

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

January 2023 – to be reviewed January 2026

## Purpose of the Procedure

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. 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.

## Scope of the Procedure

The procedure applies to all employees. 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.

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.

## Roles and Responsibilities

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.

**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.

**THE HEADTEACHER** will ensure that the school's policy is developed and effectively implemented with partners. They will ensure that all staff are aware of the policy and understand their role in its implementation. They 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. They 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 ensure that the school nursing service or other appropriate health professionals are contacted in the case of any child who has a medical condition that may require support at school.

**SCHOOL STAFF** may be asked to provide support to pupils with medical conditions, including the administering of medicines and intimate care, although they cannot be required to do so unless it is covered within their Job Description. Staff who provide support for pupils with medical needs or who volunteer to administer medication only do this with the support of the Headteacher and parents.

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.

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** 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. 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.

**MEDICAL PROFESSIONALS** are responsible for supporting the school when a child has been identified as having a medical condition which will require

higher level support at school. Medical professionals may support staff on implementing a child's Individual Healthcare Plan and provide training, advice, and liaison.

**PARENTS/CARERS** will provide the school with up-to-date written 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 own blood sugar levels, administer their own insulin. This is not an exhaustive list.

## Staff training and support

Any member of school staff providing support to a pupil with medical needs will receive suitable training. At All Saints':

- All staff in school who work with children will have basic first aid training. This will be refreshed every three years.
- In addition, the school will train at least 2 members of staff to the higher level First Aid in the Workplace, Level 3.
- Staff working within Early Years will have the appropriate First Aid qualification for their setting.

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.

## Managing/Administering medicines on the school premises

Administration of medication is always best done by the parent of the child and parents are welcome to come in at the appropriate time to do so. However, we know this is not always possible.

If medicine is to be administered in school, school must have written authorisation from a parent.

**All staff who give medicine to children must have read this document.**

When a parent request that medicine be administered to their child at school the circumstances will be considered by the Headteacher and the decision will have regard to the best interests of the child and implications for the staff.

There are two main sets of circumstances in which requests may be made to the head teacher to deal with the keeping and handing out of medicines to pupils at school: -

- Cases of chronic illness or long-term complaints, such as asthma, diabetes, fibro-cystitis, hay fever, or severe allergic reactions.
- Cases where children recovering from short-term illness are well enough to return to school but are receiving a course of antibiotics, or basic prescribed medication.

Only prescribed medication, children's paracetamol based suspensions (e.g. Calpol) or antihistamine (e.g. Piriton) will be administered by staff.

**We will not accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions without confirmation from the original prescriber.**

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.

During school trips, the member of staff in charge of first aid on the trip will carry all medical devices and medicines required, except inhalers, which may be carried by the children if appropriate.

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/carers informed.

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.

## Paracetamol Based Suspension and Antihistamine

If a parent asks for a paracetamol based suspension to be administered during the day, parents must clearly state the time of the last dose on the administration of medicine form.

The school will inform parents by text of the time further doses are administered. It is the responsibility of the parent to ensure that the school has an up to date mobile number, and that the parent checks this information before further doses are administered at home.

**Staff must never give a child under 16 aspirin or medicines containing ibuprofen unless prescribed by a doctor.**

If a parent asks for antihistamine to be administered during the day, parents must clearly state the time they wish the next dose to be administered.

## Guidelines on Medicine Administration

If medicines are to be administered by staff in school we must bear in mind the county's guidelines on such matters which are:-

- The medicines must be kept safely and the containers clearly labelled with
  - Name of pupil
  - Date of dispensing
  - Dose and frequency
  - Cautionary advice/special storage instructions
  - Name of medicine
  - Expiry date
- There are written instructions
- A form of consent "Administration of Medicines/Treatment has been filled in and signed.
- The Parent/carer has brought in the medicine.
- The necessity for the child to take the medication during school hours should be established either with the parent or ideally with a doctor's note.
- Where possible the medicine should be self-administered under adult supervision.
- Office staff (or other teaching or support staff if office staff are unavailable) will record the administration of the medicine on the school medicine sheet.
- The medicine will be stored in the medicine cabinet or medicine fridge as appropriate.

Medicines will not be administered by staff if:

- They do not wish to do so. No member of staff can be asked to do this against their will, unless they have been specifically employed to do so.

- Some technical or medical knowledge or experience is required and training has not been given

The school may refuse to accept responsibility for keeping and handing out of medicine under the following circumstances: -

- Where medicines or tablets are dangerous.
- Where the timing and nature of the administration are of vital importance and where serious consequences could result if a dose is not taken.
- Where technical medical knowledge or expertise is required.
- Unless appropriate training has been received and named staff agree to administer the medicine, where intimate contact is necessary.

Parents are asked annually to inform the school of any changes to their child's medical status, this is particularly relevant to off-site residential trips.

If children fall ill during the school day parents will naturally be expected to make arrangements to take the child home. It is therefore vitally important that the school is kept advised of up to date contact numbers.

## Minimising the need for medication in School hours

It is helpful, where clinically appropriate, if medicines are prescribed in dose frequencies which enable it to be taken outside school hours. Parents should be encouraged to ask the prescriber about this.

**It is to be noted that medicines that need to be taken three times a day could be taken in the morning, after school hours and at bedtime, and would not normally need to be administered in school unless, for example, the child was staying at Kids Club.**

## Early Years settings

There is a requirement in Early Years settings for children under 5 years of age or 5 before the 31<sup>st</sup> August for the setting to ensure any medication and or personal care needs are accommodated when required.

Where settings do not have a sufficient amount of staff to volunteer to undertake these tasks, the school or Early Years management must take relevant action to ensure the children's / pupil's needs are met.

## General Principles

- A young person's privacy and dignity is paramount and medicines should always be administered in an area where this will not be compromised. This will usually be the school office, or space away from children if required, e.g. headteacher's office, Meeting Room, or empty classroom etc.
- In all circumstances the medication administered must be recorded.
- Under no circumstances must medicines prescribed be given to anybody except the person for whom it was prescribed.
- Medicines should be administered directly from the dispensed container.
- Medication must never be secondary dispensed for someone else to administer to the child at a later time or date.
- The school must ensure that staff are appropriately trained and receive refresher training at suitable intervals where this is required.
- In some cases training must be by a suitable provider (e.g. health practitioner such as a nurse) and recorded.
- The name (or initials) of the member of staff responsible for administering the dose of the medicines must be included on the medicines administration record.
- Medication must not be given to young persons covertly (e.g. hiding in food) without consultation with GP/Parents and the agreement documented.
- Crushing or dissolving medication can destroy the medication properties reducing its effectiveness. Crushing or dissolving of medication is not permitted unless a child or young person's health or wellbeing would be detrimentally affected. GP and parental approval must be sought and documented in the Care Plan and on a risk assessment to crush or dissolve medication.
- All records of requests for and administration of medicine must be in writing.
- All records of administration of medication to a young person must be retained in line with document retention schedules.
- Where temporary or relief staff are required to administer medication, the school must ensure they have received instruction/training and that they are assisted by a member of staff who is able to recognise each young person to whom medication is being dispensed.

## “As Required” – PRN Medication

Instructions such as “when required” or “as necessary” are discouraged, but when they appear on prescribed medication, advice from Parents/Carers and GPs with a knowledge of the young person should be documented.

The protocol will identify any signs, symptoms and advice and will outline the necessity for administration of the medication when the young person is unable to do so. A signed record must be kept of all advice and decisions made using form HSF34.

PRN medication must be dispensed with a standard label with the "as required" medication details. This alerts the person administering the medication that the preparation is PRN (pro re nata or "as required"). The decision on whether the PRN medication is needed must be based on the individual's PRN protocol.

When a PRN medication is administered a record of the administration must be made using the Medication Administration Record (MARS) HSF 55.

## Consent Arrangements

No medication should be given to a young person without written consent obtained from the person with parental responsibility for the child. This may take the form of a :

- Parental Consent Form; or;
- Included as part of an individual healthcare plan regime.

In the event of life threatening consent for administration may not be necessary, but accurate documentation must be completed. A young person's parents/carer should be informed if they have required any form of medication in an emergency whilst they are in school.

## Asthma

**Children with asthma need to have immediate access to their reliever inhalers when they need them.** Children who are able to use their inhalers themselves should be allowed to carry them with them. If the child is too young or immature to take personal responsibility for their inhaler, staff should make sure that it is stored in a safe but readily accessible place, and clearly marked with the child's name. Inhalers should always be available during physical education, sports activities and educational visits.

## Emergency Inhalers and Epi-Pens

Unless otherwise asked by medical professionals (e.g. 999 support) emergency salbutamol inhalers should only be used by children:



- who have been diagnosed with asthma and prescribed a reliever inhaler;
- OR who have been prescribed a reliever inhaler

**AND** where written parental consent has been given for the use of the emergency inhaler. This information should be recorded in the child's individual healthcare plan.

Emergency Epi-Pens should be used in a significant medical emergency, with guidance from emergency medical professionals e.g. 999 support

However, the school will always support members of staff who make emergency decisions to try to save a life.

## Incident Reporting

Procedures must be in place for the reporting of adverse reactions or errors in administration of medication.

This procedure must cover:-

- a. The facts of the incident,
- b. Persons involved,
- c. Reason for the incident,
- d. Details of any ill health or injuries sustained (if this is the case an accident/incident report form must be completed and forwarded to the Directorate Health and Safety Team),
- e. Witness Statement.
- f. Details of persons informed (Parents/Carers, Pharmacist, GP, NHS Direct, Governing bodies),
- g. Corrective and Remedial action taken.
- h. Outcome of Investigation by senior manager.

# HSF 34 Prescribed PRN Medication Administration

PRN medication must only be administered in strict accordance with the following protocol.

Pupil		Date of Birth	
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GP name and number	
Prescribed PRN Medication	
Dosage	
Conditions under which the use of PRN medication is recommended	
Any known triggers	
Any warning signs	
Time expected for the medication to take effect	
Action required if effect does not occur as expected	

Parent /Carer	
Name	
Signature	

On each occasion PRN Medication is administered, this should be clearly recorded on the children's medication sheet.



## HSF30 MEDICATION Administration

**Please Read Carefully:** Medication is administered by school staff voluntarily, on the understanding that no absolute guarantee can be given that doses and/or times can be adhered to as a result of the pressures of daily routine within a school. Should you wish to ensure your child gets the correct dose at the proper time you should come into school to administer your child's medication yourself.

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Child:	Date of Birth	Telephone Number
GP Name	GP Telephone Number	
Details of any allergies or other special instructions		

Name of Medication	Strength of Dosage	Number/Amount of Medication & time to be given	Start Date	End Date

If the details above are correct, please sign and return,

Signed (Parent/Carer) .....

Relationship to child: .....

**Important Note**

Should there be any amendment to the following: -

1. Medication or dosage
2. Address or telephone number
3. Doctor or Doctor's telephone number

Please inform the school, in writing, immediately.



# Medication Incident Report Form

Child	Date of Birth
Address	

## Details of Incident

Date of Incident:

Time of Incident-

Member of Staff Reporting Incident-

Detail of Incident-

Reason for Incident ( Pharmacy Error, Wrong Medication Administered, Overdose, Missed Medication, etc) -

Detail of any injuries/ill health effects-

Detail of any Treatment Given-

Admission to Hospital **Yes/No**

If yes what was the outcome-

Who has been informed of the incident (Carers, Pharmacist, GP, NHS Direct, CSCI) –

Any Additional Information
Statement Taken from relevant Parties – Detail whom and attach a copy.
Corrective/Remedial Action Taken-

This incident must be reported to the Headteacher immediately, and a copy of the report forwarded.

Signature \_\_\_\_\_

Date \_\_\_\_\_



## Paracetamol Based Suspension and Antihistamine Administration

**Please Read Carefully:** Medication is administered by school staff voluntarily, on the understanding that no absolute guarantee can be given that doses and/or times can be adhered to as a result of the pressures of daily routine within a school. Should you wish to ensure your child gets the correct dose at the proper time you should come into school to administer your child's medication yourself.

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<b>Child:</b>	Date of Birth	Telephone Number to send confirmation text:
GP Name	GP Telephone Number	
Details of any allergies or other special instructions		

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Name of Medication	Strength of Dosage	When should this medicine be administered? If no particular time, please record as 'when needed'.	Start Date	End Date

If the details above are correct, please sign and return,

Signed (Parent/Carer) .....

Relationship to child: .....

**Important Note**

Should there be any amendment to the following: -

1. Medication or dosage
2. Address or telephone number
3. Doctor or Doctor's telephone number

Please inform the school, in writing, immediately.





# All Saints' First School Care Plan for a Pupil with Health Needs

MEDICAL CONDITION/DISABILITY/NEED:

NAME:

DATE OF BIRTH:

CLASS:

G.P. NAME:

CONSULTANT:

PLAN DATE:

REVIEW DATE (NO MORE THAN 12 MONTHS AFTER PLAN WRITTEN):

## Emergency Contact Information

<u>1. First Contact</u>	<u>2. Second Contact</u>
<b>Name:</b>	<b>Name:</b>
<b>Relationship:</b>	<b>Relationship:</b>
<b>Telephone Numbers:</b>	<b>Telephone Numbers:</b>
<b>Work -</b>	<b>Work -</b>
<b>Home-</b>	<b>Home-</b>
<b>Mobile-</b>	<b>Mobile-</b>

## Care Plan

### Medical background

(Brief information regarding background of condition)

### Daily considerations / adjustments:

(List any adjustments that will need to be made in school to allow the child to fully participate in school life. E.g. ensure gluten free lunch, must not use face paint, use wheat free bread when baking, do not expose to bright lights – use sunglasses)

## Daily Management of Condition

### (List here what should happen daily to manage the condition)

(List things to do to support management of the condition – e.g. twice a day, check feeding tube located correctly, explain how parents will be informed of what has been eaten etc)

## Emergency Plan/Protocol

### (List here what could happen and what to do if it does)

(E.g. sudden shortness of breath – action to administer antihistamine. If unable to talk and struggling for breath/loses consciousness – action to ring 999 etc)

SYMPTOMS	ACTIONS

## Fire Drill

(Explain here what needs to happen if there is a fire drill. Note – this plan must go with the child)

## School Visits

(Explain here what needs to happen if the child goes on a school visit. Note – this plan must go with the child)

## Duty of Care (Parents)

(Explain here what parents are responsible for doing and/or providing. E.g. Parents to provide 2x epi pen for school and 2 for Kids Club. Parents to provide antihistamine for school and Kids Club. Parents to keep medicines in date and replace when needed.)

Parents will keep school up to date with any changes.

## Duty of Care (School)

(Explain here what school is responsible for doing and/or providing in addition to what is recorded above. E.g. School to inform parents if medication needs replacing.

**We agree with the care plan detailed above.**

**We give permission for the administration of medication as outlined.**

**Parental Signatures:**

..... Date .....

..... Date .....

**School Staff Member Signature (completeing the plan):**

..... Date .....

**Headteacher Signature:**

..... Date .....

**School Nurse/Doctor Signature (if involved):**

..... Date .....

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