SUPPORTING PUPILS WITH MEDICAL CONDITIONS
&
ADMINISTERING MEDICATION POLICY

Date Adopted: June 2016
Review Period: 1 year
Next Review: January 2027

History of most recent policy reviews

Review Date (annually)	Review	Responsible
June 2016	Two policies combined	Finance Committee
June 2017		
November 2017	Department of Health – Epipens in schools	
November 2018	No changes	
November 2019	No changes	
November 2020	No changes	
January 2021	No changes	Finance Committee
January 2022	No changes	Finance Committee
January 2023	Non-prescription medication – updated guidance included. Inclusion Manager now Assistant Headteacher for Inclusion & SEND	Finance Committee
January 2024	No changes	Finance Committee

January 2025	No changes	Finance Committee
January 2026	No changes	Finance Committee

Definition of Medical Conditions

Pupils' medical needs may be broadly summarised as being in two types:

- **Short-term,** affecting their participation in school activities for which they are on a course of medication.
- **Long-term,** potentially limiting their access to education and requiring extra care and support and regular on-going medication.

1. **This school is an inclusive community that supports and welcomes pupils with medical conditions.**

This school is welcoming and supportive of pupils with medical conditions. It provides children with medical conditions with the same opportunities and access to activities (both school based and out-of-school) as other pupils. No child will be denied admission or prevented from taking up a place in this school because arrangements for their medical condition have not been made.

This school will listen to the views of pupils and their parents or carers.

Pupils and their parents or carers feel confident in the care they receive from this school and the level of that care meets their needs.

Staff understand the medical conditions of pupils at this school and that they may be serious, adversely affect a child's quality of life and impact on their ability and confidence.

All staff understand their duty of care to children and young people and know what to do in the event of an emergency.

The whole school & local health community understand and support the medical conditions policy.

This school understands that all children with the same medical condition will not have the same needs, our school will focus on the needs of each individual child.

The school recognises its duties as detailed in Section 100 of the Children and Families Act 2014. (Other related legislation is referenced in DfE guidance p21). 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, this school complies with their duties under that Act. Some may also have special educational needs (SEND) 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 SEND, this policy should be read in conjunction with the Special educational needs and disability (SEND) code of practice.

2. **The medical conditions policy is supported by a clear communication plan for staff, parents and carers and other key stakeholders to ensure its full implementation.**

Pupils, parents and carers, relevant local healthcare staff, and other external stakeholders are informed of and reminded about the medical conditions policy through clear communication channels.

3. **School staff understand and are trained in what to do in an emergency for children with medical conditions at this school.**

All school staff working with children, and specifically those with medical conditions understand their duty of care to pupils in an emergency.

Staff receive training in what to do in an emergency and this is refreshed regularly.

All children with medical conditions that are complex, long-term or where there is a high risk that emergency intervention will be required at this school have an individual healthcare plan (IHP), which explains what help they need in an emergency. The IHP will accompany a pupil should they need to attend hospital. Parental permission will be sought and recorded in the IHP for sharing the IHP within emergency care settings.

This school makes sure that all staff providing support to a pupil with a medical condition have received suitable training and ongoing support to ensure that they have confidence to provide the necessary support and that they fulfil the requirements set out in the pupil's IHP. This should be provided by the specialist nurse/school nurse/other suitably qualified healthcare professional and/or parent/carer. The specialist nurse/school nurse/other suitably qualified healthcare professional will confirm their competence, and this school keeps up to date records of all training undertaken and by whom.

This school has chosen to hold an emergency salbutamol inhaler for use by pupils who have been prescribed a reliever inhaler and for whom parental consent for its use has been obtained. (See appendix 3 for further information)

This school has chosen to hold an emergency epipen for use by pupils who have been prescribed epipens in the event of anaphylaxis and for whom parental consent for their use has been obtained. **The type of emergency adrenalin auto injectors held in school are EPIPENS (0.3milligrams) suitable for children aged between 6 and 12 years old.** (see appendix 4 for further information)

4. **All staff understand and are trained in the school's general emergency procedures.**

All staff, including temporary or supply staff, should be aware of the content of this policy, know what action to take in an emergency and receive updates at least yearly. School nurses and other healthcare professionals will provide training as required for common conditions e.g. asthma, allergies, epilepsy and diabetes.

If a pupil needs to attend hospital, as a result of a medical emergency at school, a member of staff (preferably known to the pupil) will stay with them until a parent/carer arrives, or accompany a child taken to hospital by ambulance. In exceptional circumstances, a member of the Senior Leadership Team may need to take a child to hospital in his or her own car after consultation with the parent/carer.

5. This school has clear guidance on providing care and support and administering medication at school.

This school understands the importance of medication being taken and care received as detailed in the pupil's IHP.

Medication will only be administered when it would be detrimental to a child's health or school attendance not to do so, and where it is not reasonably practicable for medication to be administered before/after school. A discussion will be held with the parent/carer to check if the medication can be administered outside of school hours.

This school will only administer prescription medication prescribed to an individual child by a registered practitioner (doctor, dentist, nurse or pharmacist) and with the parent/carer's written consent. Medicines containing aspirin will only be administered if prescribed by a doctor.

This school will administer non-prescription medicines (purchased over the counter at pharmacies, health shops and supermarkets) **ONLY** with the parent/carer's written consent[1]. Before administering non-prescription medications, a phone call to the parent/carer will be carried out to ask if medication has been given previously that day and to confirm the request.

A new instruction must be completed whenever there is a new medication to be administered, or the dosage or timings are changed. Over the counter medications (with the exception of children with an IHP) will not be stored in school overnight and must be collected by the parent/carer at the end of school each day.

When administering medication (both prescription and non-prescription), ~~a~~appropriately trained staff will only administer medication **from the original container**, which should show clearly:

- the pupils name,
- dose of medication,
- frequency and route of administration and
- expiry date of contents.

[1] https://www.bma.org.uk/advice-and-support/gp-practices/managing-workload/prescribing-over-the-counter-medicines-in-nurseries-and-schools

- In the case of non-prescription medication this should also include information on the dose relevant to the age of the child.

This school will record each time a medicine is administered to a child and inform the child's parents and/or carers on the same day using Medical Tracker.

Should a pupil decline to take prescribed medication at the agreed time, the parent/carer will be informed at the earliest convenience.

This school will make sure that there are sufficient members of staff who have been trained to administer the medication and meet the care needs of an individual child. This school will ensure that there are sufficient numbers of staff trained to cover any absences, staff turnover and other contingencies.

This school will make sure that a trained member of staff where appropriate is available to accompany a pupil with a medical condition on an off-site visit, including overnight stays.

Parents and carers at this school understand that they should let the school know immediately if their child's needs change.

6. This school has clear guidance on the storage of medication and equipment at school.

This school makes sure that all staff understand what constitutes an emergency for an individual child and makes sure that emergency medication/equipment, e.g. asthma inhalers, epi-pens etc. are readily available in school and for off-site activities and are not locked away.

Where appropriate, older children may carry their own medication/equipment, or they should know exactly where to access it. Those pupils deemed competent to carry their own medication/equipment with them will be identified and recorded through the pupil's IHP in agreement with parents/carers.

Where there is no IHP or assessment in place, pupils are not permitted to carry medication in school for self-administration.

Pupils are not permitted under any circumstances to carry controlled drugs. The school will store controlled drugs securely in a non-portable container, with only named staff having access. Staff at this school can administer a controlled drug to a pupil once they have had specialist training. The administration of a controlled drug must be undertaken with dual supervision.

This school will make sure that all medication is stored safely, and that pupils with medical conditions know where they are at all times and have access to them immediately. Under no circumstances will medication be stored in first aid boxes.

This school will only accept medication that is in date, labelled and in its original container including prescribing instructions for administration. The exception to this is insulin, which though must still be in date, will generally be supplied in an insulin injector pen or a pump.

Parents and carers are asked to collect all medications/equipment, as appropriate, at the end of the school, and to provide new and in-date medication at the start of each term. Parents/carers of children requiring an epipen to be kept in school will be asked to provide two epipens. In the event that essential medication is not provided, parents/carers will be requested to keep children at home until medication is received. Failure to provide medication will be managed in line with the School's Safeguarding Policy.

This school disposes of needles and other sharps in line with local policies. Sharps boxes are kept securely at school and will accompany a child on off-site visits. They are collected and disposed of in line with local procedures.

7. This school has clear guidance about record keeping.

As part of the school's admissions process and annual data collection exercise parents/carers are asked if their child has any medical conditions. These procedures also cover transitional arrangements between schools.

This school uses an IHP to record the support an individual pupil needs around their medical condition. The IHP is developed with the pupil (where appropriate), parent/carer, designated named member of school staff, specialist nurse (where appropriate) and relevant healthcare services. Where a child has SEND but does not have a statement or EHC plan, their special educational needs are mentioned in their IHP. Appendix 1 is used to identify and agree the support a child needs and the development of an IHP.

This school has a centralised register of IHPs stored in the Welfare Room and available on the school network. The School Business Manager has the responsibility for maintaining this register.

IHPs are regularly reviewed, at least every year or whenever the pupil's needs change.

The pupil (where appropriate) parents/carers, specialist nurse (where appropriate) and relevant healthcare services hold a copy of the IHP. Other school staff are made aware of and have access to the IHP for the pupils in their care.

This school makes sure that the pupil's confidentiality is protected.

This school seeks permission from parents/carers before sharing any medical information with any other party.

This school keeps an accurate record of all medication administered, including the dose, time, date and administering staff.

8. This school ensures that the whole school environment is inclusive and favourable to pupils with medical conditions. This includes the physical environment, as well as social, sporting and educational activities.

This school is committed to providing a physical environment accessible to pupils with medical conditions and pupils are consulted to ensure this accessibility. This school is also committed to an accessible physical environment for out-of-school activities.

This school makes sure the needs of pupils with medical conditions are adequately considered to ensure their involvement in structured and unstructured activities, extended school activities and residential visits where possible.

All staff are aware of the potential social problems that pupils with medical conditions may experience and use this knowledge, alongside the school's anti bullying policy, to help prevent and deal with any problems. They use opportunities such as circle time, PSHE and science lessons to raise awareness of medical conditions to help promote a positive environment.

This school understands the importance of all pupils taking part in off site visits and physical activity and that all relevant staff make reasonable and appropriate adjustments to such activities in order that they are accessible to all pupils. This includes out-of-school clubs and team sports. Risk assessments will be conducted as part of the planning process to take account of any additional controls required for individual pupil needs.

This school understands that all relevant staff are aware that pupils should not be forced to take part in activities if they are unwell. They should also be aware of pupils who have been advised to avoid/take special precautions during activity, and through the pupils IHP the potential triggers for a pupil's medical condition when exercising and how to minimise these.

9. This school makes sure that pupils have the appropriate medication/equipment/food with them during physical activity and offsite visits.

This school makes sure that pupils with medical conditions can participate fully in all aspects of the curriculum and enjoy the same opportunities at school as any other child, and that appropriate adjustments and extra support are provided.

All school staff understand that frequent absences, or symptoms, such as limited concentration and frequent tiredness, may be due to a pupil's medical condition.

This school will not penalise pupils for their attendance if their absences relate to their medical condition and will request documentation to support this.

This school will refer pupils with medical conditions who are finding it difficult to keep up educationally to the Assistant Headteacher (Inclusion & SEND) who will liaise with the pupil (where appropriate), parent/carer and the pupil's healthcare professional.

This school makes sure that a risk assessment is carried out before any out-of-school visit. The needs of pupils with medical conditions are considered during this process and plans are put in place for any additional medication, equipment or support that may be required.

10. **This school is aware of the common triggers that can make common medical conditions worse or can bring on an emergency. The school is actively working towards reducing or eliminating these health and safety risks.**

This school is committed to identifying and reducing triggers both at school and on out-of-school visits.

The IHP details an individual pupil's triggers and details how to make sure the pupil remains safe throughout the whole school day and on out-of-school activities. Risk assessments are carried out on all out-of-school activities, taking into account the needs of pupils with medical needs.

This school reviews all medical emergencies and incidents to see how they could have been avoided, and, where appropriate, changes school policy according to these reviews.

11. **Each member of the school and health community knows their roles and responsibilities in maintaining and implementing an effective medical conditions policy.**

This school works in partnership with all relevant parties including the pupil (where appropriate), parent/carer, school's governing body, all school staff, employers and healthcare professionals to ensure that the policy is planned, implemented and maintained successfully.

Key roles and responsibilities are outlined in Appendix 2.

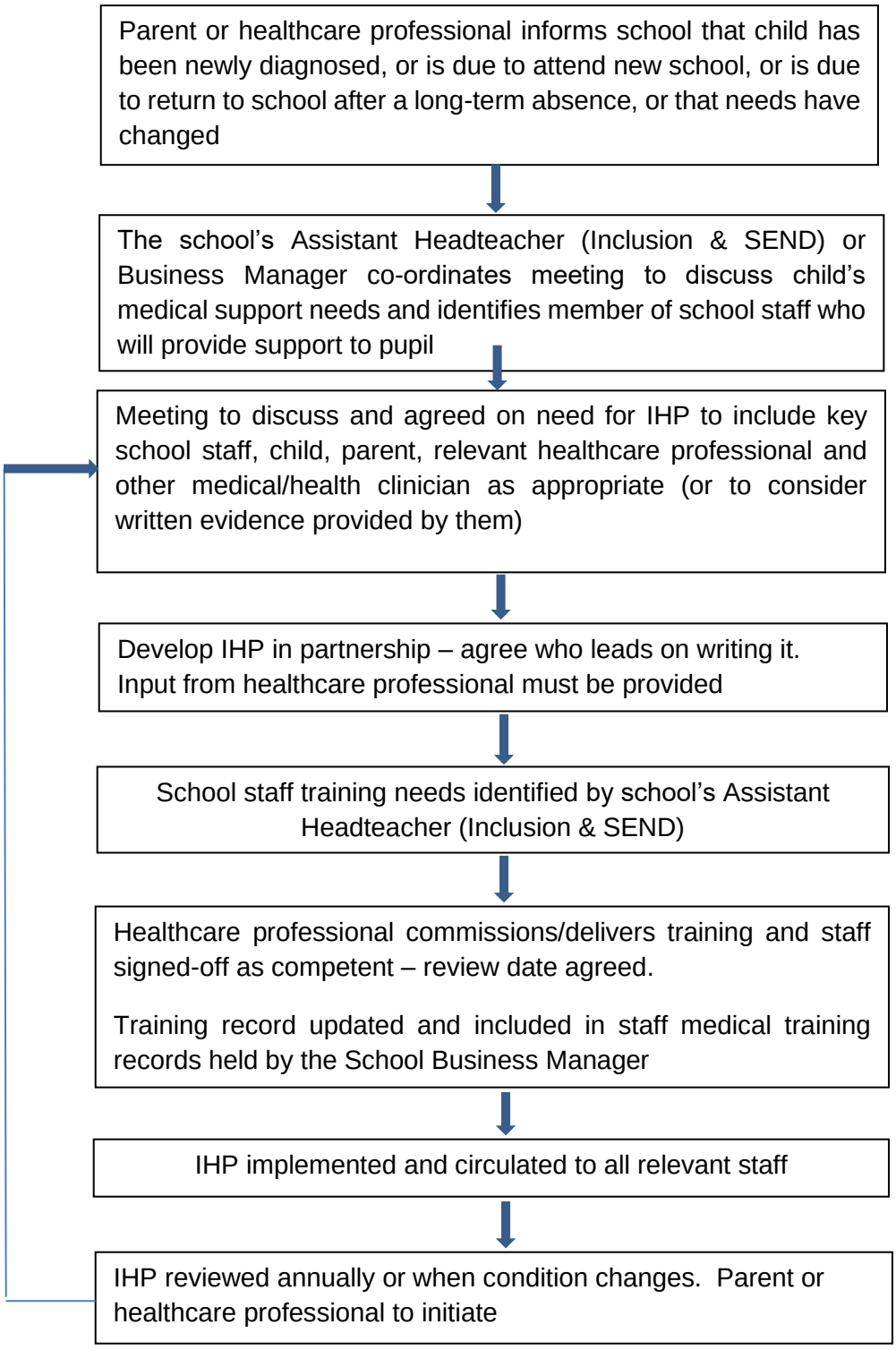
12. **The medical conditions policy is regularly reviewed, evaluated and updated. Updates are produced every year.**

In evaluating the policy, this school seeks feedback from key stakeholders including pupils, parents/carers, school nurses, specialist nurses and other relevant healthcare professionals, school staff, local emergency care services and governors. The views of pupils with medical conditions are central to the evaluation process.

Should parents and pupils be dissatisfied with the support provided they should discuss these concerns with a member of staff in line with the school's Complaints Policy.

Appendix 1

Model process for developing individual healthcare plans



Appendix 2
Roles and responsibilities

The Local Authority – must promote co-operation between relevant partners regarding supporting pupils with medical conditions. They must provide support, advice/guidance and training to schools and their staff to ensure Individual Healthcare Plans (IHP) are effectively delivered. The Local Authority must work with the school to ensure pupils attend full-time or make alternative arrangements for the education of pupils who need to be out of school for fifteen days or more due to a health need and who otherwise would not receive a suitable education.

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

Headteacher – should ensure that their 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 should ensure that all staff who need to know are aware of the child's condition. They should 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. The Headteacher has overall responsibility for the development of individual healthcare plans. They should 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.

School staff – any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach. School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs our help. The welfare room staff will advise parents two months before medication held in school is approaching its expiry date in order for a replacement to be provided.

Pupils – with medical conditions will often be best placed to provide information about how their condition affects them. Where appropriate 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.

Parents/carers – 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/carers 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 which are in date and equipment in a timely manner and ensure they or another nominated adult are contactable at all times.

Appendix 3

The school has chosen to hold an emergency salbutamol inhaler for use by pupils who have been prescribed a reliever inhaler and for whom written parental consent for its use has been obtained.

The protocol for the use of this inhaler is detailed below, following the Department of Health Guidance on the use of emergency salbutamol inhalers in schools.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/360585/guidance_on_use_of_emergency_inhalers_in_schools_October_2014.pdf

The use, storage, care and disposal of the inhaler and spacers will follow the school's policy on supporting pupils with medical conditions. Specific guidance on storage and care is provided on page 12 of the Department of Health Guidance on the use of emergency salbutamol inhalers in schools.

The school holds a register of children prescribed and whose parents have consented to the use of a reliever inhaler and this list is kept with the emergency inhaler.

Written parental consent is sought for the use of the emergency inhaler. Where consent is received, the use of the emergency inhaler will be included on the pupil's individual inhaler use form.

Parents/carers will be informed if their child has used the emergency inhaler.

Appropriate support and training have been provided in line with the school's policy on supporting pupils with medical conditions.

Appendix 4

The school has chosen to hold emergency adrenalin auto injectors (epipens) for use by pupils in an emergency situation who have been prescribed emergency adrenalin auto injectors (epipens) and for whom written parental consent for its use has been obtained.

The type of emergency adrenalin auto injectors held in school are EPIPENS (0.3milligrams) suitable for children aged between 6 and 12 years old.

The protocol for the use of the emergency adrenalin auto injectors (epipens) is detailed below, following the Department of Health Guidance on the use of emergency adrenalin auto injectors (epipens) in schools.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf

The use, storage, care and disposal of the emergency adrenalin auto injectors (epipens) will follow the school's policy on supporting pupils with medical conditions. Specific guidance on storage and care is provided on page 12 of the Department of Health Guidance on the use of emergency adrenalin auto injectors (epipens) in schools.

The school holds a register of children prescribed and whose parents have consented to the use of emergency adrenalin auto injectors (epipens) and this list is kept with the emergency adrenalin auto injectors (epipens).

Written parental consent is sought for the use of the emergency adrenalin auto injectors (epipens). Where consent is received, the use of the emergency adrenalin auto injectors (epipens) will be included on the pupil's individual health care plan.

Parents/carers will be informed if their child has used the emergency adrenalin auto injectors (epipens).

Appropriate support and training have been provided in line with the school's policy on supporting pupils with medical conditions.