



# SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY

This policy has been reviewed by Directors and the Operations Board

Date Policy was created: January 2019

Date of next renewal: January 2022

This policy is written in line with the requirements of:

Pupil 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, DfE Sept 2014  
0-25 SEND Code of Practice, DfE 2014

Mental Health and behaviour in schools: departmental advice for school staff, DfE June 2014  
Equalities Act 2010

Schools Admissions Code, DfE 2014

## **1. INTRODUCTION**

1.1 Under The Equality Act 2010, responsible bodies for schools must not discriminate against disabled pupils in relation to their access to education and associated services including all aspects of school life including school trips and school clubs and activities.

1.2 Skills for Life Academy will endeavour to adhere to the aforementioned acts through the implementation of this policy that aims to:

Avoid disability discrimination

Ensure all pupils are included

Ensure that pupils with medical conditions are properly supported so they have full access to education, including school trips and physical education.

Enable regular attendance.

There is no legal duty that requires schools to administer medicines however we have a duty to make arrangements to support pupils with medical conditions.

1.3 We propose to administer, after appropriate training, prescription medication to assist pupils with medical needs.

1.4 Any staff giving medication of any kind would be doing so voluntarily and supported by the school with training if required. All volunteers will be indemnified by the School's Liability Insurance for any claims made against them provided that they have received training, taken any necessary refresher training, followed the Health Care Plan and used appropriate protective equipment.

1.5 We propose to work with the local authority, health professionals and other support services to ensure that pupils with medical conditions receive a full education.

## **2. HEALTH CARE PLANS (HCP)**

2.1 Healthcare plans must be drawn up for any pupil with a medical condition that needs management. HCP will include detailed instructions on day-to-day management on the condition together with procedures to be followed in an emergency and the level of support required. The Health & Welfare officer/appointed First Aider will work closely with the parents and

healthcare professionals in formulating the HCP. The school nurse will deliver any necessary training, in conjunction / consultation with other agencies. The Health & Welfare officer/appointed First Aider will also arrange awareness training in conjunction with other agencies to staff directly involved with the child.

2.2 Individual Health Care Plans will be kept on file in the school office. The Head Teacher and Senior Leadership Team (SLT), class teacher and the school's First Aiders will be informed of the pupil's needs.

2.3 Detailed medication administration sheets will be kept.

2.4 Pupils are not allowed to carry medication whilst in school. Items such as asthma inhalers and adrenaline pens, diabetes control will be stored in main school office or securely in the classrooms and be readily available. If a child needs to carry their own asthma inhalers, adrenaline pens, diabetes control in school, this will be subject to parental consent. This will be decided on an individual basis by the Head Teacher. Any other prescription medication must be kept in a locked cupboard in the school office.

### **3. ROLES AND RESPONSIBILITIES**

3.1 **Parents** have the prime responsibility for their child's health and must provide the school with information about their child's medical condition. Parents must also advise of any changes to the pupil's healthcare needs as soon as they become aware of them and provide clear written details of such changes pending a full review of the HCP.

3.2 The **Head teacher and SLT** are responsible for putting the school's policy into practice and for developing detailed procedures as well as ensuring that sufficient numbers of staff are appropriately trained to manage medicines as part of their duties. Furthermore they are responsible for ensuring parents and carers are made aware of the policy and procedures. They are responsible for ensuring that all relevant staff will be made aware of a pupil's condition.

3.3 **Staff** are responsible for ensuring that they understand this policy. This policy will be made available to all staff and discussed as and when required.

### **4. MONITORING**

4.1 This Policy will be reviewed every 3 years by the Governors as part of their review of the School's Health and Safety Policy and should be read in conjunction with all other relevant policies and guidelines.

### **5. INFECTIOUS ILLNESSES**

5.1 All staff will refer to the Health Protection Agency guidance when responding to a pupil who is ill or infectious. All staff will take necessary steps to prevent the spread of infection and take appropriate action if pupils are ill. Parents/carers will be asked to collect children or keep them at home if there is a risk of infecting other pupils.

## **SUPPORTING PUPILS WITH MEDICAL NEEDS ADMINISTRATION OF MEDICATION GUIDANCE AND PROCEDURES**

### **6. ROLES AND RESPONSIBILITIES**

#### **6.1 GOVERNING BODY**

6.1.1 The governing body is legally responsible and accountable for fulfilling the statutory duty to make arrangements to support pupils with medical conditions. They must ensure that arrangements are in place to support pupils with medical conditions and that such pupils can access and enjoy the same opportunities as any other pupil.

6.1.2 Pupils with medical conditions will not be refused admission because arrangements for their medical condition have not been made. However, in line with their safeguarding duties, the governing body will ensure that other pupils' health is not put at risk from, for example, infectious diseases.

6.1.3 The governing body will ensure that school policies, plans and procedures are put in place, effectively implemented and reviewed regularly.

6.1.4 The governing body will ensure that sufficient staff have received suitable training and are competent before they take on the responsibility to support a pupil with a medical condition. Staff will have access to information and support.

6.1.5 The governing body will ensure that the appropriate level of insurance is in place and that is appropriately reflects the level of risk.

#### **6.2 HEAD TEACHER AND SLT**

6.2.1 The Head teacher is responsible for putting the school's policy into practice and for developing detailed procedures. The Head teacher and SLT MUST ensure that staff receive proper support and training where necessary. As the manager of staff the Head teacher will agree when and how such training takes place. The Head teacher should make sure that all parents and all staff are aware of the policy and procedures for dealing with medical needs. The Head teacher and SLT will make sure that all relevant members of staff are aware of a pupil's medical condition.

6.2.2 For a pupil with medical needs, the Head teacher or a member of SLT will need to agree with the parents exactly what support can be provided. Where parents' expectations appear unachievable or unnecessary, the Head teacher or a member of SLT will seek advice from the school nurse or doctor, the pupil's GP or other medical advisers.

6.2.3 The Head teacher or a member of SLT will ensure that a paper version of this policy is available for parents if required and that a translation will / can be made available for non-English speakers.

6.2.4 A member of SLT will ensure that cover arrangements are made when staff are absent and that supply teachers are always briefed of medical needs of the pupil in their care. Sufficient

trained numbers of staff will be available to implement the policy and deliver against the individual healthcare plans.

### **6.3 STAFF**

6.3.1 Anyone caring for pupils including teachers and other school staff in charge of pupils, have a common law duty of care to act as any reasonable prudent parent would to make sure that pupils are healthy and safe. There is no legal duty that requires school staff to administer medicines.

6.3.2 Any staff giving medication of any kind would be doing so voluntarily and supported by the school with training, if required. All volunteers will be indemnified by the School's Liability Insurance for any claims made against them provided that they have received training, taken any necessary "Refresher Training," followed the Health Care Plan and used appropriate protective equipment.

6.3.3 We will ensure that sufficient members of staff are appropriately trained to manage medicines as part of their duties. In exceptional circumstances the duty of care could extend to administering medicine and/or taking action in an emergency. This duty also extends to staff leading activities taking place off site, such as visits, trips or after school activities.

6.3.4 The Head teacher and staff will always treat medical information confidentially. The Head teacher or a member of SLT will agree with the parent who else should have access to records and other information about a pupil. If information is withheld from staff they will not generally be held responsible if they act incorrectly in giving medical assistance, but otherwise in good faith. Should a parent insist in complete confidentiality then the school will not agree to administer medication of any kind and the responsibility for administering the medication will be the parents.

6.3.5 We will ensure that the social and emotional implications associated with medical conditions are considered and support provided when needed. Staff will be vigilant for signs that pupils are self-conscious about their condition, being bullied or developing emotional disorders such as anxiety or depression. Support will be offered and the Head Teacher will arrange this.

### **6.4 PARENTS**

6.4.1 Parents have the prime responsibility for their child's health and must provide the school with sufficient and up-to-date information about their child's medical condition. The school will require verification from the pupil's GP or another medical practitioner.

6.4.2 The parent will be expected to contribute to their child's Health Care Plan. A passport photograph of the pupil will be required which will be the parent's responsibility to provide and keep updated.

6.3.3 It is the parent's responsibility to provide the school with the pupil's medicine. The parent must hand all medication to an office staff member. Medication must be in date and with the correct instructions and information from the prescriber. The Head teacher may request that a parent temporarily remove their pupil from school if sufficient emergency medicine is not in school.

6.3.4 Parents should, wherever possible, administer or supervise the self- administration of medication to their pupil. This may be affected by the pupil going home during the lunch break or by the parent visiting school. However, this might not be practicable and in such a case parents may make a request for medication to be administered to the pupil at school. Medicines should only be taken into school where it would be detrimental to a pupil's health if it were not administered during the day.

## 6.5 SCHOOL

6.5.1. Parents and Carers must inform the school of any medical conditions.

6.5.2 The Health & Welfare officer/appointed First Aider will arrange training and support for members of staff who have agreed to provide medication etc. to pupils with medical conditions.

6.5.3 The Health & Welfare officer/appointed First Aider will meet with parents/carers to write the Individual Health Care Plan for a pupil with a medical condition.

6.5.4 The Health & Welfare officer/appointed First Aider will liaise with medical professionals on appropriate support and associated staff training needs.

## 6.6 PUPILS

6.6.1 Pupils should be fully involved in discussions about their medical support needs, where appropriate.

## 7. STAFF TRAINING

7.1 Any member of staff who agrees to accept responsibility for administering prescribed medicines to a pupil or supporting a pupil with a medical condition will have appropriate training and guidance. They should also be aware of possible side effects of any medicines and what to do if they occur. All staff will be able to notify the Head teacher or a member of SLT if they are unwilling to administer medicines and they will not be asked to administer medicines. This will be kept in their personal file. No volunteer will be asked to administer medication without the correct authorisation and check forms being completed.

7.2 Any medication that is to be administered to children in any other form than liquid or tablet will require additional training from the school nurse prior to staff agreeing to administer the medication. Staff will not administer medicines by injection, apart from administering insulin to diabetic pupil or in the case of an allergic reaction a adrenaline auto-injector. **Training must not be provided by parents, carers or any other non-medical professional.** The school will ensure that there are sufficient members of staff who are appropriately trained to manage such medicines as part of their duties. The Head teacher and SLT will ensure that there are appropriate systems for sharing information about pupil's medical needs.

7.3 The Head teacher and SLT will be responsible for making sure that staff have appropriate training to support pupils with medical needs and will arrange training appropriate to the needs of the school.

7.4 The family of the pupil will provide relevant information to school staff about how their child's needs can be met. They must not be the sole trainer when delivering staff training as a relevant medical professional must also deliver training.

7.5 Healthcare professionals can provide confirmation of the proficiency of staff in a medical procedure. The Head teacher and SLT will satisfy themselves that the training provided has given staff sufficient understanding, confidence and expertise and that arrangements are in place to update training (including refresher training) on a regular basis. A first-aid certificate does not constitute appropriate training in supporting pupil with medical conditions.

7.6 The Administration Manager will maintain a register of staff members who are trained to administer medication.

## **8. HEALTH CARE PLANS**

8.1 Healthcare plans must be drawn up for any pupil with a medical condition that needs management. It should include instructions as to how to manage a pupil in an emergency.

8.2 The main purpose of an individual **Health Care Plan** for a pupil with medical needs, is to identify the level of support that is needed, day to day management and include permission for the school to administer medication on an on-going basis or in an emergency situation.

8.3 An individual Health Care Plan clarifies for staff, parents, and the pupil the help that can be provided. It is important for staff to be guided by the pupil's GP or paediatrician. Staff should agree with parents how often they should jointly review the plan. The Health Care Plan should be reviewed annually as a minimum, or more frequently, depending on the nature of the pupil's particular needs.

8.4 Most children with medical needs are able to attend school regularly and with some support from school, can take part in most normal school activities. However, school staff may need to take extra care in supervising some activities to make sure that these children and others, are not put at risk. Additional supervision must be written into the pupil's Health Care Plan. An individual risk assessment may need to be completed prior to the pupil carrying out any identified activities.

8.5 Where a pupil is returning to school following a period of pro-longed absence due to their medical condition, support will be identified and provided to ensure that their return to school is as smooth as possible. This reintegration plan will be written by a member of SLT and attached to the Health Care Plan.

8.6 Temporary Health Care Plans are drawn up by a member of SLT with Special Needs responsibility for a pupil with a specific injury. This is agreed with parents with full details of day to day management. Parents / Carers, all relevant staff are given a signed, agreed copy of the plan which can be reviewed at the request of any parties as necessary or in response to further medical advice.

## 9. ADMINISTERING MEDICINES

### 9.1 STORAGE

9.1.1 Parents will be responsible for obtaining their child's medicine and ensuring these are up to date. Medication must not be brought into school by the pupil. The parent must hand all medication to a member of the office staff. Medicines must be in date, in the original container in which dispensed with the dispensing pharmacy label attached and the prescriber's instructions for administration. Staff should ensure that the supplied container is clearly labelled with the name of the pupil, the name and dose of the medicine and the frequency of administration. **Staff should never accept medicines that have been taken out of the container nor make changes to dosages on parental instruction.** The exception to this is insulin which may be provided in an insulin pen or pump, rather than its original container, but must be in-date and delivered as prescribed.

9.1.2 Parents must complete an authorisation form, prior to any medication being administered by school staff. Parents must clearly state the name of the medication to be administered, the dosage, the time it is to be given and the procedure for administering the medication. The form must be signed and dated.

9.1.3 Large volumes of medication should not be stored. Prescribed medication kept at the school should be kept in the school office to be readily accessible when required. Pupils should know where their medicines are stored, who is administering it to them and be able to access them immediately.

9.1.4 All emergency medicines, such as asthma inhalers and adrenaline pens, will be readily available to pupils. Inhalers should always be available during physical education, sports activities and educational visits.

9.1.5 The adrenaline pen (used for pupil with acute or severe allergic reactions to certain food or substances) should be in a named container with a large red cross on the box and instructions clearly written inside the box. All staff should be made aware of where this box is kept in the school office.

9.1.6 All other medication will be kept in a locked cupboard or locked refrigerator in the school office. Under no circumstances should medicines be kept in first-aid boxes

### 9.2 DISPOSAL

9.2.1 Staff will not dispose of medicines. 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 half term.

### 9.3 RECORD KEEPING

9.3.1 A record will be kept of all the drugs and medicines administered at school.

9.3.2 Parents must complete an authorisation form prior to any medication being administered by school staff. Parents must clearly state the name of the medication to be administered, the



dosage, the time it is to be given and the procedure for administering the medication. The form must be signed and dated.

9.3.3 Upon receipt of medication, staff administering medication must check the form, ensuring full completion.

9.3.4 Staff administering medication must complete a 'medicines record' after every dose of medication is given. This record must be signed, dated and a time recorded. This record must be stored in the 'medicines folder' in the School Office.

9.3.5 The record must be kept even if the pupil refuses to take the medication. The pupil should not be forced to take the medication. Parents should be notified immediately if a pupil refuses medication. Emergency services should be contacted if necessary.

## **10. CONTROLLED DRUGS**

### **10.1 The Head teacher or Deputy Head teacher must be informed if controlled drugs are being stored on school premises.**

10.2 Controlled drugs, such as Ritalin, Rectal Diazepam, Midazolam, are controlled by the Misuse of Drugs Act. Therefore it is imperative that controlled drugs are strictly managed between the school and parents.

10.3 No more than a week's supply of controlled drugs should be kept in school at any one time and the amount of medication handed over to the school should always be recorded.

10.4 Controlled drugs should be stored in a locked non-portable container and only specific, named staff allowed access to it. Each time the drug is administered it must be recorded, including if the pupil refused to take it.

10.5 The person administering the drug will receive appropriate training from the school nurse or an alternative appropriate health professional, prior to administering any medicines, if necessary.

10.6 The person administering the controlled drug should monitor that the drug has been taken. Passing a controlled drug to another pupil is an offence under the Misuse of Drugs Act.

10.7 As with all medicines, any unused medication should be recorded as being returned back to the parent when no longer required. If this is not possible it should be returned to the dispensing pharmacist. It should **not** be thrown away.

## **11. NON PRESCRIPTION MEDICATION**

11.1 Non-prescription medication can be administered by staff. This includes paracetamol and homeopathic medicines.

11.2 If a pupil suffers regularly from acute pain, such as migraine, the parents should authorise and supply appropriate prescribed painkillers for their pupil's use, with written instructions from the prescriber about when the pupil should take the medication. A member of staff should notify the parents that their child has requested medication and supervise the pupil taking the

medication if the parents have agreed to it being taken. A 'medicines record' must be completed after every dose of medication is given. This record must be signed, dated and a time recorded.

## **12. EMERGENCY ASTHMA INHALERS**

12.1 We have asthma inhalers in school that will be available to pupils who have been diagnosed with asthma and who usually have an inhaler in school.

12.2 Emergency inhalers must only be used if a pupil's own inhaler is lost, broken or expired.

12.3 Parents / Carers of pupils must sign a consent form to say they are happy for an emergency inhaler to be used if their pupil's own inhaler is not available / able to be used.

12.4 All pupils using an emergency inhaler must use a spacer for hygiene purposes.

12.5 Parents / Carers of pupils using an emergency inhaler must be informed immediately and a new inhaler provided as soon as possible.

12.6 Spacers must be washed in hot, soapy water following each use and then allowed to air dry.

12.7 Staff administering the emergency inhaler must log this in an individual pupil's Medicine Log.

## **13. EMERGENCY ADRENALINE AUTO-INJECTORS**

13.1 We have emergency adrenaline auto-injectors in school that are available to pupils that have been diagnosed with severe allergies and who have a AAI in school.

13.2 Emergency AAI will only be used if the pupils own is lost, broken or expired.

13.3 Parents/Carers must sign a consent form to say they are happy for an emergency AAI to be used.

13.4 Parents/Carers will be informed if the emergency AAI is used.

13.5 Staff administering the AAI will complete this activity in the pupils medicine log.

## **14. ADMINISTERING MEDICINES ON SCHOOL TRIPS**

14.1 Arrangements will be made to support pupils with medical conditions participating in school trips. Teachers will allow for flexibility in their plan for the trip so as to allow pupils with medical conditions to participate according to their own abilities. We will make arrangements for the inclusion of pupils in school trips and activities unless evidence from a medical professional states that this is not possible.

14.2 All staff supervising visits should be aware of any medical needs and relevant emergency procedures, where necessary individual risk assessments need to be conducted.

14.3 It may be necessary for an additional teacher, parent or another volunteer to accompany a particular pupil on a 1:1 basis.

14.4 It should be ensured that a member of staff who is trained to administer any specific medication (e.g. epi-pens) accompanies the pupil and that the appropriate medication is taken on the visit.

14.5 Medicines should be kept in their original containers (an envelope is acceptable for a single dose - provided this is very clearly labelled)

14.6 When accompanying pupils on residential trips, all medicines must be stored in a locked, secure container.

14.7 Staff responsible for administering medicines on residential trips must meet with parents prior to the trip to ensure an authorisation form is completed. Any necessary training will be given by the school nurse or alternative health professional prior to the trip.

14.8 If in doubt staff should speak to a member of the SLT before administering any medicines.

## **15. EMERGENCY PROCEDURE**

15.1 Trained first aiders are responsible for carrying out emergency procedures in the event of a need. Staff will follow the Emergency procedure as laid down in the school's Health and Safety Policy. All staff should know how to call the emergency services. If anyone other than a member of the office staff call an ambulance then the school office needs to be informed so that the pupil's records, HCP etc. can be copied for the ambulance crew.

15.2 If an emergency occurs and a pupil needs to be transported to hospital then, in the absence of the parent, a member of staff must accompany the pupil in the ambulance and stay until the parent arrives. Staff should never take pupils to hospital in their own car; it is safer to call an ambulance. Healthcare professionals are responsible for any decisions on medical treatment when parents are not available.

15.3 The individual Health Care Plan should include instructions on how to manage a pupil in an emergency, and identify who has the responsibility in an emergency.

## **16. HYGENE AND INFECTION CONTROL**

16.1 All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures.

16.2 Staff will have access to protective disposable gloves and should take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment.

16.3 All staff will be familiar with the Health Protection Agency guidelines for responding to pupils who are ill or infectious.

## **17. COMPLAINTS**

17.1 Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with a member of SLT or the Head teacher.

17.2 If they do not feel they have been able to resolve the issue then parents may make a formal complaint via the school's complaint procedure. Information regarding this can be requested from the school office.