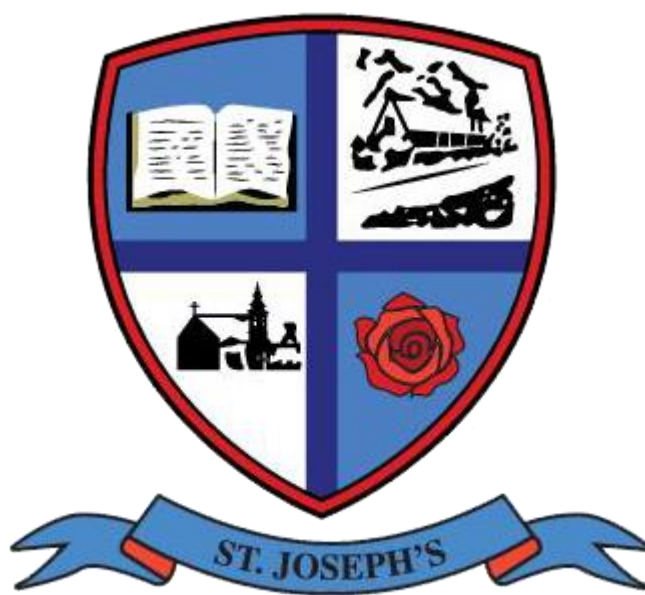


# **ST JOSEPH'S CATHOLIC PRIMARY SCHOOL**



## **SUPPORTING CHILDREN WITH MEDICAL CONDITIONS**

**DFE GUIDANCE**

**REVIEWED: MAY 2025  
TO BE REVIEWED: MAY 2027**

**ST. JOSEPH'S CATHOLIC PRIMARY SCHOOL, WRIGHTINGTON.**  
**MEDICINE AND SUPPORTING PUPILS AT SCHOOL WITH MEDICAL CONDITIONS POLICY**

Section 100 of the Children and Families Act 2014 places a duty on the Governing Body and Senior Leadership Team to make arrangements for supporting pupils at the school with medical conditions. Pupils with special medical needs have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone. However, teachers and other school staff in charge of pupils have a common law duty to act in the place of the parent and may need to take swift action in an emergency. This duty also extends to teachers leading activities taking place off the school site. This could extend to a need to administer medicine. The prime responsibility for a child's health lies with the parent who is responsible for the child's medication and should supply the school with information.

This Policy will be reviewed regularly and will be readily accessible to Parents/Carers and staff through our website.

**POLICY IMPLEMENTATION**

Governing bodies should ensure that the arrangements they set up include details on how the school's policy will be implemented effectively, including a named person who has overall responsibility for policy implementation. All schools and academies are expected by Ofsted to have a policy dealing with medical needs and to be able to demonstrate that this is implemented effectively.

- ❖ The overall responsibility for the successful administering and implementation of this Policy is given to the Headteacher who will also be responsible for ensuring that sufficient staff are suitably trained and will ensure cover arrangements in case of staff absences or staff turnover to ensure that someone is always available and on site.
- ❖ All staff will be expected to show a commitment and awareness of children's medical conditions. All new members of staff and students will be inducted into the arrangements and guidelines set out in this Policy by the Deputy Head teacher or Head teacher;
- ❖ The EVC coordinator in partnership with the head teacher and class teacher will be responsible for risk assessments for school visits, holidays, and other school activities outside of the normal timetable, and
- ❖ The Headteacher, class teacher, school nurse and parents will work together to monitor of individual healthcare plans.

Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. Where this is the case governing body

must comply with their duties under that Act. Some may also have special educational needs (SEN) and may have a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with SEN, this guidance should be read in conjunction with ***the Special educational needs and disability (SEND) code of practice***. For pupils who have medical conditions that require EHC plans, compliance with the SEND code of practice will ensure compliance with the statutory elements of this guidance with respect to those children.

### **THE ROLE OF GOVERNING BODIES, PROPRIETORS AND MANAGEMENT COMMITTEES**

In meeting the duty to make arrangements to support pupils with medical conditions, functions can be conferred on a governor, a headteacher, a committee or other member of staff as appropriate. Help and co-operation can also be enlisted from other appropriate persons. We expect that an approach to meeting the duty will be taken in light of the statutory guidance. This will inform the school and others about what needs to be done in terms of implementation. However, the governing body remain legally responsible and accountable for fulfilling their statutory duty.

The governing body must ensure that arrangements are in place to support pupils with medical conditions. In doing so they should ensure that such children can access and enjoy the same opportunities at school as any other child. Schools, local authorities, health professionals and other support services should work together to

ensure that children with medical conditions receive a full education. In some cases this will require flexibility and involve, for example, programmes of study that rely on part time attendance at school in combination with alternative provision arranged by the local authority. Consideration may also be given to how children will be reintegrated back into school after periods of absence.

In making their arrangements, governing bodies should take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others. Governing bodies should therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life.

The governing body should ensure that their arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school. The arrangements 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. They should ensure that staff are properly trained to provide the support that pupils need.

Children and young people with medical conditions are entitled to a full education and have the same rights of admission to school as other children. This means that no child with a medical condition should be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made.

Governing bodies must ensure that the arrangements they put in place are sufficient to meet their statutory responsibilities and should ensure that policies, plans, procedures and systems are properly and effectively implemented. This aligns with their wider safeguarding duties.

### **PROCEDURE TO BE FOLLOWED WHEN NOTIFICATION IS RECEIVED THAT A PUPIL HAS A MEDICAL CONDITION**

We will ensure that the correct procedures will be followed whenever we are notified that a pupil has a medical condition. The procedures will also be in place to cover any transitional arrangements between schools, the process to be followed upon reintegration or when pupil's needs change and arrangements

for any staff training or support. For children starting at St. Joseph's Catholic Primary, Wrightington, arrangements will be in place in time for the start of the relevant school term. In other cases, such as a new diagnosis or children moving to our school mid-term, we will make every effort to ensure that arrangements are put in place within two weeks.

In making the arrangements, the School 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 will also acknowledge that some will 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 will ensure that arrangements give Parents/Carers and pupils confidence in the School's ability to provide effective support for medical conditions in school. The arrangements will 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. The School will ensure that arrangements are clear and unambiguous about the need to support actively 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 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. The School will make sure that no child with a medical condition is denied admission or prevented from attending the School because arrangements for their medical condition have not been made. However, in line with our Safeguarding duties, we will ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases. We will therefore not accept a child in school at times where it would be detrimental to the health of that child or others.

The School 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, judgments will be needed about what support to provide based on the 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. This will usually be led by the SENCo. Following the discussions an Individual Health Care Plan will be put in place. Where a child has an Individual Health Care Plan, this should 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. If a child (regardless of whether they have an Individual Health Care Plan) needs to be taken to hospital, staff should stay with the child until the Parent/Carer arrives, or accompany a child taken to hospital by ambulance.

### **INDIVIDUAL HEALTHCARE PLANS**

Individual healthcare plans can help to ensure that schools effectively support pupils with medical conditions. They 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, and are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex. However, not all children will require one. The school, healthcare professional and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the head teacher is best placed to take a final view.

Individual Health Care Plans will be written and reviewed by the School Nurse or relevant medical professional or SENCo but it will be the responsibility of all members of staff supporting the individual children to ensure that the Plan is followed. The class teacher will be responsible for the child's development and ensuring that they and their medical conditions are supported at school.

Individual Healthcare Plans will help to ensure that the School effectively supports 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 helpful in the majority of other cases too, especially where medical conditions are long-term and complex. However, not all children will require one. The School, health care professional and Parents/Carers should agree, based on evidence, when a Health Care Plan would be inappropriate or disproportionate. If consensus cannot be reached, the Headteacher, is best placed to take a final view. A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan.

Individual Health Care 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 child effectively. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support. Where a child has SEN but does not have a statement or EHC plan, their SEN should be mentioned in their Individual Health Care Plan.

Individual Health Care Plans, (and their Review), may be initiated, in consultation with the Parent/Carer, by a member of school staff or a healthcare professional involved in providing care to the child. The Individual Health Care Plan must be completed by the Lead Professional with support from 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 child. Pupils should also be involved whenever appropriate. The responsibility for ensuring it is finalised and implemented rests with the School.

The School will ensure that Individual Health Care Plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They will be developed and reviewed with the child's best interests in mind and ensure that the School assesses and manages risks to the child's education, health and social wellbeing and minimises disruption. Where the child has a SEN identified in an EHC plan, the Individual Health Care Plan should be linked to or become part of that statement or EHC plan.

The Individual Health Care Plan should include:

- ❖ 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
- ❖ specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete tests, use of rest periods or additional support in catching up with lessons,
- ❖ the level of support needed, (some children will be able to take responsibility for their own health needs), including in emergencies. If a child 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 child'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 child's condition and the support required;
- ❖ arrangements for written permission from Parents/Carers and the Headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours

- ❖ separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, e.g. risk assessments;
- ❖ where confidentiality issues are raised by the Parents/Carers or child, the designated individuals to be entrusted with information about the child's condition;
- ❖ what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an Emergency Health Care Plan prepared by their lead clinician that could be used to inform development of their Individual Health Care Plan. The Emergency Health Care Plan will not be the School's responsibility to write or review.

### **ROLES AND RESPONSIBILITIES**

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 to an appreciable extent on working cooperatively with other agencies. Partnership working between school staff, healthcare professionals (and where appropriate, social care professionals), local authorities, and parents and pupils will be critical.

**Governing bodies** - must make arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented. They should ensure that a pupil with medical conditions is supported to enable the fullest participation possible in all aspects of school life. Governing bodies should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. They should also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

**Headteachers** – should ensure that their school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. Headteachers should ensure that all staff who need to know are aware of the child's condition. They should also ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose. The headteacher has overall responsibility for the development of individual healthcare plans. They should also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. They should contact the school nursing service in the case of any child 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.

**School staff** - any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach. School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

**School nurses** - every school has access to school nursing services. They are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training. School nurses can liaise with lead clinicians locally on



appropriate support for the child and associated staff training needs. Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition. **Other healthcare professionals, including GPs and paediatricians** - should notify the school nurse when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing healthcare plans. Specialist local health teams may be able to provide support in schools for children with particular conditions (eg asthma, diabetes).

**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. Other pupils will often be sensitive to the needs of those with medical conditions.

**Parents** – 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, eg provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

**Local authorities** – are commissioners of school nurses for maintained schools and academies. Under Section 10 of the Children Act 2004, they have a duty to promote cooperation between relevant partners such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and NHS England, with a view to improving the well-being of children so far as relating to their physical and mental health, and their education, training and recreation.

Local authorities should provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively. Local authorities should work with schools 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. Statutory guidance for local authorities sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from schools for 15 days or more because of health needs (whether consecutive or cumulative across the school year).

**Providers of health services** - should co-operate with schools that are supporting children with a medical condition, including appropriate communication, liaison with school nurses and other healthcare professionals such as specialist and children's community nurses, as well as participation in locally developed outreach and training. Health services can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.

**Clinical commissioning groups (CCGs)** – commission other healthcare professionals such as specialist nurses. They should ensure that commissioning is responsive to children's needs, and that health services are able to co-operate with schools supporting children with medical conditions. They have a reciprocal duty to cooperate under Section 10 of the Children Act 2004 (as described above for local authorities). Clinical commissioning groups should be responsive to local authorities and schools seeking to strengthen links between health services and schools, and consider how to encourage health services in providing support and advice, (and can help with any potential issues or obstacles in relation to this). The local Health and Wellbeing Board will also provide a forum for local authorities and CCGs to consider with other partners, including locally elected representatives, how to strengthen links between education, health and care settings.

**Ofsted** - their inspection framework places a clear emphasis on meeting the needs of disabled children and pupils with SEN, and considering the quality of teaching and the progress made by these pupils. Inspectors are already briefed to consider the needs of pupils with chronic or long-term medical conditions alongside these groups and to report on how well their needs are being met.

## **STAFF TRAINING AND SUPPORT**

Some staff may already have some knowledge of the specific support needed by a child with a medical condition and so extensive training may not be required. Staff who provide support to pupils with medical conditions should be included in meetings where this is discussed. The relevant healthcare professional will lead on identifying and agreeing with the school, the type and level of training required, and how this can be obtained. We may choose to arrange training ourselves and the head teacher will ensure that this remains up-to-date. Training should be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in 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.

Staff must not give prescription medicines or undertake health care 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 the proficiency of staff in a medical procedure, or in providing medication.

Appropriate training will be held on an annual basis so that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing that policy. All new members of staff and students will be inducted into the arrangements and guidelines set out in this Policy by the Deputy Head teacher or Head teacher. The relevant healthcare professional should be able to advise on training that will help ensure that all medical conditions affecting pupils in the school are understood fully. This includes preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

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

## **THE CHILD'S ROLE IN MANAGING THEIR OWN MEDICAL NEEDS**

If it is deemed, after discussion with the Parents/Carers, that a child is competent to manage their own health needs and medicines, the School will encourage them to take responsibility for managing their own medicines and procedures. This will be reflected within Individual Health Care Plans.

Wherever possible, children should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily; these will be stored in the cupboards either close to or in the classroom, accessible to the children but also ensuring that the safeguarding of other children is not compromised. The School does also recognise that children who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If a child is not able to self-medicate then relevant staff should help to administer medicines and manage procedures for them. If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so but instead follow the procedure agreed in the Individual Health Care Plan. Parents/Carers should be informed, outside of the review, so that alternative options can be considered.

## **MANAGING MEDICINES ON SCHOOL PREMISES:**

### **Non Prescription medicines:**

LCC as an organisation has a policy not to accept non-prescribed medication. This policy is adhered to at our School. This includes medicines such as:

- ❖ Paracetamol and similar analgesics



- ❖ Throat Lozenges including Strepsils and 'cough sweets' such as Tunes or Locketts
- ❖ Bonjella

### **Prescription medicines:**

Medicines will not be accepted for short illnesses when it would be in the child's best interest to remain at home to recover from the illness.

**Medicines will only be accepted when essential;** that is where it would be detrimental to a child or young person's health if the medicine were not administered during the school's 'day'. The school will only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber.

Each item of medication must be delivered to the Headteacher or School Office in a secure and labelled container as originally dispensed. It may be appropriate for the GP to prescribe a separate amount of medication for the school's use. Where this is appropriate, this will be negotiated with the parent.

Items of medication in unlabelled containers should be returned to the parent. The school will never accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions. The exception to this is insulin which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container.

Medicines must always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration, the child's name and date of dispensing. It is helpful, where clinically appropriate, if medicines are prescribed in dose frequencies which enable it to be taken outside the school's hours. It is to be noted that medicines that need to be taken three times a day could be taken in the morning, after attending school and at bedtime.

Medication will never be accepted if it has been repackaged or relabelled by parents.

### **Controlled Drugs:**

Some controlled drugs may be prescribed as medication for use by children and young people. Once appropriate information and training has been received, any member of staff may administer a controlled drug to the child or young person for whom it has been prescribed. Staff administering medicine must do so in accordance with the prescriber's instructions.

A child or young person who has been prescribed a controlled drug may legally have it in their possession. However, at our school, prescribed controlled drugs will be stored in the head teacher's office and will only be accessible by senior staff members and the school office. Where self-medication is agreed to be appropriate, arrangements will be made for the young person to report to staff with access rights at agreed, appropriate times.

A record will be kept for audit and safety purposes;

A controlled drug, as with all medicines, will be returned to the parent when no longer required to arrange for safe disposal (by returning the unwanted supply to the local pharmacy). If this is not possible, it will be returned to the dispensing pharmacist (details should be on the label).

Misuse of a controlled drug, such as passing it to another child or young person for use, is an offence.

### **Long term medical needs:**

It is important to have sufficient information about the medical condition of any child or young person with long-term medical needs.

If a child or young person's medical needs are inadequately supported, this may have a significant impact on their experiences and the way they function in a school. The impact may be direct in that the condition may affect cognitive or physical abilities, behaviour or emotional state. Some medicines may also affect learning, leading to poor concentration or difficulties in remembering. The impact could also be indirect; perhaps disrupting access to education through unwanted effects of treatments or through the psychological effects that serious or chronic illness or disability may have on a child and their family.

The Special Educational Needs (SEN) Code of Practice 2014 the Children and Families Act 2014 places a duty on maintained schools and academies to make arrangements to support pupils with medical conditions individual health care plans will normally specify the type and level of support required to meet the medical needs of such pupils. Where children and young people also have SEN their provision should be planned and delivered in a coordinated way with the health care plan schools are required to have regard to statutory guidance. *'Supporting pupils at school with medical conditions'* which can be found at:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf)

School will work with parents and relevant health professionals to develop a written health care plan for such children and young people.

### **STORING MEDICATION**

- ❖ Large volumes of medicines will not be stored;
- ❖ Staff will only store, supervise and administer medicine that has been prescribed for an individual child or young person;
- ❖ Medicines should be stored strictly in accordance with product instructions (paying particular note to temperature) and in the original container in which dispensed;
- ❖ Staff should ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine and the frequency of administration; as dispensed by a pharmacist in accordance with the prescriber's instructions;
- ❖ Where a child or young person needs two or more prescribed medicines; each should be kept in a separate container;
- ❖ Staff should never transfer medicines from their original containers;
- ❖ Children and young people should know where their own medicines are stored. All emergency medicines, such as asthma inhalers and adrenaline pens, should be readily available to the child or young person and should not be locked away;
- ❖ Other non-emergency medicines will be kept in the head teachers office;
- ❖ Where medicines need to be refrigerated. They can be kept in the top compartment of the refrigerator in the staff room. Access to this area is restricted to adults only or children who are supervised.

#### **Access to Medicines:**

Children and young people who need to have immediate access to their medicines when required. The school will take advice from health care professionals through the development of the care plan and ensure that medication is accessible but out of reach of other children.

#### **Disposal of Medicines:**

Staff should 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 term. If parents do not collect all medicines, they should be taken to a local pharmacy for safe disposal or returned to the parent/carer.

## PROCEDURE FOR ADMINISTRATION OF MEDICINE

### **Self-Administration:**

It is good practice to support and encourage children and young people, who are able, to take responsibility to manage their own medicines from a relatively early age. The age at which they are ready to take care of, and be responsible for their own medicines would vary. As children grow and develop they should be encouraged to participate in decisions about their medicines.

Older children with a long-term illness should, whenever possible, assume complete responsibility under the supervision of their parent. Children develop at different rates and so the ability to take responsibility for their own medicines varies. This should be borne in mind when making a decision about transferring responsibility to a child or young person. There is no set age when this transition should be made. There may be circumstances where it is not appropriate for a child or young person of any age to self-manage. Health professionals need to assess, with parents and young people, the appropriate time to make this transition.

The school will work with health professionals, parents and young people to support self-administration where this is agreed to be appropriate. In these circumstances, parents will be required to complete the appropriate form.

### **Administering Medication**

No child or young person under 16 should be given medicines without their parent's written consent. Any member of staff giving medicines to a child or young person should check:

- ❖ The child or young person's name on the medicine container;
- ❖ Prescribed dose;
- ❖ Expiry date;
- ❖ Written instructions provided by the prescriber on the label or container and within the medication packaging.

If in doubt about any procedure staff should not administer the medicines but check with the parents or a health professional before taking further action. If staff have any other concerns related to administering medicine to a particular child or young person, the issue should be discussed with the parent, if appropriate, or with the appropriate health professional.

Staff must complete and sign a record each time they give medicine to a child or young person. Good records help demonstrate that staff have exercised a duty of care.

- ❖ **Only medication prescribed by a doctor, or authorised health care worker, will be administered in school.**
- ❖ Only members of staff that have been trained and authorised by the Headteacher may supervise and administer medication. In emergency, the Headteacher will make appropriate alternative arrangements. In some circumstances, as determined by the Headteacher, a child's parents or qualified, specialist, nursing staff may be asked to visit school to administer the medication.
- ❖ The medicine should be brought to school, preferably by the parent, with clear written instructions for administration, giving the name of the pupil. Glass containers are unsuitable to be carried by pupils.
  - o Note: It is not practicable to bring one measured dose of a liquid medicine; adhesion of the liquid to the container results in the dose being less than sufficient.
  - o GPs are able to prescribe antibiotics that do not need to be administered in doses that happen during the school day.
- ❖ If parents have explored other options but still request school staff to administer medicines they should complete a **Parental agreement to administer prescribed medicine form. This form must be in school with the medicine before medicines are administered. (Appendix 1)**
- ❖ **Medicines must be delivered to the Head teacher, the Assistant Head teacher or a member of the School Office and stored safely as per procedure.**

- ❖ **The medicine should be self-administered if possible, under the supervision of an adult.** This may be any adult acting with the Head's authority.
- ❖ **Medication must be sent into school in its original container.**
- ❖ Medication will be kept safely according to the instructions on its container. Where medication needs to be kept in a refrigerator the Headteacher will decide how it is to be stored.
- ❖ If medicines are administered a note should be made on the pupil record sheet held in the Administration of Medicines file stored in the head teachers office (**Appendix 2 & 3**)
- ❖ **It is the right of any professional to refuse to administer medicines.** Please tell the Head if you decide to do so.

Under no circumstances will any medication be administered without the agreement of the Head Teacher, or the Deputy Head teacher, and the written, signed instructions from the parent or carer.

### **EMERGENCY PROCEDURES**

As part of general risk management processes the school has arrangements in place for dealing with emergency situations.

- ❖ Children and young people tell a member of staff;
- ❖ Staff must always inform a senior staff member of an emergency situation;
- ❖ Staff must know how to call the emergency services (*see Appendix 4 for guidance on calling an ambulance*)

A member of staff will always accompany a child or young person taken to hospital by ambulance, and will stay until the parent arrives. At hospital it is the health professionals who are responsible for any decisions on medical treatment when parents are not available.

- ❖ Staff should never take children to hospital in their own car; it is safer to call an ambulance.
- ❖ Individual Health Care Plans must include instructions as to how to manage a child in an emergency, and identify who has the responsibility in an emergency.

### **EDUCATIONAL VISITS**

It is essential that when planning an educational visit, that all reasonable steps have been taken and reasonable adjustments made to try and ensure the visit is accessible to children and young people with disabilities and/or medical needs.

Schools must also ensure that when included in an outdoor visit a child or young person is not put at a substantial disadvantage. These factors may include: the time and effort that might need to be expended by a disabled/medical needs child; the inconvenience, indignity or discomfort a disabled/medical needs child might suffer; the loss of opportunity or the diminished progress that a disabled/medical needs child may make in comparison with his or her peers who are not disabled or have medical needs.

All school visits are planned in accordance with Lancashire County Council policy and procedures.

In respect of individual cases where there are concerns, the school will seek advice from the appropriate technical adviser on 01772 532805. The school will also ensure that:

- ❖ The proposed visit is discussed and with the parents and (wherever possible) the child or young person as early as possible;
- ❖ The risk assessment covers the specific issues of the child or young person, including the management of prescription medicines during the visit. Where appropriate, reasonable adjustments will be made and alternative activities considered.
- ❖ The staff and volunteers on the visit are fully briefed and particularly if there are any adjustments to the programme for the child(ren) that have any SEN or medical needs.

## **UNACCEPTABLE PRACTICE**

As a school we are very supportive of children with medical needs and the staff that work with them. Whilst we treat each child as an individual and plan accordingly there are some practices that should not be allowed within this policy. This is an example of some of those practices:

- ❖ preventing children from easily accessing their inhalers and medication and administering their medication when and where necessary
- ❖ assuming that every child with the same condition requires the same treatment
- ❖ ignoring the views of the child or their parents.
- ❖ ignoring medical evidence or opinion (although open to challenge)
- ❖ sending children with medical conditions home frequently or preventing them from staying for normal school activities unless specified in their IHCP
- ❖ sending the child to the school office when unwell unaccompanied or accompanied by someone unsuitable
- ❖ penalize children for their attendance if the absences are related to their medical condition
- ❖ preventing children from drinking, eating or taking breaks (including bathroom) whenever they need to in order to manage their condition effectively
- ❖ requiring parents to attend school to administer medication or provide medical support for their child. No parent should have to give up working because the school is failing to meet their child's medical needs
- ❖ preventing children from participating in any aspect of school life (creating barriers). This includes school trips and an example would be requiring parents to accompany the child

## **COMPLAINTS PROCEDURE**

If anyone should have any type of complaint regarding the support of a pupil with medical needs they should inform the Headteacher in the first instance who will attempt to resolve the issue. If not resolved at this stage the complaint should be put in writing and addressed to the Chair of Governors via the school. The Chair of Governors will then progress the matter in accordance with the school's complaints policy.

## **INSURANCE & LIABILITY**

St Joseph's Catholic Primary School, Wroughtington buy in to the services of Lancashire County Council who provide insurance cover on our behalf. We are covered by a Public Liability scheme of £50 million. This insurance is effective as long as the following protocols are followed:

- ❖ all procedures stated in the IHCP and relevant policies must be adhered to
- ❖ all medication administration must be logged and medication must only be given by a suitably trained member of staff
- ❖ all required risk assessments should be in place

## APPENDIX 1: PARENTAL AGREEMENT FOR SETTING TO ADMINISTER MEDICINE

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

### Medicine

Name/type of medicine (as described on the container)	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

**NB: Medicines must be in the original container as dispensed by the pharmacy**

### Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) \_\_\_\_\_

Date \_\_\_\_\_



## APPENDIX 2: RECORD OF MEDICINE ADMINISTERED TO AN INDIVIDUAL CHILD

Name of school/setting

Name of child

Date medicine provided by parent

Group/class/form

Quantity received

Name and strength of medicine

Expiry date

Quantity returned

Dose and frequency of medicine


Staff signature \_\_\_\_\_

Signature of parent \_\_\_\_\_

Date

Time given

Dose given

Name of member of staff

Staff initials


Date

Time given

Dose given

Name of member of staff

Staff initials


**Record of medicine administered to an individual child (Continued)**

<b>Date</b>			
<b>Time given</b>			
<b>Dose given</b>			
<b>Name of member of staff</b>			
<b>Staff initials</b>			

<b>Date</b>			
<b>Time given</b>			
<b>Dose given</b>			
<b>Name of member of staff</b>			
<b>Staff initials</b>			

<b>Date</b>			
<b>Time given</b>			
<b>Dose given</b>			
<b>Name of member of staff</b>			
<b>Staff initials</b>			

<b>Date</b>			
<b>Time given</b>			
<b>Dose given</b>			
<b>Name of member of staff</b>			
<b>Staff initials</b>			

## APPENDIX 3: RECORD OF MEDICINE ADMINISTERED TO ALL CHILDREN

## ST JOSEPH'S CATHOLIC PRIMARY SCHOOL, WRIGHTINGTON

[illegible]

## APPENDIX 4: CONTACTING EMERGENCY SERVICES

**Request an ambulance - dial 999, ask for an ambulance and be ready with the information below. Speak clearly and slowly and be ready to repeat information if asked.**

1. Your telephone number: **01257 423092**

2. Your name

3. Your location as follows:

**ST JOSEPHS CATHOLIC PRIMARY**

**SCHOOL MOSSY LEA ROAD,**

**WRIGHTINGTON**

4. State what the postcode is

**WN6 9RE**

5. Provide the exact location of the patient within the school setting

6. Provide the name of the child and a brief description of their symptoms

7. Inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient

8. Put a completed copy of this form by the phone