



Silverhill Primary School  
Policy for Supporting Pupils at School with Medical Conditions  
(incorporating Administration of Medicines Policy)

Issue date  
July 2018

Review date  
September 2020

### **Introduction**

Section 100 of the Children and Families Act 2014 places a duty on the Governing Board to make arrangements for supporting pupils at Silverhill 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.

Teachers and school staff in charge of pupils have a common law duty to act in the place of the parent (in loco parentis) and may need to take swift action in an emergency. This duty also extends to teachers/adults 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 all the necessary information.

This policy will be reviewed regularly and will be readily accessible to parents/carers and staff on our school web-site.

### **Background**

All schools must have a policy to make arrangements to support children with medical conditions and to be able to demonstrate that this is implemented effectively.

Pupils' medical needs may be broadly summarised as being of two types:

- Short-term – affecting their participation in school activities because they are on a course of medication;
- Long-term – potentially limiting their access to education and requiring extra care and support (deemed special medical needs).

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, Silverhill will comply with their duties under that Act.

Some children may also have special educational needs (SEND) and may have a statement or Education and Healthcare Plan (EHCP), which brings together health and social care needs, as well as their special educational provision. For children with SEND (special educational needs and/or disability), this guidance should be read in conjunction with the Special Educational Needs and Disability (SEND) Code of Practice 2014.

If a child is deemed to have a long-term medical condition, the school aims to ensure that arrangements are in place to support them, and that such children can access and enjoy the same opportunities at school as any other child.

The school, health professionals, parents/carers and other support services will work together to ensure that children with medical conditions receive a full education, unless this would not be in their best interests because of their health needs. 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 and health professionals. Consideration will also be given to how children will be reintegrated back into school after long periods of absence.

Staff must not undertake more complex health care procedures without appropriate training. At Silverhill we recognise that a first aid certificate does not constitute appropriate training in supporting children with all medical conditions. Healthcare professionals, including the School Nurse, will be asked to provide any necessary training and subsequent confirmation of the proficiency of staff to carry out a medical procedure, or in providing medication.

### **Roles and Responsibilities** (as detailed in the statutory guidance)

#### The Governing Board

- 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 pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life.
- 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 ensure that any members of schools staff who provide support to pupils with medical conditions are able to access information and other teaching support materials, as needed.

#### The Headteacher

- Should ensure that their school's policy is developed and effectively implemented.
- Should ensure that all staff members are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation.
- Should ensure that all staff members who need to know are aware of the child's condition.
- Should ensure that sufficient trained numbers of staff are available to implement the policy and deliver all individual healthcare plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose.
- Has the overall responsibility for the development of individual healthcare plans.
- Should make sure that schools staff are appropriately insured and are aware that they are insured to support pupils in this way.
- 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 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 the school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

## Other healthcare professionals, including GPs, paediatricians and the school nurse

- Should notify the school nurse when a child has been identified as having a medical condition that will require support at school.
- May provide advice on developing healthcare plans.
- May be able to provide support in schools for children with particular conditions eg, asthma, diabetes, epilepsy.

## Pupils with medical conditions (where appropriate for their age)

- Are often best placed to provide information about how their condition affects them.
- 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.
- Should be involved in the development and review of their child's individual healthcare plan and may be involved in its drafting.
- 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.
- Must ensure all medicines, including over the counter products (OTC) are prescribed by a healthcare professional, ie, GP. Medicines which have not been prescribed by a healthcare professional for a child, will only be administered at school in exceptional circumstances and in the case of an emergency. If a child requires an OTC medicine on a regular basis, it must be prescribed by a GP and will then be managed as part of a short-term medical requirement.
- Must ensure that all prescribed medicines are supplied to the school in the original packaging, with a pharmacy label containing the child's details, including dosage etc. The medicine must be in date and any contents also labelled with a pharmacy label.

## Local Authorities

- Are commissioners of school nurses.
- Under section 10 of the Children Act 2004, they have a duty to promote co-operation between relevant partners such as governing bodies of maintained schools, clinical commissioning groups and NHS England, with a view to improving the wellbeing of children with regard to their physical and mental health and their education.

- 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.
- Should work with schools to support pupils with medical conditions to attend full time.
- Where a pupil would not receive 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 Ensuring a Good Education for Children Who Cannot Attend School Because of Health Needs, January 2013, sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from school for 15 days or more because of health needs (whether consecutive or cumulative across the school year).

### **Procedures at Silverhill**

Silverhill may be notified that a child has a medical condition when he/she first joins the school, often at the start of Reception, or at a later date, following a new diagnosis.

### **Starting at Silverhill**

As part of the induction process, parents/carers are interviewed by a member of the school. If a medical need is identified, the parent will be asked to complete an Individual Health Care Plan (IHP) for their child. This may be in conjunction with any relevant medical professionals. Parents have a duty to inform school of any new medical conditions that arise.

### **Following Notification of a Long-term Medical Condition**

- The school will make every effort to ensure that arrangements are put in place as soon as possible.
- If the child will require the administration of medication of any kind, a consent form must be completed by the parent/carer and given in at the front desk, together with the medication in its original packaging, with the dosage regime clearly printed on the outside, together with the child's name.
- 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.
- The school will also acknowledge that some medical conditions will be more obvious than others.
- The school will, therefore, aim to ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life.
- The school will endeavour to make sure 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 demonstrate an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care.
- The school will ensure that staff members 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 pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so, unless it would not be in their best interest owing to the health needs.
- 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 aims to ensure that no child with a medical condition is denied admission or prevented from attending because arrangements for their medical condition have not been made.
- In line with our Safeguarding duties, the school will endeavour to ensure that a pupil's health is not put at unnecessary risk from, for example, infectious diseases.
- The school will, therefore, not accept a child in school at times where it would be detrimental to the health of that child and 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, judgements will be needed about what support to provide based on the available evidence. This would normally involve some sort 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. The Headteacher, school nurse and SENCO will usually lead this. Following the discussions a Health Care Plan may 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 members are aware of emergency symptoms and procedures.
- Other pupils should know what to do in general terms, such as informing a teacher immediately if they think help is needed.
- It may be necessary to make special arrangements for a pupil on reintegration, following illness; or whenever a pupil's needs change, including arrangements for any staff training and support.
- If a pupil with a long-term medical condition transfers to another school, arrangements will be made, in consultation with the parent, to ensure that all the relevant information is communicated to the new school.

### **Individual Health Care Plans (IHPs)**

At Silverhill, the responsibility for over-seeing the support for pupils with medical conditions has been delegated to the Inclusion Manager, working alongside the Headteacher. This duty is carried out in conjunction with the parents/carers, the School Nurse and any other Healthcare Professionals involved in providing care to the child. Whenever appropriate, the child should also be involved.

It is the responsibility of all members of staff supporting the individual children to ensure that the Individual Health Care Plan is followed.

### **Individual Health Care Plans**

- Help to ensure that the school effectively supports pupils with medical conditions;
- Will capture the key information and actions that are required to support the child effectively;
- Will vary in detail from pupil to pupil depending on the complexity of the child's condition and the degree of support needed;
- Provide clarity about what needs to be done, when and by whom;
- Are often essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention may be needed;
- Are helpful in the majority of other cases, especially where intervention may be needed or where medical conditions are long term and complex;
- Should mention if a pupil has, in addition, special educational needs;
- Will be easily accessible to all who need to refer to them, while preserving confidentiality. A copy will be kept in the staffroom, in the Inclusion Manager's office and the first aid area;
- Should be taken on all school outings and off-site activities;
- Are reviewed annually, or when a child's needs change.

However, not all children will require one. The school, Healthcare Professionals, and the parents/carers should agree, based on evidence, when an Individual health Care Plan would be inappropriate or disproportionate. If consensus cannot be reached, the Healthcare Professional is best placed to take a final view.

### Following Notification of a Short-Term Medical Condition

Occasionally, children have a short-term medical condition such as earache or a sore throat, and are well enough to attend school, but may still be taking a course of medication.

Where possible, medication should be administered at home.

The administration of medicine is the responsibility of parents and carers. There is no absolute requirement on teachers or support staff to administer medicines. However, they may volunteer to do so.

If medication is required during the school day, then a parent or carer will be required to complete a consent form at the same time as handing the medicine to the front office. Prescribed medicines will only be administered if they need to be taken four or more times a day, in line with Local Authority policy. Topical medicines such as eye drops for hayfever or cream for eczema may be administered.

Prescribed medication should only be accepted if it is in date, in the original dispensed container with clear instructions for dose and storage. It should be clearly labelled with the child's name and class.

It is the parent or carer's responsibility to collect and supply each day as necessary.

### Managing medicines in school

The school has a policy for the managing of medicines based on the following points:

- Medicines should only be administered at the school when it would be detrimental to a child's health or school attendance not to do so;
- No child under 16 should be given prescription or non-prescription medicines without their parents/carers written consent;
- Parents must sign a consent form (short or long-term) and medicines must be labelled and given in at the front office;
- School will keep a supply of disposable spoons for dispensing medicine;
- Inhalers are stored in the child's classroom and must not be locked away. They are always available to pupils, and should be taken out for PE/Games outside and on all outings. All children with an inhaler should have a logbook which is completed by an adult each time it is taken;
- The school holds a universal inhaler which can be administered in an emergency, this is stored in the locked first aid cupboard;
- Epi pens are stored in the first aid cupboard. Each pupil's epi pen are stored in a plastic tub and have their name on the front;
- Medicines such as anti-histamines are stored in the locked first aid cupboard, only accessible by adults;
- Should a short-term medicine, such as an antibiotic, require refrigeration, it will be placed in the fridge in the staff room;
- Inhalers can be self-administered by pupils, under the supervision of an adult;
- The supervising adult will sign the appropriate sheet when a medicine has been administered;
- An audit of medicines in school is carried out once a term.

### **What to do in an emergency:**

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 – Silverhill Primary School, Draycott Drive, Mickleover, Derby;
4. State the postcode – DE3 0QE;
5. Provide the exact location of the patient within the school setting;
6. Provide the name of the child/adult 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.

### **Unacceptable Practice**

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

- Assume that every child with the same condition requires the same treatment;
- Ignore the views of the child or their parents/carers; or ignore medical evidence or opinion (although this may be challenged);
- Send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their EHCPs;
- If the child becomes ill, send them to the school office unaccompanied or with someone unsuitable;
- Penalise children for their attendance record if their absences are related to their medical condition eg, hospital appointments;
- Prevent children from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- Prevent children from participating, or create unnecessary barrier to children participating in any aspect of school life, including school trips, e.g. by requiring parents/carers to accompany the child, unless this is in the best interest of the child, or for health and safety reasons.

### **Complaints**

Should parents/carers of pupils be dissatisfied with the support provided, they should discuss their concerns directly with the Class Teacher, Inclusion Manager, or Headteacher. If, for whatever reason, this does not resolve the issue, parents may make a formal complaint, details of which are outlined in the school's complaints procedure.

### **Appendices**

1. Policy Overview for Administration of Medicines (including parental consent form).
2. Educational Health Care Plan Template.







Silverhill Primary School

Policy Overview for Administration of Medicines

Policy No.

Issue date

Review date

November 2015

November 2016

This overview is a summary of the key points outlined in 'Policy for Supporting Pupils at School with Medical Conditions 2015.

Only prescribed oral medicines will be administered in school. Topical medicines such as eye drops for hayfever or cream for eczema may be administered. Pain killing medicines such as Calpol, aspirin or paracetamol should not be brought into school and will not be administered by staff.

Cases in which requests may be made to the Headteacher to deal with the administering of medicine at school include:

1. Cases of chronic illness or long-term complaints
2. Cases where children are recovering from short-term illness but are well enough to return to school.
3. Possible allergic reactions
4. Some pupils have medical plans completed eg, antihistamines and epipens

The decision whether or not to allow the administration of medicine at school will be taken by the Headteacher, and should the responsibility be accepted, the following safeguards will apply -

1. A written indemnity must be obtained from the parent in favour of the member of staff involved in administering the medicine.
2. The completed form for all medication, including asthma, should give clear instructions regarding dosage. Prescribed medicine will only be administered if it is required 4 times per day. Specific doctor's advice would be followed. Staff should record on the appropriate form, all administration of medicines as soon as they are given to each individual. (Appendix 1)
3. The medicine should be brought to school by the parent/carer, not the child, and should be delivered personally to the school office. This includes children who attend breakfast and afterschool club.

4. Medicines must be clearly labeled with the contents, owner's name and dosage and must be kept in the First Aid Cupboard.
5. Any medication required on school trips (including sickness pills) must be given to the lead teacher by the parent/carer.
6. Inhalers will be kept in the classroom which can be taken to P.E. lessons or other out of class activities. The child should know where the inhaler is kept and **MUST** be supervised when using it. All children with an inhaler should have a logbook which is completed by an adult each time it is taken.
7. More complex long term medication should only be administered by trained staff, eg, treatment of diabetes and ADHD, and the careplan followed.
8. All staff are updated of long term illnesses and allergies in September and year group staff are updated as the need arises on other medical needs, ie, asthma.

Before responsibility is accepted for the administering of medicine at school careful consideration will be given to any special circumstances which may exist in the case of an individual pupil. Examples of these special circumstances include:

1. Where the medicines or tablets are dangerous
2. Where the timing and nature of administration are of vital importance
3. Where serious consequences could result from a member of staff forgetting to administer a dose
4. Where some technical or medical knowledge or expertise is required.

**NOTE:** Under no circumstances should any member of staff administer an injection; these may only be administered by a qualified nurse or doctor. (This does not apply to epipens.)

NAME OF CHILD .....

CLASS ..... Date of Birth: .....

MEDICAL CONDITION/ILLNESS .....

NAME OF MEDICATION .....

PERIOD OF ADMINISTRATION .....

DIRECTIONS .....
DOSAGE AND METHOD .....
SIDE EFFECTS .....
EXPIRY DATE ..... SELF-ADMINISTRATION - YES/NO

I request and authorise the administration of the above drug/medicine during school hours. I accept that whilst my child is in the care of the school, the school staff stand in the position of the parent and that the school staff may, therefore, need to arrange any medical aid considered necessary in an emergency, but I will be told of any such action as soon as possible. I indemnify the Headteacher and any authorised person in the event of incorrect administration of drugs/medicines. I will inform the school in writing if there is any change in dosage or frequency or if the medicine is stopped. Asthma – In an emergency situation, I give permission for my child to be given an appropriate inhaler.

SIGNED: ..... DATE .....

**Confirmation of the Headteacher’s agreement to administer medication.**

I agree that (name).....

Will receive (medication).....

Your child will be given/supervised whilst he/she takes their medicine by: .....

SIGNED ..... DATE .....

Date									
Time Given									
Teacher Initials									

## SUPPORTING PUPILS WITH MEDICAL NEEDS

Many pupils will need to take medication (or be given it) at school at some time in their school life.

Cases in which requests may be made to the Headteacher to deal with the administering of medicine at school are:

- Cases of chronic illness or long-term complaints
- Cases where children are recovering from short-term illness but are well enough to return to school.

### Long Term Medical Needs

It is important for the school to have sufficient information about the medical condition of any pupil with long-term needs, eg, asthma, epilepsy, diabetes, and anaphylaxis. Health care plans should be drawn up for such children. This can include:

- Details of pupil's condition
- Special requirements, eg, dietary needs, pre-activity precautions
- Medication and side effects
- What to do and who to contact in an emergency

### Short Term Medical Needs

Prescribed medicines/tablets should always be administered by parents at home if it is a three times a day dosage (or less). Medication should only be taken to school when it is absolutely essential, ie, 4 times a day. This will be for a short period only; to finish a course of antibiotics or apply a lotion that exceeds a three time a day dosage. Topical medicines, such as eye drops for hayfever, or cream for eczema may be administered.

All prescribed medicines should be supplied to the school in the original packaging, with a pharmacy label containing the child's details, including dosage.

Antihistamines (ie, piriton or piritize) will not be administered at school unless prescribed by a GP.

### Non-Prescription Medication

Under no circumstances will staff dispense oral non-prescribed medicines (medicines bought from the chemist or household remedies). The ONLY exception will be travel sickness medication for school trips.

#### All Medication

Normally one dosage should be brought to school each day. Exceptionally, where this procedure cannot be followed, then specific arrangements must be drawn up and documented. If necessary, you will need to ask the dispensing chemist to provide a suitable container appropriately labelled for taking a dose of medicine to school.

There is no legal duty that requires school staff to administer medication; this is a voluntary role.

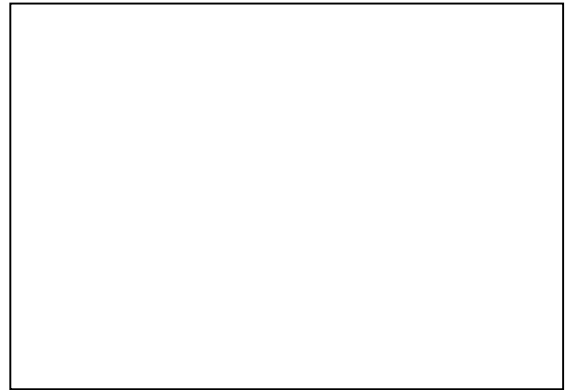
Guidance taken from 'Administration of Medicines in Schools – Recommended by Derby LA'.

Request form for school to administer medication is on reverse.

## Individual Healthcare Plan for Pupil with Medical Needs

Name:

D.O.B:



Describe condition with details of pupil's individual symptoms:

What constitutes an emergency for the pupil, and what action should be taken if this occurs:

Follow up care:

**History:**

**Daily care requirements:**

**G.P:**

**Hospital contact:**

**Class:**

**Date written:**

**Review Date:**

**Family contact 1:**

**Family contact 2:**