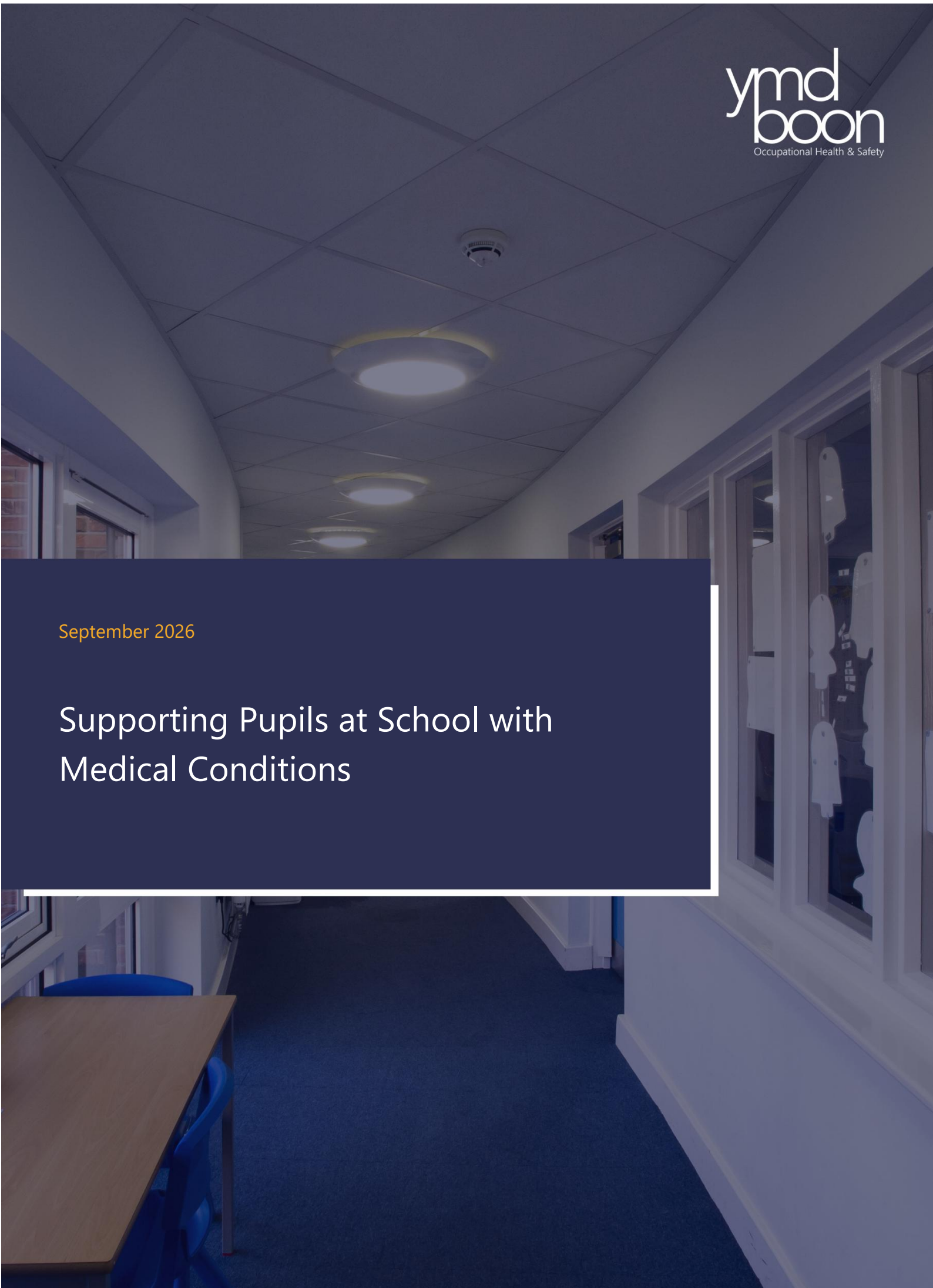

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Occupational Health & Safety

September 2026

Supporting Pupils at School with Medical Conditions

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Document History – Version Control

Version No.	Date	Author/s	Summary of Changes

RATIONALE

This policy has been developed for School schools to ensure that pupils/students are fully supported with medical conditions.

It has been developed in line with the Department for Education statutory guidance on Supporting Pupils with Medical Conditions (2014) For Governing Bodies of Maintained Schools and Proprietors of Academies in England December 2015

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/484418/supporting-pupils-at-school-with-medical-conditions.pdf

The statutory guidance is intended to help governing bodies meet their legal responsibilities and sets out the arrangements they will be expected to make, based on good practice. The aim is to ensure that all children and medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life remain health and achieve their academic potential.

This policy has not been developed by a specific medical professional or organisation / body. It has been developed following the statutory guidance referred to above.
The policy should be used as a starting point and customised to reflect management, training, administering and medication storage procedures of the individual school.

POLICY STATEMENT

Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools, proprietors of academies and management committees of pupil referral units (PRUs) to make arrangements for supporting pupils at their school with medical conditions.

The aim of this policy is to ensure that School carries out their statutory duty to make arrangements to support pupils at school with medical conditions.

The School will

- ensure that the arrangements detailed within this policy are implemented effectively, by the Headteacher, who has overall responsibility for policy implementation.
- administer prescribed, and non-prescribed medications, to support a pupil's continuous attendance at school, when written consent has been provided by a parent/carer (see Template B).
- have clear roles and responsibilities to be able to support pupils so that they have full access to education, including school trips and physical education.
- ensure full co-operation with all relevant parties; healthcare professions, local authority and clinical commissioning groups (CCGs) as required
- provide support and training to enable staff to support pupils with medical conditions
- ensure that clear arrangements are in place to manage the administration and storage of all medicines on the premises
- ensure that the appropriate level of insurance is in place to appropriately reflect the level of risk
- ensure that written records are kept of all medicines administered to pupils

- ensure that emergency procedures are in place and shared with all staff
- ensure that all staff are aware of what practice is not acceptable
- ensure that a complaints procedure is in place regarding the support provided to a pupil with a medical condition

Signed **Date**

MEDICATION MANAGEMENT PROCEDURES

The following sections in the Management Procedures outline how the School will ensure that the Medication Policy Statement is implemented. Further reference documentation and guidance is detailed at the end of the policy.

The Governing Body: -

- must make arrangements to support pupils with medical conditions in school, including making sure that this policy is implemented.–In doing so it should ensure that such children can access and enjoy the same opportunities at school as any other child
- 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.
- 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.
- should ensure that plans are reviewed at least annually, or earlier if evidence is presented that the child's needs have changed.
- should make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way.
- ensure that staff are properly trained to provide the support that pupils need
- ensure that the school's policy sets out an emergency procedure.

Headteacher: -

- should ensure that the school's policy is developed and effectively implemented with all 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.
- should ensure that all relevant staff, including external providers, i.e. Before/After School and activity clubs are aware of pupil's conditions.
- should ensure that written records are kept of all medicines administered to pupils.
- should be aware that they have overall responsibility for the development of individual healthcare plans
- 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: -

- should be aware that 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 directed to do so.
- should consider the needs of pupils with medical conditions that they teach, although administering medicines is not part of teachers' professional duties.
- should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions
- should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help

- should record any concerns that they have on a pupil's health and wellbeing and report those concerns to parents on the same day.

School Nurse: -

- should be aware of their responsibilities for notifying the school when a pupil has been identified as having a medical condition which will require support in school
- can support staff on implementing a pupil's individual healthcare plan and provide advice and liaison, for example, on training
- can liaise with lead clinicians locally on appropriate support for the pupil and associated staff training needs

Other healthcare professionals (including GP, paediatricians, nurse specialists/ community paediatric nurses):-

- should notify the school nurse and work jointly when a pupil has been identified as having a medical condition that will require support at school.
- may provide advice on developing healthcare plans
- specialist local health teams may be able to provide support in schools for pupils with specific conditions (e.g. asthmas, diabetes, epilepsy)
- should ensure any prescribed medications, including dosages, are appropriately monitored and reviewed.

Pupils: -

- 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

Parents/Carers: -

- should provide the school with sufficient and up to date information about their son/daughter's medical needs
- should be involved in the development and review of their son/daughter's individual healthcare plan
- should carry out any action they have agreed to as part of its implementation (e.g. provide medicines and equipment and ensure that they or another nominated adult are always contactable)

TRAINING FOR SUPPORTING PUPILS WITH A MEDICAL CONDITION

Specific support and training needs will be identified through the Individual Health Care Plans (IHCP), together with who will provide the training. This will enable staff who support a pupil with a medical condition to understand the specific conditions, their implications, preventative and emergency procedures.

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.

Training on administering medications/injections for specific medical conditions at the School will be carried out by healthcare professionals, including the school nurse. 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.

Named staff will be responsible for administering a pupil's medication. When a controlled drug has been prescribed for a pupil's medical condition, at least two members of staff should be trained on how to manage this medication.

Arrangements should be in place to cover staff absence, or staff turnover, so that someone is always available.

All training should be documented on Department for Education's Template E, together with a clear plan for refresher sessions, or updates if the pupil's condition changes.

The school will ensure that whole school awareness training will take place on an annual basis. This should include the contents of this policy, and awareness of common conditions such as asthma, allergies, epilepsy and diabetes. This training will be carried out by Mrs Williams.

The medicine box is kept in the school staffroom and all staff who work in this area must be aware of: -

- what medication is in the box
- who it belongs to and a copy of the parental consent – see Template B
- the dose and frequency of administration to the pupils concerned
- who will administer this medication

LIABILITY AND INDEMNITY

The school will ensure that a level of insurance is in place that appropriately reflects the level of risk for managing medication on the premises. The Department for Education's guidance for "Supporting Pupils at School with Medical Conditions 2015" refers to the appropriate level of insurance being in place, or that the School is a member of the Department for Education's Risk Protection Arrangements (RPA). RPA is a scheme provided specifically for academies.
https://www.gov.uk/guidance/academies-risk-protection-arrangement-rpa

The insurance arrangements will cover staff providing support to pupils with medication conditions. Insurance policies should be accessible to staff providing such support.

The level and ambit of insurance cover required must be ascertained directly from the insurers. Any requirements of the insurance, such as the need for staff training, should be complied with. Insurers should be updated when a pupil is newly diagnosed, if a pupil's condition changes resulting in extra support needs, or if a pupil with a medical condition leaves the School.

INDIVIDUAL HEALTH CARE PLAN (IHCP)

An Individual Healthcare Plan – see Department for Education's Template A - will be used to record the support of an individual pupil for their medical condition. The IHCP is developed with the pupil (where appropriate), parent/carer, designated named member of school staff, specialist nurse (where

appropriate) and relevant healthcare services. Appendix 1 is a Department for Education model flowchart for an IHCP.

Where a child has SEN but does not have a statement of EHC plan, their special educational needs are mentioned in their IHCP.

The IHCP will cover the following: -

- the medical condition, its triggers, signs, symptoms and treatments
- the pupil's resulting needs, including medication (dose, whether it is a controlled drug, 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 any environmental issues (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, rest periods or additional support in catching up with lessons
- the level of support needed, including emergencies. If a pupil 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 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 that child can participate eg risk assessments
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the pupil's conditions
- What to do in an emergency, including whom to contact and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

The school will keep a centralised register of IHCPs and identify a member of staff to have responsibility for this register.

IHCPs will be reviewed regularly, at least every year, or whenever the pupil's needs changes.
The parents/carers, specialist nurse (where appropriate) and relevant healthcare services should hold a copy of the IHCP. Other school staff will be made aware of and have access to the IHCP for the pupils directly in their care.

ADMINSTERING MEDICATIONS

Medication will only be administered at school when it would be detrimental to a pupil's health or school attendance not to do so.

The school will not give any medication (prescribed, or non-prescribed) to a child under 16 without a parent's written consent, except in exceptional circumstances under direction of a medical

professional. This would include anaphylaxis where the individual requires either an prescribed or emergency AAI to be administered following advise from emergency services.

When administering pain relief, antihistamine or cough relief medication, the member of staff will check the maximum dosage and when a previous dose was given. Parents/carers will be informed of all doses given at school – see Template C.

The school will only give non-prescription medicines to pupils for a maximum of 3 days, even where parents give written consent. The only exemption to this is if pain relief is required during the healing period of an injury such as a sprained joint or broken/fractured limb.

A child under 16 years of age should never be given medicine containing Aspirin unless prescribed by a healthcare professional.

Some medicines need to be given at specific times, for example

- before, with or after food – the absence/presence of food in the stomach can affect how the medicine works and may cause unwarded effects
- some illness can only be controlled with very precise dose timings, for example, seizures may only be controlled if the medication is taken at set times

Schools must have robust communication procedures in place to ensure that any information relating to the administration of medications, whilst in their care, is shared with external providers. For example, extra curriculum activity, including Before and After School clubs, whether led by the school or an external provider.

Oral Mixtures

A measuring spoon/syringe/vessel must be provided by the parent/carer, and the dose of medicine is measured using this. Instructions on the medication label must be followed. Wherever possible, the spoon/syringe/vessel should be handed to the pupil for them to administer the dose themselves. Each individual pupil's spoon/syringe/vessel should be cleaned and kept with their own medication.

Tablets/capsules

Pupils who need tablets usually take them before or after their meal according to their GP's instructions. They may however be needed at other times of the day.

Pupils should go to the admin office and ask for their tablets from the appropriate member of staff (see Training)

Inhalers

Inhalers will be kept in individual classrooms in a grab bag, unless there is a specific reason why this is not appropriate, which must be documented in the IHCP. When the pupil needs to take their inhaler, e.g. before a PE lesson, or at break time/lunchtime, the teacher/admin staff should record this on a daily record. Where a child increases the number of times they need their inhaler, staff will be alerted to this by the record, and they are able to pass this information onto the parents, so that the 'preventer' inhaler dose can be checked by their GP.

Pupils are trained how to access and use their inhaler, and the importance of adult supervision. Pupils should be supervised when they take their inhaler. If they have any difficulty, the First Aider should be called to assist.

If parents request that their child keeps their inhaler with them during the day, the pupil must be reminded by the class teacher to record when a dose has been taken.

Emergency Salbutamol Inhalers

The school has chosen to hold an emergency inhaler for use by pupils who have been diagnosed with asthma and prescribed a reliever inhaler, OR who have been prescribed a reliever inhaler.

Written parental consent for its use has been obtained, and a record of this is kept with the emergency inhalers to establish which pupils have this in place. Lou Williams is responsible for ensuring that this register is reviewed and kept up to date. This information will also be included on the pupil's IHCP.

If there is an emergency whereby consent has not been received, either for a pupil with diagnosed asthma, or for a pupil with no previous history or knowledge of asthma and symptoms suggest an asthma attack is occurring, the emergency services will be called. If advised to do so by the emergency services, the emergency inhaler will be used even where consent has not been received and full details of the advice given and dosage administered will be recorded.

An emergency kit is in place, kept in the staff room, which includes: -

- a salbutamol metered dose inhaler
- at least two plastic spacers
- instructions on using the inhaler and spacer, together with cleaning/storage instructions

To avoid possible risk of cross-infection, the plastic spacer should not be reused. It can be given to the pupil to take home for future personal use. The inhaler can be cleaned and reused.

If a pupil has used the emergency inhaler, their parent/carer will be informed as soon as possible. This will be completed by the school office.

A "Guidance on the use of Emergency Salbutamol Inhalers in School" consent form template, to be completed by parent/carers template is attached– See Appendix 2.

A "Guidance on the use of Emergency Salbutamol Inhalers in School" specimen letter to inform parents of the use of an emergency inhaler is attached - see Appendix 3.

Further information can be found in the Department of Health's "Guidance on the user of emergency salbutamol inhalers in school – March 2015"

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf

Emergency Medication for Anaphylactic Shock

Pupils with a known allergy, for example, to wasp stings, food allergies and medications, should have an Individual Health Care Plan (IHCP), with an emergency action plan, completed by their healthcare professional.

Where an adrenaline auto-injector has been prescribed, the pupil's parent/carer should ensure that two in date adrenaline auto injectors (e.g. an Epi Pen) are kept in the school. If appropriate, the pupil may keep an auto injector on their person – refer to the section on Self-Management. If this is not appropriate, the auto injector should be kept safely in the pupil's classroom. The second auto-injector should be kept in the medicine cupboard in school staffroom and be available for administering if the pupil goes into anaphylactic shock.

If a pupil is going into anaphylactic shock, the emergency services will be called immediately – see Emergency Procedures.

If there is an emergency where a pupil has no previous history or knowledge of having an allergy, but symptoms suggest anaphylactic shock is occurring, the emergency services will be called. The school should inform the emergency services that an emergency adrenaline auto-injector is in the school. If advised to do so by the emergency services, another pupil's auto-injector will be used even where consent has not been received and full details of the advice given and dosage administered will be recorded.

Emergency Adrenaline Auto-Injector

The school holds an emergency Adrenalin Auto-Injector to be administered to pupils in an emergency if the pupil's own prescribed auto-injector cannot be administered correctly without delay.

Written parental consent for its use has been obtained, and a record of this is kept with the emergency injector to establish which pupils have this in place. Lou Williams is responsible for ensuring that this register is reviewed and kept up to date. This information will also be included on the pupil's IHCP.

The emergency Adrenalin Auto-Injector may be used for a pupil who does not have their own device, under instruction from the emergency services.

Annual allergy awareness and practical use of AAI training for staff is to be completed

Injections

School staff will not give a pupil an injection unless staff have agreed and specific training to do so has been delivered. This training will be delivered by the School Nurse/Healthcare professional (delete as appropriate).

Ointments/creams

The school will only administer ointments/creams prescribed by healthcare professionals. All efforts should be made for the pupil's ointment/cream to be applied at home by parent/carers. If it is necessary to apply a prescribed dose during school hours, this should be recorded on Template C.

If it is a long-term prescription (i.e. more than 4 weeks), a Healthcare Plan should be provided by the pupil's healthcare professionals.

The pupil will be encouraged to apply the cream/ointment themselves, under supervision from a member of staff. Where this is not possible due to competency or location area on the body then Department for Education's Template B should be completed. A body map should be completed for the area where the cream/ointment is to be applied – See Appendix 4.

Eye, Nose and Ear Drops

The school will only administer ear, nose or eye drops prescribed by healthcare professionals. All efforts should be made for the pupil's ear, nose or eye drops to be applied at home by parent/carers. If it is necessary to apply a prescribed dose during school hours, this should be recorded on Department for Education's Template C. The drops should be administered, following the label's instructions by a member of staff. Good infection prevention practice should be adhered to, i.e. using a clean environment, with handwashing facilities immediately available.

SELF MANAGEMENT

It is good practice to support and encourage pupils, who are able, to take responsibility to manage their own medicines from a relatively early age, and the school will encourage pupils to manage the use of their inhalers and adrenaline auto injectors (Epi-Pens) accordingly. The school acknowledges that the age at which pupils are ready to take care of and be responsible for, their own medication varies. Health professionals need to assess, with parents and pupil, the appropriate time to make this transition.

REFUSAL TO TAKE MEDICINE

If a pupil refuses to take their medication, staff should not force them to do so. If a prescribed condition critical medication/injection is refused, the School must take prompt action by informing the parent/carer and healthcare professional as soon as possible, as outlined in their IHCP.

If a pupil refuses to take a non-prescribed medication, this should be recorded in the pupil's records. Parent/carers should be informed of the refusal on the same day.

If a refusal to take medication results in an emergency, the School's emergency procedures should be followed.

STORAGE AND ACCESS

All medications should be stored safely. Pupils with medical conditions should know where they are at all times and have access to them immediately.

The school should provide cold storage for medications once opened, if required, as directed by prescription/written instructions from a healthcare professional.

Medications should not be stored in any first aid boxes on the premises.

The school should only accept medication that is in date, labelled and in its original container including prescribing instructions for administration.

Medicine should be stored in a named Medical Box with each pupil's medicine clearly marked with the pupil's name and the dose to be taken. A photograph of the pupil can be attached to the medication for clear identification. Facilities should be available to ensure that the medications are stored at the correct temperature if stated on the medication label/IHCP.

It is essential that a pupils' emergency medication is immediately accessible for that pupil, if participating in an extra curriculum activity, including Before and After School clubs, whether led by the school or an external provider.

Parents/carers should be asked to collect all medications/equipment at the end of the school term, and to provide new and in date medication at the start of each term.

RECORD KEEPING

As part of the school's admissions process and annual data collection exercise parents/carers are asked if their son/daughter has any medical conditions. These procedures also cover transitional arrangements between schools.

General Record Keeping

The pupil's confidentiality should be protected, and the school should seek permission from parents/carers before sharing any medical information with any other party.

The school will keep an accurate record of all medication administered, including the dose, time, date and supervising staff by using Department for Education's Template C.

CONTROLLED DRUGS (CDs)

Some pupils may require routine, or emergency prescribed controlled drugs administering whilst at school. Controlled Drugs require additional safety controls for storage, administration and disposal, under the Misuse of Drugs Regulations 2001. The school should follow these to ensure that all legal requirements and best practice are adhered to.

A list of commonly encountered controlled drugs can be found at the following link:-

https://www.gov.uk/government/publications/controlled-drugs-list--2/list-of-most-commonly-encountered-drugs-currently-controlled-under-the-misuse-of-drugs-legislation

Guidance on how a controlled drug is classified can be found at the following link:

https://www.gov.uk/government/publications/2010-to-2015-government-policy-drug-misuse-and-dependency/2010-to-2015-government-policy-drug-misuse-and-dependency#appendix-1-classifying-and-controlling-drugs

An example of a medical condition that may require a controlled drug is ADHD, for which methylphenidate (Ritalin [tm]) may be prescribed.

Midazolam Buccal, which is a medication used for controlling seizures, is a Schedule 3 controlled drug, and does not require the same controls as other Schedule 1 and 2 controlled drugs under the legislation. However, it is best practice to store and control this medication in the same way as other controlled drugs.

A controlled drug can only be admitted on the school premises if it is recorded in the pupil's individual healthcare plan – see the Department for Education's Template A: Individual Healthcare Plan. When a controlled drug is prescribed, and has to be administered during school hours, it should be highlighted on Template A. Extra training requirements should be highlighted and undertaken for staff administering a controlled drug. Advice should be sought from healthcare professionals, or the School Nurse, together with consultation with the parent/carers.

The following requirements should be met, in line with the above legislation: -

- storage:
  - the medication should be double locked, i.e. in an appropriate storage container, in a locked room. The medication may need to be kept refrigerated once opened, and this should be made clear on the IHCP.

  - named staff only should be allowed access to the medication. A plan for obtaining the medication for a medical emergency, or school evacuation, should be put into place.

  - medication should be weighed (liquid) or counted in (tablets) when handed over by parent/carer. This amount should be documented. When administering staff should weigh, or count, the medication before and after each dose. This should be documented, to ensure that this measurement is in line with the previous administration to the pupil.

- administering:
  - two members of staff should be present when the drug is to be administered, to double check the dose is correct. One person will administer the dose, and the second person will witness its administration.

- record keeping:
  - a separate Controlled Drug register should be kept, to record each dose that is administered, and should be signed by the two members of staff who administer the medication. This register is to be kept for two years from the date of the last entry in the register.

  - if misuse of a controlled drug is suspected, all records should be checked by Senior Management and the Headteacher and reported to the Police/Local Intelligence Network (LIN). Guidance on this should be sought from healthcare professionals.

- destroying

- unused controlled drugs should be destroyed of under specific controlled conditions. This should be referred to on the IHCP, and advice taken from healthcare professionals.
-

UNACCEPTABLE PRACTICE

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

The school will not: -

- prevent pupils from easily accessing their inhalers and medication and administering their medication when and where necessary
- penalise pupils for their attendance record if their absences are related to their medication condition, e.g. hospital appointments.
- require parents, or make them feel obliged, to attend school to administer medications, or provide medical support to their child.
- 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
- send pupils 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
- send a pupil to the school office/medical room if they become ill unaccompanied, or with an unsuitable person
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to manage their medical condition effectively
- prevent pupils 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 pupil.

If a pupil misuses their medication, or anyone else's, their parent/carer is informed as soon as possible, and the school's disciplinary procedures are followed.

The school will ensure that all staff responsible for administering medications understand that they must strictly adhere to the prescription dosage, and the implications for not doing so. This will be done at the time of agreeing to undertake this role.

Staff should be aware that they must not alter/amend any medications, i.e. by crushing tablets or increasing a dose if requested by the pupil. Specific written instructions will be given by a healthcare professional if there are any changes to a dose or methods of administration.

The school will make it clear to staff responsible for administering medicines of the implications for covertly taking medications and that the school will immediately undertake disciplinary action/police investigations as needed.

COMPLAINTS PROCEDURE

The school will ensure that any complaints concerning the support provided to pupils with medical conditions will be investigated appropriately.

Should parent/carers be dissatisfied with the support provided, they should discuss their concerns directly with the school. If, for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

Making a formal complaint to the Department for Education should only occur if it comes within scope of section 496/497 of the Education Act 1996, and after other attempts at resolution have been exhausted.

It will be relevant to consider whether the school has breached the terms of its Funding Agreement or failed to comply with any other legal obligation placed on it. Ultimately, parents (and pupils) will be able to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

MANAGING MEDICATIONS ON AN OUTING/RESIDENTIAL VISIT

Risk assessments are completed before each school trip and outing. Risks for pupils with known medical conditions are considered, as well as any potential risk to others.

<u>Pupils who require short term medication for the duration of the trip/residential</u>

Parent/carers complete medical forms at least three weeks before the visit at which point the school will establish, from parents/carers, the medication, circumstances in which it can be administered, the precise time the dose is given and the exact dose.

All medication must be provided in the original packaging as supplied from the pharmacy.

<u>Pain Relief</u>

Pupil's/students who require regular/prescribed pain relief that needs to be taken whilst on an outing/residential visit must bring in their own supply of the medication and parents must complete a separate medication consent form. All pupil/student medication will be held in by the Visit Leader.

The school may take a central store of medication such as Calpol/paracetamol on a residential visit. Parental consent must still have been given for administration. This will be achieved as part of the parental consent to act in loco parentis in emergency situations. Prior to administering medication

that has not been directly provided by the parent/carer, the Visit Leader will always attempt to contact the parent/carer to explain why the medication is being given.

Pupils with an Individual Healthcare Plan in place

For pupils with known medical conditions, staff will contact the parent/carer in advance of the trip. This will ensure that they are fully briefed to ensure that there are adequate quantities of medication available, that the pupil's condition is stable, and which emergency details are required should the pupil need to have additional support. This is documented for the Visit Leader.

For Early Years/Foundation Stage pupils, where it is assessed that the pupil cannot self-manage their inhaler, the Visit Leader will ensure that staff keep the inhalers for pupils allocated to them. All doses administered need to be recorded.

Controlled drugs

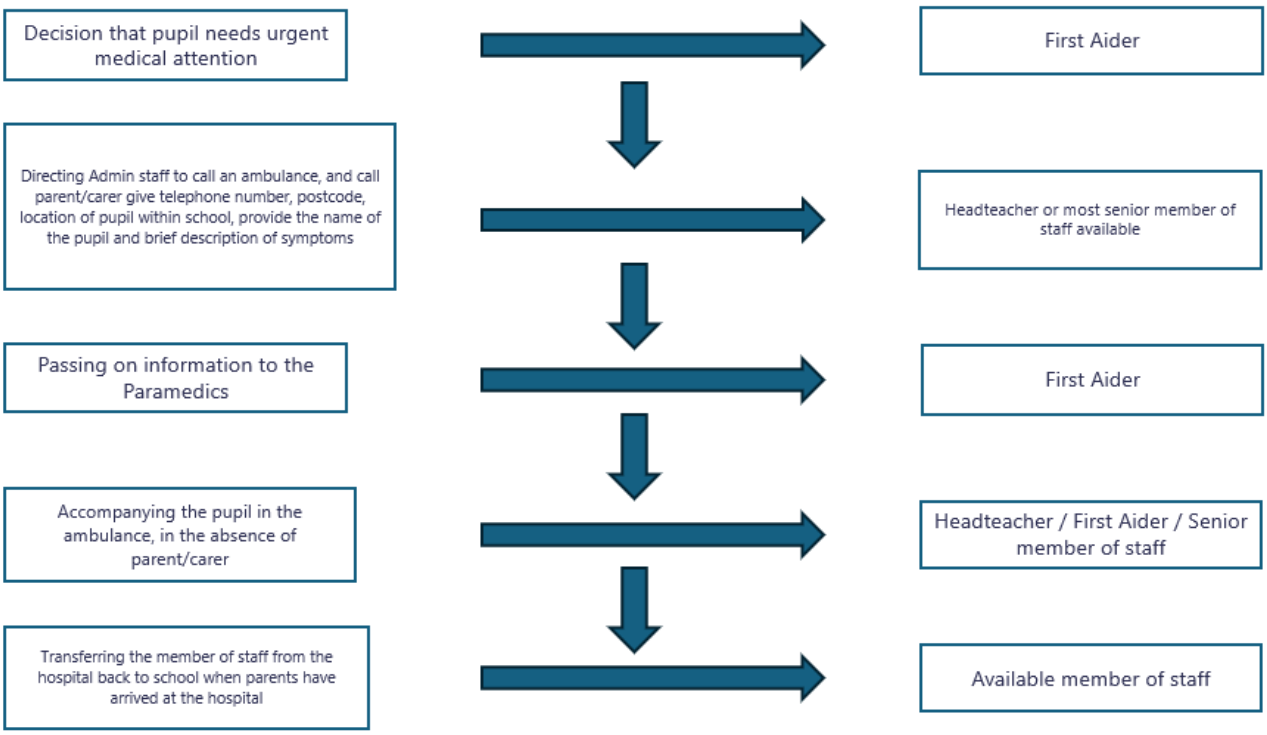
The school will make every effort to accommodate pupils with a medical condition who require controlled drugs to be administered when in the school's care, but off the school premises**.** For a residential visit, consultation with the venue will need to take place, to ensure safe storage facilities will be in place.

EMERGENCY PROCEDURES

The flowchart follows Template F of the Department for Education statutory guidance.

Staff should not take pupils to hospital in their own vehicle, unless it is an emergency, which would ensure that the pupil receives quicker professional medical attention, by doing so. This must be assessed following dialogue with the emergency services. Staff should not travel alone with a pupil in their own car.

Where an Ambulance needs to be called in school, there are several roles which need to be fulfilled. The responsibility for these roles is fluid, to cover staff absence/cover. All staff should be aware of the procedures.



FURTHER GUIDANCE/REFERENCES

Department for Education – "Supporting Pupils at School with Medical Conditions - December 2015"

Royal Pharmaceutical Society of Great Britain (RPSGB) - The Handling of Medicines in Social Care

Department of Health - "Guidance on the use of emergency salbutamol inhalers in school – March 2015"

https://www.gov.uk/government/publications/2010-to-2015-government-policy-drug-misuse-and-dependency/2010-to-2015-government-policy-drug-misuse-and-dependency#appendix-1-classifying-and-controlling-drugs

https://www.gov.uk/government/publications/controlled-drugs-list--2/list-of-most-commonly-encountered-drugs-currently-controlled-under-the-misuse-of-drugs-legislation

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf

LEGISLATION:

Section 2 of the **Health and Safety at Work Act 1974** and the associated regulations, provides that it is the duty of the employer (the governing body and school trust) to take reasonable steps to ensure that staff and pupils are not exposed to risks to their health and safety.

Misuse of Drugs Regulations 2001 and associated regulations the supply, administration, possession and storage of certain drugs are controlled. Schools may have a pupil who has been prescribed a controlled drug.

The Medicines Act 1968 specifies the way that medicines are prescribed, supplied and administered within the UK and places restrictions on dealings with medicinal products, including their administration.

Regulation 5 of the School Premises (England) Regulations 2012 (as amended) provides that maintained schools must have accommodation appropriate and readily available for use for medical examination and treatment and for the caring of sick or injured pupils. It must contain a washing facility and be reasonably near to a toilet. It must not be teaching accommodation. Paragraph 24 of the Schedule to the Education (Independent School Standards) Regulations 2014 replicates this provision for independent schools (including school schools and alternative provision academies)

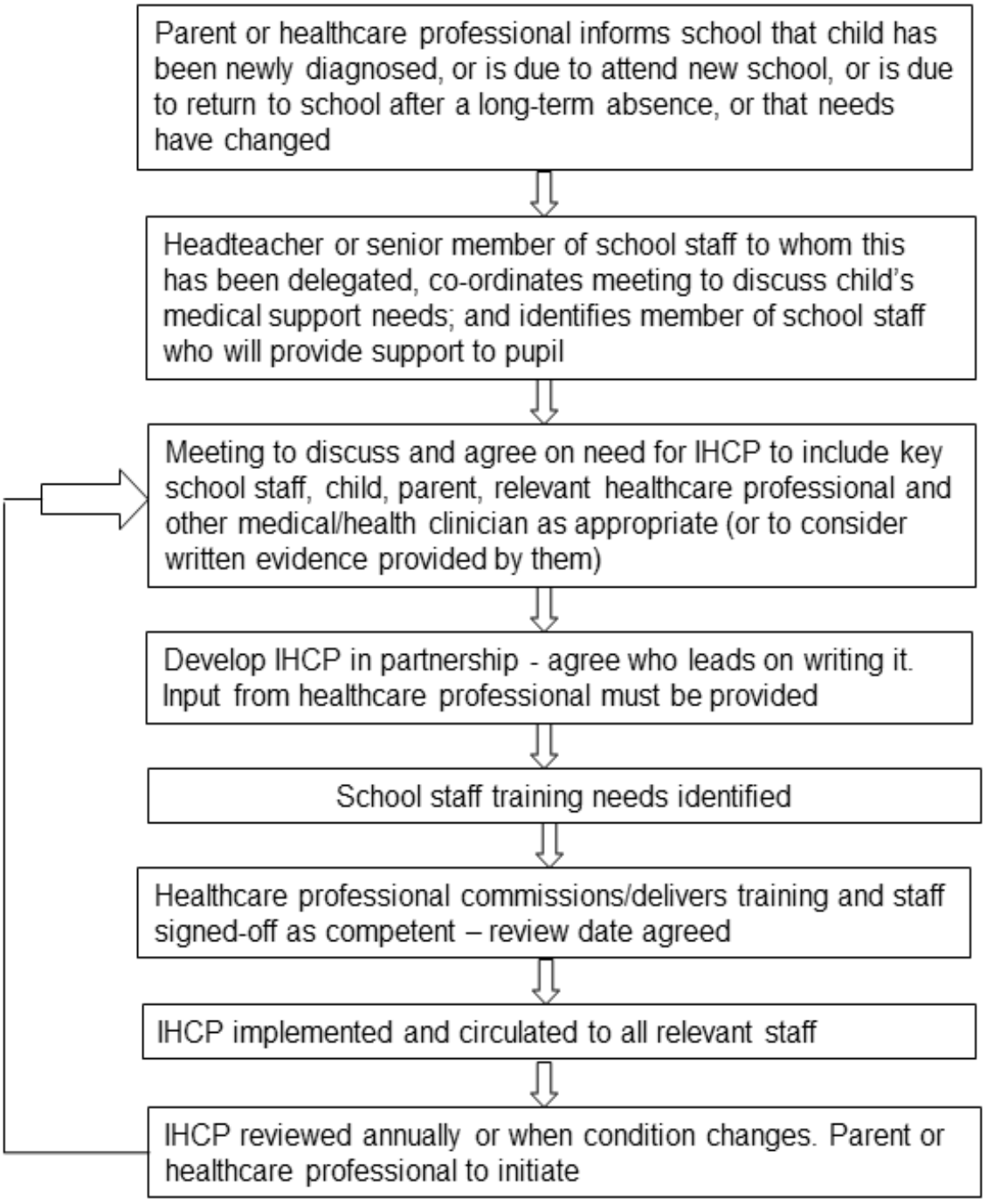
The Special Educational Needs and Disability Code of Practice
Section 19 of the Education Act 1996 (as amended by Section 3 of the Children, Schools and Families Act 2010) provides a duty on local authorities of maintained schools to arrange suitable education for those who would not receive such education unless such arrangements are made for them. This education must be full-time, or such part-time education as is in a child's best interests because of their health needs.

APPENDICES / DEPARTMENT FOR EDUCATION TEMPLATES

- Appendix 1: model IHCP flowchart
- Appendix 2: specimen letter from parent/carer for use of emergency inhaler
- Appendix 3: specimen letter to inform parent/carer of use of emergency inhaler
- Appendix 4: specimen letter from parent/carer for use of emergency adrenaline auto-injector
- Appendix 5: body map

- Template A: individual healthcare plan (IHCP)
- Template B: parental agreement for setting to administer medicine
- Template C: record of medicine administered to an individual child
- Template D: record of medicine administered to all children
- Template E: staff training record – administration of medicines
- Template F: contacting emergency services
- Template G: model letter inviting parents to contribute to individual healthcare plan development

Appendix 1: Model IHCP Flowchart



Appendix 2: Consent Form Use of Emergency Salbutamol Inhaler

Consent for use of emergency salbutamol inhaler for pupils who have been prescribed with a personal salbutamol inhaler

.

Name of Pupil	
Date of Birth	
Class	

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler [delete as appropriate].

2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day.

3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Parent/carer signature..... Date: .....

Parent/carer name .....

Appendix 3: Specimen Letter to Inform Parents of Emergency Salbutamol Inhaler Use

.

Name of Pupil	
Date of Birth	
Class	

Dear……,

[*Delete as appropriate*]

This letter is to formally notify you that your child has had problems with their breathing today. This happened when ……

They did not have their own asthma inhaler with them, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given …… puffs.

Their own asthma inhaler was not working, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given …… puffs.

[*Delete as appropriate*]

Although they soon felt better, we would strongly advise that you have your seen by your own doctor as soon as possible and arrange for a new salbutamol inhaler to be provided and kept in school.

Yours sincerely,

Appendix 4: Consent Form Use of Emergency Adrenaline Auto Injector

Consent for use of emergency adrenalin auto injector for pupils who have been diagnosed with severe allergies and have a prescribed personal adrenalin auto injector

Name of Pupil	
Date of Birth	
Class	

1. I can confirm that my child has been diagnosed with a food (please state which food……) / wasp/bee sting / latex allergy / [other allergy] and has been prescribed an adrenaline auto injector. [delete as appropriate].

2. My child has an in-date adrenaline auto injector, clearly labelled with their name, which they will have with them at school every day.

3. In the event of my child displaying symptoms of anaphylaxis shock, and if their own adrenaline auto injector is not available or is unusable, I consent for my child to receive an injection from an emergency adrenaline auto injector held by the school for such emergencies.

Parent/carer signature…… Date: ……

Parent/carer name ……

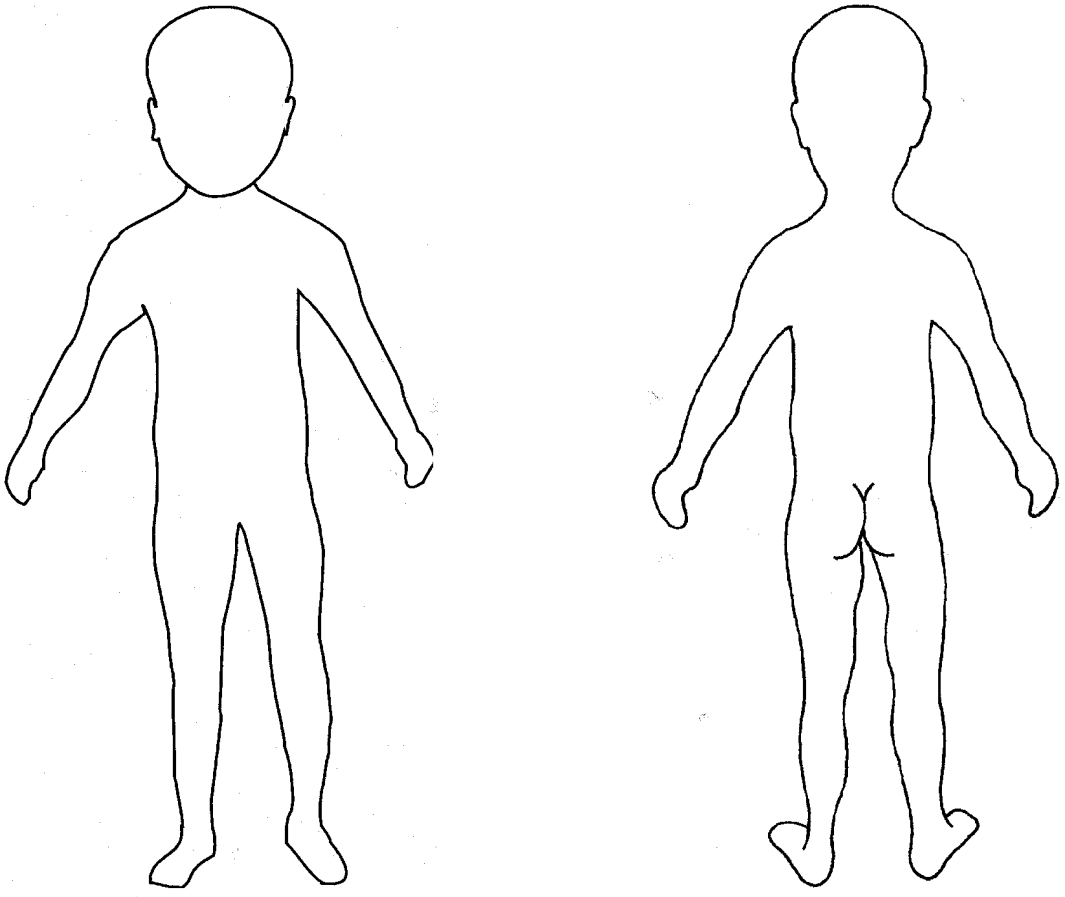
Appendix 5: Body Map

For use for pupils who require assistance with the application of creams/ointments for medical reasons

(The body map must be completed by the parent/carer before any cream or ointment is applied at school)

Name of Pupil	
Date of Birth	
Class	
Name of Medication	
Reason for, and frequency of application	
Name(s) of staff to apply prescribed cream/ointment	

Indicate below the affected areas where cream/ointment may require applying.



Parent/carer signature …….. Date ……..

Parent/carer name ……..

Record of application

Pupil Name:

Medication:

Date	Time	Affected areas applied	Staff name and signature

Template A: individual healthcare plan

If no healthcare professional input has been received, choose one of the following statements: Delete one or both as appropriate

Mild ill health (seasonal/childhood asthma or allergies of a mild nature)

The ill health condition of the pupil does not require direct input from a healthcare professional. Parents/carers are confident that they are able to provide sufficient information to enable the pupil to be safety supported at school.

More serious medical conditions

(insert pupil name) healthcare professional (insert name) has been requested to provide information/assist in the development of the Individual Healthcare Plan
The healthcare professional (insert name) has declined to provide information/assist (attach response or date/time if a phone call).

The information and management controls within this plan have been developed from the information provided by parents/carers only, to the best of their ability without the requested healthcare professional assistance.

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	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	

(mobile)	

Clinic/Hospital Contact

Name	
Phone no.	
GP 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.

If this is a controlled drug – detail the arrangements required for storage, administering and disposal

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

Form copied to

Template B: 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 _____

Template C: 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			

C: Record of medicine administered to an individual child (Continued)

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Template D: record of medicine administered to all children

Name of School/setting	

Date	Child's name	Time	Name of medicine	Dose given	Any reactions	Signature of staff	Print name

Template E: staff training record – administration of medicines

Name of School/setting	
Name	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____

Template F: 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

2. your name

3. your location as follows [insert School/setting address]

4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code

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

Template G: 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 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