



Medical Conditions and Medicines in School Policy



Normand Croft Community School

An International Family of Learners

Ageed and adopted by: Finance & Resources Governing Committee

Date: 14th October 2019

Next review: October 2022

Policy revisions :

Keeping Children Safe: Our Approach to Medical Conditions and the Handling & Administering of Medicines in School

1. We are an inclusive community that aims to support and welcome children with medical conditions. This policy is designed to support the management of medication and medical care in school and to support individual pupils with medical needs.

The policy has been drawn up in consultation within a range of local key stake holders within the school and health care settings.

It complies with the following statutory guidance:

Supporting students at school with medical conditions: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England, which was published September 2014 but updated August 2017

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

Guidance on first aid for schools updated February 2014

<https://www.gov.uk/government/publications/first-aid-in-schools>

- a. We understand that we have a responsibility to make the school welcoming and supportive to children with medical conditions who currently attend and to those who may enroll in the future.
 - b. We aim to provide all children with medical conditions the same opportunities as others at school.
 - c. Children with medical conditions are encouraged to take control of their condition and should feel confident in the support they receive from the school to help them do this.
 - d. We aim to include all children with medical conditions in all school activities.
 - e. Parents/carers have prime responsibility for their child's health and should provide the school with information about their child's medical condition, so that the parents, child and school staff feel secure in the care their children receive.
 - f. We work to ensure that all staff understand their duty of care to children with short term or circumstantial medical needs
 - g. We work to ensure that all staff understand their duty of care the event of an emergency and that all staff feel confident in knowing what to do in such cases.
 - h. We recognise that certain medical conditions are serious and can be potentially life-threatening, particularly if ill managed or misunderstood.
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2. **We aim to ensure that all relevant staff understand and are trained in what to do in an emergency for the most common serious medical conditions at this school**
 - a. In consultation with Health Visitors and the School Nurse, we aim to ensure that all
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relevant staff:

- i. are aware of all common serious medical conditions at this school
- ii. understand their duty of care to children in the event of an emergency. In an emergency situation school staff are required under common law duty of care to act like any reasonably prudent parent. This may include administering medication.
- iii. receive training and know what to do in an emergency for the children in their care with medical conditions.
- iv. receive training as required, refreshed and update at regular intervals
- v. are aware of the Healthcare Plans for children in their care, provided by healthcare professionals, who may need emergency help

3. We aim to ensure that all staff understand the school's general first aid/emergency procedures:

- a. All staff know what action to take in the event of a medical emergency. This includes:
 - i. use of the school's First Aid/Medical Emergency reporting form
 - ii. who to contact in school in an emergency
 - iii. who has a Healthcare Plan
 - iv. what information to give when handing over to the emergency services
 - v. use of emergency salbutamol inhalers
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf
 - vi. use of adrenaline auto injectors.
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf
 - vii. use of defibrillators in schools
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/739575/AED_guide_for_schools_Sept_2018.pdf
- b. **Serious injury, and any injury to the head, neck or back, MUST be referred immediately to the Head Teacher, Deputy Head Teacher or designated senior person acting in the absence of the Head Teacher or Deputy Head Teacher.** They will evaluate the situation, ensure a form is completed, contact parents and, if necessary, direct staff to call an ambulance. All serious head injuries or cuts should prompt a call for an ambulance.
- c. **An ambulance will be called if the senior person is in any doubt about the well-being of the child. The protocol for calling an ambulance can be found at Reception and in the staffroom.**
- d. If a child is taken to hospital for treatment following an accident, this must be reported using the online reporting system - <https://tri-b.info-exchange.com/school> as it may be reportable to the HSE under the RIDDOR regulations 1995. A member of school staff will always accompany a child to hospital, and will stay with them until a parent arrives. The school tries to ensure that the staff member will be one the child knows.

4. Guidance on the administration of medication at school

Administration – emergency medication

- a. All children with serious medical conditions requiring access to emergency medication will have a Healthcare Plan, written by healthcare professionals, and agreed with parents/carers. Although the number of children with serious medical conditions is likely to be very small at any one time, we aim to work closely with families to promote children's personal responsibility towards managing their own condition e.g.
 - i. children may be encouraged to carry and administer their own emergency medication, when their parents and health specialists determine they are able to start taking responsibility for their condition
 - ii. children may be allowed to carry their emergency medication with them at all times except if they are controlled drugs as defined in the Misuse of Drugs Act 1971. This is also the arrangement on any off-site or residential visits.
 - iii. children who do not carry and administer their own emergency medication will know where their medication is stored and how to access it (medication is stored centrally in the main Reception)
 - iv. children who do not carry and administer their own emergency medication understand the arrangements for a member of staff (and the reserve member of staff) to assist in helping them take their medication safely.

Administration – general

- a. All use of medication, even if the child can administer the medication themselves, should be done under the supervision of a member of staff. We understand the importance of medication being taken as prescribed.
- b. We are aware that there is no legal or contractual duty for any member of staff to administer medication or supervise a child taking medication unless they have either been specifically contracted to do so or are voluntarily willing to do so. Where required, training is given to staff members who agree to administer medication to children. The local authority provides full indemnity. However, all school staff are required, under common law duty of care, to act like any reasonably prudent parent in an emergency situation. This may include taking action such as administering medication.
- c. For medication where no specific training is necessary, any member of staff may administer prescribed medication to children under the age of 16, but only with the written consent of the pupil's parent.
- d. It is our policy to work closely with families to ensure that, where possible, medication is taken at home and not during the school day.
- e. In some circumstances medication will only be administered by an adult of the same gender as the pupil, wherever possible, and preferably witnessed by a second adult.
- f. Parents when agreeing a Healthcare Plan, understand that if their child's medication changes or is discontinued, or the dose or administration method changes, that they should notify the school immediately.

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- g. If a child refuses their medication, staff record this and follow procedures outline in the Healthcare Plan. Parents are informed as soon as possible.
- h. All staff attending off-site visits should be aware of any children with medical conditions on the visit. They receive information about the type of condition, what to do in an emergency and any other additional support necessary, including any additional medication or equipment needed. If a trained member of staff, who is usually responsible for administering medication, is not available we make alternative arrangements to provide the service. This is always addressed in the risk assessment for off-site activities.

5. Guidance on the storage of medication at school**a. Safe storage – emergency medication**

- i. Emergency medication is available to children who require it at all times during the school day or at off-site activities.
- ii. If appropriate, some children may carry their emergency medication on them at all times.
- iii. Children at this school are reminded to carry their emergency medication with them, if appropriate
- iv. Children, whose healthcare professionals and parents advise the school that their child is not yet able or old enough to self-manage and carry their own emergency medication, know exactly where to access their emergency medication.

b. Safe storage – non-emergency medication

- i. All non-emergency medication is kept in a secure place.
- ii. Children with medical conditions know where their medication is stored and how to access it.
- iii. Staff ensure that medication is only accessible to those for whom it is prescribed.

c. Safe storage – general

- i. The Family Support Officer & Designated Safeguarding Leads liaise with the school nurse to ensure the correct storage of medication at school.
- ii. Three times a year the expiry dates are checked for all medication stored at school.
- iii. Staff, along with the parents of children with medical conditions, ensure that all emergency and non-emergency medication brought in to school is clearly labeled with the pupil's name, the name and dose of the medication and the frequency of dose. This includes all medication that children carry themselves.
- iv. All medication is supplied and stored, wherever possible, in its original containers. All medication is labeled with the pupil's name, the name of the medication, expiry date and the prescriber's instructions for administration, including dose and frequency.
- v. Medication is stored in accordance with instructions, paying particular note to temperature.
- vi. Some medication for children at this school may need to be refrigerated. All refrigerated medication is stored in an airtight container and is clearly labeled. Refrigerators used for the storage of medication are in a secure area, inaccessible to unsupervised children or lockable as appropriate.

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- vii. All medication is sent home with children at the end of the school year. Medication is not stored during the summer holidays.
- viii. It is the parent's responsibility to ensure new and in date medication comes into school on the first day of the new academic year.

d. Safe disposal

- i. Parents/carers are asked to collect out-of-date medication.
- ii. If parents do not pick up out-of-date medication, or at the end of the school year, medication is taken to a local pharmacy for safe disposal.
- iii. Sharps boxes are used for the disposal of needles. Parents obtain sharps boxes from the child's GP or pediatrician on prescription. All sharps boxes in this school are stored in a locked cupboard unless alternative safe and secure arrangements are put in place on a case-by-case basis.
- iv. If a sharps box is needed on an off-site or residential visit, a named member of staff is responsible for its safe storage and return to a local pharmacy or to school or the pupil's parent.
- v. Collection and disposal of sharps boxes is arranged with the local authority's environmental services.

6. Guidance on record keeping

- a. Parents/carers are asked if their child has any health conditions or health issues on the enrolment form.
- b. Parents of new children starting at other times during the year are also asked to provide this information on the enrolment form.

7. Health care plans

- a. We work in partnership with healthcare professionals and parents/carers to try to ensure that a Health Care Plan is an up-to-date and accurate record of important details about individual children's medical needs at school, their triggers, signs, symptoms, medication and other treatments.
- b. The parents, healthcare professional and pupil with a medical condition, are asked to fill out the pupil's Healthcare Plan together.
- c. The Inclusion team may also help draw up a Healthcare Plan for children with complex healthcare needs.

8. School health care plan register

- a. The school has a centralised register of children with medical needs. The Inclusion Team (SENDCo, Family Support Officer & Designated Safeguarding Leads) are the identified members of staff with responsibility for the register at this school.
- b. The Inclusion Team follows up with the parents any further details on a pupil's Healthcare Plan required, or if permission for administration of medication is unclear or incomplete.

9. Ongoing communication and review of health care plans

- a. Parents/carers are regularly reminded to update their child's Healthcare Plan if their child has a medical emergency or if there have been changes to their symptoms (getting

- better or worse), or their medication and treatments change.
- b. Every pupil with a Healthcare Plan at this school has their plan discussed and reviewed at least once a year.

10. Storage and access to health care plans

- a. Parents, children and relevant staff at this school are provided with a copy of the pupil's current agreed Healthcare Plan.
- b. Healthcare Plans are kept in the class Inclusion Folders. We acknowledge that medical documents are deemed sensitive and that the information in the care plan needs to be disseminated to the relevant staff but balanced with the need to keep confidential information secure.
- c. All members of staff who work with groups of children have access to the Healthcare plans of children in their care.
 - i. When a member of staff is new to a pupil group, for example due to staff absence, we make sure that they are made aware of (and have access to) the Healthcare Plans of children in their care.
 - ii. This school ensures that all staff protect pupil confidentiality.
 - iii. Where possible, we seek permission from the pupil and parents before sharing any medical information with any other party, except in an emergency situation.

11. Health care plans are used to:

- a. inform the appropriate staff and supply teachers about the individual needs of a pupil with a medical condition in their care
- b. remind children with medical conditions to take their medication when they need to and, if appropriate, remind them to keep their emergency medication with them at all times
- c. identify common or important individual triggers for children with medical conditions at school that bring on symptoms and can cause emergencies. This school uses this information to help reduce the impact of common triggers
- d. ensure that all medication stored at school is within the expiry date
- e. ensure this school's local emergency care services have a timely and accurate summary of a pupil's current medical management and healthcare in the event of an emergency
- f. remind parents of children with medical conditions to ensure that any medication kept at school for their child is within its expiry dates. This includes spare medication.

12. Consent to administer medicines – including short term and circumstantial needs

- a. If a pupil has a short-term medical condition that requires medication during school hours, school staff will liaise with the parent/carer, class teacher and school nurse (if appropriate) to agree how the medication will be managed and administered.
 - b. If a pupil requires regular prescribed medication at school, parents are asked to provide consent on their child's Healthcare Plan giving the pupil or staff permission to administer medication on a regular/daily basis, if required.
 - c. All parents of children with a medical condition who may require medication in an emergency are asked to provide consent on the Healthcare Plan for staff to administer medication.
 - d. If a pupil requires regular/daily help in administering their medication then the school
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will outline the agreement to administer this medication on the pupil's Healthcare Plan. The school and parents keep a copy of this agreement.

- e. Parents of children with medical conditions are all asked at the start of the school year if they and their child's healthcare professional believe the child is able to manage, carry and administer their own emergency medication.

13. Residential visits and off site visits

- a. As part of the Off-Site Visit risk assessment [see **Off-site Visits** policy], parents of children with a Healthcare Plan will be asked for up-to-date information about the pupil's current condition and their overall health before they take part in either an extended day or residential visit. This provides essential and up-to-date information to relevant staff and school supervisors to help the pupil manage their condition while they are away. This includes information about medication not normally taken during school hours.
- b. Risk assessments are carried out prior to any out-of-school visit and medical conditions are considered during this process. Factors considered include: *how all children will be able to access the activities proposed, how routine and emergency medication will be stored and administered, and where help can be obtained in an emergency.*
- c. Risk assessments are carried out before children start any off-site educational visit. It is our responsibility to ensure that the visit is suitable, including travel to and from the venue for the pupil. Permission is sought from the pupil and their parents before any medical information is shared with other education providers.
- d. We understand that there may be additional medication, equipment or other factors to consider when planning residential visits.
- e. All residential visit forms are taken by the relevant staff member on visits and for all out-of-school hours activities where medication is required. These are accompanied by a copy of the pupil's Healthcare Plan.
- f. All parents of children with a medical condition attending a school trip or extended visit are asked for consent, giving staff permission to administer medication at night or in the morning if required.
- g. The residential visit form also details what medication and what dose the pupil is currently taking at different times of the day. It helps to provide up-to-date information to relevant staff and supervisors to help the pupil manage their condition while they are away.

14. Other record keeping

- a. We keep an accurate record of each occasion an individual pupil is given or supervised taking medication. Details of the supervising staff member, pupil, dose, date and time are recorded. If a pupil refuses to have medication administered, this is also recorded and parents are informed as soon as possible.
 - b. All school staff who volunteer or who are required to administer medication are provided with training by a healthcare professional. The school keeps a register of staff who have had the relevant training.
 - c. This school keeps an up-to-date list of members of staff who have agreed to administer medication and have received the relevant training.
 - d. We ensure that the whole school environment is inclusive and favorable to children with
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medical conditions. This includes the physical environment, as well as social, sporting and educational activities.

15. Physical environment

- a. We are committed to providing a physical environment that is accessible to all children
- b. Children are included in the consultation process to ensure the physical environment is accessible
- c. We are committed to an accessible physical environment which includes out-of-school visits. The school recognises that this sometimes means changing activities or locations.

16. Supporting pupils with social and emotional difficulties and mental health needs

- a. We ensure the needs of all children are adequately considered to ensure their involvement in structured and unstructured social activities, including during breaks and before and after school.
- b. We ensure the needs of all children are adequately considered to ensure they have full access to extended school activities such as breakfast club, school productions, after school clubs and residential visits.
- c. All staff are aware of the potential social and emotional difficulties that some children may experience. Staff use this knowledge to try to prevent and deal with problems in accordance with the school's anti-bullying and promoting positive behaviour policies.
- d. Staff use opportunities such as personal, social and health education (PSHE) and Stay Safe lessons to raise awareness of medical conditions including mental health amongst children and to help create a positive social environment.
- e. The Inclusion Team are able to support staff in supporting children with mental health needs and keep up to date with the following publications:
 - i. *Transforming children and young people's mental health provision (July 2018)*
<https://www.gov.uk/government/consultations/transforming-children-and-young-peoples-mental-health-provision-a-green-paper/quick-read-transforming-children-and-young-peoples-mental-health-provision>
 - ii. *What is a designated mental health lead?*
<https://www.place2be.org.uk/our-story/blog/what-is-a-designated-mental-health-lead.aspx>
 - iii. *Up-to-Speed On: The Role of the Designated Mental Health Lead*
<https://hub4leaders.co.uk/learning-hub/resources/designated-mental-health-lead/designated-mental-health-lead/>
 - iv. *Mentally healthy schools charity providing information, advice and resources for schools.*
<https://www.mentallyhealthyschools.org.uk/#>

17. Exercise and physical activity:

- a. We understand the importance of all children taking part in sports, games and activities.

- b. We ensure all classroom teachers, PE teachers and sports coaches make appropriate adjustments to sports, games and other activities to make physical activity accessible to all children.
- c. We ensure all classroom teachers, PE teachers and sports coaches understand that children should not be forced to take part in an activity if they feel genuinely unwell.
- d. Teachers and sports coaches are aware of children in their care who have been advised to avoid or to take special precautions with particular activities.
- e. We ensure all PE teachers, classroom teachers and school sports coaches are aware of the potential triggers for children' medical conditions when exercising and how to minimize these triggers.
- f. We ensure all children have the appropriate medication or food with them during physical activity and that children take them when needed.
- g. We ensure all children with medical conditions are actively encouraged to take part in out-of-school clubs and team sports.

18. Education and learning

- f. We ensure that children with medical conditions can participate fully in all aspects of the curriculum and ensures that appropriate adjustments and extra support are provided.
- g. If a pupil is missing a lot of time at school, they have limited concentration or they are frequently tired, all teachers at this school understand that this may be due to their medical condition and will respond accordingly to support progress.

19. Health and Safety

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

This policy will be monitored and reviewed regularly by the Senior Leadership Team and the Governing Body.

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Quick guide to roles and responsibilities

<p>The Governing Body has a responsibility to:</p> <ul style="list-style-type: none"> ensure the health and safety of their employees and anyone else on the premises or taking part in school activities (this includes all children). This responsibility extends to those staff and others leading activities taking place off-site, such as visits, outings or field trips ensure health and safety policies and risk assessments are inclusive of the needs of children with medical conditions make sure the medical conditions policy is effectively monitored and evaluated and regularly updated report to parents, children, school staff and the local authority about the successes and areas for improvement of this school's medical conditions policy provide indemnity for staff who volunteer to administer medication to children with medical conditions. 	<p>The Head Teacher has a responsibility to:</p> <ul style="list-style-type: none"> ensure the school is inclusive and welcoming and that the medical conditions policy is in line with local and national guidance and policy frameworks liaise between interested parties including children, school staff, special educational needs coordinators, pastoral support/welfare officers, teaching assistants, school nurses, parents, governors, the school health service, the local authority transport service, and local emergency care services ensure the policy is put into action, with good communication of the policy to all ensure every aspect of the policy is maintained ensure that information held by the school is accurate and up to date and that there are good information sharing systems in place using children's Healthcare Plans ensure pupil confidentiality assess the training and development needs of staff and arrange for them to be met ensure all supply teachers and new staff know the medical conditions policy delegate a staff member to check the expiry date of medicines kept at school and maintain the school medical conditions register monitor and review the policy at least once a year, with input from children, parents, staff and external stakeholders update the policy at least once a year according to review recommendations and recent local and national guidance and legislation report back to all key stakeholders about implementation of the medical conditions policy
<p>All staff have a responsibility to:</p> <ul style="list-style-type: none"> be aware of the potential triggers, signs and symptoms of common medical conditions and know what to do in an emergency understand the school's medical conditions policy know which children in their care have a medical condition and be familiar with the content of the pupil's Healthcare Plan allow all children to have immediate access to their emergency medication maintain effective communication with parents including informing them if their child has been unwell at school ensure children who carry their medication with them have it when they go on a school visit or out of the classroom be aware of children with medical conditions who may be experiencing bullying or need extra social support understand the common medical conditions and the impact it can have on children (children should not be forced to take part in any activity if they feel unwell) ensure all children with medical conditions are not excluded unnecessarily from activities they wish to take part in ensure children have the appropriate medication or food with them during any exercise and are allowed to take it when needed. 	<p>Teachers have a responsibility to:</p> <ul style="list-style-type: none"> ensure children who have been unwell catch up on missed school work be aware that medical conditions can affect a pupil's learning and provide extra help when children need it liaise with parents, the pupil's healthcare professionals, special educational needs coordinator and welfare officers if a child is falling behind with their work because of their condition use opportunities such as PSHE and other areas of the curriculum to raise pupil awareness about medical conditions.
<p>First aiders have a responsibility to:</p> <ul style="list-style-type: none"> give immediate help to casualties with common injuries or illnesses and those arising from specific hazards with the school when necessary ensure that an ambulance or other professional medical help is called 	<p>The school nurse has a responsibility to:</p> <ul style="list-style-type: none"> help update the school's medical conditions policy help provide regular training for school staff in managing the most common medical conditions at school provide information about where the school can access other specialist training.
<p>The Inclusion Team has the responsibility to:</p> <ul style="list-style-type: none"> help update the school's medical condition policy know which children have a medical condition and which have special educational needs because of their condition ensure children who have been unwell catch up on missed schoolwork ensure teachers make the necessary arrangements if a pupil needs special consideration or access arrangements in exams or course work. 	<p>The children have a responsibility to:</p> <ul style="list-style-type: none"> treat other children with and without a medical condition equally tell their parents, teacher or nearest staff member when they are not feeling well let a member of staff know if another pupil is feeling unwell let any pupil take their medication when they need it, and ensure a member of staff is called treat all medication with respect know how to gain access to their medication in an emergency if mature and old enough, know how to take their own medication and to take it when they need it ensure a member of staff is called in an emergency situation.
<p>Parents/carers have a responsibility to:</p> <ul style="list-style-type: none"> tell the school if their child has a medical condition ensure the school has a complete and up-to-date Healthcare Plan for their child inform the school about the medication their child requires during school hours inform the school of any medication their child requires while taking part in visits, outings or field trips and other out-of-school activities tell the school about any changes to their child's medication, what they take, when, and how much inform the school of any changes to their child's condition ensure their child's medication and medical devices are labelled with their child's full name provide the school with appropriate spare medication labelled with their child's name ensure that their child's medication is within expiry dates keep their child at home if they are not well enough to attend school ensure their child catches up on any school work they have missed ensure their child has regular reviews about their condition with their doctor or specialist healthcare professional ensure their child has a written care/self-management plan from their doctor or specialist healthcare professional to help their child manage their condition. 	