



Supporting Pupils with Medical Conditions Policy

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1. Introduction

1.1 Most children and young people will have, at some time, a medical condition, which could affect their attendance or participation in activities. This may be short-term, for instance, completing a course of medication, or a more long-term condition, which, if not properly managed, could limit their access to school, and the activities that are on offer.

1.2 At Parbold Douglas CE Academy we administer medicines which have been prescribed to children where it is necessary that this is administered within the school day. In most cases, it is expected that medication for children with a short-term illness (including the administration of non-prescribed medication) will be administered and managed by parents. Parents are welcome into school during the school day in order to administer medicine to their child on a short-term basis.

1.3 Teachers and other school staff in charge of pupils have a common law duty to act as any reasonably prudent parent would to make sure that pupils are healthy and safe on school premises (and this might include in exceptional circumstances, administering medicine and/or taking action in an emergency). Section 3(5) of the Children Act provides protection to teachers acting reasonably in emergency situations.

2. Aims of the Policy

- To make sure that everyone, including parents and carers, are clear about their respective roles;
- Ensure effective management systems to help support individual children and young people with medical needs;
- To make sure that medicines are handled responsibly;
- Ensure that all staff members are clear about what to do in the event of a medical emergency.

3. Roles and Responsibilities

It is important that the responsibility for child safety is clearly defined, and that each person involved with children with medical needs is aware of what is expected of them. Close co-operation between school, parents, health professionals and other agencies will help provide a suitably supportive environment for children and young people with medical needs.

3.1 Parent

It only requires one parent to agree to or request that medicines are administered. As a matter of practicality, it is likely that this will be the parent with whom the school has day-to-day contact.

Parents are responsible for supplying the school with adequate information regarding their child's condition and medication. This information must be in writing, signed and current so that procedures for each individual child or young person's medication are known. The information should be updated annually, in September, or earlier, if medication is altered by the child's GP or Consultant.

All items of medication should be delivered directly to the school office by parents or escorts employed by the Authority. It is the parent's responsibility to inform the member of staff with responsibility for administering medication and Headteacher or SENCO in writing when the medication or the dosage is changed or no longer required.

After the first receipt of medication at school, additional medication of the same may continue to be accepted without further notice, but any changes to the prescribed medication or a change in medication, must be notified in writing to the Headteacher or SENCO.

3.2 Headteacher

It is the Headteacher's responsibility to make sure that:

- there is a designated staff member with responsibility for children with medical needs;
- proper procedures are in place;
- staff members are aware of the procedures;
- systems are in place for monitoring implementation of the policies and procedures;
- governors receive information regarding the implementation of policies and procedures;
- staff members are appropriately trained;
- training has given staff sufficient understanding, confidence and expertise, and that arrangements are in place to update training on a regular basis.

3.3 The Designated Staff Member for Children with Medical Needs

In our school, the designated staff member for children with medical needs is the SENDCO. Day-to-day decisions will normally fall to the SENDCO in consultation with the Headteacher, where appropriate. The SENDCO has responsibility for:

- ensuring that staff members are aware of medical needs/care plans associated with individual pupils;
- cover arrangements for staff absence to ensure that another, appropriately trained, member of staff is always available;
- briefing supply teachers;
- monitoring of individual healthcare plans;
- the child, parents and healthcare professionals preparing an Individual Health Care Plan (IHCP) and ensuring that said care plan is updated as necessary; This will be reviewed at least annually or if the medication changes;
- communicating training needs to the Headteacher, in a timely manner;
- communicating with health care professionals and parents as appropriate, to meet the needs of children;
- monitoring the implementation of the agreed policy and procedures;
- liaising with all relevant parties in the event of the child moving to a different school to ensure a smooth transition. This would also apply if the child has a long period of hospitalisation or home tutoring as a result of their medical condition/needs.

3.4 Teachers and Support Staff

It is the responsibility of all teaching and support staff to:

- familiarise themselves with the policy and procedures;
- work in accordance with the agreed policy and procedures;
- familiarise themselves with individual care plans and emergency procedures;
- attend training deemed necessary to meet the needs of children

3.5 Governors

Governing Bodies are responsible for setting the strategic direction of the school. This includes the establishment, monitoring and evaluation of the policy for children with medical needs.

4. Non-prescription medicines

4.1 Parbold Douglas CE Academy will not accept non-prescribed medication unless in exceptional circumstances, authorised by the Headteacher or in their absence a member of the Senior Leadership Team. Throat lozenges should be handed to a member of staff and used in line with the instructions on the packet.

5. Prescription medicines

5.1 Medicines will only be accepted when essential; that is where it would be detrimental to a child or young person's health if the medicine were not administered during the school's 'day'. The school will only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber.

5.2 N.B Medicines such as Paracetamol etc. will not be accepted for short illnesses when it would be in the child's best interest to remain at home to recover from the illness. The school may use its discretion in administering Calpol/ Liquid Paracetamol or Ibuprofen in certain circumstances- permission will always be sought.

5.3 Each item of medication must be delivered to the school office in a secure and labelled container as originally dispensed. It may be appropriate for the GP to prescribe a separate amount of medication for the school's use. Where this is appropriate, this will be negotiated with the parent.

5.4 Items of medication in un-labelled containers should be returned to the parent. The school will never accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions.

5.5 Medicines must always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration, the child's name and date of dispensing. It is helpful, where clinically appropriate, if medicines are prescribed in dose frequencies which enable it to be taken outside the school's hours. It is to be noted that medicines that need to be taken three times a day could be taken in the morning, after attending school and at bedtime.

5.6 Medication will never be accepted if it has been repackaged or re-labelled by parents.

6. Controlled Drugs

6.1 Some, controlled drugs may be prescribed as medication for use by children and young people. Once appropriate information and training has been received, any member of staff may administer a controlled drug to the child or young person for whom it has been prescribed. Staff administering medicine must do so in accordance with the prescriber's instructions.

6.2 A child or young person who has been prescribed a controlled drug may legally have it in their possession. However, at our school, prescribed controlled drugs will be stored in the school safe and will only be accessible by senior staff members and the school office. Where self-medication is agreed to be appropriate, arrangements will be made for the young person to report to staff with access rights, at agreed, appropriate times.

6.3 A record will be kept for audit and safety purposes;

6.4 A controlled drug, as with all medicines, will be returned to the parent when no longer required, to arrange for safe disposal (by returning the unwanted supply to the local pharmacy). If this is not possible, it will be returned to the dispensing pharmacist (details should be on the label).

6.5 Misuse of a controlled drug, such as passing it to another child or young person for use, is an offence.

7. Long Term Medical Needs

7.1 It is important to have sufficient information about the medical condition of any child or young person with long-term medical needs.

7.2 If a child or young person's medical needs are inadequately supported, this may have a significant impact on their experiences and the way they function in a school. The impact may be direct in that the condition may affect cognitive or physical abilities, behaviour or emotional state. Some medicines may also affect learning,

leading to poor concentration or difficulties in remembering. The impact could also be indirect; perhaps disrupting access to education through unwanted effects of treatments or through the psychological effects that serious or chronic illness or disability may have on a child and their family.

7.3 The SEND Code of Practice 2014 advises that a medical diagnosis or a disability does not necessarily imply SEN. It is the child or young person's educational needs, rather than a medical diagnosis, which must be considered. The school will need to know about any particular needs before a child or young person is admitted, or when they first develop a medical need. For children and young people who attend hospital appointments on a regular basis, special arrangements may also be necessary.

7.4 School will work with parents and relevant health professionals to develop a written health care plan for such children and young people.

8. Administering Medication

8.1 All staff who are required and have agreed to administer medication will first be trained by the appropriate health professional, e.g. diabetes nurse, asthma nurse, school nurse for general prescription medication.

8.2 No child or young person under 16 should be given medicines without their parent's written consent. Any member of staff giving medicines to a child or young person should check:

- The child or young person's name on the medicine container;
- Prescribed dose;
- Expiry date;
- Written instructions provided by the prescriber on the label or container, and within the medication packaging.

8.3 If in doubt about any procedure staff should not administer the medicines but check with the parents or a health professional before taking further action. If staff members have any other concerns related to administering medicine to a particular child or young person, the issue should be discussed with the parent, if appropriate, or with the appropriate health professional.

8.4 Staff must complete and sign a record each time they give medicine to a child or young person (Appendix A) Good records help demonstrate that staff have exercised a duty of care.

9. Self-Administration

9.1 It is good practice to support and encourage children and young people, who are able, to take responsibility to manage their own medicines from a relatively early age. The age at which they are ready to take care of, and be responsible for their own medicines would vary. As children grow and develop they should be encouraged to participate in decisions about their medicines.

9.2 Older children with a long-term illness should, whenever possible, assume complete responsibility under the supervision of their parent. Children develop at different rates and so the ability to take responsibility for their own medicines varies. This should be borne in mind when making a decision about transferring responsibility to a child or young person.

9.3 There is no set age when this transition should be made. There may be circumstances where it is not appropriate for a child or young person, of any age to self manage. Health professionals need to assess, with parents and young people, the appropriate time to make this transition.

9.4 The school will work with health professionals, parents and young people to support self- administration, where this is agreed to be appropriate.

10. Refusing medicines

10.1 If a child or young person refuses to take medicine, staff should not force them to do so, but should note this in the records and parents should be informed immediately.

10.2 Where refusal to take medicines results in an emergency, the emergency procedures should be followed as written down in the child or young person's care plan.

11. Storing Medication

- Large volumes of medicines will not be stored;
- Staff will only store, supervise and administer medicine that has been prescribed for an individual child or young person;
- Medicines should be stored strictly in accordance with product instructions (paying particular note to temperature) and in the original container in which dispensed;
- Staff should ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine and the frequency of administration; as dispensed by a pharmacist in accordance with the prescriber's instructions;
- Where a child or young person needs two or more prescribed medicines; each should be kept in a separate container;
- Staff should never transfer medicines from their original containers;
- Children and young people should know where their own medicines are stored and who holds the key. All emergency medicines, such as asthma inhalers and adrenaline pens, should be readily available to the child or young person and should not be locked away;
- Children may carry their own inhalers;
- Other non-emergency medicines will be kept in the appropriate building and must not be accessible to children;
- Where medicines need to be refrigerated. They can be kept in the staffroom refrigerator which may also contain food but should be in an airtight container and clearly labelled. Access to these areas is restricted to adults only or children who are supervised.
- Local pharmacists can give advice about storing medicines.

12. Access to medicines

12.1 Children and young people need to have immediate access to their medicines when required. The school will take advice from health care professionals through the development of the care plan and ensure that medication is accessible but out of reach of other children.

13. Disposal of medicines

13.1 Staff should not dispose of medicines.

13.2 Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. They should also collect medicines held at the end of each term. If parents do not collect all medicines, they should be taken to a local pharmacy for safe disposal.

14. Record Keeping

14.1 Records offer protection to staff and proof that they have followed agreed procedures. The appropriate forms are attached in an appendix for our school.

15. Educational Visits

15.1 When planning an educational visit, all reasonable steps will be taken and reasonable adjustments made to try and ensure the visit is accessible to children and young people with disabilities and/or medical needs.

15.2 School will also ensure that when included in an outdoor visit a child or young person is not put at a substantial disadvantage. These factors may include: the time and effort that might need to be expended by a disabled/medical needs child; the inconvenience, indignity or discomfort a disabled/medical needs child might suffer; the loss of opportunity or the diminished progress that a disabled/medical needs child may make in comparison with his or her peers who are not disabled or have medical needs.

15.3 All school visits are planned in accordance with schools Educational policy and procedures.

15.4 The school will also ensure that:

- The proposed visit is discussed and with the parents and, wherever possible, the child or young person as early as possible;
- The risk assessment covers the specific issues of the child or young person, including the management of prescription medicines during the visit. Where appropriate, reasonable adjustments will be made and alternative activities considered.
- The staff and volunteers on the visit are fully briefed, and particularly if there are any adjustments to the programme for the child(ren) that have any SEN or medical needs.

16. Emergency Procedures

16.1 As part of general risk management processes the school has arrangements in place for dealing with emergency situations.

- Children and young people tell a member of staff;
- Staff must always inform a senior staff member of an emergency situation;
- Staff must know how to call the emergency services (see appendix for guidance on calling an ambulance)

16.2 A member of staff will always accompany a child or young person taken to hospital by ambulance, and will stay until the parent arrives. At hospital it is the health professionals who are responsible for any decisions on medical treatment when parents are not available.

- Staff should never take children to hospital in their own car; it is safer to call an ambulance.
- Individual Health Care Plans must include instructions as to how to manage a child in an emergency, and identify who has the responsibility in an emergency.

17. Equal Opportunities

17.1 Children and young people with medical needs have the same rights of admission to the school as others. Most children and young people with medical needs can attend school regularly and take part in normal activities, sometimes with some support.

17.2 Staff may need to take extra care in supervising some activities or consider reasonable adjustments or adaptations to planned activities, to make sure that these children and young people, and others, are not put at risk.

17.3 Some children and young people with medical needs are protected from discrimination under the Disability Discrimination Act (DDA) 1995. The DDA defines a person as having a disability if they have a physical or mental impairment which has a substantial and long-term adverse effect on their abilities to carry out normal day-to-day activities.

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17.4 Under Part 4 of the DDA, responsible bodies for schools (including nursery schools) must not discriminate against disabled children and young people in relation to their access to education and associated services – a broad term that covers all aspects of school life including school trips and school clubs and activities.

17.5 Our School will make reasonable adjustments in our practices and procedures and in our policies, for disabled children and young people including those with medical needs at different times of their life; and for the individual disabled child or young person.

18. Unacceptable Practice

18.1 As a school we are very supportive of children with medical needs and the staff that work with them. Whilst we treat each child as an individual and plan accordingly there are some practices that should not be allowed within this policy.

18.2 This is an example of some of those practices:

- preventing children from easily accessing their inhalers and medication and administering their medication when and where necessary
- assuming that every child with the same condition requires the same treatment
- ignoring the views of the child or their parents.
- ignoring medical evidence or opinion (although open to challenge)
- sending children with medical conditions home frequently or preventing them from staying for normal school activities unless specified in their IHCP
- sending the child to the school office when unwell, unaccompanied or accompanied by someone unsuitable
- penalising children for their attendance if the absences are related to their medical condition
- preventing children from drinking, eating or taking breaks (including bathroom) whenever they need to in order to manage their condition effectively
- requiring parents to attend school to administer medication or provide medical support for their child. No parent should have to give up working because the school is failing to meet their child's medical needs
- preventing children from participating in any aspect of school life, therefore creating barriers. This includes school trips and an example would be requiring parents to accompany the child

19. Complaints Procedure

19.1 If anyone should have any type of complaint regarding the support of a pupil with medical needs they should inform the Headteacher in the first instance, who will attempt to resolve the issue.

19.2 If not resolved at this stage the complaint should be put in writing and addressed to the Chair of Governors via the school. The Chair of Governors will then progress the matter in accordance with the school's complaints policy.

20. Insurance & Liability

20.1 Parbold Douglas C of E Academy buy in to the services of Academy Risk Protection Insurance who provide insurance cover on our behalf. Parbold Douglas CE Academy is covered by a Public Liability Indemnity of £10,000,000. This insurance is effective as long as the following protocols are followed:

- staff should keep training up to date as part of the school's written Health and Safety Policy and this Supporting Pupils at School with Medical Needs Policy.
- Parental permission should be sought in advance of administering any medication.
- Treatment should be used and stored in accordance with manufacturers' instructions.
- All treatments should be risk assessed

21. Monitoring and Review

This policy is reviewed **every two years** and approved by the **Premises, Health and Safety** committee.

22. FORM 1 - Contacting Emergency Services

Request for an Ambulance

Dial 999, ask for ambulance and be ready with the following information

1. Your telephone number: 01257 462007

2. Give your location as follows: Parbold Douglas C of E Academy, Lancaster Lane, Parbold, Wigan, Lancs

3. State that the postcode is: WN8 7HS

4. Give exact location in the setting:

5. Give your name:

6. Give name of person and a brief description of person's symptoms:

7. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to: (wherever the incident is)

Speak clearly and slowly and be ready to repeat information if asked

Put a completed copy of this form by the telephone so that it is easily accessible in case of an emergency.

Appendix A – Record of Medicine Administered



Record of medicine administered

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Name of school/setting

Parbold Douglas CofE Academy

Name of child

Date medicine provided by parent

Group/class/form

Name and strength of medicine

Expiry date

Dose and frequency of medicine

Staff signature _____

Signature of parent _____

Date

Last time given

Time given

Dose given

Name of member of staff

Name of Witness

Date

Last time given

Time given

Dose given

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