



Rosebank School

Listening, Responding, Learning

Supporting Pupils with Medical Conditions and Administration of Medicines POLICY

DATE OF THIS POLICY:	January 2024
Ratified by Governors:	March 2024
Frequency of update:	Every 2 years
Due for revision:	January 2026
Person responsible:	Headteacher

The next revision date is;

Review Date	Changes	By whom
November 2023		Adam Westwater

Introduction

Most young people will at some time have short-term medical needs, e.g. finishing a course of antibiotics. Some young people will also have longer term medical needs and may require medicines on a long-term basis, such as controlled epilepsy etc. Others may require medicines in particular circumstances, such as those with severe allergies who may need an adrenaline injection. Young people with severe asthma may have a need for inhalers or additional doses during an attack.

Some children with medical conditions may be considered disabled under the definition set out in the Equality Act 2010. Some may also have special educational needs (SEN) and may have an Education Health and care (EHCP) plan. For children with SEN, this guidance should be read in conjunction with the Special Educational Needs and Disability (SEND) code of practice.

In most cases young people with medical needs can attend school and receive full access to education (including PE, school trips etc.) but staff may need to take care in supervising such activities to make sure such young people are not put at risk.

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. A school's ability to provide effective support will depend on working cooperatively with other agencies. Partnership between school staff, healthcare professionals (and, where appropriate, social care professionals), local authorities and parents and pupils is critical.

Parents have the prime responsibility for their child's health and should provide schools with sufficient and up-to-date information about their child's medical needs.

There is no legal duty that requires school teaching staff to administer medicines, but all staff have a common law duty of care to act like any reasonable prudent parent. Many schools are developing roles for support staff that build the administration of medicines into their core job description. School staff should be aware of, and must take into account, the needs of pupils with medical conditions that they teach.

No child should be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made. However, in line with their safeguarding duties, Governing bodies and the Headteacher will ensure that a pupils' health is not put at risk from, for example, infectious diseases. They therefore do not have to accept a child in school at times when it would be detrimental to the health of that child or others to do so.

School staff should receive sufficient and suitable training to achieve the necessary level of competency before they take on responsibility to support children with medical conditions. In most cases, written instructions from the parent or the medical container dispensed by the pharmacist may be considered sufficient.

Overview

This policy sets out how Rosebank School will support pupils in school who have medical conditions.

It draws on the DFE Guidance 2014 Supporting Pupils at School with Medical Conditions.

The guidance states that medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.

Managing Medicines in School

The following guidance should be observed in cases where medicines are administered within educational establishments:-

The Headteacher is responsible for developing a policy and detailing practices for administration of medicines in their school, and to ensure that all parents and staff are aware of the procedures.

Medicines should only be administered in educational establishments when it would be detrimental to a child's health or school attendance not to do so. Where possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.

Ideally it is preferable that parents, or their nominee, administer medicines to their children, this could be affected by the young person going home during a suitable break or the parent visiting the school. However, this may not always be appropriate. In such cases, it is likely that a request will be made for medicine to be administered to the young person at school.

Each request for medicine to be administered to a young person in school should be considered on its merits. Where it is thought necessary for medicines to be administered, the Headteacher or Manager should ensure that their school policy and these guidelines are followed carefully.

No child under 16 should be given prescription or non-prescription medicines without their parent's written consent.

The school must receive an email or written request from the parent giving clear instructions regarding required dosage. When possible, a doctor's (or Health Professional's) note should also be received to the effect that it is necessary for the medicine to be administered during school hours. The necessary form should be completed by the parent whenever a request is made for medicine to be administered on each and every occasion. This request should be reviewed termly.

Prescription medication

Prescribed medicines are those that have been prescribed by a doctor, dentist or nurse prescriber. The school will only accept medicines that have been prescribed by a doctor, dentist or nurse. Medicines should always be in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration. They must also be within date. Schools should never accept medicines that have been taken out of the container as originally dispensed, nor make changes to dosage on a parent's instructions. Ideally medicines should be prescribed in dose frequencies which enable them to be taken outside school hours and parents should be

encouraged to ask their prescriber about this.

In circumstances when a young person suffers headaches, menstrual pains or toothache, the manager or another member of staff may be asked to provide a mild analgesic (e.g. paracetamol) to relieve pain. Analgesics should only be given to children under the age of 16 when parents have given permission.

Staff will make a phone call to the parent prior to the administration of the medication to seek permission. A Tapestry/SMS or Email will then be sent to parents to confirm that verbal permission has been obtained. A Tapestry/SMS/Email/Phone call will then be sent to confirm medication has been administered and the time. Medication should never be administered without first checking the maximum dosage and when the previous dose was taken. In these circumstances, specific members of staff should be authorised to issue medication, keeping a record of the child's name, time, date, dose given and the reason. Parents should be informed of any doses given.

The child will be supervised at all times while taking the medication.

A change in dose will only be implemented when confirmed by a health practitioner.

Medical or over the counter preparations will not be given unless the need is confirmed by an NHS practitioner (eg for eczema, pain relief for toothache).

Schools will store controlled drugs that have been prescribed for a pupil securely in a non-portable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency. A record will be kept of any doses used and the amount of the controlled drug held.

Two members of staff will sign and counter-sign the medication administration records for each dose given. The child will be under the close supervision of a member of staff until the whole dose is taken.

For further guidance see:

Controlled drugs: Safe use and management NICE Guidance 2016

<https://www.nice.org.uk/guidance/ng46/chapter/recommendations>

Access to medicine for diabetes, anaphylaxis or asthma:

The child should know where their inhalers, blood glucose testing meters and adrenaline pens are stored at all times, and these should be readily available to the child, or if not yet able to self-administer, to the staff for the child. This is particularly important when the child is going off-site eg educational visit.

Pain relief:

A child under 16 will never be given medicine containing aspirin unless prescribed by a doctor (Gov Guidance). On occasion pain relief may be given, where this enables a child to attend school while waiting for suitable treatment (eg dental care). Where a child has a known need for an analgesic (eg paracetamol), this may be given on a short-term basis, with written consent from parents. No pain relief will be given without first checking the maximum dosages on the labelling,

and parents will confirm what time the previous dose was given. School will inform parents when a dose is given in school (eg via Tapestry or home/school book/SMS/Email).

Non-Prescribed Medicines

Staff should never give a non-prescribed medicine to a child unless there is a specific-written agreement from parents/carers, which is accompanied by a doctor's (or Health Professional's) note. For example, if a child suffers from frequent or acute pain, the parents/carers should be encouraged to refer the matter to their GP. A child under 16 should never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor; this includes paediatric Nurofen and Bonjela. Staff can administer paracetamol (verbal parental permission needed first) whilst waiting for a parent/carer to collect if unwell or if a child is awaiting dental treatment or suffering from period pain. The school has a supply of emergency paracetamol-based child's medicine (eg Calpol), but if it is for an extended period of time, parents should provide this themselves. Where a parent asks school staff to give paracetamol during the day because the child is unwell, we advise the parents that if the child is unwell they shouldn't be in school.

Parents/carers are asked not to send non-prescribed medicines into school under the responsibility of their child, e.g. in their packed lunch/drink. Where possible the medicine, in the smallest amount, in its original packaging, should be brought into school by the parent/carer, or their nominee (eg, taxi driver), and handed over to a member of staff in its original packaging. If any medicine for which the Headteacher has not received written notification is sent into school, the staff will not be responsible for that medicine. For example, lip balm can be sent into school, however the child must be able to apply the balm themselves.

Responsibilities

Parents

Before any child starts at Rosebank School, parents will complete Pupil Information sheets detailing any specific medical conditions or allergies and details of relevant health professionals. Parents will provide a letter from an NHS healthcare professional confirming the diagnosis, and a care plan for any serious or potentially life-threatening condition. If a child is to take regular medication in school, parents will ensure school receives relevant documentation from the specialist, naming the medication and the current dose.

Parents will liaise with the family support worker and Class staff before the child starts to clarify any details, ascertain if any specific training is required, and to complete an Individual Healthcare Plan if needed (see flowchart in Appendix A).

If a child receives a new diagnosis, or a change in their medical treatment, parents will ensure school receives the relevant medical information to confirm any changes.

The School

The school is responsible for ensuring that sufficient staff are suitably trained and aware of each child's medical condition, and that other class staff are able to deputise.

A specific member of staff will be designated for each child, to be responsible for administering any prescribed medication.

The Health & Safety Lead and Family Support Worker will work together to ensure that staff receive up to date information about a child's medical condition, and any training is arranged. Risk assessments for school educational visits, residential trips and sporting events will include any relevant medical needs of the children involved.

Staff administering medication

Any medication may only be given to a child with the written consent of parents. Prescription medication, where possible, will be given at home. If it is necessary to give a dose during the school day, a care plan will be followed, outlining the times the medication is regularly given. For the short-term administration of antibiotics, written consent is required from parents, and the time and dose required in school.

Individual Healthcare Plan

Where a child has a serious or potentially life-threatening condition, an Individual Healthcare Plan should be drawn up. This will include emergency contact details of family, GP and the relevant NHS specialist, any important details about medication, contraindications or side-effects. The plan will describe what an emergency looks like, and what staff should do in these circumstances. All staff working with this child should be familiar with this Individual Healthcare Plan.

Adjustments for a child's medical condition

Teachers should be aware of how a child's medical condition will impact on their participation. Provision in school should be flexible enough for all children to participate according to their own abilities and with any reasonable adjustments (Equality Act 2010). Schools should make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP or consultant states that this is not possible. See HSE guidance.

Home-to-school transport

Transport is the responsibility of the local authority where the child lives. Parents are responsible to liaise with transport staff over the health needs of their child. School will support, and will share a child's Individual Healthcare Plan if parents wish this.

First Aiders and Staff Training

The high majority of staff within school complete a course of theoretical and practical instruction. They have gained a First Aid at Work Certificate. This is valid for three years.

First Aid Practice

Everyday ailments and injuries, such as abrasions and bumps that occur during the school day will be dealt with by a person first aid trained. First Aid does not cover illnesses such as vomiting and diarrhoea. First-aiders should not be called upon to diagnose rashes or any other ailments.

When a child's ailment or injury requires that they go home, parents/carers are contacted and asked to collect their child. When parents/carers do not have transport, a child may be taken home by two members of staff, (driver and escort), only if staff are available to do this. The decision to send a child home is made in consultation with the headteacher or a senior leader in his absence.

When a child needs treatment from a doctor or at a hospital, parents/carers or, if necessary, other named adults are contacted and asked to collect their child.

When a child's ailment or injury needs immediate treatment at a hospital, a member of staff will call 999 on the school phone and ask for the ambulance service. Parents/carers will be contacted. A member of staff will accompany a child to hospital if parents/carers are not at school when the ambulance arrives. The member of staff who accompanies a child to hospital will take the child's personal details to the hospital.

Emergency First Aid

- If a child has a serious accident in school, first aid will be given, school will attempt to notify parents/carer or other nominee, and if deemed necessary a child may be taken to A&E and met by parents there.
- School has a Defibrillator, stored in the headteacher's office. Instructions are on the covering and a high majority of staff have had training as part of the First Aid at Work certificate.
- All staff have basic first aid training, and many staff also have paediatric first aid training, and trained in the use of CPR.
- Asthma inhalers – school holds an asthma inhalers for emergency use. This is allowed and voluntary, and the Department of Health has published a protocol which provides further information.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf

Guidance on the Use of Emergency Salbutamol Inhalers in School 2015

First Aid Records

When a member of staff administers first aid to a pupil, an accident form is completed with part of this going home to the parents. The other part is recorded by a member of the admin team and monitored by the Health and Safety Lead and Headteacher.

In more serious cases when hospital treatment is needed, the H&S lead will complete a RIDDOR.

Long Term Medical Needs

It is important that the school holds sufficient information about the medical condition of any child with long-term medical needs. The most common of these in school are asthma, diabetes, epilepsy and severe allergic reactions (anaphylaxis). Where any of these conditions are identified or medication is given on a long-term basis, a Health Care Plan will be developed involving parents/carers and any relevant health care professional. This plan will include:

- Details of the child's condition

- Special requirements, i.e. dietary needs, pre-activity precautions
- Any side effects of the medication(s)
- What constitutes an emergency
- What action to take in an emergency
- Who to contact in an emergency
- The role staff can play

Expectations

Although school staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is not generally acceptable practice to:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents; or 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 individual healthcare plans;
- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- penalise children 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 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 children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

Delivery, Receipt and Storage Arrangements

Medicines should only be accepted if they are in date, labelled and provided in the container as originally dispensed by the pharmacist and include the young person's name, instructions for the administration, dosage and storage. The label on the container supplied by the pharmacist should not be altered under any circumstances. The exception to this is insulin, which still must be in date but will be generally supplied in a pen or pump rather than its original container.

It is not appropriate or acceptable for pupils to bring in their own medication. All medication should be handed directly to a member of the Class Team by the parent or carer. In many cases where children are brought to school by transport staff, medicines and supporting written consent will be handed to staff by the transport team. In these cases, an SMS/Email to say medication, including the amount of tablets has been received in school. This will be made to parents by the class team or admin staff. The class team or admin staff will contact parents/carers to confirm arrangements and consent to administer the information.

We ensure medication is stored safely and away from public areas, sources of heat, moisture or direct sunlight, as these elements can cause the medicines to deteriorate. Medicines such as asthma inhalers, adrenalin pens and blood testing meters should be readily available and not locked away.

The medicine cabinet is locked within a locked cupboard in the staffroom and assistant headteachers office.

A few medicines need to be refrigerated. They can be kept in a refrigerator containing food, but should be in an airtight container and clearly labelled. There should be restricted access to refrigerators holding medicines.

In the event of storage of a controlled drug, the storage container is secured to a wall in the staffroom. Only named first aid staff should have access to the medication. A record is kept of any doses used and the amount of the controlled drug held in school.

Drugs requiring refrigeration should be stored, clearly labelled, in a room not used by pupils.

Educational Visits

Reasonable adjustments will be made to ensure any child with additional medical needs is able to participate fully and safely on visits, i.e. review existing policy and procedures and ensure risk assessments cover arrangements for each identified child. Arrangements for taking any necessary medicines will be taken into consideration. Staff supervising such trips will be aware of the medical needs and relevant emergency procedures. A copy of the child's Health Care Plan will be taken on the visit, as this would prove useful in the event of an emergency.

ALL MEDICATION PRESCRIBED OR NON-PRESCRIBED NEEDS TO BE IN THE ORIGINAL PACKAGING WITH A DOCTOR'S OR PHARMACY LABEL WITH THE CHILD'S DETAILS ON.

A copy of the individual's Medical Care Plan available during the visit could be beneficial in the event of an emergency. At Rosebank we ensure that a high number of our staff are trained in first aid. A first-aider is always present on educational visits.

The appropriate amount of medication needed for the duration of the visit will be transferred into a locked container by a First Aider. The container and key will then be carried by the designated First Aider for the educational visit.

If staff are concerned about whether they can provide for a young person's safety, or the safety of others, on a visit, the school should seek parental views and medical advice from the school health service and/or the young person's GP, Specialist Nurse or Hospital Consultant.

During an Educational Visit involving a residential or overnight stay (when a parent is unlikely to be available to administer pain /flu relief to their child) an appropriate pain/flu relief may be administered so long as the parent has given consent and specified the medicine on the 'Parent/Guardian Consent for an Educational Visit' form which is available in Appendix 6 of the Educational Visits and Overnight Stays' guidance note. A young person under 16 should never be given aspirin unless prescribed by a Medical Practitioner.

Policy based on DFE Guidance:

*Supporting pupils at school with medical conditions
Statutory guidance for governing bodies of maintained schools and proprietors of academies in
England December 2015*