



Hardwick and Cambourne Community Primary School

Administering Medicines & Supporting Children with Medical Needs Policy

Date Written: October 2018

Reviewed by: Governing Body

Next Planned Review: September 2020



Safeguarding Statement

At Hardwick and Cambourne Community Primary School we respect and value all children and are committed to providing a caring, friendly and safe environment for all our pupils so they can learn, in a relaxed and secure atmosphere. We believe every pupil should be able to participate in all school activities in an enjoyable and safe environment and be protected from harm. This is the responsibility of every adult employed by, or invited to deliver services at Hardwick and Cambourne Community Primary School. We recognise our responsibility to safeguard all who access school and promote the welfare of all our pupils by protecting them from physical, sexual and emotional abuse, neglect and bullying.

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 named person with responsibility for implementing this policy is Andy Matthews

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: [Supporting pupils at school with medical conditions](#).

3. Roles and responsibilities

3.1 The governing body

The governing body has ultimate responsibility to monitor the 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
- 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 be expected to:

- 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

3.5 Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in 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

The school nursing service will 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.

Healthcare professionals, such as GPs and paediatricians, will liaise with the schools nurses and notify them of any pupils identified as having a medical condition.

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.

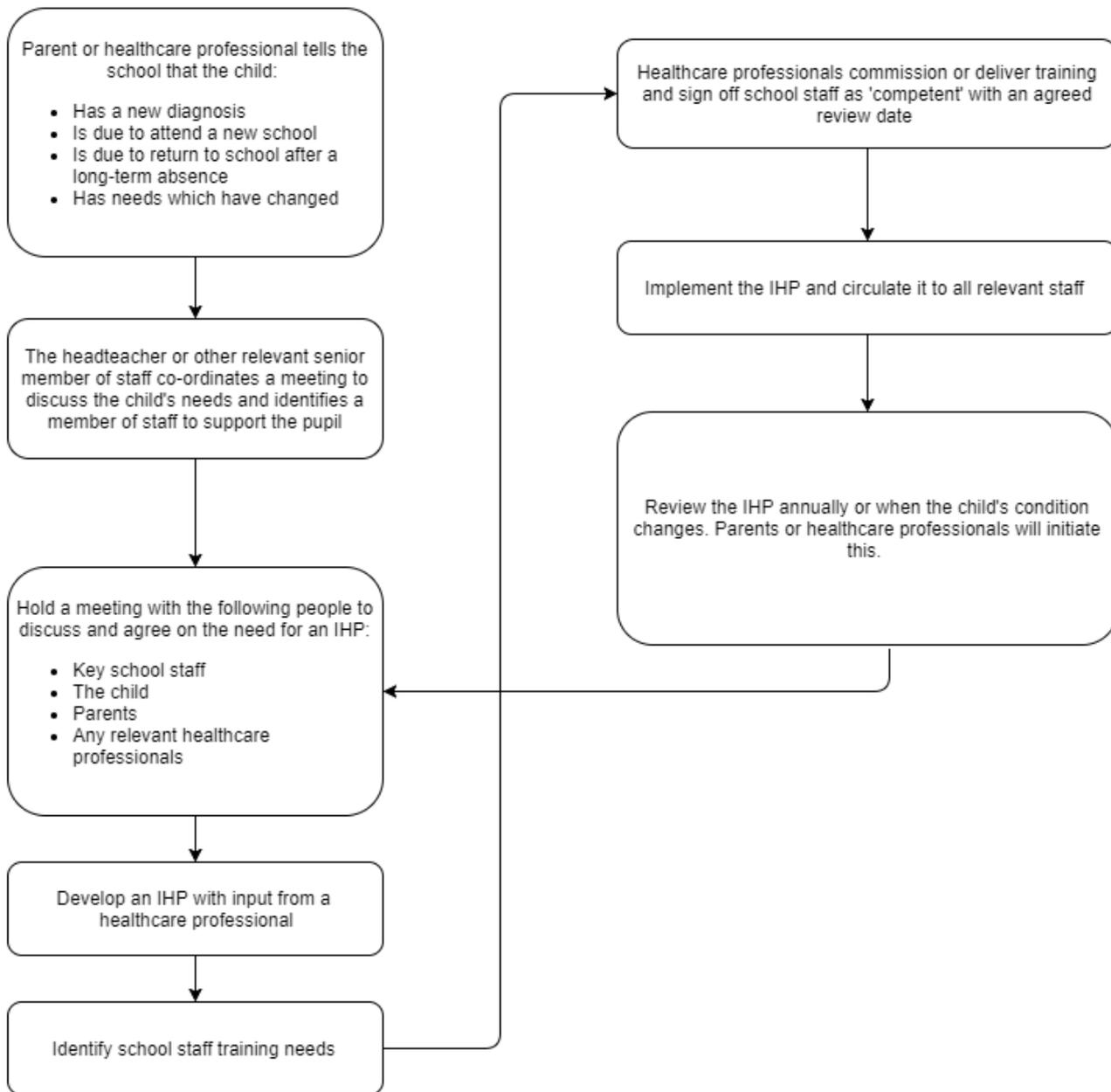
The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

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.



6. Individual healthcare plans

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to the SENDCOs.

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 not a 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 statement of special educational needs (SEN) or education, health and care (EHC) plan. If a pupil has SEN but does not have a statement or EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing body, the headteacher and the SENDCOs, 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. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable
- Who in the school needs to be aware of the pupil's condition and the support required
- Arrangements for written permission from parents 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 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 Medicines

Medicine should only be brought to school when it is essential to administer it during the school day. In the vast majority of cases, doses of medicine can be arranged around the school day thus avoiding the need for medicine in school. Antibiotics for example are usually taken three times a day, so can be given with breakfast, on getting home from school and then at bedtime. Occasionally a GP may prescribe a medicine that has to be taken during the school day. Parents may call into the school and administer medicine to their child, or they may request that the school administer the medication. Only medicines prescribed to be taken four times a day will be administered by school staff, unless in exceptional circumstances after discussion with the headteacher.

The parent or guardian must supply the medicine in the original pharmacist's packaging clearly labelled including details for administration and possible side effects to the school office. Parents/ Guardians must complete a

'Parental agreement for setting to administer medicine' form (Appendix Template B). On no account should a child come to school with medicine if he/she is unwell.

The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents.

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.

The school will only accept prescribed 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.

All medicines will be stored safely.

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

Inhalers

Blue inhalers are kept in the child's classroom, in separate named boxes, for ease of access. If the child leaves the school premises, on a trip or visit, the inhaler is taken by the adult in charge or the First Aider. It is the parent's responsibility to ensure the medication is within the 'use by' date and replaced when necessary. Brown inhalers will be kept in the school office in separate named boxes. Unless specified by a GP, brown inhalers will be administered at lunchtime by the school office.

Epi-pens

Each child should have 2 have two Epi-pens which are kept in the office in a clearly labelled separate cupboard. Epi-pens are stored in boxes with a photo of the child on the outside.

Non-prescription Medicines

In general, non-prescription medicines are not administered at school and pupils should not bring them to school for self-administration. Only non-prescription travel sickness medication, anti-histamine and paracetamol will be administered by staff providing they are supplied in the original packaging and accompanied by a 'Parental agreement for setting to administer medicine' form (Appendix Template B) and the appropriate Protocol for the administration of that medicine. Medication must be suitable for the pupil's age, supplied by the parent (not the school) and in its original packaging, with manufacturer's instructions. Staff will check that the medicine has been administered without adverse effect to the child in the past and parents must certify this is the case – a note to this effect should be recorded on the consent form. The medication will be stored and administration recorded as for prescription medicines.

Paracetamol

Paracetamol may be used as pain relief for children under the age of 10, if a GP/Consultant/Dentist/Nurse Practitioner/School Nurse has recommended its use and parental consent is gained (Appendix Template B). Circumstances that might warrant the use of pain relief in the under 10's include fracture, and post-operatively general surgery. Details of the pupil's condition and the requirement for on demand pain relief must be documented on the pupils IHC. In addition to the protocol for the administration of paracetamol detailed above the school will:

- Only administer paracetamol for a maximum of 1 week.
- The parent or guardian will supply daily a single dose of paracetamol for administration. This can be in the form of a tablet or liquid sachet.
- The requirement for pain relief will be regularly reviewed during the week; pain relief should not be given routinely each day. The review will be detailed on the pupils IHC.

Paracetamol may not be administered to the under 10's for ad-hoc unknown pain/fever etc. If the school is in any doubt if symptoms warrant pain relief the school nurse/ parents will be contacted for further advice.

All other non-prescription medication will not be administered at school and pupils should not bring them to school for self-administration. The majority of medication lasts 4-6 hours, therefore non-prescription medication can be administered at home prior to the start of the school day and it will last the duration of the school day. A parent or guardian may attend school to administer additional doses if necessary.

Antihistamine

Antihistamine can only be administered where a GP/Consultant has recommended or prescribed antihistamine for the treatment of a mild allergic reaction (i.e. itchy eyes or skin, rash or/and redness of the skin or eyes,) The school can administer 1 standard dose of antihistamine (appropriate to age and weight of the pupil) and it is very important that symptoms are monitored for signs of further allergic reaction. During this time pupils must never be left alone and should be observed at all times. If the pupil has an epi-pen in school and their symptoms develop or there are any signs of anaphylaxis or if there is any doubt regarding symptoms then their epi-pen will be administered without delay and an ambulance called. If the child does not have an epi-pen and their symptoms develop or there are any signs of anaphylaxis or if there is any doubt regarding symptoms an ambulance will be called.

Piriton can cause drowsiness and therefore the school will consider if it is necessary for pupils to avoid any contact with equipment that might cause harm i.e. P.E. Science, Design and Technology.

Mild Allergic Reaction

Every effort will be made by the school to identify and reduce the potential hazards/ triggers that can cause an allergic reaction to pupils diagnosed with anaphylaxis within the school population. Antihistamine will be administered for mild reactions as detailed above.

Severe Allergic Reaction

An epi-pen should be used immediately in a severe reaction (see Pupils Individual Health Care Plan for details). If in doubt about the severity of an allergy reaction, administer the epi-pen and call an ambulance immediately

Hay fever

For the treatment of hay fever, parents should administer the antihistamine before the pupil starts school - it is not necessary for schools to administer antihistamine for the treatment of hay fever.

Sunscreen

Sunscreen is not a medicine and children are welcome to use this on sunny days to protect against sunburn. However the sunscreen should be clearly labelled with the child's name and children must self-administer. Emollient creams for eczema can be self-administered. Staff are not permitted to apply any cream.

Cough Sweets

Cough sweets are not permitted in school and will be removed from a child's possession if they are found to have brought them into school.

Impaired mobility

Providing the approval of the GP or consultant has been given there is no reason why children wearing plaster casts or using crutches should not attend school. Safeguards and restrictions will be necessary on PE, practical work or playtimes to protect the child or others. A risk assessment will need to be completed before the child returns to school. This will usually be completed within 24 hours of notification of the impaired mobility.

7.1 Controlled drugs

Controlled drugs are prescription medicines that are controlled under the [Misuse of Drugs Regulations 2001](#) and subsequent amendments, such as ritalin.

The school does not deem a pupil prescribed a controlled drug as competent to carry the medication themselves. Controlled drugs will be stored securely in a non-portable container and only named staff will have access. Controlled drugs for emergency use must also be easily accessible. The administration of a controlled drug will be witnessed by a second member of staff and records kept. In addition to the records required for the administration of any medication, a record will be kept of any doses used and the amount of controlled drug held in school.

7.2 Pupils taking their own medication

For certain long-term medical conditions, it is important for children to learn how to self-administer their medication, but this will always be supervised by a member of staff. Appropriate arrangements for medication should be agreed and documented in the pupil's Individual health care plan and parents should complete the relevant section of 'Parental agreement for setting to administer medicine' form (Appendix Template B).

7.3 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

Medicines on Educational Visits

Staff will administer prescription medicines to pupils with long-term conditions when required during educational visits. Parents should ensure they complete a consent form (Appendix Template A) and supply a sufficient supply of medication in its pharmacist's container. Non-prescription medicines (apart from travel sickness medication and anti-histamine for a mild allergic reaction) cannot be administered by staff and pupils must not carry them for self-administration. The only exception to this is for residential trips. In this case staff will administer non-prescription medicines such as Calpol/Ibuprofen, only if written consent has been given by parents/guardians. Pupils with long-term medical needs shall be included in educational visits as far as this is reasonably practicable. School staff will discuss any issues with parents and/or health professionals in suitable time so that extra measures (if appropriate) can be put in place for the visit. All staff will be briefed about any emergency procedures needed with reference to pupils where needs are known and copies of care plans will be taken by the responsible person.

8. Emergency procedures

In a medical emergency, first aid is given, an ambulance is called and parents/carers are notified. Should an emergency situation occur to a pupil who has an IHP, the emergency procedures detailed on the plan are followed, and a copy of the IHP is given to the ambulance crew. Instructions for calling an ambulance are displayed prominently by the telephone in the school office.

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. In the case that the parent is unable to be contacted or unable to transport their child to the hospital, a staff member (with business insurance) will take the child to the hospital.

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, where possible.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with SENDCOs. 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 recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

10. Record keeping

The governing body will ensure that written records are kept of all medicine administered to pupils. The school will ensure that a record is made of every dose of medicine administered in school. This record is completed by the person that administers the medicine. See 'Record of medicine administered to an individual child' (Appendix Template C) and 'Record of medicines administered to all children - Supporting pupils with medical conditions' (Appendix Template D). Parents will also 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.

12. Complaints

Issues arising from the medical treatment of a pupil whilst in school, should in the first instance, be discussed directly with the headteacher. If the headteacher 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 board every 4 years.

14. Links to other policies

This policy links to the following policies:

- Accessibility plan
- Complaints
- Equality information and objectives
- Health and safety
- Safeguarding
- Special educational needs information report and policy

Appendices

Template A Individual Healthcare Plan (IHP)

Template B Parental agreement for setting to administer medicine'

Template C Record of medicine administered to an individual child'

Template D Record of medicines administered to all children

Template E Model letter to parents re IHP



Name of school/setting	
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

Name	
Relationship to child	
Phone no. (work) (home) (mobile)	
Name	
Relationship to child	
Phone no. (work) (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 pupil's 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 (state if different for off-site activities)

Plan developed with

Staff training needed/undertaken – who, what, when

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.

Signed by parent or guardian

Print name

Date

Review date

Copies to:



Parental agreement for setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form

Date for review to be initiated by	
Name of school	
Name of child	
Date of birth	
Class	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
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 staff administering medicine in accordance with the schools policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____ Date _____

Template C:



Record of medicine administered to an individual child

Name of school	
Name of child	
Date medicine provided by parent	
Class	
Quantity received	
Name and strength of medication	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature:

Signature of parent:

Date			
Time Given			
Dose given			
Name of staff member			
Staff signature			

Date			
Time Given			
Dose given			
Name of staff member			
Staff signature			

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Name of staff member			
Staff signature			

Date			
Time Given			
Dose given			
Name of staff member			
Staff signature			

Template E:



Model letter inviting parents to contribute to individual healthcare plan development

Dear Parent

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support the each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely

