

# **North Ferriby C of E Primary School**

## **Supporting pupils with managing medicines Policy**



**Completed By:**  
**Date Completed:**  
**Last Reviewed :**

**Jo Spencer**  
**September 2022**  
**February 2023**

## **1. Aims**

This policy aims to ensure that:

- Pupils, staff and parents understand how our school will support pupils with medical conditions
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities

*The governing body will implement this policy by:*

- Making sure sufficient staff are suitably trained
- Making staff aware of pupils' conditions, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- Providing supply teachers with appropriate information about the policy and relevant pupils
- Developing and monitoring individual healthcare plans (IHPs)
- The named person with responsibility for implementing this policy is Mrs Joanne Spencer
- 

## **2. Legislation and statutory responsibilities**

This policy meets the requirements under Section 100 of the Children and Families Act 2014, which places a duty on governing bodies to make arrangements for supporting pupils at their school with medical conditions. It is also based on the Department for Education's statutory guidance on supporting pupils with medical conditions at school.

## **3. Roles and responsibilities**

### *3.1 The governing body*

The governing body has ultimate responsibility to make arrangements to support pupils with medical conditions. The governing body will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

### *3.2 The headteacher*

The headteacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- Ensure that all staff who need to know are aware of a child's condition
- Take overall responsibility for the development of IHPs

- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- Contact the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

### *3.3 Staff*

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

### *3.4 Parents*

Parents will:

- Provide the school with sufficient and up-to-date information about their child's medical needs
- Be involved in the development and review of their child's IHP and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHP, e.g. provide medicines and equipment, and ensure they or another nominated adult are always contactable

### *3.5 Pupils*

Pupils should be fully involved, alongside their parents, if they are age appropriate in all discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

### *3.6 School nurses and other healthcare professionals*

Our school nursing service should notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible. They may also support staff to implement a child's IHP. If we are ever in doubt we will contact them for advice.

Healthcare professionals, such as GPs and Paediatricians, will liaise with the school's nurses and notify them of any pupils identified as having a medical condition. They may also provide advice on developing IHPs.

#### **4. Equal opportunities**

Our school is clear 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. The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities. Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

#### **5. Being notified that a child has a medical condition**

When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHP. The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school. (See Appendix 1.)

#### **6. Individual healthcare plans**

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to Mrs Lynne Laughton. Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed. Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the headteacher will make the final decision. Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate. IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil has SEN but does not have an EHC plan, the SEN will be mentioned in the IHP where appropriate. The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. (See appendix 2). The governing body and the headteacher/admin

officer with responsibility for developing IHPs, will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments
- The pupil's resulting needs, including medication (dose, side effects and storage) 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, including in emergencies.
- 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
- Arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact, and contingency arrangements
- 

## **7. Managing medicines**

Prescription and non-prescription medicines will only be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so
- Where we have parents' written consent (see appendix 3)
- Unless agreed otherwise, it will be administered at approx. 12pm

The school will only accept prescribed and over the counter medicines that are:

- In-date
- Labelled
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

Before administering medication, the member of staff should check:

- the child's identity
- that there is written consent from a parent/carer

- that the medication name and strength and dose instructions match the details on the consent form
- that the name on the medication label is that of the child being given the medication
- that the medication to be given is in date
- that the child has not already been given the medication

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor. Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents will always be informed. All medicines will be stored safely. Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.

Medicines will be returned to parents to arrange for safe disposal when no longer required.

### *7.1 Controlled drugs*

Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments, such as morphine or methadone. All controlled drugs are kept in a secure cupboard in the school office and only named staff have access. Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

### *7.2 Unacceptable practice*

School staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable 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
- Ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs
- If the pupil becomes ill, send them 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 or other breaks whenever they need to in order to manage their medical condition effectively

- Require parents, or otherwise make them feel obliged, to attend school to administer medication or
- provide medical support to their pupil, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

## **8. Emergency procedures**

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do. If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives or accompany the pupil to hospital by ambulance.

## **9. Training**

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so. The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed. The relevant healthcare professionals will lead on identifying the type and level of training required and will agree with this with the headteacher/ admin officer responsible in this role. Training will be kept up to date.

*Training will:*

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- Fulfil the requirements in the IHPs
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures
- All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognize and act quickly when a problem occurs. This will be provided for new staff during their induction.
- 

## **10. Record keeping**

Written records must be made each time medication is given to a child, signed by the member of staff administering the medication. (See appendix 4) The record should include:

- Name of the child

- Name of medication
- Date and time of administration
- Dosage
- Who supervised the administration of the medication
- A note of any side effects.

The governing body will ensure that written records are kept of all medicine administered to pupils for as long as these pupils are at the school. Parents will be informed if their pupil has been unwell at school. IHPs are kept in a readily accessible place which all staff are aware of.

### **11. Liability and indemnity**

The governing body will ensure that:

- the appropriate level of insurance is in place and appropriately reflects the school's level of risk.
- The school has Public Liability Insurance through the East Riding of Yorkshire Council that meets the DFE requirements
- The insurance policy includes cover for the school governing body, teachers, other employees and volunteers should a claim be made against them by a pupil who alleges that they have sustained an injury or damage to their property as a result of the negligent provision of medical treatment.
- The insurance policy covers the administration or supervision of prescription and nonprescription medication orally, topically, by injection or by tube, the application of appliances or dressings and basic medical treatment, such as re-fitting a gastrostomy tube/peg or tracheotomy tube. This applies to both straightforward and complex conditions.
- Teachers, employees and volunteers must have received appropriate training and this must be reviewed on a regular basis. It is important that evidence of training given and received is recorded and retained.
- The insurance policy applies to all school activities including extra-curricular activities and school trips at home and abroad. Cover also applies to any first aid activities carried out by teachers, employees and volunteers.



## **12. Complaints**

Parents with a complaint about their child's medical condition should discuss these directly with the Medical Officer in the first instance. If the Medical Officer cannot resolve the matter, they will direct parents to the school's complaints procedure.

## **13. Monitoring arrangements**

This policy will be reviewed and approved by the governing body every 3 years.

## **14. Links to other policies**

This policy links to the following policies:

Accessibility plan

Complaints

Equality information and objectives

First aid

Health and safety

Safeguarding

Special educational needs information report and policy

Intimate Care Policy



## Appendix 1: Individual Healthcare

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. <b>(work)</b>	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. <b>(work)</b>	
(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 pupils 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

---

---

Plan developed with

--

Staff training needed/undertaken - who, What, when

---

---

Form copied to



APPENDIX 4

Confidential

**MEDICAL RECORD – ASTHMA INHALER**

Date: \_\_\_\_\_

Name of Pupil: \_\_\_\_\_

Type of Inhaler Prescribed	Date Prescribed	Dosage	Doctor Prescribing Medicine

Any other type of regular medication required in school	Date Prescribed	Dosage

I prefer \*my child/\*an accessible member of staff to be responsible for the inhaler.  
During break/lunchtime I would prefer the inhaler to be held by \*my child/\*centrally e.g. in the office or by the appropriate on duty staff and my child made aware of the location.  
Will a duplicate inhaler be provided to the school, clearly labelled with the child's name \*Yes/No.  
Is there any other medical information that you feel the school needs to know about?  
Please give details:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If my child is fighting for breath, speechless or blue then the following procedure should be followed:

- Repeat medication
- Dial 999 for an ambulance
- Call the parent

Signed by parent/guardian .....

**SCHOOL USE ONLY:**

Received on: \_\_\_\_\_

Actioned by: \_\_\_\_\_ On \_\_\_\_\_

I confirm that appropriate members of staff understand the needs of the above child named on this document.

Signed by Headteacher \_\_\_\_\_ Date \_\_\_\_\_

North Ferriby Primary School



Allergy Treatment Plan

Pupil's name: .....

Date of birth: .....

<b>Allergic to:</b>  
-----------------------------

<b>Symptoms to watch for:</b>	<b>Treatments/Course of Action:</b>
<ul style="list-style-type: none"><li>a) <b>MILD</b> .....</li></ul> ..... .....	 ..... ..... .....
<ul style="list-style-type: none"><li>b) <b>MODERATE</b> .....</li></ul> ..... .....	 ..... ..... .....
<ul style="list-style-type: none"><li>c) <b>MORE SEVERE</b> .....</li></ul> ..... .....	 ..... ..... .....

<b>Any other information</b> <i>(please use additional sheets if necessary):</i>   
--

I am the parent/carer of the above named child and understand that it is my responsibility to inform school of any amendments to this allergy treatment plan.

Parent's signature..... Date .....