



THE ASHBY FEDERATION

MEDICINES POLICY INCORPORATING SUPPORTING PUPILS WITH MEDICAL NEEDS IN SCHOOL

Approved by:	Executive Head Teacher
	Governing Body

Last reviewed on:	February 2023
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Next review due by:	February 2024
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Supporting Pupils with Medical Needs in School

School Context

The staff at Denton and Yardley Hastings Primary Schools are committed to providing pupils with a high-quality education whatever their health need, disability or individual circumstances. Schools, acting in loco parentis, have a duty to take reasonable care of children and administer medicines and/or prescribed drugs. This may be required by pupils for regular medication or those requiring occasional dispensing of medicines. The schools will make every effort to safeguard the health and safety of those pupils who may be more at risk than their peers due to existing medical conditions. Pupils with such medical conditions will not necessarily have special educational needs. The schools and Governing Body comply with all statutory guidance detailed in DfE Supporting Pupils with Medical Conditions. This policy is published on each school's website.

This policy is based on the [Statutory Framework for the Early Years Foundation Stage](#), advice from the Department for Education on [first aid in schools](#) and [health and safety in schools](#), guidance from the Health and Safety Executive (HSE) on [incident reporting in schools](#). We will ensure at least one person who has a current paediatric first aid certificate is on the premises and available at all times when children are present, and must accompany children on outings.

Principles

This policy and any ensuing procedures and practice are based on the following principles.

- All children and young people are entitled to a high-quality education;
- Disruption to the education of children with health needs should be minimised;
- If children can be in school, they should be in school. Children's diverse personal, social and educational needs are most often best met in school. Our schools will make reasonable adjustments where necessary to enable all children to attend school;
- Effective partnership working and collaboration between schools, families, education services, health services and all agencies involved with a child or young person are essential to achieving the best outcomes for the child;
- Children with health needs often have additional social and emotional needs. Attending to these additional needs is an integral element in the care and support that the child requires; and that
- Children and young people with health needs are treated as individuals, and are offered the level and type of support that is most appropriate for their circumstances; staff should strive to be responsive to the needs of individuals.

We will not engage in unacceptable practice, as follows:

- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- if a child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments;
- require parents, 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 should have to give up working because the school is failing to support their child's medical needs; nor
- 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 to accompany their child.

Definition of health needs

For the purpose of this policy, pupils with health needs may be:

- pupils with **chronic or short-term health conditions or a disability** involving specific access requirements, treatments, support or forms of supervision during the course of the school day or
- **sick children**, including those who are physically ill or injured or are recovering from medical interventions, or
- children with **mental or emotional health problems**.

Some children with medical conditions may have a disability. A person has a disability if he or she has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities. Where this is the case, governing bodies **must** comply with their duties under the Equality Act 2010. 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.

Roles and Responsibilities

All staff have a responsibility to ensure that all pupils at this school have equal access to the opportunities that will enable them to flourish and achieve to the best of their ability. In addition, designated staff have additional responsibilities as well as additional support and training needs.

Named person in school with responsibility for medical policy implementation

The member of staff responsible for ensuring that pupils with health needs have proper access to education is **Louise Brown – Executive Headteacher**, she will be the person with whom parents/carers will discuss particular arrangements to be made in connection with the medical needs of a pupil. It will be her responsibility to pass on information to the relevant members of staff within the school. This person will liaise with other agencies and professionals, as well as parents/carers, to ensure good communication and effective sharing of information. This will enhance pupils' inclusion in the life of the school and enable optimum opportunities for educational progress and achievement.

Parents/carers and pupils

Parents hold key information and knowledge and have a crucial role to play. Both parents and pupils will be involved in the process of making decisions. Parents are expected to keep the school informed about any changes in their children's condition or in the treatment their children are receiving, including changes in medication. Parents will be kept informed about arrangements in school and about contacts made with outside agencies.

School staff

Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition/injury needs help. Staff must familiarise themselves with the medical needs of the pupils they work with. Training will be provided in connection with specific medical needs so that staff know how to meet individual needs, what precautions to take and how to react in an emergency. Staff should be able to act safely and promptly in an emergency situation, as well as with the routine administration of medicines. In the first instance advice/treatment will be sought from a first aider, however, all members of staff are able to deal with injuries if they arise.

The Executive Headteacher

The Executive Headteacher is responsible for ensuring that all staff are aware of this policy and understand their role in its implementation. The Executive Headteacher will ensure that all staff who need to know are aware of a child's condition. She will also ensure that sufficient numbers of trained staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations.

The Executive Headteacher has overall responsibility for the development of individual healthcare plans. She will also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. She will 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.

The Governing Body

The Governing Body is responsible for making arrangements to support pupils with medical conditions in school, including ensuring that this policy is developed and implemented. They

will ensure that all pupils with medical conditions at this school are supported to enable the fullest participation possible in all aspects of school life. The Governing Body will ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. They will 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.

School health teams

School health teams 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 may support staff on implementing a child's individual healthcare plan and provide advice and liaison.

Other healthcare professionals

GPs and Paediatricians should notify the school nurse when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing healthcare plans.

Hospital and Outreach Education works with schools to support pupils with medical conditions to attend full time.

Staff training and support

In carrying out their role to support pupils with medical conditions, school staff will receive appropriate training and support. Training needs will be identified during the development or review of individual healthcare plans. The relevant healthcare professional will lead on identifying and agreeing with the school, the type and level of training required, and how this can be obtained. The school will ensure that training is sufficient to ensure that staff are competent and confident in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans.

Members of staff will be asked to volunteer to be involved in the administration of medication. Staff who are willing to dispense medicines to pupils i.e. Teaching Assistants, class teacher, admin staff should be advised of the correct procedure for each pupil. A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.

This policy will be publicised to all staff to raise awareness at a whole school level of the importance of supporting pupils with medical conditions, and to make all staff aware of their role in implementing this policy. Information on how this school supports children with health needs is included in our induction procedure for all new staff.

Procedures

Notification

Information about medical/dietary needs or SEND is requested on admission to the school. Parents and carers are asked to keep the school informed of any changes to their child's condition or treatment. Whenever possible, meetings with the parents/carers and other professionals are held before the pupil attends school to ensure a smooth transition into the class.

Information supplied by parents/carers is transferred to the Medical Needs Register and Dietary Needs Register which lists the children class by class. A summary of the Medical and Dietary Needs Register is kept in each classroom, the first aid box, MI room and School Office. Support staff have summarised copies of the Medical Needs Register as they may be working with children from several different classes. Fuller details are given on a 'need to know' basis. Confidentiality is assured by all members of staff.

Any medical concerns the school has about a pupil will be raised with the parents/carers. Most parents/carers will wish to deal with medical matters themselves through their GP. In some instances, the school, after consultation with the parent/carer, may write a letter to the GP (with a copy to the parents) suggesting a referral to a specialist consultant where a full paediatric assessment can be carried out.

Pupils too ill/unable to attend school

When pupils are too ill to attend, the school will establish, where possible, the amount of time a pupil may be absent and identify ways in which the school can support the pupil in the short term (e.g. providing work to be done at home in the first instance, if the child is well enough). The school should make a referral to the Hospital and Outreach Education as soon as they become aware that a child is likely to be or has been absent for 15 school days. Where children have long-term health needs, the pattern of illness and absence from school can be unpredictable, so the most appropriate form of support for these children should be discussed and agreed between the school, the family, Hospital and Outreach Education and the relevant medical professionals.

Medicines in school

Children recovering from a short-term illness/infection who are clearly unwell should not be in school and the Executive Headteacher can request that parents/carers keep the pupil at home if necessary. If parents/carers request that the school administer medication – prescribed and non-prescribed (in original container e.g. nurofen, calpol, piriton) the Executive Headteacher will allow this on the condition that the school's Administration of Medication form is completed and signed by the parent/carer. If the instructions have not been given in writing, it will not be possible for the school to accept responsibility for administering the medication.

Managing medicines on school premises

When medicines are to be administered in school it is essential that safe procedures are established which are acceptable to appropriate school staff involved. It is essential that clear written instructions are supplied by parents when requesting that medication be administered to their child. Parents should always complete the medicines form available from the School Office or website (Appendix 1) giving the child's name and class, clear instructions on the dose to be administered to the child, the time of the last and subsequent doses and for what period the medicines need to be given. The form should be signed by the parent or guardian.

One copy will be retained in the School Office in the medical file, a further copy will be sent to the child's class and filed in the class file. All administered doses of the medicine will be recorded on the class copy by the member of staff administering the medicine.

At the end of the school day, parents will be asked to sign the class copy to confirm that they have been made aware of the doses administered at school. It will be the parent's responsibility to collect the medicine from the class staff. For the duration of the course of

medicine, the parents must inform the school of the time of the last dose each morning prior to leaving their child at school.

If a child refuses to take medicine or carry out a necessary procedure, staff will not force them to do so. A note of each instance should be kept on the medication form, and parents informed.

At the end of each half term all completed medicines forms should be handed to the School Office for filing.

All medicines brought into school should be supplied in their original container and will be stored safely in: -

Yardley Hastings: MI room – lockable cupboard or fridge

Denton: School Office fridge, or securely in class cupboard

Children are informed of where their medicines are at all times and are able to access them immediately – under supervision. Where relevant, they know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens are always readily available to children and not locked away.

A child under 16 will never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, will never be administered without first checking maximum dosages and when the previous dose was taken. Parents will be informed.

When no longer required, medicines will be returned to the parent to arrange for safe disposal. Sharps boxes will always be used for the disposal of needles and other sharps.

Self-management by pupils - inhalers

The Executive Headteacher has agreed that all pupils in Key Stage 2 can assume responsibility for their own inhalers. Children can take their medicines themselves, however if it is not appropriate for a child to self-manage, then relevant staff will help to administer medicines and manage procedures for them.

Parents/carers must complete the school's Administration of Medication form and return this to the School Office. It is the responsibility of parents/carers to ensure that the inhalers are renewed and that the medication has not exceeded its expiry date. All inhalers should be collected at the end of the school year. We will follow the dosage as outlined in the medicines form, however, if further doses are required in the first instance we will contact parents. If we are unable to contact the parents and we are concerned about the child we will administer up to 10 puffs of the inhaler.

In the case of Key Stage 1 and Early Years, the school will supervise the child using the inhaler. Parents/carers must complete the school's Administration of Medication form and return this to the School Office, the inhaler should be given to the class teacher. As before, all inhalers should be regularly renewed and collected at the end of the school year.

Emergency Inhaler

In accordance with the 'Department of Health Guidance on the Use of Emergency Salbutamol Inhalers in Schools – March 2015' we have available in school an emergency salbutamol inhaler. This can be used only by those children who are prescribed an inhaler

for asthma/wheeziness and for whom we have received consent from their parents/carers. It should be used if a child does not have their inhaler, or their inhaler is not working.

Allergies/Anaphylaxis Procedure

EpiPen's should be kept in easily identifiable containers in:-

Yardley Hastings	MI Room and one in classroom
Denton	Class cupboard

Antihistamine medicine will be stored in:-

Yardley Hastings	MI room
Denton	Class cupboard

Staff Medicines

As per the Schools Induction Policy it is the responsibility of all staff members to ensure that any medication they bring to school is kept securely and away from children.

Staff members who are required to carry emergency medication i.e. inhaler, epipen, insulin should complete form Appendix 4 – Staff Medication Form. One copy should be given to the School Office and one with the spare medication which will be locked in a named box in the First Aid cabinet in the Staff Room (Denton) and MI room (Yardley Hastings). It is the responsibility of the staff member to ensure that the medication is clearly labelled and in date and they should inform the School Office and Executive Headteacher of any changes to their emergency care.

Emergency Situations

In the case of an emergency, the school will call an ambulance and contact the parents. When conditions require immediate emergency treatment staff may volunteer to administer medication or emergency procedures such as resuscitation.

Day trips, Residential and Sporting Activities

Pupils with medical conditions are actively supported to participate in school trips and visits, or in sporting activities. In planning such activities, teachers will undertake the appropriate risk assessment and will take into account how a child's medical condition might impact on their participation. Arrangements for the inclusion of pupils in such activities with any required adjustments will be made by the school unless evidence from a clinician such as a GP states that this is not in the child's best interests. All medical conditions should be noted separately on a risk assessment.

Individual Healthcare Plans

Not all children with medical needs will require an individual healthcare plan. The school, healthcare professional and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the Executive Headteacher will take a final view. A model letter inviting parents to contribute to individual healthcare plan development is provided - Appendix 2.

Individual healthcare plans will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. Plans are also likely to be needed in cases where medical conditions are long-term and complex.

Plans provide clarity about what needs to be done, when and by whom. A flow chart for identifying and agreeing the support a child needs, and developing an individual healthcare plan is provided - Appendix 3.

Individual healthcare plans should capture the key information and actions that are required to support the child effectively. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support.

Individual healthcare plans, and their review, may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child. Plans will be drawn up in partnership between the school, parents, and a relevant healthcare professional, e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils will also be involved whenever appropriate.

Partners should agree who will take the lead in writing the plan, but responsibility for ensuring that it is finalised and implemented rests with the school. Plans are reviewed at least annually, or earlier if evidence is presented that the child's needs have changed. Plans are developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social well-being and minimises disruption.

Where a child has SEND but does not have a statement or EHC plan, their special educational needs will be referred to in their individual healthcare plan. Where the child has a special educational need identified in a statement or EHC plan, the individual healthcare plan will be linked to or become part of that statement or EHC plan.

Where a child is returning to school following a period of hospital education, the school will work with the appropriate hospital school or the Hospital and Outreach Education to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

Transfer of Pupil

If a pupil with an EHC/IHP transfers setting the Executive Headteacher will liaise with the new setting. This also applies to transitioning of pupils to a new class within the school.

Liability and Indemnity

The school's insurance arrangements are sufficient and appropriate to cover staff providing support to pupils with medical conditions, as long as agreed procedures are followed. Staff providing such support are entitled to view the school's insurance policies.

Complaints

If parents or pupils are dissatisfied with the support provided they should discuss their concerns directly with the school in the first instance. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

Appendix 1 - Administration of Medication

Name of Pupil	
Date of Birth	
Year Group	

Details of medication

Name/type of medication (as described on container)	
Expiry date	
Dosage/timing and method of administration when in school	
Time of last dose given	
Any special precautions or other instructions	
Can pupil self-administer?	

Parent/Carer Daytime Phone No.	
I will deliver the medication personally to (agreed member of staff)	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school medicines policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

I agree to members of staff administering medicines/providing treatment to my child as directed or in the case of emergency, as staff may consider necessary.

I can confirm that the medicine has been previously administered without adverse effect.

I recognise that school staff are not medically trained.

Signature of parent or carer	
Print name	
Date of signature	

Appendix 1 – Administration of Medication Medicine Handover

At the beginning of each school day it is the responsibility of the parent/guardian to hand medicine over to the member of staff including when a dose was last administered at home.

At the end of the school day the medicine must be handed back to the parent/guardian. Please complete this log each day below

Date	Timing of dose last given at home	Medicine handed to (insert parent/staff name)	Parent/Guardian Signature	Staff Signature	Returned to parent/guardian (signature)

Medicine Given in School - 2 members of staff to be present and sign

Date	Time	Dose Given	Administered Print name	Administered Signature	Witnessed Print name	Witnessed Signature

Appendix 2: Model letter inviting parents to contribute to individual healthcare plans

Dear parent/carer,

Developing an individual healthcare plan for your child

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupil at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, which will set out what support your child needs, and how this will be provided. The plan will be developed in partnership between yourselves, your child, the school and the relevant healthcare professional, who will be able to advise us on your child's case. The aim of this partnership is that the school are aware of how to support your child effectively, and provide clarity about what needs to be done, when and by whom. The level of detail within the plan will depend on the complexity of your child's medical condition and the degree of support needed.

It may be that decision is made that your child will not need an individual healthcare plan, but we will need to make judgements about how your child's medical condition will impact on their ability to participate fully in school life, and whether an individual healthcare plan is required to facilitate this.

A meeting to discuss the development of your child's individual healthcare plan has been arranged for _____. I hope that this is convenient for you, and would be grateful if you could confirm if you are able to attend. The meeting will involve the following people: _____. Please let me know if you would like is to invite any other medical practitioners, healthcare professional or specialist that would be able to provide us with any other evidence which would need to be considered when developing the plan.

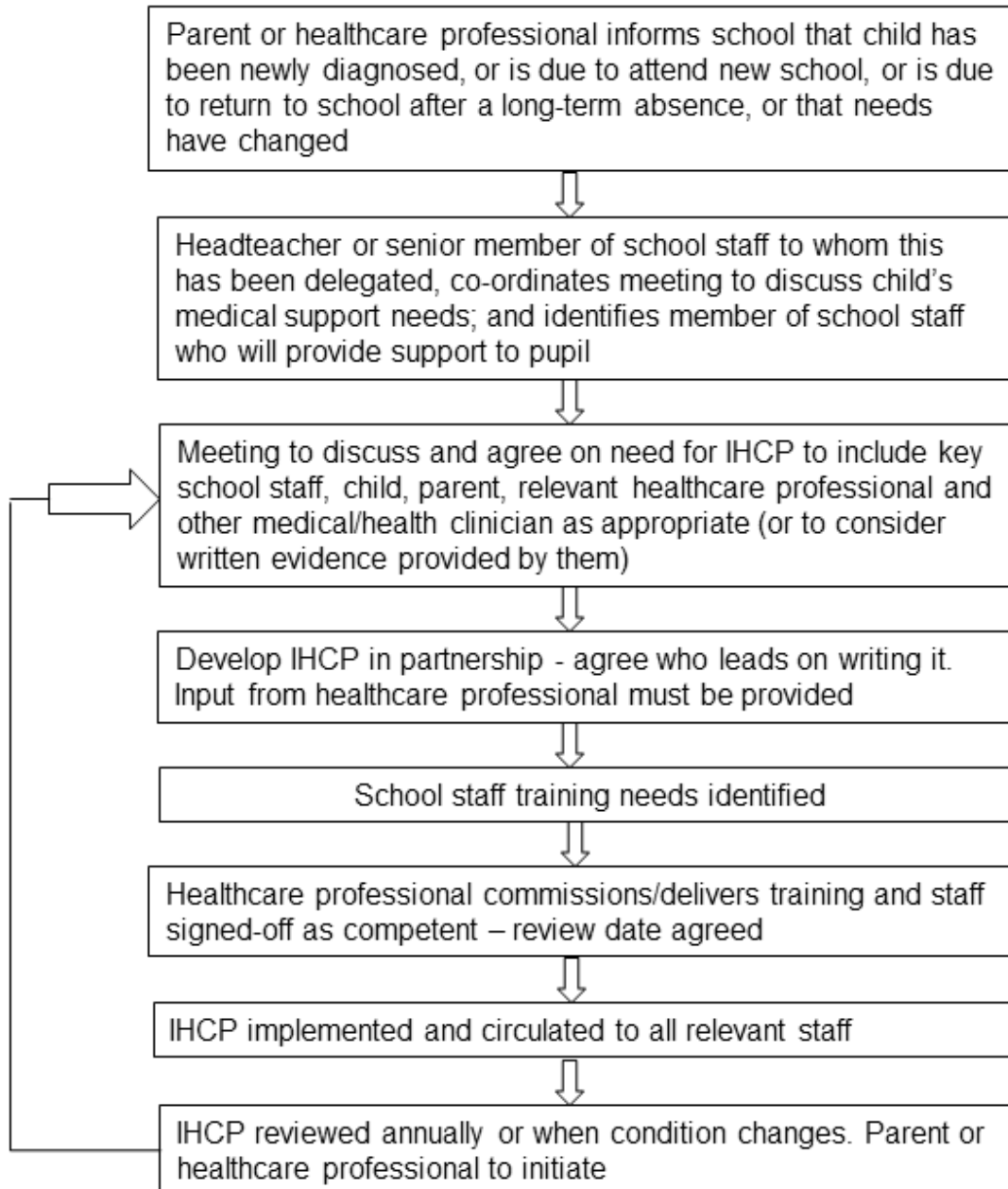
If you are unable to attend, please could you complete the attached individual healthcare template and return it, with any relevant evidence, for consideration at the meeting.

If you would like to discuss this further, or would like to speak to me directly, please feel free to contact me on the number below.

Yours sincerely,

Named person with responsibility for medical policy implementation

Appendix 3: Flow chart for developing an individual healthcare plan



Appendix 4 - Staff Medication Form

Please complete the information below for any emergency medication (i.e. epipen/inhaler/insulin) which you may require to take within school hours.

Name:	
Date of birth:	
Medical condition or illness:	

Details of medication

Name/type of medication (as described on container)	
Expiry date	
Dosage and method of administration	
Timing of administration	
Any special precautions or other instructions	
Procedures to take in an emergency	

Note: medication must be stored in the original container as dispensed by the pharmacy

Doctors Name:	
Surgery Address:	
Surgery Telephone Number:	

Signed: _____

Print name: _____

Date: _____