ODBST Supporting Children with Medical Needs
Thomas Harding Junior School

ODBST Level 1 Statutory Policy:	**ALL** Schools require this policy with **no changes** allowed to core text. No changes are necessary to personalise this with school name and branding, as this is a Trust level policy for use, without change, by all schools, **except** where a school contact is required as identified in the content of the policy. LGBs will **note** adoption in LGB meetings. Review will take place at Trust level, and schools will be notified of updates and review dates as necessary.
Other related ODBST policies and procedures:	SEN policy Safeguarding Policy Equality Policy Health and Safety Policy
Committee responsible:	FRAPP
Approved by:	FRAPP
Date Approved:	29th November 2023
Review Date:	Autumn Term 2026

In reviewing this policy the Trust Board has had regards to the Equality Act 2010 and carried out an equality impact assessment. It is satisfied that no group with a protected characteristic will be unfairly disadvantaged.

Supporting Children with Medical Needs Policy (including Administration of Medication)

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PART 1

Supporting Children with Medical Needs Policy

1. Aims

This policy aims to ensure that:

- Pupils, staff and parents understand how our school will support pupils with medical conditions
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities
- The governing board will implement this policy by:
- Making sure sufficient staff are suitably trained
- Making staff aware of pupils' conditions, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- Providing supply teachers with appropriate information about the policy and relevant pupils
- Developing and monitoring individual healthcare plans (IHCPs)

The named person with responsibility for implementing this policy is Samantha Ruddell.

2. Legislation and statutory responsibilities

This policy also complies with our funding agreement and articles of association.

The overriding aim for Trustees is to ensure that all children & young people with physical, medical and mental health conditions are properly supported in our schools so they can play a full and active role in school life and remain healthy and achieve their academic potential.

3. Responsibilities

3.1 The Trustees

The trustee board has ultimate responsibility to make arrangements to support pupils with medical conditions. The governing board will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

3.2 The Local governing body

Will ensure that the welfare of the pupils is paramount and that their medical needs are delivered in practice in school. They will monitor the delivering of this policy in practice. They delegate the implementation of the policy to the Headteacher.

3.3 The headteacher

The headteacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHCPs), including in contingency and emergency situations
- Ensure that all staff who need to know are aware of a child's condition
- Take overall responsibility for the development of IHCPs
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way

- Contact the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

3.4 Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

3.5 Parents

Parents will:

- Provide the school with sufficient and up-to-date information about their child's medical needs.
- Be involved in the development and review of their child's IHCP and may be involved in its drafting.
- Carry out any action they have agreed to as part of the implementation of the IHCP, e.g. provide medicines and equipment, and ensure they or another nominated adult are always contactable.

3.6 Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHCPs. They are also expected to comply with their IHCPs.

3.7 School nurses and other healthcare professionals

Our school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible. They may also support staff to implement a child's IHCP.

Healthcare professionals, such as GPs and paediatricians, will liaise with the school's nurses and notify them of any pupils identified as having a medical condition. They may also provide advice on developing IHCPs.

4. Visibility:

- All staff will be advised of the local governing body's policy during induction.
- All staff should be made aware of children with medical needs.
- The school's policy will be made readily accessible to all stakeholders including, but not limited to staff, healthcare professionals and parents/carers.
- It will be available on the school website or as a 'hard copy' on request.

5 . Managing medicines in school:

Trustees would expect the individual LGB policy to note:

- Medicines should only be administered at school when it would be detrimental to a child's health or learning not to do so.
- Where clinically possible, medicines should be prescribed which enables them to be taken outside of school hours. {It is to be noted that medicines that need to be taken three times a day could be taken prior to school in the morning, after school hours and then prior to bedtime.}
- No child will be given prescription or non-prescription medicines without their parent's written consent[1].

5.1 Non-prescription medicines:

- Trustees are clear that un-prescribed medication, e.g. for pain relief, must only be administered with the written consent of the parent/carer who should have completed the "Parental Agreement for school to Administer medicine" form (or similar) (See Appendix D).
- Medication will not be administered without first checking the maximum dosage, when the previous dose was taken and a record made of the administration. The school will always inform parents/carers that medication has been given.

5.2 Prescription medicines:

- Prescription medicines or controlled drugs that have **not** been prescribed by a medical practitioner will **not** be administered in school.
- Where possible parents/carers should be encouraged to administer medication outside school hours.
- The school will only accept prescribed medicines which are in the child's name and that are:
    - in date;
    - labelled and intact;
    - provided in their original container as dispensed by a pharmacist; and
    - include instructions for administration, dosage and storage.
- The exception to this is insulin. Dosages of this must be in date and made available to the school inside an insulin pen or pump rather than in its original container.
- *Medicines must only be administered according to the instructions on the pharmacy label and with written parental consent.*
- Qualified school staff may administer a controlled drug to the child for whom it has been prescribed. Any pupil who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so but only in limited amounts or prescribed doses. The school will closely monitor this.

Records**:**

- In line with DfE 2014 guidance, Trustees would expect each school to keep a written record of all medicines administered to any child (See Appendix C) and also to individual children with IHCPs (See Appendix B). These records will include:
    - What was administered (including the dose);
    - When it was administered (date & time);
    - Who administered the medication.

  Any side effects of the medication administered at school will also be noted.

5.3 Storing and disposal of Medicines:

[1] This includes medication that contains Aspirin. Aspirin should never be given unless prescribed by a doctor.

- Parents/carers are responsible for ensuring that the correct, in date, medication is supplied to the school in a timely fashion. The school should ensure that medication is kept securely in a locked cupboard and is only accessed by authorised staff. Where medicines require special storage considerations, the school will ensure these are adhered to; e.g. refrigeration.
- When prescription medicines are no longer required or out of date, they should be returned to parents/carers. It is the parents/carers responsibility to collect and dispose of such medication.
- The school should notify parents/carers if medication supplies are low. The school will endeavour to give notice when 10 days' supply remains to allow repeat prescriptions to be obtained.
- The school must use 'sharps' boxes for the disposal of needles and other sharps.

Epi-pens, Asthma equipment and other Emergency Medication:

- Sufficient staff should be given appropriate training in the administration of emergency & other medication where necessary. Their names should be displayed in staff rooms and/or medical rooms.
- Arrangements will be made to ensure that immediate access to emergency medication is available.
- Any emergency medication (e.g. Epi-pens, Asthma equipment, Adrenaline pens, Blood Glucose Testing Meters, Buccal Midazolam, Ritalin) is stored either in a locked cabinet within the medical room or within a locked medical locker in classrooms (whichever is appropriate).
- Schools may hold asthma inhalers for emergency use. This is entirely voluntary, and the Department of Health has published a protocol which provides further information.
- Wherever there are specific requirements needed with a controlled medicine, to meet the needs of an individual in school, the school will work within the medical and DfE guidance regarding this.
- Emergency medication will always be taken if the student goes out on a trip and identified; trained staff will be designated to administer any medication if required.

5.4 Supporting Pupils with Medical Needs:

- Where a child has a need to take medication for a prolonged period or has a chronic ongoing condition, Trustees expect Headteachers to ensure that an Individual Health Care Plan (IHCP – see Appendix A) is put in place. The school and the parents/carers should jointly develop and agree the IHCP after considering the advice of health care professionals. The plans put in place should have given due regard to the Equality Act 2010 and the SEN Code of Practice. This will ensure that children with medical conditions have access to the same opportunities as other children as long as it is safe for them to do so.
- Parents/carers should provide the school with all the necessary information about their child's condition and must sign the appropriate forms for the administration of any medication.
- IHCPs will be compiled and recorded in line with the current DfE guidance that was published in 2014.
- All school staff should be made aware of children with IHCPs and their conditions.
- Administration of medication should only be by a qualified member of staff and will only take place if written permission has been obtained from the parents/carers and countersigned by the Headteacher.
- Should a child refuse medication, the school will not force them to take it but contact the parents/carers as a matter of urgency.
- The school will ensure that procedures are in place for an emergency situation and that contingency arrangements are in place. The IHCP must detail what symptoms constitute an emergency and what actions to take.

5.5 Record keeping:

- Trustees expect written or electronic records of all medication administered to children to be kept in line with UK GDPR regulations.
- In addition to the usual general medicine log used for all children (See Appendix C), any medicine administered to a child with an Individual Healthcare Plan (IHCP) should also be recorded separately (See Appendix B).

6. Offsite Learning:

- *All Staff* should be aware of how a child's medical condition impacts on their ability to participate and there should be enough flexibility for all children to participate according to their abilities.
- Offsite learning can bring about additional risks and the nominated member of staff leading the trip (Trip Leader) is responsible for ensuring that the necessary risk assessments have been carried out. The nominated Trip Leader(s) must also ensure that arrangements are made in accordance with Section 2 of this Policy such that any required medication is made available.

7. Emergency Procedures:

Should an emergency incident occur around the site the adult nearest to (but not involved in the incident) will call an ambulance/ request that an ambulance be called and request assistance from other trained staff. A named first aider(s) would attend the scene to support and any information around individual child's needs would be communicated to medical experts.

Individual Health Care Plans will show any individual emergency procedures. These can be obtained from the medical room or individual class folders. All staff involved with children with medical needs are fully informed of this information and should act upon it accordingly.

8. Unacceptable Practice:

Trustees would expect policies to reflect the use of discretion and judgement by school staff, judging each case on its merits with reference to the child's individual healthcare plan. However, they are clear it is not acceptable practice to:

- prevent pupils from easily accessing their inhalers and medication and administering their medication when and where necessary.
- assume that every pupil with the same condition requires the same treatment.
- ignore the views of the pupil or their parents; or ignore medical evidence or opinion (although this may be challenged).
- send pupils with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans.
- should a pupil become ill, send them to the school office or medical room unaccompanied or with someone unsuitable.
- penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments.

- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively.
- require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their 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;
- prevent children from participating in, or create unnecessary barriers to children participating in, any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

9. Insurance:

- The staff of all ODBST schools are adequately covered through the governments RPA insurance scheme in providing cover for staff who administer to children with medical needs. Details of the cover provided is available from the Trust's Operations Officers.

10. Complaints:

- If a parent/carer or pupil is dissatisfied with the support provided they should discuss their concerns with the Headteacher. If this does not resolve the issue this should be pursued through the school's Complaints Procedure.

PART 2

Procedural Guidance

The following procedural guidance is intended to assist LGBs and school leaders to develop specific and clear guidance for the effective implementation of their individual school policy. It is not Trustees expectation that this will be adopted without significant input to reflect school's individual and unique pupil population. It is offered as a supportive framework within which LGBs can draft their own guidance.

Individual Health Care Plans (IHCP)

Whenever the school is notified of a child with a potential medical condition the Headteacher will, in consultation with the parent/carer, assess what further action needs to be taken and this may often result in the necessity to develop an Individual Health Care Plan (IHCP) for the child.

Developing an IHCP:

Where a child has a need to take medication for a prolonged period or has a chronic ongoing condition, the school will ensure that an Individual Health Care Plan (IHCP) is developed - see Appendix A. Advice on the development of an IHCP can be found in Appendix B.

The school and the parents/carers will jointly develop and agree the IHCP after taking into account the advice of health care professionals. The plans put in place will have given due regard to the Equality Act 2010 and the SEN Code of Practice. This will ensure that children with medical conditions have access to the same opportunities as other children as long as it is safe for them to do so.

Parents/carers should provide the school with all the necessary information about their child's condition and must sign the appropriate forms for the administration of any medication.

IHCPs will be compiled and recorded in line with the current DfE guidance that was published in 2014. (See Appendix A)

In cases where a child is returning to school following a period of hospital education or alternative provision, the school should work with the education provider to ensure that the IHCP identifies the support the child needs to reintegrate quickly and effectively.

All school staff must be made aware of children with IHCPs and their conditions by highlighting the issues at staff meetings and through individual briefings for teachers and other staff with specific responsibility for the pupil.

Administration of medication will be by a qualified member of staff and will only take place if written permission has been obtained from the parents/carers and the Headteacher. If the child refuses their medication, the school must not force them to take it but contact the parents/carers as a matter of urgency.

The IHCP must detail what symptoms constitute an emergency and what actions to take. The school must ensure that procedures are in place for such an emergency situation and that, in addition, contingency arrangements are also in place.

The IHCP must be reviewed if there is any change in circumstances, or at least annually, whichever occurs first.

Staff Training:
Staff may require additional training to support a child with medical needs. The Headteacher is responsible for ensuring that the necessary training is undertaken and completed. Such training must be by a recognised body.

School Premises:

- If a child becomes ill during a school day, their class teacher should assess and monitor the child. If there is no noticeable improvement over a reasonable period, the school office should be informed. The office will then try to contact the child's parents or other contacts. If successful, the child may be collected. If it is not possible to contact anyone from the contact information, the child should remain in school and continue to be monitored regularly. If a child deteriorates, your emergency procedures should be followed.
- If the child complains of a headache medication can be administered to any child (age appropriate) whose parents/carers have returned the permission slip. The details should be recorded in the general record of medicine administered to all children (See Appendix C). This is kept in <the main school office>. Parents should also be notified.
- In a case of a child becoming seriously unwell or suffering serious injuries, attempt must be made immediately to contact the parents/carers and any other relevant services. Staff should not delay waiting for parental contact, but call 999 for an ambulance. Unwell or injured pupils should not be transported to hospital or a surgery by staff cars.
- When administering first aid, whenever possible, adults should ensure that another adult is present and aware of the action being taken.
- Parents/carers should always be informed when first aid has been administered.
- Medicines should only be administered at school when it would be detrimental to a child's health or learning not to do so. Verbal consent prior to administering a medicine must be sought from parents/carers wherever possible even for non-prescription medicines.
- No child should be given prescription medicines without their parent's written consent.
- No child should be given Aspirin unless prescribed by a medical practitioner.
- Medication, e.g. for pain relief, should never be administered without first checking the maximum dosages and when any previous doses were taken. Parents/carers should be informed.
- Prescribed medicines must only be accepted if they are 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. It can be accepted in an Insulin pen or pump rather than its original container but must still be in date.
- All medicines must be stored safely. Children should know where their medicines are at all times and be able to access them immediately. Where relevant, children should know who holds the keys to any storage facility. Some medicines and devices, e.g. Asthma inhalers, should be readily available to children and not locked away. This is particularly important when outside of school premises.
- A child who has been prescribed a controlled drug may legally have it in their possession provided they are competent to do so. However, passing it to another child is an offence and staff should remain vigilant to this possibility with appropriate monitoring procedures in place.

- Subject to the above, controlled drugs that have been prescribed for a child, should be stored securely in a non-portable facility with only named staff having access. However, the controlled drugs should remain accessible quickly in an emergency.
- A record should be kept of any doses used and of the amount of the controlled drug held in school.
- Only qualified staff may administer a controlled drug to a child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions. A record must be

- kept of all medicines administered to individual children (See Appendix B). Such records should state what and how much was administered. It should also include when it was administered and by whom. Any side effects of the medication to be administered at school should be noted.
- Any out of date or unused medicines should be returned to the parent/carer for safe disposal.
- Sharps boxes should always be used for the disposal of needles and other sharps.
- Parents/carers should be advised when approximately 10 days' worth of the medicine remains to allow time for a repeat prescription to be obtained.

Offsite Learning:

Offsite Learning can bring about additional risks and staff should adhere to the additional guidance below:

- In all instances, the Trip Leader will collect any necessary medication and follow normal guidelines or requirements set out in any IHCP and take any plans appropriate to the individual child.
- For **part-day visits**, children should, wherever possible, take their medication prior to and after the visit.
- For **full-day visits** the Trip Leader should ensure that parents/carers have completed the relevant Parental Consent Form giving all relevant information.
- For **Residential visits,** the Trip Leader is responsible for checking medical needs of all children. The Trip Leader must check any IHCP requirements with parents and ensure that appropriate procedures and contingency plans are in place.

Emergency Procedures:

- Staff should maintain good practice always.
- For children with an IHCP, details of what constitutes an emergency and how this should be dealt with is detailed in the child's IHCP. Staff must comply with these requirements at all times.
- If a staff member believes that a child's situation is an emergency they must contact another member of staff and the emergency services without delay.

Unacceptable Practice:

- Staff need to be aware that children with medical needs often require additional considerations and should ensure that they adhere to the requirements laid down in section 1 of this policy.

PART 3

- **Appendix A:** Individual Healthcare Plan (IHCP)
- **Appendix B:** Developing an IHCP.
- **Appendix C:** Record of medicine administered to individual children.
- **Appendix D:** General record of medicine administered to all children.
- **Appendix E:** Parental Agreement for school to administer medication.
- **Appendix F:** Request for child to carry his/her own medication.

Appendix A

Individual Healthcare Plan (IHCP)

Child information:

Child's Name:
Date of birth:
Class:
Child's address:
Medical condition:
Date:
Review Date:

Family Contact Information:

Primary Contact Name:

Relationship to child:

Phone No.(s) Home: Mobile: Work:

Secondary Contact Name:

Relationship to child:

Phone No.(s) Home: Mobile: Work:

Hospital/Clinic Contact Information:

Name of establishment

Contact Name (if any):

Phone No.(s) Primary: Secondary:

GP Contact Information:

GP Name:

Name and Address of Practice:

Phone No.(s) Primary: Secondary:

Who is responsible for providing support in the school?

Describe the medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered/self-administered with/without supervision.

Daily care requirements

Specific support for the pupil's educational, social and emotional needs.

Arrangements for school visits or trips etc.

Other information

EMERGENCIES: Describe what constitutes an emergency and action to be taken if this occurs

Who is responsible in an emergency (state if different for off-site activities)

Staff training needed or undertaken – who, what, where, when.

This plan has been developed and agreed by:

Name: _____

Signature: _____ Date: _____

Name: _____

Signature: _____ Date: _____

Name: _____

Signature: _____ Date: _____

Parent/Carer consent:

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent for School staff to administer medicine in accordance with the school policy.

I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Name: _____

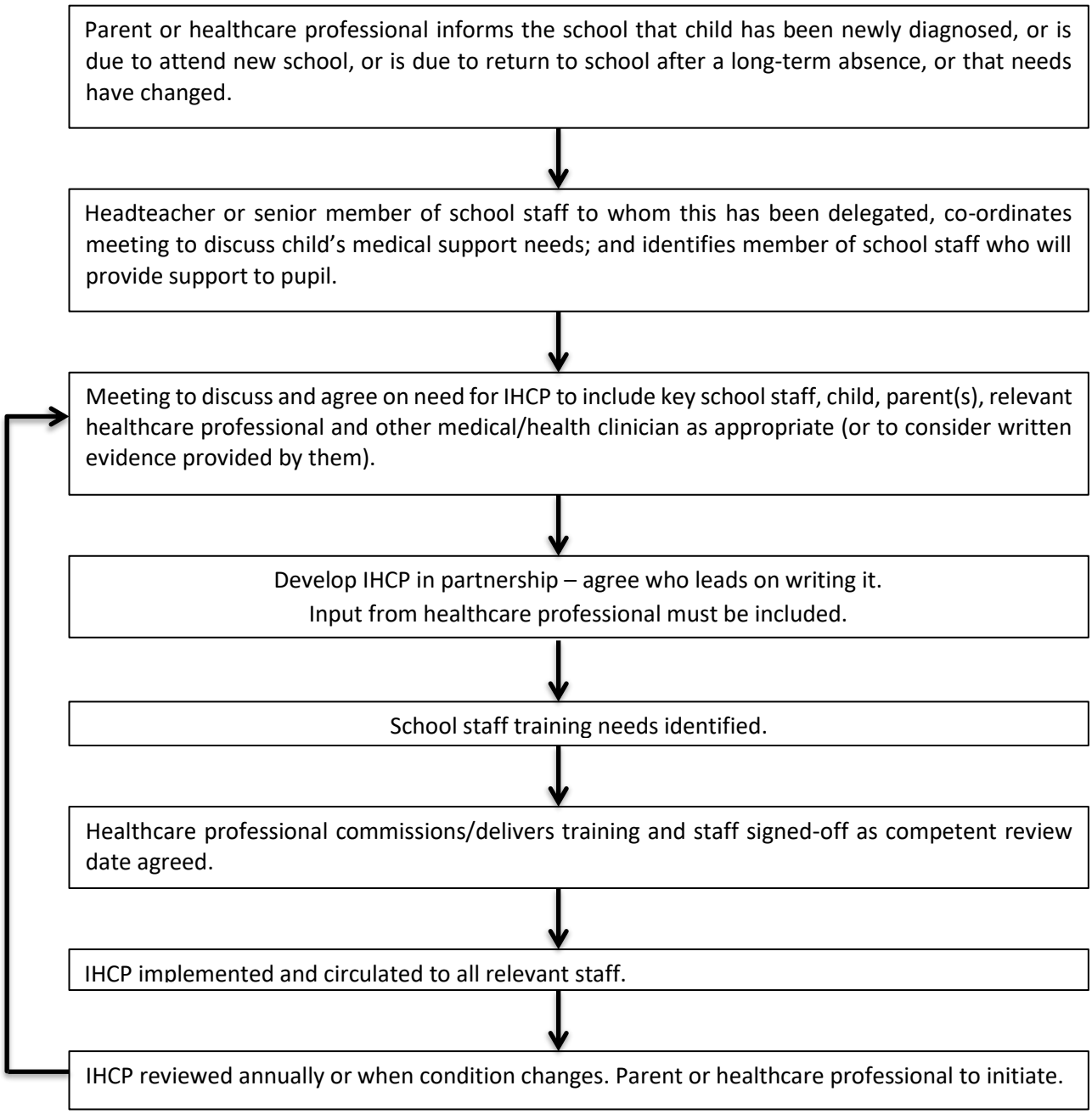
Signature: _____ Date: _____

……

Form copied to:

Appendix B

Developing an IHCP



Appendix C

Record of medicine administered to an individual child

Name of Child		Age:
Date Medicine provided by parent		
Group/Class/Form		
Quantity received		
Name and strength of medicine		
Expiry date		
Quantity used		
Dose and Frequency used		

Signature of staff member	
Signature of Parent/Carer	

Date		
Time given		
Dose given		
Name of staff member		
Staff initials		

Date		
Time given		
Dose given		
Name of staff member		
Staff initials		

Appendix D

General record of medicine administered to all children

Date	Child's name	Time	Medicine name	Dose given	Any reactions	Staff name & signature

Appendix E

Parental agreement for school to administer medication

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

Name of child:	
Date of birth:	
Class:	
Medical condition or illness:	

Medicine

Name (as printed on the container):	
Expiry date:	
Dosage and method:	
Timing:	
Special precautions:	
Any side effects that the school needs to know about:	
Procedures to take in an emergency.	
Self-Administered	Yes/No

Contact details

Name:	
Daytime contact number:	
Relationship to child:	

I understand that I must deliver the medicine personally to: _____

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Name: _____ Signed: _____

Date: _____

Appendix F

Request for Child to carry his/her own Medication

The Parents/carers must complete this form.

If staff members have any concerns, discuss this request with a health care professional.

Name of Child	
Class	
Name of medicine	
Procedures to take in an emergency	

Contact Information

Name	
Daytime telephone number	
Relationship to Child	

I would like my child to keep his/her own medicine on him/her for use as necessary.

The above information is, to the best of my knowledge, accurate at the time of writing. I will inform the school if the medicine is stopped.

Signed: _____

Date: _____

IF MORE THAN ONE MEDICINE IS TO BE GIVEN A SEPARATE FORM SHOULD BE COMPLETED FOR EACH ONE.

……..……..School Use Only……

Request Approved: Yes/No. If No, parent/carer should be advised in writing with reasons.