



'We can and we will'

GLEBE PRIMARY SCHOOL

## **Supporting Pupils With Medical Conditions/ Medicines in School**

### **Mission Statement:**

At Glebe Primary School, we believe in an ethos that values the whole child.

We strive to enable all children to achieve their full potential academically, Socially and emotionally.

### **Aims**

- To ensure the safe and legal use of medication in the school environment;
- To ensure that pupils, staff and parents/carers understand how our school will support pupils with medical conditions;
- To ensure that pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities.

### **Legislation and statutory responsibilities**

Local authorities, schools and governing bodies are all responsible for the health and safety of pupils in their care.

This policy meets the requirements under Section 100 of the Children and Families Act 2014, which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education's statutory guidance: Supporting pupils at school with medical conditions.

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf)

This also meets the requirements of:

- The Disability Discrimination Act 1995 (DDA),
- The Special Educational Needs and Disability Act 2001 (SENDA) and the Special Educational Needs and Disability Act 2005 and Equality Act (2010). These acts make it unlawful for service providers, including schools, to discriminate against disabled people.

Other relevant legislation includes:

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- The Education Act 1996,
- The Care Standards Act 2000,
- The Health and Safety at Work Act etc. 1974,
- The Management of Health and Safety at Work Regulations 1999
- The Medicines Act 1968.

### Additional Guidance

Other guidance resources that link to this policy include:

- Every Child Matters: Change for Children (2004). The 2006 Education Act ensures that all schools adhere to the five aims of the Every Child Matters agenda.  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/272064/5860.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/272064/5860.pdf)
- National Service Framework for Children and Young People and Maternity Services (2004) – provides standards for healthcare professionals working with children and young people including school health teams .  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/199952/National\\_Service\\_Framework\\_for\\_Children\\_Young\\_People\\_and\\_Maternity\\_Services\\_-\\_Core\\_Standards.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/199952/National_Service_Framework_for_Children_Young_People_and_Maternity_Services_-_Core_Standards.pdf)
- Health and Safety of Pupils on Educational Visits (2018) – provides guidance to schools when planning educational and residential visits.  
<https://www.gov.uk/government/publications/health-and-safety-on-educational-visits/health-and-safety-on-educational-visits>
- Misuse of Drugs Act 1971 – legislation on the storage and administration of controlled medication and drugs. <https://www.health-ni.gov.uk/articles/misuse-drugs-legislations>
- Including Me: Managing Complex Health Needs in School and Early Years Settings (A book published in 2005)
- Medical Conditions at School Website - <http://medicalconditionsatschool.org.uk/>
- Managing Medicines and Providing Medical Support in Schools and Early Years Settings UNISON - <http://www.unison.org.uk/file/A14176.pdf>

### Roles and responsibilities

#### The governing board

The governing board has ultimate responsibility to ensure the school has put in place arrangements to support pupils with medical conditions. The governing board will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

#### The Headteacher

The Headteacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation;
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all Individual Healthcare Plans (IHPs), including in contingency and emergency situations;
- Take overall responsibility for the development of IHPs;

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- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way;
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date.

### **Staff**

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

### **Parents**

Parents/carers will:

- Provide the school with sufficient and up-to-date information about their child's medical needs;
- Be involved in the development and review of their child's IHP and may be involved in its drafting;
- Carry out any action they have agreed to as part of the implementation of the IHP e.g. provide medicines and equipment.

### **Pupils**

Pupils with medical conditions will often be best placed to provide information about how their condition affects them- depending on their age or their special need. Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

### **School nurses and other healthcare professionals**

Our school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible.

Healthcare professionals, such as GPs and paediatricians, will liaise with the school nurses and notify them of any pupils identified as having a medical condition.

### **Equal opportunities**

Our school is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

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The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents/carers and any relevant healthcare professionals will be consulted.

### **Being notified that a child has a medical condition**

When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHP.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

See Appendix 1.

### **Medicines Within School**

THERE IS NO LEGAL REQUIREMENT FOR ANY MEMBER OF STAFF TO ADMINISTER MEDICATION IN SCHOOL. THIS IS DONE ON A VOLUNTARY BASIS IN ACCORDANCE WITH BOROUGH POLICY.

If medication is required to be given by school staff, the following considerations are followed:

- All medication should be prescribed by a doctor, and presented to school with the child's name and date on the prescription label. A letter of authority from the parent/carer should accompany this medicine clearly giving instruction as to how the medication should be administered. The parent should also indicate if there could be any side effects in giving the medication.
- There are a few exceptions where non-prescribed medication is permitted, and in the cases where we would accept non-prescribed medication, a signed letter from the parent/carer giving precise instruction, including why the child needs it, is mandatory.
- **It is the parent's responsibility to deliver and collect the medication from the school office/ welfare room. (The parent/carer must come into the main reception to deliver and collect medication and not send it in with a child).**
- The school will endeavour to administer medication as requested, but cannot be held responsible for missed doses.
- In the cases of life long and/or long term conditions, expiry dates on medication should be diarised by the parent/carer for replacement. The school will endeavour to contact parents/carers when medication is near to expiry date, but the ultimate responsibility is with the parent/carer. The school cannot be held responsible for out of date medication.
- Children who are on the Medication Register (e.g. Asthma, Epi-Pen), who do not have the correct medication in school, will not be allowed off school premises. This would include swimming and school trips. In the case of school trips where a voluntary contribution has been made, no refund will be available.
- Any medication brought into school will be stored according to requirements.

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- Inhalers are kept in drawstring bags in classrooms.
- Medication used for severe allergy re-action is kept both in class and the Hygiene Room.
- Medicine that requires to be kept cool, will be kept in the fridge.
- All other medication will be kept in a lockable cupboard in the Hygiene Room. As a rule, sun screen is not permitted in school, and we encourage parents/carers to administer such before the start of the school day. In extreme circumstances we would adopt the "prescribed medication policy".
- Pupils will not be given medicine containing aspirin unless prescribed by a doctor.
- Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents /carers will always be informed.

The school will only accept prescribed medicines that are:

- In-date
- Labelled
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage.

The school will accept insulin that is inside an insulin pen or pump rather than its original container but it must be in date.

All medicines will be stored safely. Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.

Medicines will be returned to parents/carers to arrange for safe disposal when no longer required.

### **Controlled drugs**

[Controlled drugs](#) are prescription medicines that are controlled under the [Misuse of Drugs Regulations 2001](#) and subsequent amendments, such as morphine or methadone.

A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. All other controlled drugs are kept in a secure cupboard in the Medical room and only named staff have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

### **Non-Prescribed Medication**

**At the time of policy writing the following non-prescribed medication may be considered:**

**Anti-histamine (e.g. Piriton)**

**Pain Control (e.g. Calpol, Nurofen)**

**Eye drops (For hayfever)**

This medication is only given under extreme circumstances and only for the duration of the condition. The medication should then be returned to the parent/carer.

### **Individual healthcare plans**

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to the school nurse (Emma Varney).

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 a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents/carers when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is not a consensus, the headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents/carers 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 statement of special educational needs (SEN) or education, health and care (EHC) plan. If a pupil has SEN but does not have a statement or 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, the headteacher and the school nurse, 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

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- Arrangements for written permission from parents/carers 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.

### **Unacceptable practice**

School staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable to:

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary;
- Assume that every pupil with the same condition requires the same treatment;
- Ignore the views of the pupil or their parents/carers;
- Ignore medical evidence or opinion (although this may be challenged);
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs;
- Sending an ill child to the school office or medical room unaccompanied or with someone unsuitable;
- Penalise pupils for their attendance record, if their absences are related to their medical condition, e.g. hospital appointments;
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- Require parents/carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues. No parent/carer should have to give up working because the school is failing to support their child's medical needs;
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents/carers to accompany their child;
- Administer, or ask pupils to administer, medicine in school toilets.

### **Emergency procedures**

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent/carer arrives, or accompany the pupil to hospital by ambulance.

### **Training**

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Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the headteacher. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils;
- Fulfil the requirements in the IHPs;
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

### **Record keeping**

The governing board will ensure that written records are kept of all medicine administered to pupils. Parents/carers will be informed if their pupil has been unwell at school, has received a head bump or a concerning injury.

IHPs are kept in a readily accessible place which all staff are aware of.

**We take the health and well-being of your child seriously. Any abuse of this policy will result in the school refusing to administer medication, and the parent having to come in to administer the medication to their child at the correct time.**

Reviewed: April 2021

To be Reviewed: April 2022

Appendix 1: being notified that a child has a medical condition

