable practice to:
- 6.2 Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary.
- 6.3 Assume that every child with the same condition requires the same treatment.

- 6.4 Ignore medical evidence or opinion (although this may be challenged) or ignore the views of the child or their parents.
- 6.5 Send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in the Individual Healthcare Plan.
- 6.6 If the child becomes ill send the child to the school office or medical room unaccompanied or with someone unsuitable.
- 6.7 Penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments.
- 6.8 Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively.
- 6.9 Require parents or 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)
- 6.10 Prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trip, e.g. by requiring parents to accompany the child.

Appendix 1

BUSHMEAD PRIMARY SCHOOL
Request for school to administer medication

The school will not give your child medicine unless you complete and sign this form, and the Headteacher has agreed that school staff can administer the medication.

DETAILS OF PUPIL

Surname:

Forenames: Class.....

Address: Male/Female

..... Date of birth

Condition/illness.....

MEDICATION

Name/Type of Medication (as described on the container)

For how long will your child take this medication:

Date dispensed:

Full Directions for use:

Dosage Method: Timing

Special Precautions:

Side Effects:

Self-Administration:

Procedures to take in an Emergency:

CONTACT DETAILS

Name: Relationship to pupil:

Daytime Telephone Mobile

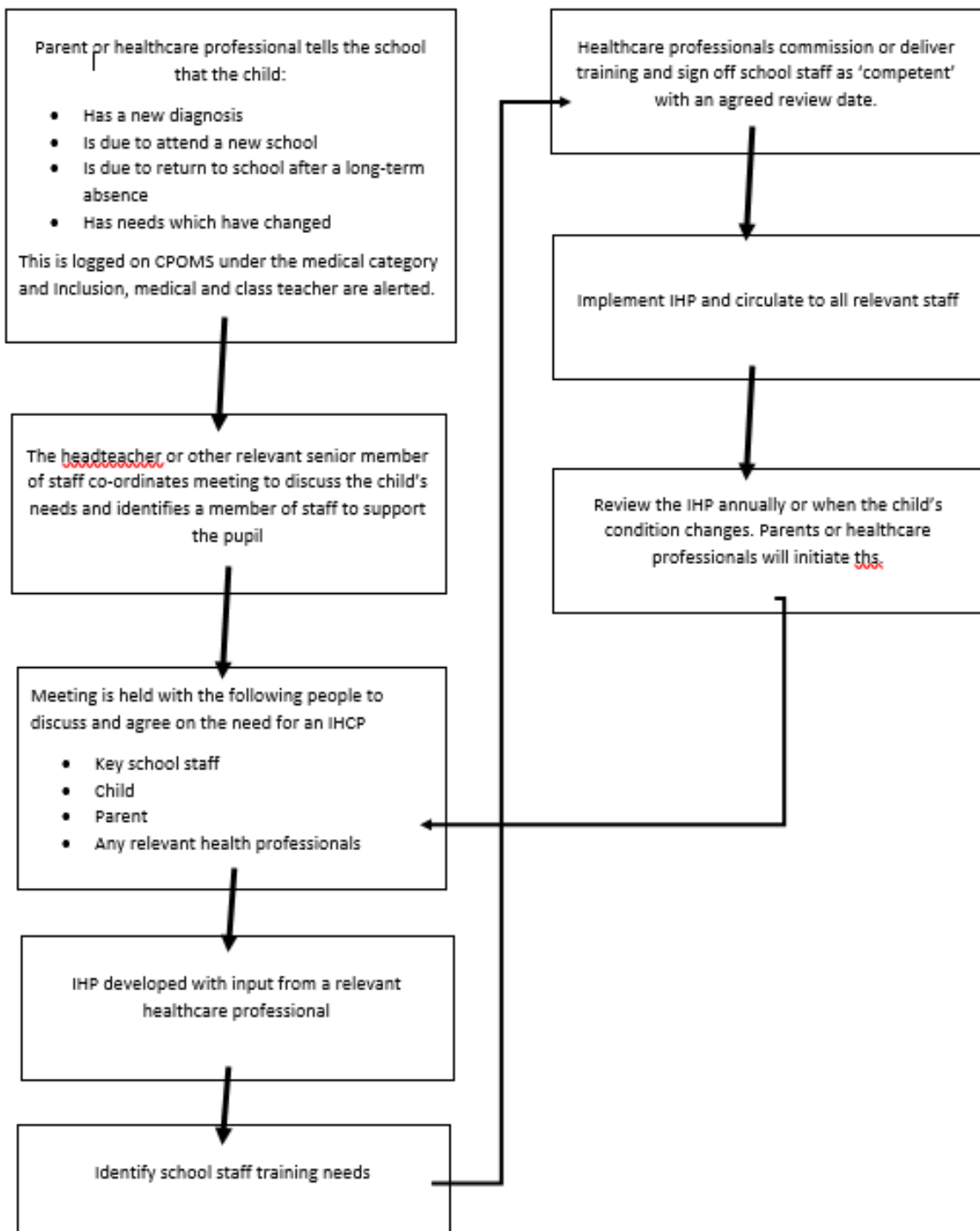
Daytime Address:

I understand that I must deliver the medicine personally to the school office and accept that this is a service which the school is not obliged to undertake.

Signed: Date:

Date	Time	Dose given	Any Reaction	Signature of staff	Print name

Appendix 1: Being notified a child has a medical condition



Individual Healthcare Plan

1 CHILD/ YOUNG PERSON'S INFORMATION

1.1 CHILD/ YOUNG PERSON DETAILS

Child's name:	
Date of birth:	
Year group:	
Nursery/School/College:	
Address:	
Town:	
Postcode:	
Medical condition(s): Give a brief description of the medical condition(s) including description of signs, symptoms, triggers, behaviours.	
Allergies:	
Date:	
Document to be updated:	

1.2 FAMILY CONTACT INFORMATION

Name:	
Relationship:	
Home phone number:	
Mobile phone number:	
Work phone number:	
Email:	

Name:	
Relationship:	
Home phone number:	
Mobile phone number:	
Work phone number:	
Email:	

Name:	
Relationship:	
Home phone number:	
Mobile phone number:	
Work phone number:	
Email:	

1.3 ESSENTIAL INFORMATION CONCERNING THIS CHILD / YOUNG PERSON'S HEALTH NEEDS

	Name	Contact details
Specialist nurse (if applicable):		
Key worker:		
Consultant paediatrician (if applicable):		
GP:		
Link person in education:		
Class teacher:		
Health visitor/ school nurse:		
SEN co-ordinator:		
Other relevant teaching staff:		
Other relevant non-teaching staff:		
Head teacher:		
Person with overall responsibility for implementing plan:		
Any provider of alternate provision:		

This child/ young person has the following medical condition(s) requiring the following treatment. _____

Medical condition	Drug	Dose	When	How is it administered?

3. EMERGENCY SITUATIONS

An emergency situation occurs whenever a child/ young person needs urgent treatment to deal with their condition.

What is considered an emergency situation?	
What are the symptoms?	
What are the triggers?	
What action must be taken?	
Are there any follow up actions (eg tests or rest) that are required?	

4. IMPACT ON CHILD'S LEARNING

How does the child's medical condition effect learning? i.e. memory, processing speed, coordination etc	
Does the child require any further assessment of their learning?	

5. IMPACT ON CHILD'S LEARNING and CARE AT MEAL TIMES

	Time	Note
Arrive at school		
Morning break		
Lunch		

Afternoon break		
School finish		
After school club (if applicable)		
Other		

Please refer to home-school communication diary

Please refer to school planner

6. CARE AT MEAL TIMES

What care is needed?	
When should this care be provided?	
How's it given?	
If it's medication, how much is needed?	
Any other special care required?	

Afternoon break		
School finish		
After school club (if applicable)		
Other		

Please refer to home-school communication diary

Please refer to school planner

6. CARE AT MEAL TIMES

What care is needed?	
When should this care be provided?	
How's it given?	
If it's medication, how much is needed?	
Any other special care required?	

7. PHYSICAL ACTIVITY

Are there any physical restrictions caused by the medical condition(s)?	
Is any extra care needed for physical activity?	
Actions before exercise	
Actions during exercise	
Actions after exercise	

8. TRIPS AND ACTIVITIES AWAY FROM SCHOOL

What care needs to take place?	
When does it need to take place?	
If needed, is there somewhere for care to take place?	
Who will look after medicine and equipment?	
Who outside of the school needs to be informed?	
Who will take overall responsibility for the child/young person on the trip?	

9. SCHOOL ENVIRONMENT

Can the school environment affect the child's medical condition?	
How does the school environment affect the child's medical condition?	
What changes can the school make to deal with these issues?	
Location of school medical room	

10. EDUCATIONAL, SOCIAL & EMOTIONAL NEEDS

Pupils with medical conditions may have to attend clinic appointments to review their condition. These appointments may require a full day's absence and should not count towards a child's attendance record.

Is the child/young person likely to need time off because of their condition?	
What is the process for catching up on missed work caused by absences?	
Does this child require extra time for keeping up with work?	
Does this child require any additional support in lessons? if so what?	
Is there a situation where the child/young person will need to leave the classroom?	
Does this child require rest periods?	
Does this child require any emotional support?	
Does this child have a 'buddy' e.g. help carrying bags to and from lessons?	

11. STAFF TRAINING

Governing bodies are responsible for making sure staff have received appropriate training to look after a child/young person. School staff should be released to attend any necessary training sessions it is agreed they need.

What training is required?	
Who needs to be trained?	
Has the training been completed? Please sign and date.	

Please use this section for any additional information for this child or young person.

	Name	Signatures	Date
Young person			
Parents/ carer			
Healthcare professional			
School representative			
School nurse			

This general Individual Healthcare Plan was developed from a plan originally designed by a subgroup led by Sandra Singleton; with Margot Carson, Elaine McDonald, Dawn Anderson, Paula Maiden, Jayne Johnson, Jill Cullen, Helen Nurse, Linda Connellan and Daniel Hyde, on behalf of the North West Paediatric Diabetes Network.