

St Michael and All Angels Catholic Primary School

Supporting pupils with Medical Conditions and Managing Medicines in School Policy



At St Michael and All Angels School we are a Christian Community where everybody is valued and recognised for their unique contribution. We provide a child-centred education in a positive learning environment in which all children may reach their full potential. The Gospel values of love and respect are at the heart of our partnership with parents and carers, Governors, the parish and wider community.

The Gospel Values of Love and Respect are at the Heart of Our Community

Date: December 2018	Review: December 2019
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St Michael and All Angels is an inclusive Christian community that aims to support and welcome all children and young people including those with medical conditions.

The governing body understands that it has a responsibility to make arrangements for supporting pupils with medical conditions who currently attend and to those who may attend in the future.

Policy Statement

The Supporting children and young people with Medical Conditions in school Policy will provide guidance to ensure:

- That the school meets its statutory responsibilities to manage medicines and medical conditions in line with Government guidance 'Supporting pupils at school with Medical conditions' 2014 and the 'Special Educational Needs and Disability code of practice: 0-25 years' 2014.
- That the school implements inclusive practices to support children and young people with medical conditions.
- That the school aims to provide all pupils with all medical conditions the same opportunities as others at school.

The school will ensure the implementation of the Supporting Medical Conditions in school Policy to meet the following values and principles:

- all children/young people and staff are healthy and stay safe
- parents, children and young people feel secure and confident in the schools ability to support their child.
- pupils make a positive contribution and get to experience a wide and varied curriculum and experiences.
- ensure all staff understand their duty of care to safeguard children and young people in all aspects of their needs and especially within the event of an emergency.
- ensure all staff are appropriately trained, competent and confident in knowing what to do in an emergency.
- develop the schools understanding that certain medical conditions are serious and can be potentially life threatening, particularly if ill managed or misunderstood.
- that the school understands the importance of medication being taken as prescribed.
- all staff understand common medical conditions that affect children/young people at our school. Our staff receive training on the impact medical conditions can have on children/young people from specialist medical staff as appropriate.

POLICY

AIM

To provide a clear policy that is understood and accepted by all governors, staff, parents and children providing a sound basis for ensuring that children with medical needs receive proper care and support in school, access the same opportunities as other children and that for such children attendance is as regular as possible.

The policy is to include:

- Procedures for managing prescription medicines which need to be taken in the school day
- Procedures for managing prescription medicines on outings and trips
- Roles and responsibilities of staff administering medicines
- A clear statement of parental responsibilities in respect of medicines
- Written permissions from parents for medicines
- Circumstances in which children may take non-prescription medicines
- Assisting children with long term medical needs
- Staff training
- Record keeping
- Safe storage of medicines
- The school's emergency procedures
- Risk assessment and management procedures
- Procedures that the school will follow once notified of a medical condition
- The rule of the Medical Health Care Plan
- Arrangements for children who self-manage their medication
- Arrangements for emergencies
- Practice that is not acceptable
- Complaints Procedure

1. Named members of staff responsible

Head Teacher: Miss A L Bowman

SEND Co-ordinator: Ms M Trayer

The Governors, Head and SEND co-ordinator are responsible for ensuring that plans, procedures and systems are in place and that this policy is implemented on a day to day basis across the school.

Each teacher is responsible for the well-being of the children in their care and must ensure that they understand and comply with the procedures in this policy.

2 The Individual Health Care Plan

Once the school has been informed of a child's medical condition, the parent will be asked to complete the Individual Health Care Plan with the SEND co-ordinator. With

more complex needs, the SEND co-ordinator will arrange to meet with parents and where possible a medical professional to devise a Medical Health Care Plan. (See copy in Appendix)

What the Individual Health Care Plan will do:

- Identify the **medical condition** of the child, its triggers, signs, symptoms and treatments.
- Address pupils' **resulting needs**, including medication, treatments, time, facilities equipment, dietary requirements and environmental issues e.g. crowded corridors.
- Specify **support for educational, social and emotional needs** e.g. considering how absence will be managed, requirements for exams, additional support, counselling etc.
- The **level of support needed** including that required in the event of emergencies.
- **Children able to self-medicate will be identified** and appropriate written arrangements will be given for monitoring this. Parents must give written consent for their child to self-medicate.
- Specify **who will provide the support** including expectations of the role, proficiency and training needs with relevant timelines for ensuring competence.
- **Who in the school needs to be aware of the child's condition** and the support required.
- Identify **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.
- It will identify separate **arrangements required for school trips**.
- It will outline **what to do in an emergency**.

Roles and Responsibilities

Roles and responsibilities are communicated regularly.

Governing Body

The school's Governing body has a responsibility to:

- uphold the Equality Act 2010 and make any reasonable adjustments.
- ensure that arrangements are in place to support pupils with medical conditions (plans and suitable accommodation). In doing so they should ensure that such children can access and enjoy the same opportunities at school as any other child.
- take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening and therefore focuses on the needs of the individual child/young person.
- be aware that in some cases a flexible approach may be required, for example, programmes of study that rely on a part-time attendance in combination with Alternative Provision.
- consider how the child/young person will be reintegrated back into schools after periods of absence.

- consider that children/young people with Medical conditions are entitled to full-time education and should not be denied admission, however, in line with Safeguarding duties ensure that no pupils' health is put at unnecessary risk.
- make sure the supporting medical conditions in school policy is effectively implemented, monitored and evaluated and updated in line with the school policy review timeline.
- ensure all parents are fully aware and understand their responsibilities.

Head teacher

The school's head teacher has a responsibility to:

- ensure the school puts the policy into practice and develop detailed procedures and effectively implemented with partners.
- liaise between interested parties including child/young people, school staff, SENCO, pastoral support staff, teaching assistants, school nurses, parents, governors, the school health service, the Local Authority and local emergency care services and seek advice when necessary.
- ensure every aspect of the policy are maintained even if they are not the governing bodies nominated staff member.
- ensure that information held by the school is accurate and up to date and that there are good information sharing systems in place using child/young person's Individual Healthcare Plans.
- ensure child/young person's confidentiality.
- assess quality assured training and support the development needs of staff and arrange for them to be met via formally commissioned arrangements.
- ensure all supply teachers and new staff are briefed and know the medical conditions policy.
- delegate a staff member to check the expiry date of medicines kept at school and maintain the school medical register.
- monitor and review the policy at least once a year, with input from child/young people, parents, staff and external stakeholders (including healthcare professionals) and update according to review recommendations and recent local and national guidance and legislation.
- In partnership with the parent have joint responsibility for the safe travel of the child/young person.
- Recruit staff to deliver against all Individual Health Plans and make sure all staff are appropriately insured.

All school staff

All staff have a sound knowledge, understand their role and are trained to a level that fulfills and informs them in what to do to support children/young people with the most common serious medical conditions found at the school and how to uphold the policy.

All staff at the school have a responsibility to:

- be aware of the potential triggers, signs and symptoms of common medical conditions and know what to do in an emergency by receiving whole school awareness training.
- be aware that medical conditions can affect a child/young person's learning and provide extra help when child/young people need it.
- understand the policy and how this impacts on children and young person's education.
- know which child/young people in their care have a medical condition and be familiar with the content of the child/young person's Individual Healthcare Plan.
- allow all child/young people to have immediate access to their emergency medication.
- maintain effective communication with parents including informing them if their child has been unwell at school.
- ensure child/young people who carry their medication with them have it when they go on a school visit or out of the classroom.
- be aware of child/young person with medical conditions who may be experiencing bullying or need extra social support.
- understand the common medical conditions and the impact it can have on child/young person.
- ensure all child/young person with medical conditions are not excluded unnecessarily from activities they wish to take part in.
- ensure child/young person have the appropriate medication or food with them during any exercise and are allowed to take it when needed.
- Staff understand their duty of care to pupils in the event of an emergency. In an emergency situation school staff are required under common law duty of care to act like any reasonably prudent parent. This may include administering medication.
- Training should ensure staff are competent and have confidence in their ability to support pupils with medical conditions, the school may choose to arrange training and ensure this remains up-to-date.
- The school recognises a first-aid certificate does not constitute as appropriate training for medical conditions.
- Action for staff to take in an emergency for the common serious conditions at the school is displayed in prominent locations for all staff including classrooms, kitchens and the staff room.
- The school uses the child/young person's Individual Healthcare Plan to inform the appropriate staff (including supply teachers and support staff) of pupils in their care who may need emergency help.
- The school has procedures in place so that the most up to date/single master copy of the child/young person's Individual Healthcare Plan is sent to the emergency care setting with the pupil. On occasions when this is not possible, the form is sent (or the information on it is communicated) to the hospital as soon as possible.
- The school has a plan in place to cover staff absence and sickness.

All staff understand and trained in the school's general emergency procedures

- The school has a general Health and Safety Policy that includes risk assessments and have arrangements in place to deal with emergencies. Health and Safety meetings take place in school.
- All staff know what action to take in the event of a medical emergency. This includes:
- How to contact emergency services and what information to give. (See appendix).
- Who to contact within the school.
- Action to take in a general medical emergency is displayed in prominent locations for staff. These include classrooms, the staff room, food preparation areas and sporting facilities.
- If a child/young person needs to be taken to hospital, a member of staff will always accompany them and will stay with them until a parent arrives. The school tries to ensure that the staff member will be one the child knows.
- Staff should not take child/young people to hospital in their own car it is safer to call an ambulance

First aider**First aiders at the school have a responsibility to:**

- give immediate help to casualties with common injuries or illnesses and those arising from specific hazards with the school.
- when necessary ensure that an ambulance or other professional medical help is called.

Special Educational Needs Coordinators (SENCO)**The SENCO at the school has responsibility to:**

- help update the school's medical condition policy.
- know which child/young person has a medical condition and which have special educational needs because of their condition.
- Ensure if a child has an EHC Plan their medical conditions are linked and become a part of this statutory document.
- be the key member or liaise with other staff to ensure child/young people with medical conditions continue to make expected progress.
- ensure teachers make the necessary arrangements and make reasonable adjustments if a child/young person needs special consideration or access arrangements in exams or course work.

Pastoral support staff**The pastoral support staff at the school has the responsibility to:**

- help update the school's medical conditions policy.
- know which child/young person has a medical condition and which have special educational needs because of their condition.
- Monitor children/young people's attendance and punctuality and consider additional support and planning with the SENCO.

- ensure all children/young people with medical conditions are not excluded unnecessarily from activities they wish to take part in.

Health Services

The school nurse and others from the local Health Community and services who work with the school has a responsibility to:

- co-operate with schools to support children/young people with a medical condition.
- be aware of the needs and training the school staff need in managing the most common medical conditions at school.
- provide information about where the school can access other specialist training or alternatively, provide training if this has been locally developed.

Other healthcare professionals, including GPs and paediatricians have responsibility to:

- notify the school nurse when a child has been identified as having a medical condition that will require support at school.
- provide advice on developing healthcare plans.
- consider that Specialist local health teams may be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes, epilepsy).

Parents

The parents of a child/young person at the school have a responsibility to:

- tell the school if their child has a medical condition.
- ensure the school has a complete and up-to-date Healthcare Plan for their child.
- inform the school about the medication their child requires during school hours.
- inform the school of any medication their child requires while taking part in educational visits or residential visits, especially when these include overnight stays.
- Inform the school if their child has had pain relief medicine before the start of the school day.
- tell the school about any changes to their child's medication, what they take, when, and how much.
- inform the school of any changes to their child's condition.
- ensure their child's medication and medical devices are labelled with their child's full name and date of birth and a spare is provided with the same information.
- ensure that their child's medication is within expiry dates.
- inform the school if your child is feeling unwell.
- ensure their child catches up on any school work they have missed.
- ensure their child has regular reviews about their condition with their doctor or specialist healthcare professional and information that will require the school to support your child is passed on to them.

- ensure their child has a written care/self-management plan from their doctor or specialist healthcare professional to help their child manage their condition.

4 Prescribed Medicines

We will never accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions.

It is helpful when clinically appropriate that medicines are prescribed in dosages that enable it to be taken outside of school hours. We will encourage parents to discuss this with the prescriber.

Prescribers should be encouraged to issue two prescriptions, one for home and one for school, thus avoiding the need for repackaging of medicines.

Controlled drugs should never be administered unless cleared by the Headteacher. Reference should be made to section 100 of the Children and Families Act 2014.

5 Non-Prescription Drugs

Staff should **never** give non-prescribed drugs to a child unless there is specific written permission from the parent. This will be an exceptional situation rather than the norm and must be in consultation with the Head and / or SEND Co-ordinator. Parental consent must be given.

A child under 16 should never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.

6 Short Term Medical Needs

In order to reduce the time a child is away from school the school will administer medicines, for example the end of a course of antibiotics or apply a lotion, but only for a short course of up to 5 days or on occasions 10 days, and only when previous avoidance strategies have been examined. **Note the exceptional terms in the previous paragraph.**

7 Long Term Medical Needs

It is the responsibility of the parents to ensure that the school is fully informed of the child's needs before admittance. It is essential to have sufficient information in order for the child's medical needs to be adequately supported.

A Medical Health Care Plan will be devised by the SEND Co-ordinator with the parent and whenever possible with a health professional. Without the presence of a health professional, parents must consent for the school to liaise with the child's GP, practice nurse, school nurse or consultant to ensure that the correct support is in place.

The school has clear guidance on the administration of medication at school and what is deemed as unacceptable practice.

8 Administration – general

- The school understands the importance of medication being taken as prescribed.
- All staff are aware that there is no legal or contractual duty for any member of staff to administer medication or supervise a child/young person taking medication unless they have been specifically contracted to do so.
- All use of medication defined as a controlled drug, even if the child/young person can administer the medication themselves, is done under the supervision of a named member of staff at this school.
- There are several members of staff at this school who have been specifically contracted to administer medication and received the relevant and suitable training from healthcare professionals. Medication taken in school by pupils such as paracetamol, ibuprofen, antibiotics, will be signed by 2 members of staff.
- If a trained member of staff, who is usually responsible for administering medication, is not available the school makes alternative arrangements to continue to provide this support.
- For medication where no specific training is necessary, any member of staff may administer prescribed and non-prescribed medication to children/young people under the age of 16, but only with the written consent of their parent.
- Training is given to all staff members who agree to administer medication to pupils, where specific training is needed. The local authority provides full indemnity.
- Parents at this school understand that if their child's medication changes or is discontinued, or the dose or administration method changes, that they should notify the school immediately.
- If a child/young person at this school refuses their medication, staff should not force them and record this and follow procedures set out in the Individual Healthcare Plan. Parents are informed as soon as possible.
- If a child/young person misuses medication, either their own or another child/young person's, their parents are informed as soon as possible. These child/young person are subject to the school's usual disciplinary procedures.

Administration – Emergency Medication

- All child/young person with medical conditions has easy access to their medication.
- All child/young people are encouraged to carry and administer their own emergency medication, only when their parents and health professionals determine they are able to begin taking responsibility. All child/young people carry their medication with them at all times, except if they are controlled drugs as defined in the Misuse of Drugs Act 1971. This is also the arrangement on any off-site or residential visits.
- A child/young person who does not carry and administer their own medication know where their medication is stored and how to access it.
- Children/young people who do not carry and administer their own medication understand the arrangements for a member of staff (and the secondary member of staff) to assist in helping them take their medication safely.

Unacceptable Practice

- The school uses its discretion and professional judgment on individual cases but it is not generally acceptable practice to:
- prevent a child/young person from easily accessing their medication or inhalers when or where necessary.
- assume that every child with the same condition requires similar or the same support.
- ignore the views of the child/young person and their parents
- send children/young people home frequently or prevent them from staying for school activities.
- send a child unaccompanied to the school office or medical room if they become ill.
- penalise their attendance records if their absences are related to their medical condition e.g. hospital appointments.
- prevent pupils from drinking, eating or taking toilet or other breaks in order to effectively manage their own medical condition.
- require parents or make them feel obliged to attend school to administer medication or provide medical support.
- prevent or create unnecessary barriers to children participating in any aspect of their educational experience, this includes school visits, e.g. requiring the parents to accompany the child.

Administering Medicines

No children under 16 should be given medicines without written parent consent. The Administration of Medicines in School Form must be completed by the parent giving permission for medicine to be administered by staff.

Members of staff trained to give medicines should check:

- The child's name
- Prescribed dose
- Written instructions on the packaging

Trained staff:

Mrs Graham
Mr Lewis
Mrs Lester
Mrs Dixon
Miss Coltman
Mrs Elder
Mrs Moore

Members of staff giving medicines may be teaching staff, support staff, admin staff or lunchtime organisers who are:

- Willing to perform such tasks and
- Trained where necessary for the task

If in doubt then do not administer medicines without checking with the school office staff who will then contact parents, the SEND Co-ordinator or the medical practitioner.

A record must be kept in a written form each time medicines are given and a slip completed and given to parents with details of time and dosage.

9 Self Management

Children will be encouraged to manage their own medicines. This will generally apply to relief treatments for asthma. Other medicines should be kept in secure storage so access will only be through the school office.

The school has clear guidance keeping clear and up to date records which supports the planning and access to school.

10 Administration/Admission forms

- Parents at this school are asked if their child has any health conditions or health issues on the admission form, which is filled out at the start of each school year. Parents of new pupils starting at other times during the year are also asked to provide this information on admission forms.

Transitional Arrangements

- Arrangements should be in place between schools and arrangements should be in place for the start of the relevant school term.

- School is not required to wait for a formal diagnosis before providing support but does require the parent to share all information relating to their child's medical needs. This should be later supported with information provided by healthcare professionals.

School Medical register

- Individual Healthcare Plans are one document that is used to create a Medical register of pupils with medical needs, not all children/young people with medical conditions will need an individual plan. An identified member of staff has responsibility for the medical register at school.
- The identified member of staff has responsibility for the medical register and follows up with the parents any further details on a child/young person's Individual Healthcare Plan required or if permission for administration of medication is unclear or incomplete.

11 Individual Healthcare Plans

Drawing up Individual Healthcare Plans

- An individual Healthcare plan may be initiated by a member of school staff, plans should be drawn up with the input of healthcare professionals e.g. Specialist Nurse, parents and the child as appropriate.
- As a sign of good practice the school will use Individual Healthcare Plans to record important details about individual children's medical needs at school, their triggers, signs, symptoms, medication and other treatments and used to identify the level support they need. Further documentation can be attached to the Individual Healthcare Plan if required.
- The level of detail within the Individual Healthcare Plan will depend on the complexity of the condition and the degree of support needed.
- An Individual Healthcare Plan, accompanied by an explanation of why and how it is used, is sent to all parents of pupils with a long-term medical condition. This is sent:
 - at the start of the school year
 - at admission
 - when a diagnosis is first communicated to the school.
- If a child/young person has a short-term medical condition that requires medication during school hours, a medication form plus explanation will need to be completed at the school office.

Ongoing communication and review of the Individual Healthcare Plan

- Parents at this school are regularly reminded to update their child's Individual Healthcare Plan if their child has a medical emergency or if there have been changes to their symptoms (getting better or worse), or their medication, treatments or conditions change. Staff at this school use opportunities to invite parents to review and check that information held by the school on a child/young person's condition is accurate and up to date.
- Every child/young person with an Individual Healthcare Plan at this school has their plan discussed and reviewed at least once a year.
- Where the child has SEND, the Individual Healthcare Plan should be as part of the graduated approach of Assess, Plan, Do, Review and/or linked to or become part of their Education Health and Care Plan if they have one.

Storage and access to Individual Healthcare Plans

- The school ensures that all staff protect confidentiality.
- Individual Healthcare Plans are kept in a secure central location at school or attached as linked documents using the schools computer system.
- Apart from the central copy, specified members of staff (agreed by the pupil and parents) securely hold copies of Individual Healthcare Plans. These copies are updated at the same time as the central copy.
- All members of staff who work with groups of children/young people will access the Individual Healthcare Plans to provide support with their planning of teaching and learning.
- When a member of staff is new to a pupil group, for example due to staff absence, the school makes sure that they are made aware of (and have access to) the Individual Healthcare Plans of children/young people in their care.
- The school seeks permission from parents to allow the Individual Healthcare Plan to be sent ahead to emergency care staff, should an emergency happen during school hours or at a school activity outside the normal school day. This permission is included on the Individual Healthcare Plan.

Use of an Individual Healthcare Plan

- Individual Healthcare Plans are used by the school to:
- inform the appropriate staff and supply teachers about the individual needs of children/young people with a medical condition in their care
- remind children/young people with medical conditions to take their medication when they need to and, if appropriate, remind them to keep their emergency medication with them at all times
- identify common or important individual triggers for children/young people with medical conditions at school that bring on symptoms and can cause emergencies. The school uses this information to help reduce the impact of common triggers
- ensure that all medication stored at school is within the expiry date
- ensure this school's local emergency care services have a timely and accurate summary of a pupil's current medical management and healthcare in the event of an emergency
- remind parents of a child/young person with medical conditions to ensure that any medication kept at school for their child is within its expiry dates. This includes spare medication.

Consent to administer medicines

- If a child/young person requires regular prescribed or non-prescribed medication at school, parents are asked to provide consent on their child's Individual Healthcare Plan giving the pupil or staff permission to administer medication on a regular/daily basis, if required.. A separate form should be completed by parents for pupils taking short courses of medication
- All parents of children/young people with a medical condition who may require medication in an emergency are asked to provide consent on the Individual Healthcare Plan for staff to administer medication.
- If a child/young person requires regular/daily help in administering their medication then the school outlines the school's agreement to administer this medication on the Individual Healthcare Plan. The school and parents keep a copy of this agreement.

12 Record Keeping

Parents should inform the school of the medicines their child needs. School will check that the medicine is in its original container and that the dispenser's instructions are clear.

A written record of medicines administered will be kept in the school office, or for inhalers, in the classroom. This will identify the date, time and name of the person administering or overseeing the administration of the medication.

13 Off-site, Sporting Activities and Residential visits

- Parents are sent a residential visit form to be completed and returned to school shortly before their child leaves for an overnight or extended day visit. This form requests up-to-date information about the child/young person's current condition and their overall health. This provides essential and up-to-date information to relevant staff and school supervisors to help children/young people manage their condition while they are away. This includes information about medication not normally taken during school hours.
- When attending a residential visit or off-site activity (including sporting events) the lead staff member will have copies of all visit paperwork including risk assessments for children/young people where medication is required. A copy of the Individual Healthcare Plan's will accompany the child/young person if necessary and reference should be made to any medical conditions in the planning and risk assessment prior to the visit taking place.
- All parents of a child/young person with a medical condition attending a off-site activity or overnight residential are asked for written consent, giving staff permission to administer medication if required and an individual Healthcare plan has not been drawn up.

- The residential visit form also details what medication and what dose the pupil is currently taking at different times of the day. It helps to provide up-to-date information to relevant staff and supervisors to help the pupil manage their condition while they are away.
- All children must be included in sporting activities with activities adapted where necessary. Inhalers should be accessibly stored nearby to the child. No child should be sent unaccompanied to access their inhalers.

14 Emergency procedures

Where relevant, emergency procedures will be written into the IHCP. Staff are to be reminded of these annually and new staff informed. In the event of an emergency where the school needs to be evacuated, the school have measures in place to take with them medical information, medicines and equipment as required. Emergency evacuation procedures will also be written for children whose medical condition may impede their evacuation of the building.

15 The Governing Body

The governing body will be made aware of this policy and its role in being responsible for its implementation along with the Head and SEND Co-ordinator. The governing body will review this policy every two years.

16 The Headteacher and SEND Co-ordinator

The Headteacher will ensure that all staff receive appropriate support and training and are aware of this policy. Likewise the Headteacher or SEND Co-ordinator will inform the parents of the policy and its implications for them. In all complex cases the Headteacher will liaise with the parents and where parent expectation is deemed unreasonable then the Head will seek the advice of the school nurse, or a Medical Needs Consultant

17 Teachers and Other Staff

All staff should be aware of the possible medical risks attached to certain pupils. They should be aware of possible emergency action and emergency contacts. **Any member of staff agreeing to administer prescribed medicines should be in receipt of appropriate training. The training shall be commensurate with the situation.** It is the duty of all staff to be aware of and support the needs of children with medical conditions where necessary.

18 Storing Medicines

Most medicines should be stored away from children, be in their original containers and refrigerated where necessary. This will be the responsibility of the school office. Children should know where their medicines are kept and who is responsible. **This should be an exceptional duty and be only used when medical advice dictates that no other course of action is possible.** It should be clearly identified in the Individual Health Care Plan.

Emergency medicines such as asthma inhalers and adrenaline pens should not be kept locked away, but always in the vicinity of the relevant pupils. These should be collected by parents at the end of each term so that expiry dates and efficiency of the device can be checked. Parents are responsible for returning these to school on the first day of the new term.

Any problems or issues arising shall be immediately referenced to the Headteacher and SEND Co-ordinator, who will assess the risk and ensure the issues are managed appropriately.

There is clear guidance on the safe storage and handling of medication at school

19 Safe storage – emergency medication

- Emergency medication is readily available to children/young people who require it at all times during the school day or at off-site activities. If the emergency medication is a controlled drug and needs to be locked up, the keys are readily available and not held personally by members of staff.
- Most children/young people at school will carry at all times and are reminded of their emergency medication. Pupils keep their own emergency medication securely.
- Where the child's healthcare professional advises that they are not yet able or old enough to self-manage and carry their own emergency medication, they know exactly where to access their emergency medication and which member of staff they see.

Emergency medication – Adrenaline (Epipen), Glucose (dextrose tablets), Inhalers for Asthma

Safe storage – non-emergency medication

- All non-emergency medication is kept in a secure place, in a lockable cupboard in a cool dry place. Pupils with medical conditions know where their medication is stored and how to access it.
- Staff ensure that medication is only accessible to those for it is prescribed.

Non-emergency medication – antibiotics, pain relief medicines, allergy relief medicines

Safe storage – general

- There is an identified member of staff who ensures the correct storage of medication at school.
- All controlled drugs are kept in a locked cupboard and only named staff have access, even if the child/young person normally administers medication themselves. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenalin pens should be always readily available to children and not locked away.
- It is the parent's responsibility to ensure new and in date medication comes into school on the first day of the new academic year.
- Three times a year the identified member of staff checks the expiry dates for all medication stored at school.
- The identified member of staff, along with the parents of children/young people with medical conditions, will ensure that all emergency and non-emergency medication brought in to school is clearly labelled with the pupil's name, the name and dose of the medication and the frequency of dose. This includes all medication that pupils carry themselves.
- All medication is supplied and stored in its original containers/packages. All medication is labelled with the child/young person's name, date of birth, the name of the medication, expiry date and the prescriber's instructions for administration, including dose and frequency.
- Medication will be stored in accordance with instructions, paying particular note to temperature.
- Some medication for pupils at this school may need to be refrigerated. All refrigerated medication is stored in an airtight container and is clearly labelled. Refrigerators used for the storage of medication are in a secure area that is only accessible to staff.
- All medication is sent home with pupils at the end of the school year. Medication is not stored over the summer holidays.

Safe disposal

- Parents will be asked to collect out-of-date medication.
- If parents do not pick up out-of-date medication, or at the end of the school year, medication is taken to a local pharmacy for safe disposal.

- A named member of staff is responsible for checking the dates of medication will arrange for the disposal of any that have expired.
- Sharps boxes are used for the disposal of needles. Parents obtain sharps boxes from the child's GP or paediatrician on prescription. All sharps boxes in school are stored in a locked cupboard unless alternative safe and secure arrangements are put in place on a case-by-case basis. Arrangements should be made for their safe disposal.
- If a sharps box is needed on an off-site or residential visit a named member of staff is responsible for its safe storage and return it to school or the child/young person's parent.

20 Parental Responsibility

- It is the parents' responsibility to inform school immediately of any medical conditions. Parents must make themselves available to discuss their children's needs with the SEND co-ordinator and the class teacher in order to devise an Individual Health Care Plan.
- In the absence of a medical professional, parents must consent to school contacting the appropriate medical professional (preferably those already involved with the child) to ensure that the correct procedures are in place to support the child.
- It is the parents' responsibility to inform the school of any changes of requirement and to come into school to amend the IHCP.
- Parents must ensure that medication has been prescribed.
- It is the responsibility of the parent to ensure that medication is within the expiry date. They are advised to check inhalers or any other medical devices at the end of each term to ensure that they are still within the expiry date and to ensure that they are still in good working order.
- Medication must be kept in the original container and handed directly to the office or class teacher. It should be clearly labelled with the following:

Child's name

Name of medication

Dosage

Frequency of dosage

Date of dispensing

Storage requirements (if important)

Expiry date

Where a child has a written Individual Health Care Plan, this information should be written within it and should be the same.

- For the administration of infrequent medicines, e.g. antihistamine, the teacher/school will inform parents of it's use to alert them to any possible medical flare ups.
- Medication will not be accepted in school without the completion of a written and signed consent form from the parent, known as the Administration of Medicines in School Form.
- Only reasonable quantities of medication should be supplied to the school (e.g. a maximum of four weeks supply of medication at any one time).

Supporting Medical Conditions in school policy is regularly reviewed, evaluated, consulted with stakeholders and updated.

- The policy is reviewed, evaluated and updated annually in line with the school's policy review timeline and receives a full consultation with stakeholders.
- Any new government guidance is actively sought and fed into the review, guidance will be provided by Local Authority Officers.
- When evaluating the policy, the school seeks feedback and further consultation on the effectiveness and acceptability of the medical conditions policy with a wide-range of key stakeholders within the school, health settings and with parents and children/young people.

Key stakeholders include:

- Children/young people
- Parents
- School nurse and/or school healthcare professionals
- Headteacher
- Teachers
- Special Educational Needs Coordinator (SENCO)
- Pastoral support staff
- First aider
- All other school staff
- Local emergency care service staff (including accident & emergency and ambulance staff)
- Local health professionals
- School governors

All key stakeholders should be consulted in two phases:

- initial consultation during development of the policy.
- comments on a draft policy before publication and implementation.
- The views of children/young people with various medical conditions are actively sought and considered central to the evaluation process.

- Parents, school staff, governors, relevant local health staff and any other external stakeholders are informed and regularly reminded about the policy and how they impact on its implementation and review.

Liability and Indemnity

- The school has an appropriate level of insurance and reflects the level of risk associated with supporting medical conditions.
- The school recognises that the insurance policy should provide liability cover relating to administration of medication.
- Individual cover may need to be arranged and any requirements of the insurance policy, such as staff training, will be complied with.

21 Complaints procedure

It is important that parents contact school, the class teacher or the SEND co-ordinator as soon as possible if they have even the slightest concern regarding their child's well-being. We will listen and take your concerns seriously and endeavour to remedy the situation appropriately.

If a parent feels that the issue is still not resolved then they must contact the Head teacher and follow the schools complaints procedure which is available on the school website.

KEY POINTS

- THE SCHOOL WILL NOT NORMALLY AND REGULARLY ADMINISTER MEDICINES TO CHILDREN UNLESS THE ABOVE POLICY APPLIES
- ANY STAFF MEMBER ADMINISTERING MEDICINES WILL DO SO WILLINGLY AND WITH APPROPRIATE TRAINING TO ENSURE THE CORRECT LEVEL OF COMPETENCE
- **MEDICINES WILL BE NOTIFIED TO THE SCHOOL OFFICE AND KEPT UNDER ITS SUPERVISION.** This includes spare asthma relievers and adrenaline pens. The Office will know where these medicines are in school and the asthma register shall be updated annually and as and when new children come to school.

Inhalers should be kept in a basket by the classroom door with signage to identify it clearly to a supply teacher or TA.

An emergency inhaler is available in the event of a child's inhaler not working, becoming empty or forgetting to bring it into school. The emergency inhaler is kept above the defibrillator outside the meeting room and in the School Office above the Medicine Fridge. Use of the school's emergency inhaler needs to be noted.

Legislation and Guidance

This policy and guidance has been compiled using recommended government documents and Acts, these include;

Relevant Legislation

Children and Families Act 2014 – Part 5: 100

Education Act 1996

Health and Safety at work Act 1974

Health and Safety: advice for schools – June 2014

Medicines Act 1968

Misuse of Drugs Act 1971

Regulation 5 of the School Premises (England) Regulation 2012 (as amended)

Special Educational Needs and Disability Code of Practice: 0-25 years 2014

Supporting pupils with Medical Conditions – December 2015

The management of Health and Safety at work regulations 1999
The Local Authority will provide both national and local guidance.
For further information and guidance see;

For further information and guidance see;

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>

<https://www.gov.uk/government/publications/emergency-asthma-inhalers-for-use-in-schools>

<https://www.gov.uk/government/publications/automated-external-defibrillators-aeds-in-schools>

Safeguarding Legislation

Children's Act 1989 Section 3 and Section 17

Children's Act 2004 Section 10

Education Act 2010 Section 21 and Section 176

Equality Act 2010

The NHS Act 2006 Section 3

Appendix

Contacting the emergency services

Telephone numbers within school

Asthma flow chart

Medical forms

Medicine slips