Stopsley Community Primary School and Nursery

SUPPORTING PUPILS AT SCHOOL WITH MEDICAL CONDITIONS
and
ADMINISTRATION OF MEDICINE POLICY

Date: November 2026
Review date: November 2028

Purpose of the Procedure

1.1 The Children and Families Act 2014 places a duty on the Governing Body and Senior Leadership Team to make arrangements for supporting pupils at the school with medical conditions. Pupils with medical conditions cannot be denied admission or excluded from school on medical grounds alone unless accepting a child in school would be detrimental to the health of that child or others.

1.2 The aim of this document is to ensure that all children with 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 and achieve their potential.

Scope of the Procedure

2.1 The procedure applies to all employees.

2.2 This procedure should be read in conjunction with the relevant statutory guidance: Supporting pupils at school with medical conditions, DfE which provides greater detail regarding notification and individual healthcare plans and with the school's Intimate Care Policy.

2.3 All staff will be expected to have an awareness of those children with medical conditions and how to respond in an emergency. If staff are in doubt, they should call 999 and ensure the pupil is not left unattended. This policy will form part of the school's induction arrangements.

Roles and Responsibilities

3.1 Supporting a child with a medical condition during school hours is not the sole responsibility of one person. Collaborative working arrangements and working in partnership will ensure that the needs of pupils with medical conditions are met effectively.

3.2 The governing body will ensure that the school develops and implements a policy for supporting pupils with medical conditions. It will ensure that suitable accommodation for the care of pupils with medical conditions is available. It will ensure that sufficient staff have received suitable training and are competent before they take on the responsibility to support children with medical conditions. It will ensure that the appropriate level of insurance is in place to cover staff providing support to pupils with medical conditions.

3.3 The Headteacher will ensure that the school's policy is developed and effectively implemented with partners. He will be supported in his actions by the school's Medical Lead. He will ensure that all staff are aware of the policy and understand their role in its implementation. He will make sure that sufficient numbers of staff are available to implement the policy and deliver against all Individual Healthcare Plans, including in emergency and contingency situations. The Headteacher has the overall responsibility for the development of Individual Healthcare Plans but the writing and monitoring of these is delegated to the school's Medical Lead. He will make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. The Headteacher or Medical Lead will contact the school nursing service in the case of any child who has a medical condition that may require support at school.

The school's Medical Lead is: Mrs D O'Connor

3.4 School staff may be asked to provide support to pupils with medical conditions, including the administering of medicines and intimate care. 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. Any member of staff should know what to do and respond accordingly when they become aware

that a pupil with a medical condition needs help. Training will be provided to all staff. A pupil taken by ambulance to hospital will be accompanied by a member of staff who will stay with the child until a parent or carer arrives.

Appropriately trained staff (those trained by a member of the medical profession) can use EpiPens and defibrillators, administer injections, dispense prescribed oral medicines, and apply splints and topical medicine and other medical support covered, for example: within a First Aid certificate or where appropriate training has been provided. All medication must be administered as prescribed by a medical professional. School staff may also be asked to provide other support, for example; assisting with feeding, including enteral feeds, or toileting, including changing colostomy bags and catheterisation.

3.5 School nurses are responsible for notifying the school when a child has been identified as having a medical condition which will require support at school. School nurses may support staff on implementing a child's Individual Healthcare Plan and provide training, advice and liaison.

3.6 Other healthcare professionals, including GPs and paediatricians notify the school nurse when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing healthcare plans.

3.7 Pupils will be fully involved in discussions about their medical support needs and will contribute as much as possible to the development of their Individual Healthcare Plan since they know best how their condition affects them. Other pupils in the school will be encouraged to be sensitive to the needs of those with medical conditions.

3.8 Parents/carers will provide the school with up-to-date information about their child's medical needs. They will be involved in the development and review of their child's Individual Healthcare Plan. They will carry out any action they have agreed to as part of its implementation and ensure they or another nominated adult are contactable at all times. Where possible, parents/carers should be encouraged to request that medication is prescribed in dose frequencies which enable it to be taken outside of school hours. Where possible parents/carers should be encouraged to support their child in learning for example to self catheterise, monitor own blood sugar levels, administer their own insulin. This is not an exhaustive list.

3.9 Local authorities should work with schools to support pupils with medical conditions to attend full time.

3.10 Health services can provide valuable support, information, advice and guidance to schools and their staff to support children with medical conditions at school.

3.11 Clinical commissioning groups (CCGs) should ensure that commissioning is responsive to children's needs and that health services are able to co-operate with schools supporting children with medical conditions.

3.12 Ofsted – Inspectors consider the needs of pupils with chronic or long term medical conditions and also those of disabled children and pupils with SEND. The school will demonstrate that the policy dealing with medical needs is implemented effectively.

Staff training and support

4.1 Any member of school staff providing support to a pupil with medical needs will receive suitable training. Staff must not undertake healthcare procedures without appropriate training. Staff must not send a child who becomes ill to the school office or medical room unaccompanied or with another child.

4.2 Pupils competent in managing their own health needs will be allowed to carry their own medicines and devices if that does not pose a risk to other pupils. Younger pupils or those not deemed competent to manage their own health needs should know where their medicines and relevant devices are.

4.3 Healthcare professionals, including the school nurse can provide confirmation of the proficiency of staff in a medical procedure or in providing medication.

4.4 The school will make arrangements for whole school awareness training so that all staff, including new staff, are aware of the school's policy for supporting pupils with medical conditions and their role in implementing that policy. This training will include preventative and emergency measures so that staff can recognise and act quickly when a problem occurs. Parents can also contribute by providing specific advice.

4.5 Luton Borough Council's Public Liability cover explicitly provides insurance for appropriately trained staff (those trained by a member of the medical profession) to use EpiPens, defibrillators, injections, dispensing prescribed medicines, application of appliances such as splints and oral and topical medicine. All such medication must be administered as prescribed by a medical professional. In other situations, staff are covered provided they have followed the Care Plan in place and have had relevant training.

Managing medicines on the school premises

5.1 Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so

5.2 No child under 16 will be given prescription or non-prescription medicines without their parents' written consent

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

5.4 The school will only accept prescribed medicines that have been prescribed by an appropriate practitioner. The medication must be in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage, and storage. (The exception to this is insulin which must still be in date but will generally be available to schools inside an insulin pump, rather than in its original container).

The Headteacher or Deputy Headteacher will always be informed when non-prescribed medication is agreed to be administered by school staff.

Medication will only be administered by the delegated staff member named below unless it is a reactive administration of antihistamine medication, often in the case of an allergic reaction. This may be done by any member of staff who is suitably trained and is supervising the pupil at the time. Insulin dependent diabetics may have their medication administered by trained staff who are not the designated members below.

Designated member of staff to administer planned medication: Mrs D O'Connor

In the absence of the above member of staff, the following members of staff may administer medication: Mrs A Collins; Mrs C Lefcovitch; Miss R Gallagher; Mrs L Herrick

5.5 All medicines will be stored safely in the medical room. Children should know where their medicines are at all times and be able to access them immediately. The school will keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff will have access. Controlled drugs should be easily accessible in an emergency. (A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so. However, passing it on to another child for use is an offence. Monitoring arrangements may be necessary in such cases).

5.6 In the first instance, the school expects parents/carers to attend school to administer all medicine to their child and to do this reliably, at the right time. Parents/carers will be told this expectation and the school expects parents/carers to support with this approach. This reduces level of risk for school staff. When it is not possible for parents/carers to go to the school to administer medicine for their child/ren, staff will be able to help. Staff administering a controlled drug and/or over the counter medication (OTC) must do so in accordance with the prescriber's instructions and/or in accordance with the recommended dosage. The school will keep a written record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects should also be noted. A template consent form for schools can be found in appendix 2. This form has been provided by the CCG's medical team for adoption or adaption.

5.7 Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should always be readily available to children and not locked away. Older pupils may carry devices and medicines with them whilst for younger pupils these will be stored appropriately and where the class teacher, class TA and other appropriate staff and child know how to access them.

5.8 During school trips, the member of staff in charge of first aid on the trip will carry all medical devices and medicines required.

5.9 If a pupil refuses to take medication or carry out a necessary procedure they should not be forced by staff. The procedure agreed in the individual healthcare plan should be followed and the parent/carer informed.

5.10 Sharp boxes should always be used for the disposal of needles and other sharps. When no longer required, medicines should be returned to the parent to arrange for safe disposal. Medication no longer required or out of date should not be allowed to accumulate.

Being notified that a child has a medical condition

6.1 When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHP.

6.2 The school will make every effort to ensure that arrangements are put into place within two weeks or by the beginning of the relevant term for pupils who are new to our school. See Appendix 1 for the process.

Individual Healthcare Plans (IHPs)

7.1 The Headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to the HR and Medical Administrator (Medical Lead) and is supervised by the Headteacher.

7.2 Plans will be reviewed at least annually or earlier if there is evidence that the pupil's needs have changed.

7.3 Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done

- When
- By whom

7.4 Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the headteacher will make the final decision.

7.5 Plans will be drawn up in partnership with the school, parents, and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

7.6 IHPs will be linked to, or become part of, any Education, Health, and Care Plan (EHCP). If a pupil has SEND but does not have an EHCP, the SEND is likely to be mentioned in the IHP.

7.7 The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The school will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms, and treatments
- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons
- Specific support for the pupil's educational, social, and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions
- The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable
- Who in the school needs to be aware of the pupil's condition and the support required
- Arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact, and contingency arrangements

Unacceptable Practices

8.1 Each child's case will be judged on its own merit and with reference to the child's Individual Healthcare Plan, however it is not generally acceptable practice to:

8.2 Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary.

8.3 Assume that every child with the same condition requires the same treatment.

8.4 Ignore medical evidence or opinion (although this may be challenged) or ignore the views of the child or their parents.

8.5 Send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in the Individual Healthcare Plan.

8.6 If the child becomes ill send the child to the school office or medical room unaccompanied or with someone unsuitable.

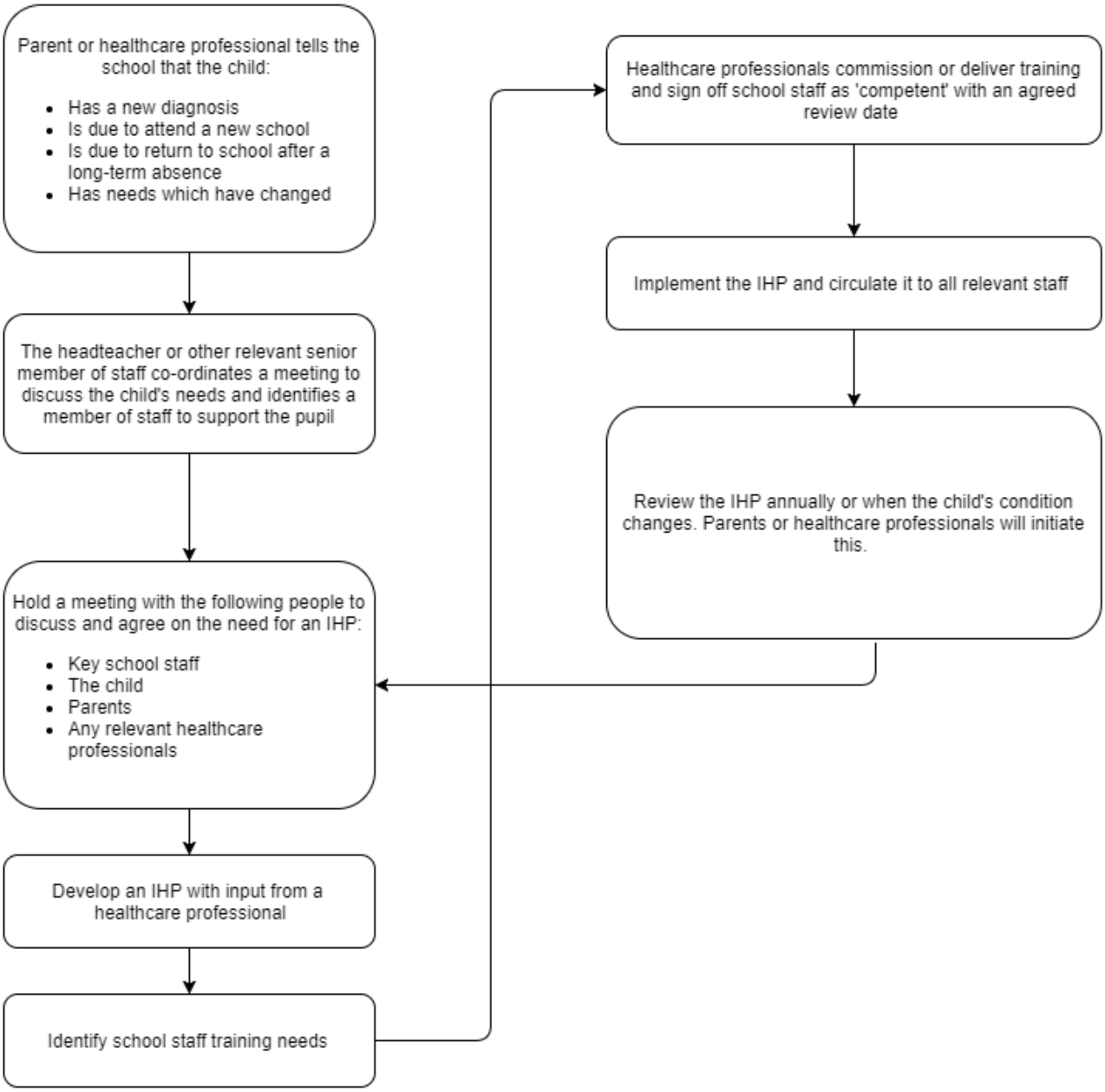
8.7 Penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments.

8.8 Prevent pupils from drinking, eating, or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively.

8.9 Require parents or make them feel obliged to attend school to administer medication or provide medical support to their child, including with toileting issues. (No parent should have to give up working because the school is failing to support their child's medical needs)

8.10 Prevent children from participating or create unnecessary barriers to children participating in any aspect of school life, including school trip, e.g. by requiring parents to accompany the child.

Appendix 1: Being notified a child has a medical condition



Stopsley Community Primary School and Nursery
Medicine Record

PLEASE NOTE: Only medicines that have been prescribed by a Doctor can be given. It will only be given in the child's break or lunch hours unless a time is specifically stated by the Doctor. I understand that I must deliver and collect the medicine personally to the school office. I accept that this is a service that the school is not obliged to undertake.

If more than one medicine is to be given, a separate form should be completed for each.

Pupil's name:	**Class:**
Date of birth:	

I request that the above pupil be given the following medication while at a residential / overnight school trip:

Name of medication	Dose to be given	Strength of medication (if appropriate)	Minimum time between doses	When to give	Any other instructions (include details for inhaler if any)
			(4 hours between doses if Paracetamol / pain relief is administered)		

The GP or Hospital Doctor has prescribed the above medication. It is in the container in which it was dispensed. It is clearly labelled with the contents, dosage, and child's full name: YES / NO

Name of GP:	
Address of GP: Telephone number:	
Medicine quantity received by school (number of tablets or amount of liquid):	Parent / carer:

	Receiving school staff:
Contact details of parent / carer (name and contact number):	

I understand that I must notify the school of any changes in writing. A consideration for the Headteacher or the School's staff agreeing to give medicine to my / our above named child during school hours, I / we agreed to indemnify the Headteacher, the School's staff and the Local Education Authority against all claims, costs, actions and demands whatsoever resulting from the administration of the medicine unless such claims, costs, or demands result out of the negligence of the Headteacher, the School's staff or the Local Education Authority.

Parent / Carer Signature: ..... Date: .....

If administering pain relief medication (e.g.: Paracetamol), there must be a minimum of 4 hours between doses. Staff to ensure this is checked from timings below.

Administration of medicine

Date						
Time given						
Dosage given						
Signed						
Date						
Time given						
Dosage given						
Signed						

Date						
Time given						
Dosage given						
Signed						
Date						
Time given						
Dosage given						
Signed						