

Medicines and Children with Medical Conditions Policy

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MEDICINES AND CHILDREN WITH MEDICAL CONDITIONS POLICY

Policy guidance

As an independent school, it is important to note that the school falls outside the requirements of the statutory guidance *Supporting Pupils at School with Medical Conditions*; DfE December 2015, and also *Section 100 of the Children and Families Act 2014* which places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions.

However, the guidance sets out good practice and this will be considered during the reviews of School Policy and procedures and in relation to supporting children at the school with medical conditions.

- This policy should be read in conjunction with the following policy of which it forms an integral part:
First Aid and Medical Policy

Policy principles

- Children with medical conditions are given the necessary support to enable their fullest participation possible in all aspects of school life.
- Members of school staff who provide support to children with medical conditions should be given the information, training and support they need to undertake their responsibilities effectively and safely.

The Principal is responsible for ensuring that all staff are aware of the policy for supporting children with medical conditions and understand their role in its implementation. The Principal ensures that all staff who need to know are aware of individual children with medical conditions.

Staff training

The Principal will ensure that staff 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 school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

Procedures

1. Children with a short-term medical condition

If a child is well enough to be at school but has a course of medication to complete during the school day the following procedure applies:

- If a child requires medicine whilst in school, the parent must complete a Medication Consent Form which is available from the office;
- The Principal is responsible for deciding if the school is able to administer medication on a case-by-case basis. The Principal can delegate this responsibility to the administration staff in the school office in the case of straightforward medication requests. Requests made directly to other members of staff **MUST** be referred to the school office.
- Prescription medication (prescribed by a doctor, dentist, nurse, pharmacist or qualified homeopath or clinical herbalist). These must be provided in the original container and clearly labelled with child's full name and dosage clearly shown. The name of the medicine, dosage and instruction must be entered on the medication form;
- Non-Prescription medication – The school can only administer a non-prescription medicine if it is an over-the-counter pharmaceutical product in its original container. The container must show the dosage instruction for a child. A label should be attached with the child's full name. The name of the medicine, dosage and instruction must be entered on the medication form;
- The medication(s) should be stored safely either in the **designated fridge** or in the **medicines' cabinet** in the school office or in the Kindergarten. The medication form should be kept with the medication. Once the course of medication is completed, the form should be filed in the school office (see *Storage of Records* below);

- A member of staff should be appointed to be responsible for the administration of the medicine and completion of the reverse of the Medication Form (see *Note 1* below regarding competence);
- **All medication** given to children **must be recorded** with the date/time on the Medication Form. The record must be **signed by the member of staff** administering the medicine and **countersigned by a second member of staff**;
- **Parents** should be informed that they are responsible for **checking and signing the form each day** to acknowledge what has been taken and to **collect the medication** from the office/Kindergarten.

Note 1 - Staff training in relation to the administration of short-term medication

Guidance considers that written instructions from the parent or on the medication container dispensed by the pharmacist may be considered sufficient training. Staff required to administer medicines should be satisfied they understand the dosage and frequency before accepting responsibility for administering the medication. If a member of staff does not feel satisfied that they have sufficient information or training to dispense particular medications, they should speak to the Principal.

2. Children with long-term medical conditions and allergies

- Parents are asked to give full details of long-term medical conditions on the Registration Form. The Principal is responsible for deciding if the needs of the child can be met at the school.
- After admission, medical conditions are entered on the child's record and a list is available to staff.
- Teachers should ensure they are familiar with any medical conditions for children in their class.
- Teachers are responsible for ensuring that medical conditions are brought to the attention of all staff who need to be aware of the condition, including teaching assistants, music teachers, the Forest School teacher and teachers who may provide temporary cover.
- An **Individual Healthcare Plan (IHP)** should be produced for each child with a long-term medical condition or allergy. The SENDCO has the delegated responsibility for the development of the IHP under the direction of the Principal.
- **Where medication is held by the school:**
 - A **Medication Consent Form** must also be completed alongside the **IHP**, signed by the parent/carer. This is to enable the school to keep a record of when a medication has been administered.
 - The school office staff should ensure that the medication is 'in date' and diarise an expiry date if it is before the end of the academic year.
 - At the beginning of each academic year a review meeting must be held with the parent and a new medications form completed as necessary.
 - The medication(s) should be stored safely and in the location(s) stated in the Individual Healthcare Plan. A copy of the Medication Consent Form should be kept with the medication(s).
 - In the case of medications for occasional use (ie inhalers kept at school 'to be taken as necessary'), if a child is given the medication during the day, the form should be signed by the member of staff administering the medication and countersigned by a second member of staff. At the end of day, the teacher should inform the parent and ask them to sign the medication form as acknowledgement.
 - It is the responsibility of the child's teacher to ensure children have access to inhalers/medicines on any activities taking place away from the school campus, including Forest School activities.

Staff training in relation to long-term medical conditions

- Guidance considers that the family of a child will often be key in providing relevant information to school staff about how their child's needs can be met and if their child can be supported through the straightforward administration of medication (i.e. an inhaler, antihistamine medication, etc). An initial (and thereafter annual review) should provide sufficient training for a member of staff to feel competent to administer medication to support a child.
- Some medical conditions require more training or support. In these circumstances the training required will be identified on the Individual Healthcare Plan (IHP).

Individual Healthcare Plan

Guidance states that headteachers have overall responsibility for the development of individual healthcare plans (IHP). The member of the Senior Leadership Team with delegated responsibility for developing individual plans in the SENDCo.

As an independent school, Annan is outside the scope of the statutory requirements placed on local authorities to provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered by the school. This statutory support is not available to independent schools.

Therefore, before developing an IHP, the Principal must consider whether suitable training can be provided, by whom and as well as considering the impact on staffing arrangements.

Some staff may already have some knowledge of the specific support needed by a child with a medical condition and so extensive training may not be required. The relevant healthcare professional should normally lead on identifying and agreeing with the school the type and level of training required, and how this can be obtained. Training should be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in any proposed individual healthcare plan. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures. Healthcare professionals can provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

Individual Healthcare Plans should be reviewed annually or when there is a change in the management of the condition or a change in the teaching staff with relevant training. This is particularly important when the child moves between key stages.

See **Annex A Process for Developing Individual healthcare Plans (DfE)**

See **Template A for a Model Healthcare Plan (DfE)**

Storage of records

- **Short Term Medical Conditions:** Completed (and signed) forms should be retained by the school office once the course of medication is completed.
- **Long Term Medical Conditions and Allergies:** Each time a parent/carer completes an updated Medications Consent Form, the obsolete form should be retained and kept ready for archive. The updated form should be placed with the medication.
- At the end of each year, medication forms and obsolete individual healthcare plans will be archived by year group. These can be stored with the *first aid records* for that year group. Each year group archive will be kept until children in that year group have reached the age of 21.

Monitoring and review

This policy is monitored by the Proprietors and staff of the school and will be reviewed for changes in procedures and statutory guidelines in accordance with the school's policy review guidelines.

Further advice

Supporting Pupils at School with Medical Conditions

Statutory Guidance for Governing Bodies of Maintained Schools And Proprietors of Academies in England December 2015

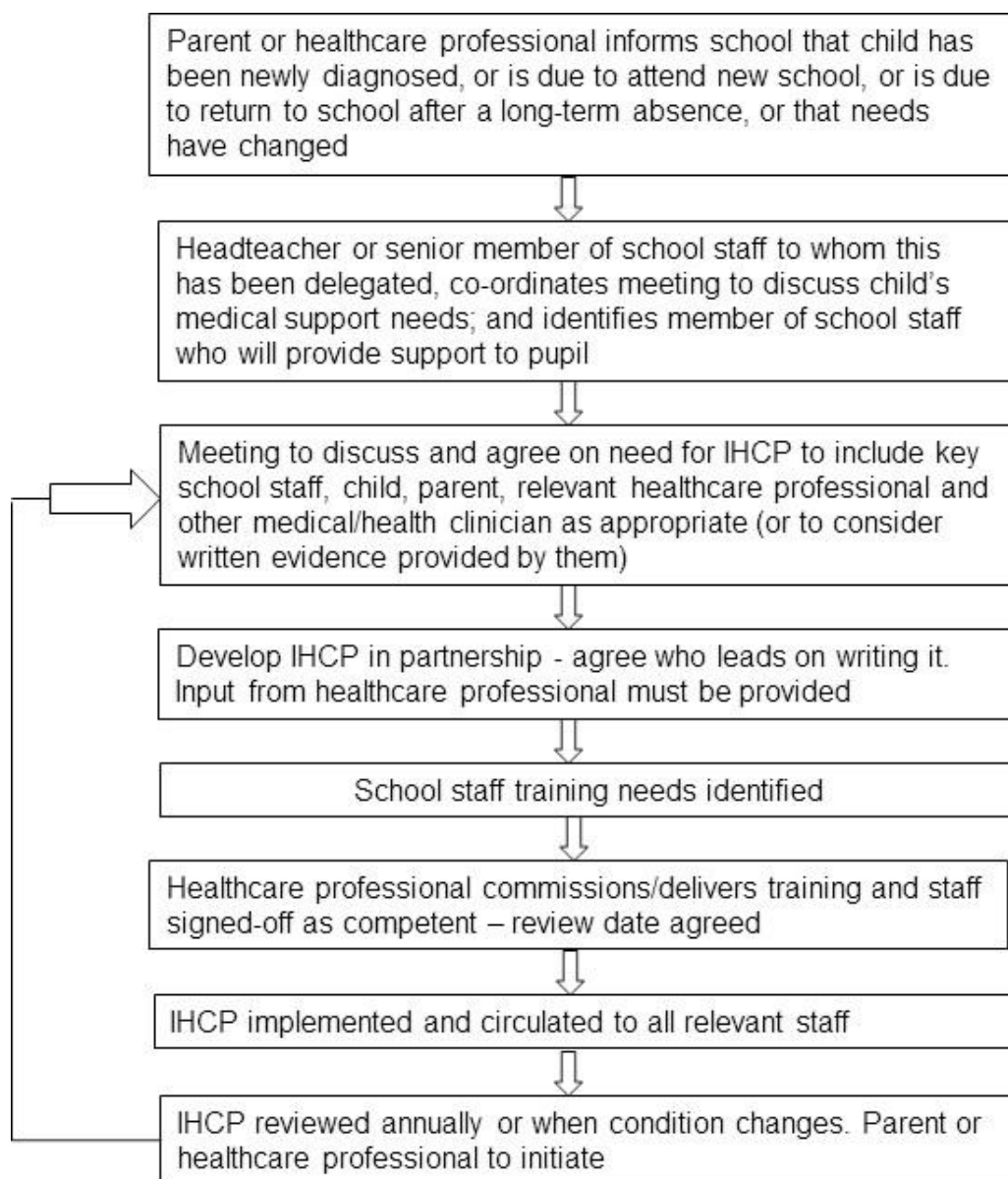
Further advice from the Guidance:

“Although schools may already have such procedures in place, they should reflect the following details:

- medicines should only be administered at school when it would be detrimental to a child’s health or school attendance not to do so;
- no child under 16 should be given prescription or non-prescription medicines without their parent’s written consent – except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality;
- a child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed;
- where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours;
- schools should only accept prescribed medicines if these are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. 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;
- all medicines should be stored safely. Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away. This is particularly important to consider when outside of school premises, e.g. on school trips;
- when no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps;
- 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. Monitoring arrangements may be necessary. Schools should otherwise keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held;
- 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. Schools should keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted in school.”

[Supporting pupils at school with medical conditions \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/471222/Supporting_pupils_at_school_with_medical_conditions.pdf)

Annex A: Model process for developing individual healthcare plans



¹⁵ <https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions> --3

Template A: individual healthcare plan

Name of school/setting

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Phone no.

Who is responsible for providing support in school

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to