

Battle and Langton Church of England Primary School



Supporting Pupils with Medical Conditions Policy

Policy Title	Supporting Pupils with Medical Conditions Policy
Purpose and Scope of Policy	Guidance for supporting those children that have medical needs and assuring they can attend school safely
Related Policies	Safeguarding policy ,SEN Policy, Complaints, East Sussex off site visit policy
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Approved By			
Headteacher	S. Hughes		
Chair of Governors	S. Cutting		

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1. Introduction

- 1.1 This policy is written in line with the requirements of:
- Children and Families Act 2014 - section 100
 - Supporting pupils at school with medical conditions: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England, Department for Education (DfE), December 2015
 - 0-25 SEND Code of Practice, DfE January 2015
 - Mental Health and behaviour in schools: departmental advice for school staff, DfE November 2018
 - Equalities Act 2010
 - Schools Admissions Code, DfE December 2014
 - ESCC Accessibility Strategy
 - ESCC SEND Strategy
SEND MATRIX <https://czone.eastsussex.gov.uk/inclusion-and-send/sen-matrix/the-matrix/>
 - East Sussex policy for the education of children and young people unable to attend school because of health needs (link: <https://www.eastsussex.gov.uk/educationandlearning/schools/attendance-behaviour/too-sick/>)
 - ISEND Front Door <https://czone.eastsussex.gov.uk/inclusion-and-send/front-door-referrals/> and include the following documents: Additional Needs Plan or IHCP, registration certificate and current medical evidence. Potential referrals can be discussed with TLP – 01273 336888
- 1.2 This policy should be read in conjunction with the following school policies SEN Policy, Safeguarding Policy, the East Sussex off-site visits policy and the Complaints Procedure
- 1.3 This policy was developed with representatives from the governing body and will be reviewed bi-annually.
- 1.4 Systems are in place to ensure that the Designated Safeguarding Lead is kept informed of arrangements for children with medical conditions and is alerted where a concern arises, such as an error with the administering of medicines or intervention, or repeated medical appointments being missed, or guidance or treatments not being followed by the parents or the child.

2. Definitions of medical conditions

- 2.1 Pupils' medical needs may be broadly summarised as being of two types:

Short-term affecting their participation at school because they are on a course of medication.

Long-term potentially limiting access to education and requiring on-going support, medicines or care while at school to help them to manage their condition and keep

them well, including monitoring and intervention in emergency circumstances. It is important that parents feel confident that the school will provide effective support for their child's medical condition and that pupil's feel safe.

2.2 Some children with medical conditions may be considered 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 and/or disability (SEND) and may have a Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with SEND, this policy should be read in conjunction with the Special Educational Needs and Disability (SEND) code of practice (DfE January 2015) which explains the duties of local authorities, health bodies, schools and colleges to provide for those with special educational needs and disabilities. For pupils who have medical conditions and have EHC plans, compliance with the SEND code of practice will ensure compliance with this policy in respect to those children.

3. The role of the governing body

3.1 The governing body remains legally responsible and accountable for fulfilling their statutory duty for supporting pupils at school with medical conditions. The governing body of Battle and Langton CEP fulfil this by:

- Ensuring that arrangements are in place to support pupils with medical conditions. In doing so we will ensure that such children can access and enjoy the same opportunities at school as any other child;
- Taking into account that many medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others and therefore the focus is on the needs of each individual child and how their medical condition impacts on their school life;
- Ensuring that the arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions, should show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care. We will ensure that staff are properly trained to provide the support that pupils need;
- Ensuring that the arrangements put in place are sufficient to meet our statutory duties and ensure that policies, plans, procedures and systems are properly and effectively implemented;
- Developing a policy for supporting pupils with medical conditions that is reviewed regularly and accessible to parents and school staff (this policy);
- Ensuring that the policy includes details on how it will be implemented effectively, including a named person who has overall responsibility for policy implementation (see section below on policy implementation);
- Ensuring that the policy sets out the procedures to be followed whenever the school is notified that a pupil has a medical condition (see section below on

procedure to be followed when notification is received that a pupil has a medical condition);

- Ensuring that the policy covers the role of individual healthcare plans, and who is responsible for their development, in supporting pupils at school with medical conditions and that they are reviewed at least annually or earlier if evidence is presented that the pupil's needs have changed (see section below on individual healthcare plans);
- Ensuring that the policy clearly identifies the roles and responsibilities of all those involved in arrangements for supporting pupils at school with medical conditions and how they will be supported, how their training needs will be assessed and how and by whom training will be commissioned and provided (see section below on staff training and support);
- Ensuring that the policy covers arrangements for children who are competent to manage their own health needs and medicines (see section below on the child's role in managing their own medical needs);
- Ensuring that the policy is clear about the procedures to be followed for managing medicines including the completion of written records (see section below on managing medicines on school premises);
- Ensuring that the policy sets out what should happen in an emergency situation (see section below on emergency procedures);
- Ensuring that the arrangements are clear and unambiguous about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so (see section on day trips, residential trips and sporting activities);
- Ensuring that the policy is explicit about what practice is not acceptable (see section on unacceptable practice);
- Ensuring that the correct level of insurance is in place and appropriate to the level of risk (see section on liability and indemnity);
- Ensuring that the policy sets out how complaints may be made and will be handled concerning the support of pupils with medical conditions (see section on complaints).

4. Policy implementation

4.1 The statutory duty for making arrangements for supporting pupils at school with medical conditions rests with the governing body. The governing body have delegated the implementation of this policy to the staff below, however, the governing body remains legally responsible and accountable for fulfilling our statutory duty.

4.2 The overall responsibility for the implementation of this policy is given to Simon Hughes Head Teacher. They will also be responsible for ensuring that sufficient staff are suitably trained and will ensure cover arrangements in cases of staff absences or staff turnover to ensure that someone is always available and on-site with an appropriate level of training.

4.3 Julie Crocker Deputy Head Teacher/ Inclusion Manager will be responsible for briefing supply teachers, preparing risk assessments for offsite visits and other school activities outside of the normal timetable and for the monitoring of individual healthcare plans.

4.4 Bernice Eldon Office Manager with Julie Crocker Deputy Head Teacher/ Inclusion Manager will be responsible in conjunction with parents/carers, for drawing up, implementing and keeping under review the individual healthcare plan for each pupil and making sure relevant staff are aware of these plans.

4.5 All members of staff are expected to show a commitment and awareness of children's medical conditions and the expectations of this policy. All new members of staff will be inducted into the arrangements and guidelines in this policy upon taking up their post.

5. Procedure to be followed when notification is received that a pupil has a medical condition

5.1 This covers notification prior to admission, procedures to cover transitional arrangements between schools or alternative providers, and the process to be followed upon reintegration after a period of absence or when pupils' needs change. For children being admitted to Battle and Langton CEP for the first time with good notification given, the arrangements will be in place for the start of the relevant school term. In other cases, such as a new diagnosis or a child moving to Battle and Langton CEP mid-term, we will make every effort to ensure that arrangements are put in place within two weeks.

5.2 In making the arrangements, we will take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. We also acknowledge that some may be more obvious than others. We will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life. We aim to ensure that parents/carers and pupils can have confidence in our ability to provide effective support for medical conditions in school, so the arrangements will show an understanding of how medical conditions impact on the child's ability to learn, as well as increase their confidence and promote self-care.

5.3 We will ensure that staff are properly trained and supervised to support pupils' medical conditions and will be clear and unambiguous about the need to actively support pupils with medical conditions to participate in offsite visits, or in sporting activities, and not prevent them doing so. We will make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible. We will make sure that no child with a medical condition is denied admission or prevented from attending the school because arrangements for supporting their medical condition have not been made. However, in line with our safeguarding duties, we will ensure that all pupils' health is not put at unnecessary risk from, for example, infectious disease. We will therefore not accept a child in school at times where it would be detrimental to the health of that child or others.

5.4 Battle and Langton CEP does not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on 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, these discussions will be led by Rochelle Byles and then an individual healthcare plan will be written in conjunction with the parent/carers by Bernice Eldon and Julie Crocker, and put in place. (please also see 'Safeguarding children in whom illness is fabricated or induced' Department for Children's & Families 2008).

6. Individual healthcare plans

6.1 Individual healthcare plans will help to ensure that we effectively support pupils with medical conditions. They will provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. They are likely to be required in the majority of other cases too, especially where medical conditions are long-term and/or complex. However, not all pupils will require one. The school, healthcare professional and parent/carer should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached the Headteacher, Simon Hughes, is best placed to take a final view.

6.2 Individual healthcare plans will be easily accessible to all who need to refer to them, while preserving confidentiality. Plans will capture the key information and actions that are required to support the pupil effectively. The level of detail within the plan will depend on the complexity of the pupil's condition and the degree of support needed. This is important because different pupils with the same health condition may require very different support.

6.3 Individual healthcare plans (and their review) should be drawn up in partnership between the school, parents/carers and a relevant healthcare professional e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the pupil. Pupils should also be involved whenever appropriate. The aim should be to capture the steps which Battle and Langton CEP should take to help manage their condition and overcome any potential barriers to getting the most from their education. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school.

6.4 We will ensure that individual healthcare plans are reviewed at least annually or earlier if evidence is presented that the pupil's needs have changed. They will be developed and reviewed with the pupil's best interests in mind and will ensure that we assess and manage the risks to the pupil's education, health and social wellbeing, and minimise disruption. Where a pupil is returning to school following a period of hospital education or alternative provision, we will work with the local authority and education provider to ensure that the individual healthcare plan identifies the support the pupil will need to reintegrate effectively.

6.5 Where home to school transport is being provided by East Sussex County Council, we will support the development of any risk assessments and share the individual healthcare plan with the local authority and driver/escort. Where pupils have a life threatening condition or a medical need that requires an emergency response, individual healthcare plans should be carried on the vehicle detailing the procedure to be followed in the event of an emergency. In the event that home to school transport is not being provided by East Sussex County Council, the risk assessment and healthcare plan will be shared as appropriate.

6.6 Individual healthcare plans will suit the specific needs of each pupil, but will all include the following information:

- The medical condition, its triggers, signs, symptoms and treatments;
- The pupil's resulting needs, including medication (dose, side effects, storage and expiry) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues e.g. crowded corridors, travel time between lessons;
- Specific support for the pupil's educational, social and emotional needs - for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
- The level of support needed (some pupils will be able to take responsibility for their own health needs) including in emergencies. If a pupil is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;
- Who in the school needs to be aware of the pupil's condition and the support required;
- Separate arrangements or procedures required for offsite visits or other school activities outside of the normal school timetable that will ensure the pupil can participate e.g., risk assessment;
- Where confidentiality issues are raised by the parent/pupil, the following designated individuals are to be entrusted with information about the pupil's condition; Julie Crocker – Inclusion Manager and Bernice Eldon - Secretary
- What constitutes an emergency for the individual child, procedures to be followed in an emergency, including whom to contact, and contingency arrangements.

Some pupils may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

7. Roles and responsibilities

7.1 Please refer to the section on policy implementation for the functions that have been delegated to different, named members of staff at Battle and Langton CEP.

7.2 In addition we can refer to the **School Health Team** using the online referral form which can be found at <https://www.kentcht.nhs.uk/service/school-health-service-east-sussex/> for support with drawing up Individual Healthcare Plans, awareness training around common medical conditions, liaison with lead clinicians including identifying specialist training and advice or support in relation to pupils with medical conditions.

7.3 Other **healthcare professionals, including GPs and paediatricians** should notify the School HealthTeam when a child has been identified as having a medical condition that will require support at school. Specialist local health teams may be able to provide support, and training to staff, for children with particular conditions (e.g. asthma, diabetes, epilepsy, anaphylaxis).

7.4 **Pupils** 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 individual healthcare plan or Additional Needs Plan. If appropriate school will complete a Pupil Voice tool to support the development of these plans.

7.5 **Parents/carers** should provide the school with sufficient and up-to-date information about their child's medical needs. They may, in some cases be the first to notify the school that their child has a medical condition. Parents are key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

7.6 East Sussex County Council will work with us to support pupils with medical conditions to attend full time. Where pupils would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements. ISEND Teaching and Learning Provision is an East Sussex service which supports schools in the education of children and will provide teaching in a range of settings if a young person is unable to attend school for 15 days or more because of health needs (whether consecutive or cumulative across the year).

7.7 **Providers of health services** should co-operate with schools that are supporting children with medical conditions. They can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.

7.8 The **Ofsted** common inspection framework promotes greater consistency across inspection remits. Inspectors must consider how well a school meets the needs of the full range of pupils, including those with medical conditions. Key judgements will be informed by the progress and achievement of these children alongside those of pupils with special

educational needs and disabilities, and also by pupils' spiritual, moral, social and cultural development. Schools are expected to have a policy dealing with medical needs and to be able to demonstrate that it is being implemented effectively.

8. Staff training and support

8.1 Whole school awareness training will be arranged so that staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing that policy. This is part of the start of academic year inset training.

The following staff have received training for administering medicines:

Mrs B Eldon – Secretary – date of training 16th October 2020

The following staff have received specific/specialist training:

No children require this at present

8.2 We will record staff training for administration of medicines and /or clinical procedures.

8.3 All staff who are required to provide support to pupils for medical conditions will be trained by healthcare professionals qualified to do so where required. The training need may be identified by the healthcare professional during the development or review of the individual healthcare plan or we may choose to arrange training ourselves and will ensure that it remains up-to-date.

8.4 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 set out in the individual healthcare plans. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

8.5 For the protection of both staff and pupil a second member of staff will be present while more intimate procedures are being followed where possible and ensuring a pupils dignity is considered.

8.6 Staff must not give prescription medicines or undertake healthcare procedures without appropriate training (updated to reflect any individual healthcare plans). A first aid certificate does not constitute appropriate training in supporting children with medical conditions. Healthcare professionals, including the school nurse, can provide confirmation of proficiency of staff in a medical procedure, or in providing medication.

8.7 All staff will receive induction training and regular whole school awareness training so that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing the policy. Simon Hughes, Head teacher, will seek advice from relevant healthcare professions about training needs, including

preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

8.8 The family of a pupil will often be essential in providing relevant information to school staff about how their child's needs can be met, and parents will be asked for their views. They should provide specific advice, but should not be the sole trainer.

9. The child's role in managing their own medical needs

9.1 If, after discussion with the parent/carer, it is agreed that the pupil is competent to manage their own medication and procedures, they will be encouraged to do so. This will be reflected in the individual healthcare plan.

9.2 Wherever possible pupils medicines and relevant devices will be stored in an easily identifiable box in the classroom so they are able to access their medication for self-medication quickly and easily; where this isn't possible these will be stored in the cupboard in *the medical room* to ensure that the safeguarding of other pupils is not compromised. Battle and Langton CEP also recognises that pupils who take their medicines themselves and/or manage procedures may require an appropriate level of supervision. If it is not appropriate for a pupil to self-manage, then relevant staff will help to administer medicines and manage procedures for them.

9.3 If a pupil refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan and inform the DSL. Parents will also be informed so that alternative options can be considered.

10. Managing medicines on school premises and record keeping

10.1 See Administration of Medicines Policy – Appendix A

11. Medication Errors

11.1 A medication error is when the administration deviates from the instructions of the medical professional and parent. Medication errors typically occur when schools have more than one pupil with the same name. Some examples of medication errors include administration of:

- a medication to the wrong pupil

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- the wrong medication to a pupil
 - the wrong dosage of medication to a pupil
 - the medication via the wrong route
 - the medication at the wrong time.

11.2 Each medication error must be reported to the Headteacher, DSL and the parents. The incident will also be reported via the ESCC online incident reporting system. Procedures are in place to minimise the risk of medication errors- See Administration of Medicines Policy

12. Emergency procedures

12.1 Simon Hughes, Headteacher will ensure that arrangements are in place for dealing with emergencies for all school activities wherever they take place, including school trips within and outside the UK, as part of the general risk management process

12.2 Where a pupil has an individual healthcare plan, this will clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.

12.3 If a pupil needs to be taken to hospital, staff will stay with them until the parent arrives, or accompany a child taken to hospital by ambulance. The school is aware of the local emergency services cover arrangements and the correct information will be provided for navigation systems.

13. Offsite visits and sporting activities

13.1 We will actively support pupils with medical conditions to participate in offsite visits and sporting activities by being flexible and making reasonable adjustments unless there is evidence from a clinician such as a GP that this is not possible.

13.2 We will always conduct a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions can be included safely. The individual healthcare plan will be updated with specific information required for the visit/activity and a copy will be taken on the visit. All staff supervising offsite visits will be made aware of any medical needs and relevant emergency procedures. This will involve consultation with parents\carers and relevant healthcare professions and will be informed by our the adopted East Sussex Offsite Visits Policy.

13.3. Staff with the role of administering medicines must have relevant and current training to do so. A first aid qualification does not cover the skills and knowledge required for the administration of medicines.

14. Hygiene/Infection Control

15.1 All staff will be familiar with normal precautions for avoiding infection and must follow basic hygiene procedures. Staff will have access to protective disposable vinyl gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment. Further information is contained in the First Aid Policy and the Guidance for Schools on First Aid.

16. Equipment

16.1 Some pupils will require specialist equipment to support them whilst attending school. Staff will check the equipment, in line with any training given, and report concerns to Julie Crocker Deputy Head / Inclusion Manager.

16.2 The maintenance contract/safety checks for all equipment and the procedure to be followed in the event of equipment failure will be detailed within the individual healthcare plan.

16.3 Staff will be made aware of the use, storage and maintenance of any equipment.

17. Unacceptable practice

17.1 Although staff at Battle and Langton CEP should use their discretion and judge each case on its merits with reference to the pupil's individual healthcare plan, it is unacceptable practice to:

- Prevent pupils from easily accessing their inhalers and medication and administering their medication when and where necessary;
- Assume that every pupil with the same condition requires the same treatment;
- Ignore the views of the pupil or their parents/carers; or ignore medical evidence or opinion (although this may be challenged);
- Send pupils 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;
- Send a pupil who becomes ill to the school office or medical room unaccompanied, or with someone unsuitable;
- Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments;
- Prevent pupils from drinking, eating or taking toilet breaks whenever they need to in order to manage their medical condition effectively;

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- Require parents\carers of individual health care plans to 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; or
 - Prevent pupils from participating, or creating unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

18. Liability and indemnity

Maintained Schools:

Individual cover may need to be arranged for any healthcare procedures, in particular those which would be considered invasive or normally undertaken by a medical professional. If in any doubt please contact the Insurance Team who will check with external insurers. Any requirements of the insurance, such as the need for staff to be trained, should be made clear in the Health Care Plan and complied with. In the event of a claim alleging negligence by a member of staff, civil actions are likely to be brought against the employer rather than the employee.

18.1 Staff who assist with administering medication to a child in accordance with the procedures detailed within this policy are explicitly reassured that they will be acting within the scope of their employment and that they will be indemnified. Indemnity requires that these procedures are followed as described here. The indemnity though will not be given in cases of fraud, dishonesty, or criminal offence. In the most unlikely event of any civil action for damages being taken against you, the County Council will accept responsibility in accordance with the indemnity. Any member of staff will be fully supported throughout the process should an allegation be made.

19. Complaints

19.1 Should parents/carers be dissatisfied with the support provided, they must discuss their concerns directly with the school. This will be with the child's class teacher/form tutor in the first instance, with whom any issues should be addressed. If this does not resolve the problem or allay the concern, the problem should be brought to a member of the leadership team, who will, where necessary, bring concerns to the attention of the Headteacher. In the unlikely event of this not resolving the issue, the parent\carer must make a formal complaint using the Battle and Langton CEP Complaints Procedure.

Appendix A-

Administration of Medicines Policy

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1. Introduction

This Administration of Medicines Policy sets out the responsibilities and duties of the Governors, Headteacher and school staff to support pupils with medical conditions who need access to medication during the school day. It should be read in conjunction with other relevant policies – Health and Safety Policy, Supporting Children with Medical conditions Policy.

The Headteacher has a duty to safeguard the health and safety of children while engaged in school activities. However, teachers and other school staff are not contractually obliged to personally undertake the administration of medications. Staff may however, on a voluntary basis, agree to administer certain medicines or procedures. This will be arranged on a case-by-case basis. Children who are acutely ill should not attend school until the illness has resolved. In the event of a child becoming ill during the course of the school day, parents or emergency contacts will be notified and asked to take the child home. In emergency situations, qualified medical help will be obtained or, if necessary, an ambulance will be called to take the child to the nearest hospital emergency department.

This policy has been developed to ensure compliance with the Medicines Standard of the National Service Framework for Children and to meet the requirements of the Special Educational Needs and Disability Act 2001 and Parts 3 and 4 of the Disability Discrimination Act 1995. It also meets the requirements of the local authority Children's Services model 'Supporting Pupils with Medical Conditions' policy and those of the DFE's Statutory Guidance – 'Supporting Pupils with Medical Conditions at School'.

2. Aims

This policy aims to

- Give guidelines on the roles and responsibilities of staff managing administration of medicines, and for administering or supervising the administration of medicines
- Give parents guidelines as to their responsibilities in respect of their child's individual medical needs
- Ensure that the needs of children who require administration of essential medications during the school day are met
- Ensure compliance with current legislation
- Protect staff by ensuring that any involvement in medication administration complies with best practice guidelines

3. Pupils with Specific Medical Needs

Most pupils will, at some time, have a medical condition that may affect their participation in school activities. This is most likely to be short term, e.g. completion of a course of antibiotics. Some pupils, however, have medical conditions that, if not managed, could limit their access to education. It is these pupils for whom Individual Health Care Plans (IHP) (Appendix A) and/or Protocols for Administering Medication (Appendix B) are required. The IHP/protocol will be created using information provided by parents, the child's doctor, the school nurse and any other professional appropriate to the individual. The completed IHP/protocol will be shared with school staff who will have day to day responsibility for the pupil (and will be named in the IHP/protocol), and with those who contribute to its compilation. If the IHP/protocol includes administering medicine to the child a Parental Consent form, (Appendix C) will be completed by the parent and a Record of Medicine Administered to an individual child/young person (Appendix D) will be created by office staff detailing the child's name, medication and dosage. This Record will be kept in the medical room, or with the child's medication should their medical plan/protocol indicate otherwise.

In all cases*, an Individual Healthcare Plan/medical protocol will include the following details:

- pupil's name
- details of pupil's condition
- special requirements, e.g. dietary needs
- medication and any side effects
- what constitutes an emergency
- what to do and who to contact in an emergency
- what not to do in an emergency
- procedures to be followed when transporting the pupil (e.g. off-site visits)
- information sharing and record keeping
- the role staff can play

*Asthma: Where a pupil is diagnosed with asthma this may be, supported by a written 'Managing Asthma in School' plan rather than an individual health care plan. However, plans will be required for those pupils that have a diagnosis of severe asthma. This plan will be devised in conjunction with the child's designated Nurse specialist.

4. Medicines

The governing body have agreed that ONLY prescribed medicines will be administered to children with a specific medical condition for which the school has an agreed Individual Healthcare Plan (IHP)/medical protocol in place (this will include any child that has Diabetes, Epilepsy, Asthma or Anaphylaxis). Medicines are not administered to any child for whom there is not an IHP/medical protocol in place, this includes over the counter remedies and prescription medicine (e.g. antibiotics, eye drops etc. (*GPs should be encouraged to prescribe dose frequencies that enable the medication to be taken around school hours*)). Parents are welcome to come into school to administer medicine to their child should the need arise on a temporary or one-off basis.

For those children for whom an Individual Healthcare Plan or medical protocol is in place the following will apply

- Only medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber can be accepted
- The medicines must be provided in the original container/packaging and include the prescribed instructions for administration (no repacked or relabelled items)
- Medicines must be handed to the school office by the parent/carer
- Parents/carers are responsible for ensuring adequate supplies of in date medication are on site
- Parents/carers are responsible for informing the school about changes to the prescription and should provide written evidence from the prescriber
- All children who require EPI PENS will require two pens to be kept in school at all times

5. Storage and Disposal of Medicines

When medicines are brought into school the safety of all pupils will be paramount and the following checklist will be followed in all cases:

Storage of Medicines

- ✓ All medicines entering the school must do so via the school office
- ✓ Packaging/container will be checked by office staff to ensure that it is original, is in date and includes the child's name and the prescriber's instructions
- ✓ Medication will be distributed to the storage point identified in the individual pupil's medical protocol
- ✓ Medicine requiring refrigeration will be stored in a named container in a lockable refrigerator at the location detailed in the individual pupil's medical protocol

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- ✓ If the medication is a controlled drug it will be stored in a locked, non-portable container in the medical room
 - ✓ Asthma inhalers will be stored in the child's classroom in the large box labelled INHALERS AND EPI PENS
 - ✓ The second of a child's two EPI PENS will be stored in the child's classroom in the large box labelled INHALERS AND EPI PENS, (the first being stored in the medical cupboard in the school's medical room)
 - ✓ Insulin and testing equipment for diabetic pupils can also be stored in the above mentioned box (or in the child's own portable container in a designated location within the classroom agreed by the classroom teacher and support staff)
 - ✓ School Staff are responsible for checking the expiry dates of medicines and informing a parent if a medicine is close to or past expiry date.

Disposal of medicines

- School staff will not dispose of any medicine
- Parents are responsible for collecting medicines held at school at the end of each term
- Parents are responsible for disposing of date expired medicines
- The school nurse will be asked to dispose of any medicines not collected
- The sharps box will be provided through the school nurse, as will its collection and disposal

6. Administration of Medicines

When there is an Individual Healthcare Plan or medical protocol in place for a pupil that indicates a requirement for the administration of medicine during the school day, volunteers from the school staff will be sought (and identified in the IHP/protocol) to administer the medication.

- Medication will be dispensed in the school's medical room unless an alternative location is identified in the child's protocol
- The member of staff responsible for administering to the child will check the child's name against the medicine bottle/container and will check the Record of Medicine Administered to an individual child/young person (Appendix D) before administering the prescribed dose
- Once administered, the staff member will enter the details in the Record of Medicine Administered and sign and date the entry
- If the medicine is a controlled drug, e.g. Ritalin, it will be necessary for a witness to counter sign the Record of Medicine Administered once given
- If a controlled drug is refused or not taken, it should be disposed of in the school's sharps box and a record kept of the disposal, signed and witnessed by 2 members of staff
- If the administration involves the use of a needle, the used needle will be placed in the sharps box provided

- If a child refuses to take their medication, they will not be forced to do so and a note will be made in the Record of Medicine Administered. The parent/guardian will be informed of the refusal on the same day as will the DSL and this will be recorded on CPOMS. If the refusal results in a health emergency for the child, the procedures set out in the pupil's Individual Healthcare Plan/medical protocol should be followed.

Off-Site Visits

When there is an Individual Healthcare Plan/medical protocol in place for a child, details of arrangements for the storage and administration of their medication on off-site visits will be contained within the IHP/protocol. Parents will be advised before the visit takes place if different members of staff will be responsible for administering to their child whilst on the visit. A photo copy of the Record of Medicine Administered sheet for the child will be given to the adult responsible for their medicine on the day and will be attached to the main record book once back in school.

7. The child's role in managing their own medical needs

No pupil is permitted to carry either prescription or non-prescription medication in school. If found, such medications will be confiscated and parents/carers will be contacted.

If, after discussion with the parent/carer, it is agreed that a pupil with a long-term need (who has an Individual Healthcare Plan/medical protocol in place) is competent to manage their own medication and procedures, they will be encouraged to do so. This will be reflected in the IHP or protocol. Self-administration of any medication (e.g. insulin) in school will be under the supervision of school staff identified in the IHP/medical protocol.

8. Confidentiality

All medical information will be treated as confidential by school staff. The headteacher will agree with parents (and pupils if appropriate) who else will have access to their child's records. Where Individual Healthcare Plans/medical protocols are in place, those with whom the information contained therein will be shared will be named.

9. Staff Training and Indemnity

Training

Some pupils may require types of treatment for which specific training is necessary, e.g. the administration of rectal diazepam, assistance with catheters or the use of equipment for children with tracheotomies. These procedures will only be carried out by members of staff who have volunteered for and completed the appropriate training for the specific condition. Full details of any such procedure will be given in the pupil's Individual Healthcare Plan/medical protocol. Where procedures are of a more intimate nature, for the protection of both staff and pupils, a second willing member of staff will be present.

Some pupils have conditions that may require the emergency administration of life-saving medication, for example children suffering from Anaphylaxis (severe allergic reaction) needing an immediate EPIPEN injection. To ensure the safety of children in these situations, whole staff training will be undertaken on a regular basis to inform and update staff as to the signs and symptoms and action necessary in the event of a pupil becoming unwell during the school day.

All training undertaken by staff will be recorded on the Schools Information and Management System.

Indemnity

In order to give staff reassurance about the protection their employment provides, East Sussex County Council agrees to fully indemnify its staff at the school against claims of negligence from parents of pupils who have Individual Healthcare Plans/medical protocols in place, providing that staff act within the terms of the IHP/protocol and in accordance with the procedures detailed in this policy. In practice, the indemnity means the County Council and not the employee will meet the cost of damages should a claim for alleged negligence be successful. It is very rare for school staff to be sued for negligence and the action will usually be between the parent and the employer (the County Council).