

Illness & Managing Medicines Policy

Medicines, drugs and medical aids will all be referred to as medicines throughout this document.

Aim

We are committed to inclusion and as such we aim to support children with long-term/complex medical conditions and children who may have to take medicines during school hours or at the school's breakfast and after-school clubs. The following policy has been based on guidance provided by the Department for Education (DfE) Supporting Pupils at School with Medical Conditions (available at <https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>) and should be strictly followed. This policy should be read in conjunction with the DfE's aforementioned guidance.

Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools to make arrangements for supporting pupils at their school with medical conditions.

The key points of the guidance are that:

- 'Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.
- Governing bodies must ensure that arrangements are in place in schools to support pupils at school with medical conditions.
- Governing bodies should ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are properly understood and effectively supported.'

'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 governing bodies must comply with their duties under that Act. Some may also have special educational needs (SEN) 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.'

'Schools, local authorities, health professionals, commissioners and other support services should work together to ensure that children with medical conditions receive a full education. In some cases, this will require flexibility and involve, for example, programmes of study that rely on part-time attendance at school in combination with alternative provision arranged by the local authority. Consideration may also be given to how children will be reintegrated back into school after periods of absence.'

'Children and young people with medical conditions are entitled to a full education and have the same rights of admission to school as other children. This means that no child with a medical condition can be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made. However, in line with their safeguarding duties, governing bodies should ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases. They therefore do not have to accept a child in school at times where it would be detrimental to the health of that child or others to do so.'

Insurance

The school is appropriately insured for the school's staff providing support to pupils with medical conditions. This insurance is accessible to staff providing such support via the school's office. The insurance provides liability cover relating to the administration of medication, but where individual cover is needed, it will be arranged for any specific healthcare procedures required which is not initially in the insurance policy. The level and amount of cover required will be ascertained directly from the relevant insurers. Any requirements of the insurance, such as the need for staff to be trained, will be made clear and complied with, following advice from Portsmouth City Council (PCC).

Roles and Responsibilities

Normally, day-to-day decisions on the administration of medicines are delegated from the headteacher to the qualified first aiders and staff who are in contact with a child with a medical condition. However, overall responsibility for putting policy into practice remains with the headteacher. When the first aiders are in any doubt, they should always seek the advice of the headteacher or of the most senior member of staff available.

Role of the headteacher

The headteacher should ensure that this 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 will ensure that all staff who need to know are aware of the child's condition. They will also ensure that sufficient trained numbers of staff are available to implement this policy and deliver against all medical plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose. The headteacher has overall responsibility for the development of medical plans. They will also make sure that the school's staff are appropriately insured and are aware that they are insured to support children in this way. The headteacher will ensure that contact is made with 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.

Role of children

Children with medical conditions will often be best placed to provide information about how their condition affects them. 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 medical plan. Other children will often be sensitive to the needs of those with medical conditions.

It may be appropriate for other children who come into contact with a child with a medical condition to be made aware of the condition. This would be in consultation with the child and their parents/carers. Support may also be sought from relevant medical practitioners as appropriate.

Role of 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 the school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

Role of school nurses and other healthcare professionals

The school has access to the school nursing service/s. They are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's medical plan and provide advice and liaison, for example on training. School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs. Community nursing teams will also be a valuable potential resource for the school if seeking advice and support in relation to children with a medical condition.

Other healthcare professionals, including GPs and paediatricians as appropriate, should notify the school nurse when a child has been identified as having a medical condition that will require support at the school. They may provide advice on developing medical plans. Specialist local health teams may be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes, epilepsy).

Responsibility for Ensuring that Sufficient Staff are Suitably Trained

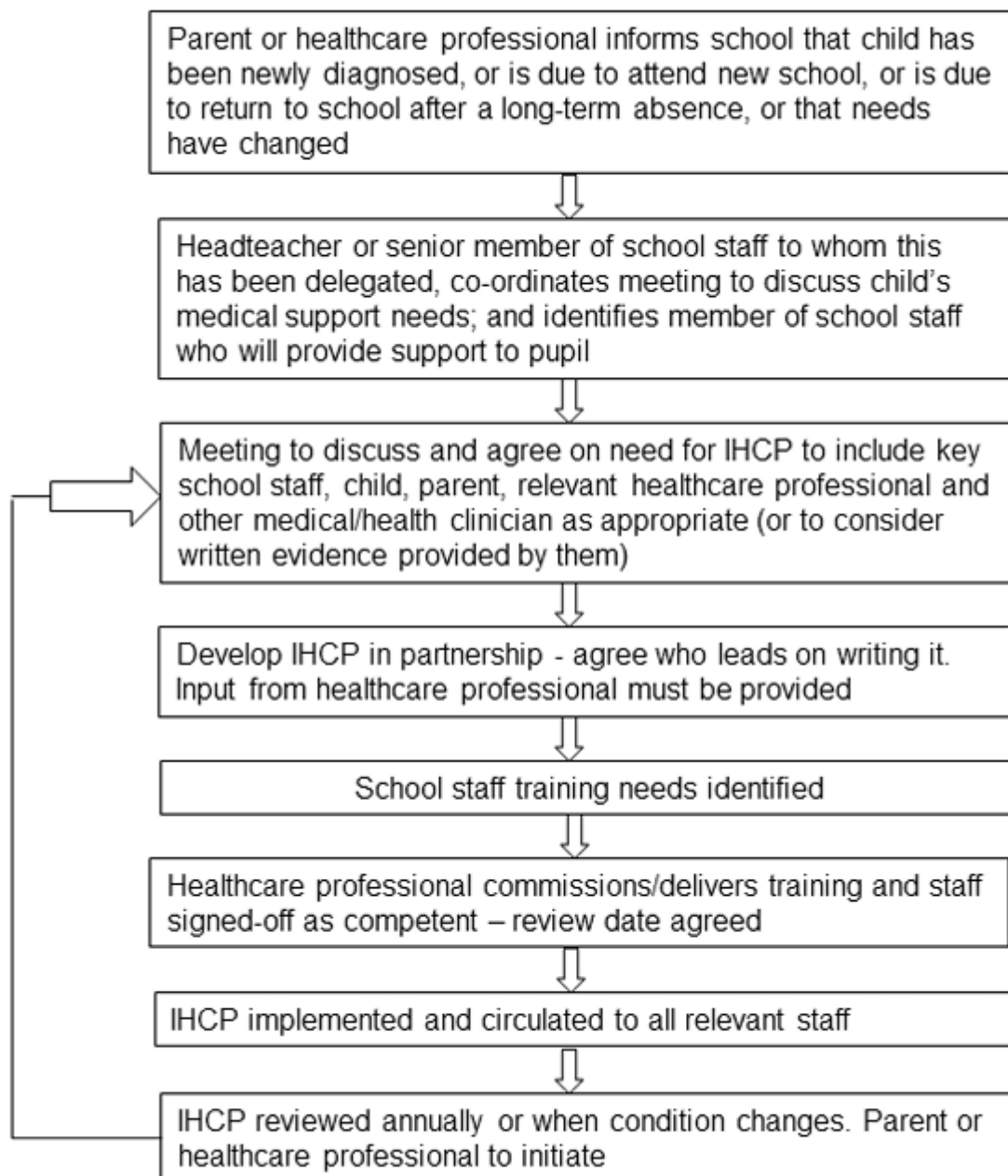
The headteacher is ultimately responsible for ensuring that staff in school are appropriately trained, although they may delegate this responsibility to another member/members of staff. Staff are instructed in the use of this policy as part of their induction procedures and at the same time they are informed about who the qualified first aiders are. All qualified first aiders receive a three-day course of training and periodic emergency aid training is given to all staff. Additional training will be sought where the child's medical condition requires routine or emergency support, for example, where the child is a diabetic and requires insulin. Relevant staff who come into contact with the child will be provided with this additional training in conjunction with appropriate health professionals.

Informing Staff and the Use of a Medical Plan

Any information on a medical condition affecting a child should be shared with all those adults responsible for the child's welfare. The child's parents/carers and the relevant health professionals involved in the care of that child need to provide this information in writing for the school to adequately ensure it is acted upon. Such information is kept as a medical plan (referred to in the guidance as Individual Health Care Plans or an IHCP. However, to avoid confusion with Educational Healthcare Plans, they are referred to as Medical Plans in the school and in this policy.) Copies of this medical plan will be kept in the child's classroom, the first aid room and the staff room. They will also be taken with the child if they are on a visit or a residential. The medical plans are easily accessible to all who need to refer to them, while preserving confidentiality through the use of a front cover so that the details are not on view.

In cases where there is the possibility of an emergency situation arising, all staff will be informed of what action to take should that occur. Medical plans will need to be reviewed annually-or by the agreed date on the medical plan- by the parents/carers (in consultation with the relevant medical practitioner/s). The school will inform parents/carers where this has not been completed. A medical plan register will be kept with the medical plans, detailing when they are in need of review. (see Appendix 1 for an example of the medical plan form.)

The school will follow the following process for developing the medical plans (referred to below as an IHCP):



New Children/ a Change of Need

Where a child's needs change, arrangements for any staff training or support will be made in consultation with parents/carers and the relevant healthcare professionals, with a resulting medical plan drawn up/ reviewed as appropriate. For children starting at the school, arrangements should be in place in time for the start of the relevant school term.

In other cases, such as a new diagnosis or children moving to our school mid-term, every effort will be made to ensure that arrangements are put in place within two weeks.

In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be made about what support to provide based on the available evidence. This would normally involve some form of medical evidence and consultation with parents/carers. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place.

Cover Arrangements in Case of Staff Absence or Staff Turnover to Ensure Someone is Always Available

In order to ensure that cover is available for staff absence /the turnover of staff, additional staff will be trained to support the child. In extreme cases, where there are not enough members of staff available, the parents/carers will be informed and an alternative plan will be sought e.g. the parent/carer providing temporary cover.

Where supply staff are used in school -for example supply teachers- a member of the school staff who are clear about the child's needs and their medical plan, will provide the necessary support and detail to the supply staff member, including who will be responsible for ensuring that the child's medical plan is followed.

Taking Medicine at School

Wherever possible, we encourage parents/carers to ask prescribers to prescribe in dose frequencies which enable the medicine to be taken outside of school hours. As an example, medicines that need to be taken three times each day can be taken in the morning, after school hours and at bedtime if the prescriber agrees this.

Medicines will only be accepted where it would be detrimental to the child's health if it were not administered during school hours. Normally, such medicines will have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber.

Prescribed medicines will only be accepted when in the original container as dispensed by a pharmacist and when they include the dispensing label with the child's name and instructions for administration, unless there are exceptional circumstances which we will brought to the attention of the headteacher before the medicine is accepted. The written instructions on the medication container dispensed by the pharmacist will be considered to be sufficient for the medicine to be administered provided that the member of staff is happy to administer the medicine/ supervise the child taking the correct dosage of the medicine. Its administration/the taking of the medication will be recorded on the Record of medicines given to a child form (appendix 3)

Non-prescribed medicines will never be administered without specific prior written permission from the parents/carers using the form Parental agreement for school to supervise or administer medicine (appendix 2) and its administration will be noted on the form shown in appendix 3 (record of medicines given to a child). These non-prescribed medicines must have dosage information attached on either the bottle or container, with the medicine provided in its original bottle or container. All medicine received into school will be recorded on the Ongoing Medication In/Out Record (appendix 7).

Aspirin -or medicines containing aspirin- will never be given unless they are prescribed by a doctor.

Illness in School

If a child feels ill, the class teacher will decide whether or not the child is fit to stay in school. If in doubt, they should consult the qualified first aider or the headteacher/another senior member of staff.

If the child is to be sent home, the administration (office) staff will use the contact lists to arrange this, or at least to leave a message informing the parent/carer of the action being taken. The child will be signed out in the normal way when collected.

In accordance with guidance from Public Health England, we ask that a child who has been sick or has had diarrhoea is kept off school for a period of 48 hours after the last incident. This is for their own safety and the safety of others.

Storage of Non- Controlled Medicines

All non-controlled medicines will be kept in either a locked cupboard in the First Aid room or in the fridge in the Site Manager's room to which children only have access with the presence of a staff member. Instructions for their storage should be carefully followed. Any medicines stored must be clearly labelled with the name of the child and instructions for use.

Asthma inhalers will be stored in the class room, or with the child according to the severity of the risk. These medicines will **not** be locked away. In all cases, the child will know where their medicine is stored. Epi-pens for Key Stage 2 will be stored in the ELSA Office and Key Stage 1 epi-pens will be stored in the Medical Room.

Administering Medicines

Firstly, the member of staff must check that written consent has been given on the form shown in appendix 1, and then must check that the medicine is in the original prescribed container and has the following information:

- child's name
- name of medicine
- prescribed dose
- method of administration
- time/frequency of administration
- any side effects
- expiry date
- any other written instructions provided by the prescriber

Where possible, the member of staff administering the medicine will be one of the qualified first aiders, or a TA attached to that child's class. Where possible and appropriate, the child will take the medicine themselves (see Self-Management of Medicines section).

(The exception to this is insulin, which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container.)

We cannot alter dosages even under parental instructions and ***we must never administer aspirin or medicines containing ibuprofen unless prescribed by a doctor.***

It requires one parent/carer to agree to or request that medicines are administered.

Controlled Drugs

A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. It is the school's policy that children who have a controlled drug to take in school do not have the drug on their possession and that it is stored securely in a non-portable container. Only named staff should have access to the controlled drug (see appendix 4). In the event that both key holders 1 and 2 were unavailable, a member of the Senior Leadership Team will be given responsibility by the Headteacher to become a key holder in order to ensure that the child is able to have access to their medication. Controlled drugs should be easily accessible in an emergency but remain locked away.

A record should be kept of any doses used and the amount of the controlled drug held. The record of all controlled medicines administered to individual children, stating what, how and how much was administered, when and by whom will also be kept (appendix 5).

School staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions. Two people need to administer the controlled drug each time and they will sign to record this in appendix 5. Any side effects of the medication to be administered at school should be noted in school.

Administering Paracetamol

The school keeps a supply of paracetamol and will consider using it, to help relieve pain, under certain circumstances. We will only administer school paracetamol once in a day and a maximum of three times per term. Paracetamol ***will only be given with prior written permission and telephone permission on the day of its administration.*** Please refer to our separate policy for this.

Emergency Asthma Inhaler

Please see the Asthma Policy for details about the emergency asthma inhalers and their usage in the school.

Self-Management of Medicines and Informing Parents/Carers that a Medicine has Been Administered

It is considered to be good practice to support and encourage children – who are able – to take responsibility to manage their own medicines. These should still be stored as above but it is deemed appropriate for the child to carry the medicine to and from school and to self-administer it if the parent/carer has given permission on the Parental agreement for school to supervise or administer medicine form (appendix 2 for the majority of medicines. For controlled drugs, appendix 8 will be completed instead). After discussion with parents/carers, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures with a member of staff overseeing.

If it is not appropriate for a child to self-manage, relevant staff should help to administer medicines and manage procedures for them.

If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so. Parents/carers should be informed (as soon as is possible) so that alternative options can be considered.

The child will be sent home with the Administration of medicine in school form (appendix 6). This includes for controlled drugs.

Educational Visits / Sporting Activities

We will always endeavour to include children with medical needs in education visits and sporting activities, though arrangements will need to be reviewed and risk assessments undertaken as appropriate and in line with the Educational Visits Policy. Any relevant medical plan will be taken by the leader of the activity and identified on the relevant risk assessment/ visit information. Any medication as appropriate to the medical plan will also be taken on the visit.

Some children may need to take precautionary measures before or during exercise, and may also need immediate access to medicines such as asthma inhalers. These will be recorded in the relevant risk assessment.

Some children wear bracelets or necklaces to alert others to their medical condition in case of emergency. If this is the case then they can be a potential source of injury during certain practical activities. In appropriate circumstances, they should be covered with sweatbands or temporarily removed but the child must inform the member of staff that this is the case. The member of staff will then inform relevant people e.g. the person running the activity that the bracelet/necklace has been removed.

Medicines should be held by the adult who is with the child on the visit/residential. Where the child is on a residential, the school will provide a lockable first aid box in order that medicines can be stored but are centrally accessible overnight, with each member of staff and the child knowing which member of staff holds the keys and where the medicines are stored. Where a child has a controlled drug and they are on a residential, the residential staff will be consulted and a non-portable locked first aid box will be used for the storage of the controlled drug. Access to the controlled drug will be limited to named staff.

Employees' Medicines

Employees may bring their own medicines to school, however, these should be stored securely out of the reach of the children in the provided first aid lockers which should be locked when containing medicine.

Disposal of Medicines where they have Expired

Staff should not dispose of medicines without first contacting the relevant parents/carers via text initially and a follow-up phone call if no response is received. Parents/carers are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. Parents/carers will be contacted at the end of each half-term to check whether they need their medicines returned. If parents/carers do not collect all medicines, they should be taken to a local pharmacy for safe disposal and the parents/carers will be informed that this is the case.

Sharps boxes should always be used for the disposal of needles. Collection and disposal of the boxes should be arranged with the Local Authority's environmental services.

Emergency Situations

Emergency situations are covered as part of the First Aid Policy. If a child needs to be taken to hospital, then an ambulance should be called. The child should not be taken in a staff member's car unless the circumstances are exceptional. A member of staff should always accompany the child in the ambulance, and should stay with the child until the parent/carer arrives unless the parent/carer is able to be in attendance before the ambulance leaves. Health professionals are responsible for any decisions on medical treatment when parents/carers are not available.

Please note that in general, the consequences of taking no action in emergency situations is likely to be more serious than those of trying to assist.

Appendix 9, Contacting Emergency Services, will be on display in the first aid room.

Unacceptable Practice

Although the school staff's should use their discretion and judge each case on its merits with reference to the child's medical plan/ individual medication, it is not generally acceptable practice for the school to:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents/carers or 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 medical plans;
- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments;
- prevent the child 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 child, 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 children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents/carers to accompany the child.

Complaints

Should parents/carers or the child be dissatisfied with the support provided, then they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

Making a formal complaint to the Department for Education should only occur if it comes within scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted.

Ultimately, parents/carers (and the child) will be able to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

Forms to be Completed to Record the Administration of Medicines

The school has consulted documents titled 'Templates Supporting pupils with medical conditions'. The original documents are available at <https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>. As stated in these documents provided by the DfE, 'In response to requests from stakeholders during discussions about the development of the statutory guidance for supporting pupils with medical conditions, we have prepared the following templates. They are provided as an aid to schools and their use is entirely voluntary. Schools are free to adapt them as they wish to meet local needs, to design their own templates or to use templates from another source.' The following forms, used by the school, are available as appendices.

Appendix 1: Medical Plan

Appendix 2: Parental Agreement for School to Supervise or Administer Medicine

Appendix 3: Record of Medicines Given to a Child

Appendix 4: Controlled Drug Access Arrangements

Appendix 5: Controlled Drug Administration

Appendix 6: Administration of Medicine in School

Appendix 7: Ongoing Medication Record

Appendix 8: Parental Agreement for School to Administer a Controlled Drug

Appendix 9: Contacting Emergency Services

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