

COWLEY INTERNATIONAL COLLEGE



Supporting Students at School with Medical Conditions Policy

Status	STATUTORY
Responsible Governors' Committee	Pupil Behaviour and Well-being
Responsible Person	Assistant Principal
Review Cycle	Annually
Review Date	Spring 2025
Next Review Date	Spring 2026

1. Introduction

Pupils at school with medical conditions, including both physical and mental health conditions, should be properly supported so that they have full access to education, including school trips and physical education.

Some children with medical conditions may be disabled. Where this is the case, schools must comply with their duties under the Equality Act 2010. For children with SEND, this guidance should be read in conjunction with the SEND Code of Practice.

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

No child with a medical condition should be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made. These arrangements must give parents and pupils confidence in the school's ability to provide effective support for medical conditions in schools.

Individual Health Care plans can help staff identify the necessary safety measures to support children and ensure that they and others are not put at risk.

Definition

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

Short-term, affecting their participation in school activities when they are on a course of medication

Long-term, potentially limiting their access to education and requiring extra care and support

2. Scope

It must be ensured that:

- Pupils at school with medical conditions are properly supported so that they can play a full and active role in school life, remain healthy and achieve their academic potential;
- The Governing Body is supported in their duty to ensure that arrangements are in place to support pupils at school with medical conditions; and
- The Governing Body is supported in their duty to ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported.

3. Responsibilities

Governing Bodies

It is the responsibility of the Governing Body to ensure that arrangements are in place to support pupils with medical conditions. In doing so, they should ensure that such children can access and enjoy the same opportunities at school as any other child. In order to do so, the Governing Body will ensure that:

- 1) They make available adequate resources in the implementation of the Policy;
- 2) There are suitable arrangements at school to work in partnerships and to generally adopt acceptable practices in accordance with the Policy;
- 3) They take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening;
- 4) The focus is on the needs of each individual child and how their medical condition impacts on their school life;
- 5) In making their arrangements, they give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school;
- 6) The school demonstrates an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care;
- 7) That staff are properly trained to provide the support that pupils need; and
- 8) That written records are kept of all medicines administered to pupils.

Governing bodies include proprietors in academies and management committees of Pupil Referral Units.

Principal

Is responsible for implementing the policy and the developing of Individual Healthcare Plans and to ensure that relevant staff have sufficient resources, including training and personal protective equipment, to support pupils with medical conditions. In order to do so, they should identify a suitable named person who has overall responsibility for ensuring that:

- 1) Sufficient staff are suitably trained;
- 2) All relevant staff will be made aware of the child's condition, including any requirement for the child to participate in outside the classroom activities where appropriate;
- 3) Cover arrangements are in place at all times in case of staff absence or staff turnover to ensure someone is always available;
- 4) Supply teachers are briefed;
- 5) Risk assessments have been carried out for school visits, holidays, including sporting activities and other school activities outside of the normal timetable. The risk assessment will consider reasonable adjustments to enable pupils to participate fully.

- 6) Procedures are in place to cover any transitional arrangements between schools for any medical issues;
- 7) For children starting at the school, necessary arrangements are in place in time for the start of the relevant school term so that they start at the same time as their peers;
- 8) Individual Healthcare Plans (see Appendix 'A') are monitored and reviewed to help support students with medical conditions. Year teams and/or school SENCO are responsible for reviewing and developing these plans.
- 9) The accepting, storing and administering of medication is managed appropriately (see Appendix 'B'), including identifying pupils who are competent to take their own medication.
- 10) Appropriate protective equipment is made available to staff supporting pupils at school with medical conditions.
- 11) Monitoring arrangements are in place for the administering of medication.

Further to this, the Principal will need to ensure that there is effective co-ordination and communications with relevant partners, professionals, parents and the pupils.

In order to ensure that pupils' health is not put at unnecessary risk from infectious diseases, in line with safeguarding duties, the principal must inform parents that they should keep children at home when they are acutely unwell. **They should not accept a child in school at times where it would be detrimental to the health of that child or others to do so.** Also, school staff should also not attend school if acutely unwell and must be clear of any vomiting and diarrhoea for 48 hours prior to returning to work.

In the event of an outbreak situation, the school must follow any guidance issued by Public Health England.

Training

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the principal/staff member writing the individual healthcare plan. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- Fulfil the requirements in the IHPs
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

Teachers & Other Staff

Teachers & Other Staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

Teachers & Other Staff may be asked to provide support to pupils with medical conditions, including the administration of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach.

Their responsibilities include:

- a) To be familiar with normal precautions for avoiding infection and follow basic hygiene procedures, as advised by health professionals. Staff should have access to and must use protective disposable aprons and non-powdered, non latex gloves (also face and eye protection if splashing is likely) and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment;
- b) To administer medication in accordance with parental agreement and as set out in the Individual Healthcare Plan, following receipt of a request from the parent for the school to administer medicine to their child, using form Appendix 'C', for prescribed medicines or Appendix D for over the counter medicines.
- c) The recording of long term conditions such as Epilepsy, Diabetes or Asthma in the pupil's file along with instructions issued by the Doctor as set out in the Individual Health Care Plan (see Appendix 'A').
- d) Ensuring that the medicine has been administered without adverse effect to the child in the past and that parents have certified this is the case in writing; the school must not administer the first dose in case of a reaction to the medication.
- e) Ensuring that medicines are personally handed over to the school by a responsible adult and not by a child;
- f) Ensuring that medicines are in date and in the original container marked with a pharmacy label (for prescribed medicines) stating the child's name, the type of medicine, and the required dosage and storage instructions;
- g) Ensuring that medicines are kept within a secured area, out of the reach of children and visitors. This is except in situations, where children are competent to self-administer. For medicines and devices such as Asthma inhalers, blood glucose testing meters and adrenaline pens, these should not be locked away and should always readily available to children;
- h) Logging any medicines administered to a child and entering a file note once the medicine is returned to the parents or permission is given to dispose (see Appendix 'E');

The entry should include the pupil's name, drug administered, dosage, date and time.

- i) Ensuring that the directions on the Pharmacy label for prescribed medicines or over the counter medicines, the directions on the original packaging are strictly followed and that it corresponds with the parental agreement;
- k) Ensuring that another member of staff witnesses the administration of the medication, wherever possible;
- l) Ensuring that parents are informed of a refusal by their child to take medication on the same day. If a refusal to take medicines results in an emergency situation, the school or setting's emergency procedures should be followed; and
- m) Notifying the parents if the school becomes aware that their child has vomited or has had diarrhoea or any other adverse effect after taking the medication.

School Nurses

Every school has access to School Nursing Services (see Appendix M). They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but can be responsible for:

- a) Notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school;
- b) Liaising with lead Clinicians locally on appropriate support for the child and associated staff training needs;
- c) Supporting staff on implementing a child's individual Healthcare Plan; and advise and liaison on training to local school staff

Community Nursing Teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition.

Other Healthcare Professionals

This includes GPs, Specialist Healthcare Teams and Paediatricians and should:

- a) Notify the School Nurse when a child has been identified as having a medical condition that will require support at school;
- b) Provide advice on developing Healthcare Plans.
- c) Provide support in schools for children with particular conditions (eg, Asthma, Diabetes).

Parents

Parents should:

- a) Provide the school with sufficient and up-to-date information about their child's medical needs;
- b) Be involved in the development and review of their child's Individual Healthcare Plan, and in its drafting.
- c) Carry out any action they have agreed to as part of the implementation of their child's Healthcare Plan, e.g. provide medicines and equipment and ensure they or another nominated adult are

contactable at all times. If they fail to provide sufficient medication, they should be contacted immediately and necessary arrangements made, e.g. provision of medication, returning the child to the parent awaiting provision of the medication, etc.

Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their Individual Healthcare Plan. Other pupils will often be sensitive to the needs of those with medical conditions.

After agreement with parents it is good practice to support and encourage pupils, who are able, to take responsibility for managing their own medicines from a relatively early age (see Appendix 'J'). Children develop at different rates and so the ability to take responsibility for their own medicines varies. If pupils can take their medicines themselves, staff may only need to supervise.

Inhalers for pupils with Asthma need to be readily available. Pupils who are mature enough can look after their own inhalers. They should always be available during physical education classes and outdoor learning experiences.

Local Authorities

Local Authorities are responsible for:

- a) Commissioning School Nurses;
- b) Promoting co-operation between relevant partners such as: Governing Bodies of maintained schools, proprietors of Academies, Clinical Commissioning Groups and NHS England, with a view to improving the well-being of children, so far as relating to their physical and mental health, and their education, training and recreation (Section 10 of the Children Act 2004);
- c) Providing support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual Healthcare Plans can be delivered effectively;
- d) Working with schools to support pupils with medical conditions to attend full time;
- e) Making alternative arrangements where pupils would not receive a suitable education in a mainstream school because of their health needs. Statutory guidance determines this to be when it is clear that a child will be away from schools for 15 days or more because of health needs (whether consecutive or cumulative across the school year). See **children with health needs who cannot attend school** policy for further guidance.

Providers of Health Services

Should co-operate with schools that are supporting children with a medical condition, including appropriate communication, liaison with School Nurses and other healthcare professionals such as Specialist and Children's Community Nurses, as well as participation in locally developed outreach and training.

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

Clinical Commissioning Groups (CCGs)

Commission other healthcare professionals such as Specialist Nurses and have a reciprocal duty to co-operate under Section 10 of the Children Act 2004. They should ensure that:

- a) Commissioning is responsive to children's needs, and that health services are able to co-operate with schools supporting children with medical conditions.
- b) They are responsive to local authorities and schools seeking to strengthen links between health services and schools, and consider how to encourage health services in providing support and advice (and can help with any potential issues or obstacles in relation to this).

4. Individual Healthcare Plans

It is not appropriate to send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless specified in their Individual Healthcare Plans (see Appendix 'A'). This will include requiring parents to provide up to date information about their child's medical needs, provide their child's medication to the school in the original container and also carry out any action they have agreed as part of their child's Healthcare Plan, where one is in place.

The aim of Individual Healthcare Plans should be to capture the steps which a school should take to help the child manage their condition and overcome any potential barriers to getting the most from their education.

The school has responsibility for ensuring Individual Healthcare Plans are finalised and implemented. They should agree with partners who will take the lead in writing the Plan. They need to be reviewed at least annually or earlier if evidence is presented that the child's needs have changed. Plans should be developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social well-being and minimises disruption.

Individual Healthcare Plans (and their review) may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child. Pupils should be involved whenever appropriate.

In deciding what information should be recorded on Individual Healthcare Plans the following should be considered:

- the medical condition, its triggers, signs, symptoms and treatments;
- the pupil's resulting needs, including medication 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;
- specific support for the pupil's educational, social and emotional needs;
- the level of support needed including in emergencies;
- whether a pupil can self-manage their medication and the monitoring arrangements;
- who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support;
- who in the school needs to be aware of the child's condition and the support required;

- arrangements for written permission from parents and the Principal 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 child can participate, eg, risk assessments;
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition;
- what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an Emergency Healthcare Plan prepared by their Lead Clinician that could be used to inform development of their individual Healthcare Plan; and

Schools do not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgments will be needed about what support to provide based on the available evidence. If consensus cannot be reached, the Principal is best placed to take a final view.

5. Administration of Medication

The administration of medication at school will minimise the time that pupils will need to be absent.

Some children may need to take medicines at some time during their time in a school. The school will be flexible in their approach and examples of circumstances under which they may be requested to administer medicines are:

1. Cases of chronic conditions e.g. Diabetes, Asthma or Epilepsy; or
2. Acute situations e.g. anaphylactic shock
3. Cases where pupils recovering from short term illnesses may be well enough to attend school but need to finish a course of antibiotics, cough medicine, etc.

However, medicines should only be taken to school where it would be detrimental to a child's health if it were not administered during the day. It should be noted that wherever feasible parents should administer medication outside of school hours.

Schools settings must never administer the first dose of any new medication

The management of accepting, storing and administering any medication can be completed by ensuring that;

- a) Consent is always obtained from parents (see Appendix 'C'), before the administration of any medication. Schools must not administer medication without consent.
- b) As agreed with parents, any administration of medication is always recorded (see Appendix 'E/F'); and
- c) Medication is always stored securely and appropriately, with restricted access, but is always easily accessible to the child in case of an emergency.
- d) As part of the signed agreement with parents, action is taken to ensure that medication is administered;

- e) Parents and all staff are aware of the policy and procedures for dealing with medical needs;
- f) The appropriate systems for information sharing are followed;
- g) Staff managing the administration of medicines and those who administer medicines have received training and support from health professionals, to achieve the necessary level of competency before they take on responsibility to support children with medical conditions (see appendix 'G'). This training includes induction arrangements for new staff and must be refreshed at suitable intervals as advised and a minimum requirement is every 3 years;
- h) The school will not accept medicines that have been taken out of the original container, unless this has been done by a Pharmacist and the medication is in the packaging/container supplied and labelled by the Pharmacist. Another exception to this is Insulin which must still be in date, but will generally be available inside an Insulin pen or a pump, rather than in its original container;
- i) The school never makes changes to dosages on parental instructions;
- j) Circumstances requiring extra caution as per Individual Health Care Plans are taken into account:
 - Where the timing of administration is crucial;
 - Where serious consequences may occur through failure to administer;
 - Where technical or medical knowledge is needed;
 - Where intimate contact is necessary.

In these circumstances Principal should consider carefully what they are being asked to do. Even if it is within the interest of the child to receive the medication in school, staff cannot be instructed to administer, however, the school still has a duty to ensure that arrangements are in place to support such pupils. In these cases, it would be useful to speak to the School Health Nurse.

Non-Prescription Medication (Over the Counter Medicines)

Over the counter medicines do not need an appropriate practitioners prescription, signature or authorisation in order for a school to give them.

- a) Over the counter medicines, e.g. Hayfever treatments, cough/cold remedies should only be accepted in exceptional circumstances and treated the same way as prescription medication. The parent/carer must clearly label the container with the child's name, dose and time of administration and complete a parental consent form (see Appendix 'D'). The medication should be provided in the original container with the patient information leaflet (PIL).
- b) There is a potential risk of interaction between prescription and over the counter medicines, so where children are already taking prescription medicine(s), prior written approval from the child's GP or parents should be sought.
- c) The use of over the counter medicines should normally be for a limited period only. Therefore, where these medicines are administered the recommendations contained within the patient information leaflet (PIL) should always be followed;
 - *E.g. for Paracetamol - 'if no better in three days seek the advice of a GP', therefore, schools should only administer for three days unless they have had assurance the child had been seen by the GP*

Where a child's symptoms persist, medical advice should be sought by the parent.

Other remedies, including herbal preparations, should not be accepted for administration in the school/setting.

- d) Only after parental advice will the school administer Paracetamol or other pain relief. For pupils under 16, parental consent must be obtained beforehand and a record of that consent and administration should be made.
- e) The school **must not** keep its' own stock of pain relief medication; the parent must provide the school with a supply of appropriate pain relief tablets for use solely by their child.
- f) A dose of paracetamol or pain relief should only be given after effort has been made to ease the pupil's pain through other methods, i.e, rest, fresh air, etc. Before each dose of the medication is given, the school should obtain parental consent unless we already have a completed Appendix D document. If an Appendix D document has been completed but parents/carers have not ticked to state their son/daughter can be trusted with doses/times then the school will again contact home. Each time contact home is made the parent will be asked how many doses of the pain relief have been administered in the previous 24 hours, and only administer pain relief if in line with the recommended dose. A record of that consent and any medication administered is made.
- g) Staff should check that the over the counter medicine has been administered without adverse effect to the child previously and that parents have certified this is the case – a note to this effect should be recorded in the written parental agreement for the school/setting to administer medicine.
- h) If a child suffers regularly from frequent or acute pain, the parents should be encouraged to refer the matter to the child's GP.

A child under 16 should never be given aspirin-containing medicine unless prescribed by a Doctor.

Prescription Medicines

- a) For Prescription Medicines, only medicines that are in date, labelled and have been prescribed by a Doctor, Dentist, Nurse Prescriber or Pharmacist Prescriber are accepted;
- b) Prescription Medicines should always provided in the original container as dispensed/supplied by a Pharmacist or in a container as dispensed and labelled again by a Pharmacist. It must include the prescriber's instructions for administration, child's name and dosage and storage requirements;
- c) The school will not accept medicines that have been taken out of the original container, unless this has been done by a Pharmacist and the medication is in the packaging/container supplied and labelled by the Pharmacist. Another exception to this is Insulin which must still be in date, but will generally be available inside an Insulin pen or a pump, rather than in its original container.

Controlled Drugs

The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act and its associated Regulations. Some may be prescribed as medicine for use by children, e.g. Ritalin®, Methylphenidate.

It is permissible for schools and settings to look after a controlled drug, where it is agreed that it will be administered to the child for whom it has been prescribed and this is documented in the child's health care plan.

Any trained and competent member of staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering the medicine should do so in accordance with the prescriber's instructions.

Controlled drugs should be stored securely (a locked non-portable container), with limited access but should be easily accessible in an emergency, by named staff. A record should be kept for audit and safety purposes (see Appendix 'E');

A controlled drug, as with all medicines, should be returned to the parent when no longer required to arrange for safe disposal (by returning the unwanted supply to the local Pharmacy). If this is not possible, it should be returned to the dispensing Pharmacist (details should be on the label) or Whiston hospital. A written record should be kept, signed by the pharmacist and the parents informed.

Misuse of a controlled drug, such as passing it to another child or another person for use, is a criminal offence.

6. Storing Medicines

Medication should be stored as follows:

1. Medicines should be kept in a secure place with restricted access, with limited exceptions. Medicines and devices such as Asthma inhalers, blood glucose testing meters (and strips) and adrenaline pens should be always readily available to children and not locked away, but always in the vicinity of the relevant pupils.
2. A few medicines need to be refrigerated. Subject to the Individual Healthcare Plan (see Appendix 'A'), these can be kept in a refrigerator on a separate shelf, but should be in an airtight container and clearly labelled. Where medicines are required to be kept refrigerated.
3. Large volumes of medicines should not be stored;
4. Children should know where their own medicines are stored, who holds the key and be able to access them;
5. Medicines should be stored strictly in accordance with product instructions (paying particular note to temperature) and in the original container in which it was dispensed;
6. Staff should ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine, storage instructions and the frequency of administration;
7. Where a child needs two or more prescribed medicines, each should be in a separate container;
8. Staff should never transfer medicines from their original containers;
9. The inhaler and spacers for Salbutamol inhalers (see below) must be kept in a safe and suitably central location in the school, such as the medical room, which is known to all staff, and to which all staff have access at all times, but in which the inhaler is out of the reach and sight of children. The inhaler and spacer should not be locked away.

7. Medicine by Injection

The school has a duty to support children with medical conditions at school and as a result trained and competent staff may be required to administer injections to pupils suffering from conditions including Diabetes, Epilepsy, Anaphylactic Shock, etc. where the child is unable, for whatever

reason, to do so themselves. In the case of pupils with an individual Healthcare Plan, the Plan must set out what to do in the case of an emergency. This response should be drawn up in consultation with the School Health Nurse, other medical professionals as appropriate and the child's parents.

As per the Individual Healthcare Plan, consideration in these circumstances must be given to the reasonableness of the child being able to participate in out of school activities such as educational visits, residential trips, etc.

8. Self-Management

After agreement with parents (see Appendix J), it is good practice to support and encourage children, who are able and competent to do so, to take responsibility to manage their own medicines from a relatively early age and the school will encourage this. The age at which children are ready to take care of, and be responsible for, their own medicines, varies. As children grow and develop they should be encouraged to participate in decisions about their medicines and to take responsibility. This should be documented in the Individual Health Care Plan after discussion with health care professionals and parents.

9. Return/Disposal of Medicines

Staff should not dispose of medicines. Parents are responsible for ensuring that date-expired or unused medicines are returned to a Pharmacy for safe disposal. If for whatever reason a medicine is not collected after the last dose is administered or if the medicine exceeds its expiry date then it will be disposed of by school according to the procedure stated above.

Any returned medicines should be documented on the administration record held in the child's file and the associated Healthcare Plan amended accordingly.

If parents do not collect all medicines, they should be taken to a local Pharmacy or Whiston hospital for safe disposal. A written record should be kept and parents informed.

It is the parent/carer's responsibility to replace medication which has been used or expired, at the request of the school staff.

Sharps boxes should always be used for the disposal of needles. Collection and disposal of the boxes should be arranged with the Local Authority.

10. Hygiene and Infection Control

All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures. Staff should have access to protective disposable gloves and aprons where appropriate and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment.

The school will ensure that any member of school staff providing support to a pupil with medical needs has received suitable training. Training should be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual Healthcare Plans.

The relevant healthcare professional should normally lead on identifying and agreeing with the school, the type and level of training required, and how this can be obtained.

Staff must not give prescription medicines or undertake healthcare procedures without appropriate training (updated to reflect any individual Healthcare Plans).

A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.

11. Children Requiring Emergency Medication

The Individual Healthcare Plans should detail the pupils and circumstances when emergency medication is required. All emergency medication must be readily available and located in an accessible place in a school, which has been communicated to staff and relevant pupils.

12. Transportation of Medication

In circumstances where the Local Authority provides school transport for pupils, the vehicle must be equipped with a lockable box and the medication placed in the box in a sealed bag by the responsible person. Once pupils have been collected, the box should be locked by the driver and, on arrival at school, handed to the relevant member of staff. The same procedure should apply where medication needs to be returned home with the pupil.

If a child requires emergency medication, this will be placed in a separate box so that it is easily and immediately accessible and arrangements made by the school for the Passenger Assistant to be trained in administering the medication.

The Transport Section operate a signing in/out procedure for medication when transferring children from home to school and on return.

13. Keeping Emergency Salbutamol Inhalers in School

Asthma is the most common chronic condition, affecting one in eleven children. On average, there are two children with Asthma in every classroom in the UK. Children should have their own reliever inhaler at school to treat symptoms and for use in the event of an Asthma attack. If they are able to manage their Asthma themselves they should keep their inhaler on them, and if not, it should be easily accessible to them.

From 1st October 2014, the Human Medicines (Amendment) (No. 2) Regulations 2014 allowed schools to keep a Salbutamol inhaler for use in emergencies.

The emergency Salbutamol inhaler should only be used by children for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with Asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty).

Salbutamol is a relatively safe medicine, particularly if inhaled, but all medicines can have some adverse effects. Those of inhaled Salbutamol are well known, tend to be mild and temporary and are not likely to cause serious harm. The child may feel a bit shaky or may tremble, or they may say that they feel their heart is beating faster.

The main risk of allowing schools to hold a Salbutamol inhaler for emergency use is that it may be administered inappropriately to a breathless child who does not have Asthma. It is essential therefore, that schools ensure that the inhaler is only used by children who have Asthma or who have been prescribed a reliever inhaler, and for whom written parental consent has been given.

Keeping an inhaler for emergency use will have many benefits. It could prevent an unnecessary and traumatic trip to hospital for a child, and potentially save their life. Parents are likely to have greater peace of mind about sending their child to school. However, this is a discretionary power enabling schools to do this if they wish.

In order to use this, the school will:

- 1) Have a register of children in the school that have been diagnosed with Asthma or prescribed a reliever inhaler, a copy of which should be kept with the emergency inhaler;
- 2) Have written parental consent for use of the emergency inhaler included as part of a child's individual Healthcare Plan (see Appendix 'A');
- 3) Ensure that the emergency inhaler is only used by children with Asthma with written parental consent for its use (See Appendix 'K');
- 4) Ensure that appropriate support and training for staff in the use of the emergency inhaler is provided in line with the school's wider policy on supporting pupils with medical conditions;
- 5) Maintain records of use of the emergency inhaler and informing parents or carers that their child has used the emergency inhaler;
- 6) Have at least two volunteers responsible for ensuring the protocol is followed.

Schools can buy inhalers and spacers (these are enclosed plastic vessels which make it easier to deliver Asthma medicine to the lungs) from a pharmaceutical supplier, provided the general advice relating to these transactions are observed. Schools can buy inhalers in small quantities, provided it is done on an occasional basis and is not for profit. The supplier will need a request signed by the Principal or Principal (ideally on appropriately headed paper) stating:

- 1) The name of the school for which the product is required;
- 2) The purpose for which that product is required, and
- 3) The total quantity required.

Schools may wish to discuss with their Community Pharmacist the different plastic spacers available and what is most appropriate for the age-group in the school. Community Pharmacists can also provide advice on use of the inhaler. Schools should be aware that Pharmacies cannot provide inhalers and spacers free of charge and will charge for them.

With regard to care of the inhaler, the two named volunteers amongst school staff should have responsibility for ensuring that:

- 1) On a monthly basis the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available;
- 2) That replacement inhalers are obtained when expiry dates approach;
- 3) During an incident, spacers should be available for use for an individual child and must be replaced following use;
- 4) The plastic inhaler housing (which holds the canister) has been cleaned, dried and returned to storage following use (providing it has been used with the spacer), or that replacements are available if necessary.

14. Day Trips, Residential Visits and Sporting Activities

Arrangements must be clear and unambiguous about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities (including physical education lessons) and not prevent them from doing so, unless it is otherwise stated in their Individual Healthcare Plan.

Teachers and/or other designated school staff should be aware of how a child's medical condition will impact on their participation, but there should be enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments.

Arrangements should be made for the inclusion of pupils in such activities with any reasonable adjustments as required; unless evidence from a clinician such as a GP states that this is not possible.

The school will consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely in school trips and visits, or in sporting activities. The school must carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. This will require consultation with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely.

When storing or transporting medicines for day trips, residential visits and sporting activities, the school should refer to the 'Transportation of Medication' and 'Storing Medicines' sections within this Policy.

15. Emergency Procedures

The Individual Healthcare Plan should clearly define what constitutes an emergency for that particular child and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures.

As part of general risk management processes all schools should also have arrangements in place for dealing with emergency situations. Schools should therefore take care not to solely focus on emergencies identified in the Individual Healthcare Plans and appreciate that other emergency situations may occur.

All staff should be aware of the likelihood of an emergency arising and what action to take if one occurs. Back-up cover should be arranged for when the member of staff responsible is absent or unavailable, this includes out of class activities. At different times of the day other staff may be responsible for children, such as Midday Supervisors. It is important that they are also provided with training and advice. Other children should know what to do in the event of an emergency, such as, telling a member of staff.

16. Transport to Hospital

Where the Principal/person responsible for the child considers that hospital treatment is required, the school should contact the Emergency Services for advice and follow it. Parents must be contacted and informed of the situation.

If a child needs to be taken to hospital, staff must stay with the child until the parent arrives to accompany the child, or accompany a child taken to hospital by Ambulance and stay with the child until their parents/guardians arrive. Schools need to ensure they understand the local Emergency Services cover arrangements and that the correct information is provided for navigation systems.

If, despite being fully appraised of the situation, the Emergency Service does not consider it necessary for transport by Ambulance, but the school considers that further medical advice is required, the school should contact the pupil's next of kin. If the next of kin cannot be contacted and/or do not have access to own transport, the school can, **only in these exceptional circumstances** arrange to transport the injured person using their school staff transport. They must be accompanied by an additional responsible adult to support the injured person. Please note: All staff who are likely to use their own vehicles for business travel must have the appropriate business insurance and a valid MOT certificate (where required). It is the responsibility of the Principal (or nominated officer) to check these documents together with the individual's Driving Licence in accordance with the St Helens Council Driving Policy.

17. Insurance

Schools using St Helens Council's Insurance Scheme:

Where a member of school staff acting in the course of their employment supports pupils with medical conditions, they will be indemnified by the Council's Employer's Liability Insurance for any claim for negligence relating to injury or loss through their actions, providing that the following criteria have been met:

- They have received full appropriate training and are competent to carry out any medical interventions for that pupil.
- They have received refresher training at the required intervals.
- They have used the relevant protective equipment for that purpose.
- There is written parental instruction and consent.
- It is made clear to non-trained staff that they should not administer medication.

Schools using Other Insurers:

Schools choosing not to use St Helens Council's Insurance Scheme should check with their own Insurers that the same cover applies.

Staff should have regard to any local guidance issued by appropriate Health Service staff.

18. Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable 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
- Ignore medical evidence or opinion (although this may be challenged)
- Send children 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 IHPs
- If the pupil becomes 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 pupil, 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 pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

19. Complaints

Should parents or pupils be dissatisfied with the support provided, they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's Complaints Procedure.

20. Review and Evaluation

This policy will be reviewed on an annual basis, to ensure that it continues to be effective and applicable and is in accordance with relevant legislation.

Appendices

Supporting Pupils with Medical Conditions

Contents

Appendix A: Individual Healthcare Plan

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Appendix I: Request for a Child to carry his/her medicine

Appendix J: Use of Emergency Salbutamol Inhaler

Appendix K: Specimen letter to inform parents of emergency Salbutamol inhaler use

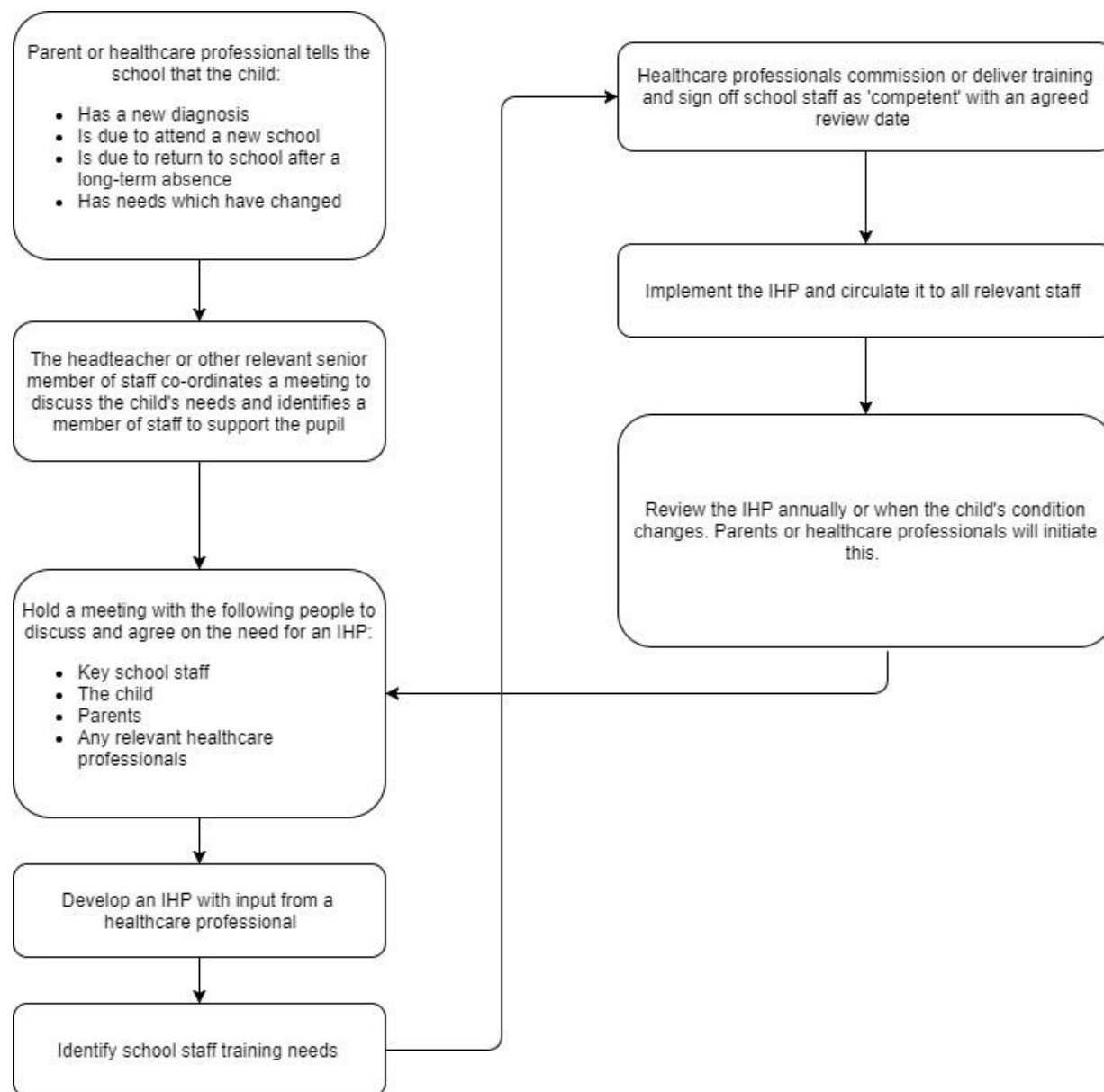
Appendix L: Use of Emergency Adrenaline Auto-injector

Appendix M: Specimen Letter to Inform Parents of Emergency Adrenaline Auto-injector Use

Appendix N: School's HCP – Contact Details

Appendix A: Individual Healthcare Plan

Appendix 1: Being notified a child has a medical condition



Cowley International College
 Hard Lane
 St Helens
 WA10 6PN

Principal: Russell Cormack

Child's Name	
Date of Birth	
Group/Class/Form	
Child's Address	
Medical Diagnosis or Condition	
Date	
Review date	
Family Contact Information	
Name	
Relationship to Child	
Phone No. (Work)	
(Home)	
(Mobile)	
Name	
Relationship to Child	
Phone no. (Work)	
(Home)	
(Mobile)	
Clinic/Hospital Contact	
Name	
Phone No.	
G.P.	
Name	
Phone No.	
Who is responsible for providing support in school	

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

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision	
Daily care requirements	
Specific support for the pupil's educational, social and emotional needs	
Arrangements for school visits/trips, etc	
Other Information	
Describe what constitutes an emergency, and the action to take if this occurs	
Who is responsible in an emergency (<i>state if different for off-site activities</i>)	
Plan developed with	
Staff training needed/undertaken – who, what, when	
Form copied to	

Appendix B: Principal Agreement to Administer Medicine

Cowley International College
Hard Lane
St Helens
WA10 6PN

Principal: Russell Cormack

It is agreed that [name of child] will receive [quantity and name of medicine] every day at [time medicine to be administered e.g. lunchtime or afternoon break].

[Name of child] will be given/supervised whilst he/she takes their medication by [name of member of staff].

This arrangement will continue until [either end date of course of medicine or until instructed by parents].

Date _____

Signed _____

(The Principal/Head of Setting/Named Member of Staff)

Appendix C: Parental/Carer Agreement for Setting to Administer a Prescribed Medicine

Cowley International College
Hard Lane
St Helens
WA10 6PN

Principal: Russell Cormack

- All prescribed medicines must be in the original container as dispensed by the pharmacy, with the child's name, the name of the medicine, the dose and the frequency of administration, the expiry date and the date of dispensing included on the pharmacy label.
- A separate form is required for **each medicine**.

The school will not administer the first dose in case of a reaction to the medication

Child's name	
Child's date of birth	
Class/form	
Name of medicine	
Strength of medicine	
How much (dose) to be given. For example: One tablet One 5ml spoonful	
At what time(s) the medication should be given	
Reason for medication	
Duration of medicine Please specify how long your child needs to take the medication for.	
Are there any possible side effects that the school needs to know about? If yes, please list them	

I give permission for my son/daughter to carry their own salbutamol asthma inhaler/Adrenaline auto injector pen for anaphylaxis [delete as appropriate].	Yes	
	No	
	Not applicable	
I give permission for my son/daughter to carry their own salbutamol asthma inhaler and use it themselves in accordance with the agreement of the school and medical staff.	Yes	
	No	
	Not applicable	

I give permission for my son/daughter to carry their own antihistamine medication	Yes	
	No	
	Not applicable	

I give permission for my son/daughter to carry their own insulin and equipment for diabetes	Yes	
	No	
	Not applicable	

****DELETE THIS TABLE ****

I give permission for my son/daughter to carry and administer their own medication in accordance with the agreement of the school and medical staff. He/she can be trusted to know the appropriate timescale between dosage of medication.	Yes	
	No	
	Not applicable	

Mobile number of parent/carer	
Daytime landline for parent/carer	
Alternative emergency contact name	
Alternative emergency phone no.	
Name of child's GP practice	
Phone no. of child's GP practice	

- I give my permission for the principal /senior nursery staff member (or his/her nominee) to administer the prescribed medicine to my son/daughter during the time he/she is at school. 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.
- I understand that it may be necessary for this medicine to be administered during educational visits and other out of school/nursery activities, as well as on the school/nursery premises.
- I also agree that I am responsible for collecting any unused or out of date medicines and returning them to the pharmacy for disposal and supplying new stock to the school/nursery, if necessary.
- The above information is, to the best of my knowledge, accurate at the time of writing.
- I give permission for my child to

Parent/carer name	
Parent/carer signature	
Date	

Appendix D: Parental/Carer Agreement to Administer an ‘Over the Counter’ (OTC) Medicine

Cowley International College
Hard Lane
St Helens
WA10 6PN

Principal: Russell Cormack

- All over the counter (OTC) medicines must be in the original container.
- A separate form is required for **each medicine**.

The school will not administer the first dose in case of a reaction to the medication

Child's name		
Child's date of birth		
Class/form		
Name of medicine		
Strength of medicine		
How much (dose) to be given. For example: One tablet One 5ml spoonful		
At what time(s) the medication should be given		
Reason for medication		
Duration of medicine Please specify how long your child needs to take the medication for		
Are there any possible side effects that the school needs to know about? If yes, please list them		
I give permission for my son/daughter to carry and administer their own medication in accordance with the agreement of the school and medical staff. He/she can be trusted to know the appropriate timescale between dosage of medication.	Yes	
	No	
	Not applicable	

Mobile number of parent/carer	
Daytime landline for parent/carer	
Alternative emergency contact name	
Alternative emergency phone no.	
Name of child's GP practice	
Phone no. of child's GP practice	

- I give my permission for the principal/senior nursery staff member (or his/her nominee) to administer the OTC medicine to my son/daughter during the time he/she is at school/nursery. I will inform the school/nursery immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is no longer needed.
- I understand that it may be necessary for this medicine to be administered during educational visits and other out of school/nursery activities, as well as on the school/nursery premises.
- I confirm that the dose and frequency requested is in line with the manufacturers' instructions on the medicine.
- I also agree that I am responsible for collecting any unused or out of date medicines and returning them to the pharmacy for disposal. If the medicine is still required, it is my responsibility to obtain new stock for the school/nursery.
- The above information is, to the best of my knowledge, accurate at the time of writing.

Parent/carer name	
Parent/carer signature	
Date	

Appendix E: Record of Medicine Administered to an Individual Child

Cowley International College
Hard Lane
St Helens
WA10 6PN

Principal: Russell Cormack

Child's Name	
Date of Birth	
Group/Class/Form	
Child's Address	
Date Medicine provided by Parent	
Quantity Received	
Name and Strength of Medicine	
Expiry Date	
Quantity Returned	
Dose and Frequency of Medicine	

Staff Signature _____

[illegible]

Appendix F: Staff Training Record – Administration of Medicines

Cowley International College
Hard Lane
St Helens
WA10 6PN

Principal: Russell Cormack

Name	
Type of Training Received	
Date of Training Completed	
Training provided by	
Profession and Title	

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

Trainer's Signature	
Date	

I confirm that I have received the training detailed above.

Staff Signature	
Date	
Suggested Review Date	

Appendix G: Contacting Emergency Services

Request an Ambulance - Dial 999, ask for an Ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

1. Your telephone number
2. Your name
3. Your location as follows (Cowley International College, Hard Lane, St Helens, WA10 6PN)
4. State what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. Provide the exact location of the patient within the school setting
6. Provide the name of the child and a brief description of their symptoms
7. Inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. Put a completed copy of this form by the phone

Appendix H: Model Letter Inviting Parents to Contribute to Individual Healthcare Plan Development

Dear Parent

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an Individual Healthcare Plan to be prepared, setting out what support each pupil needs and how this will be provided. Individual Healthcare Plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although Individual Healthcare Plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's Individual Healthcare Plan has been scheduled for [insert date]. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [insert names & job titles]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached Individual Healthcare Plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely

Appendix I: Request for Child to Carry His/Her Medicine

THIS FORM MUST BE COMPLETED BY THE CHILD'S PARENTS/GUARDIAN

If staff have any concerns, discuss the request with healthcare professionals

Name of School/Setting	
Child's Name	
Date of Birth	
Group/Class/Form	
Child's Address	
Date Medicine provided by Parent	
Name of Medicine	
Procedures to be taken in an Emergency	

Contact Information	
Name	
Daytime Phone No.	
Relationship to Child	

I would like my son/daughter to keep his/her medicine on him/her for use as necessary.	
Date	
Signed	

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

RISK ASSESSMENT FORM

STUDENT WISHING TO CARRY MEDICATION IN COLLEGE

Students name _____

Date of Birth _____

Form _____

Medication _____

1. Is the medication prescribed by a doctor?

☐ Yes – continue with the risk assessment

☐ No – inform parents that medication not prescribed by a doctor cannot be held by the student but can possibly be held in school in the medical room.

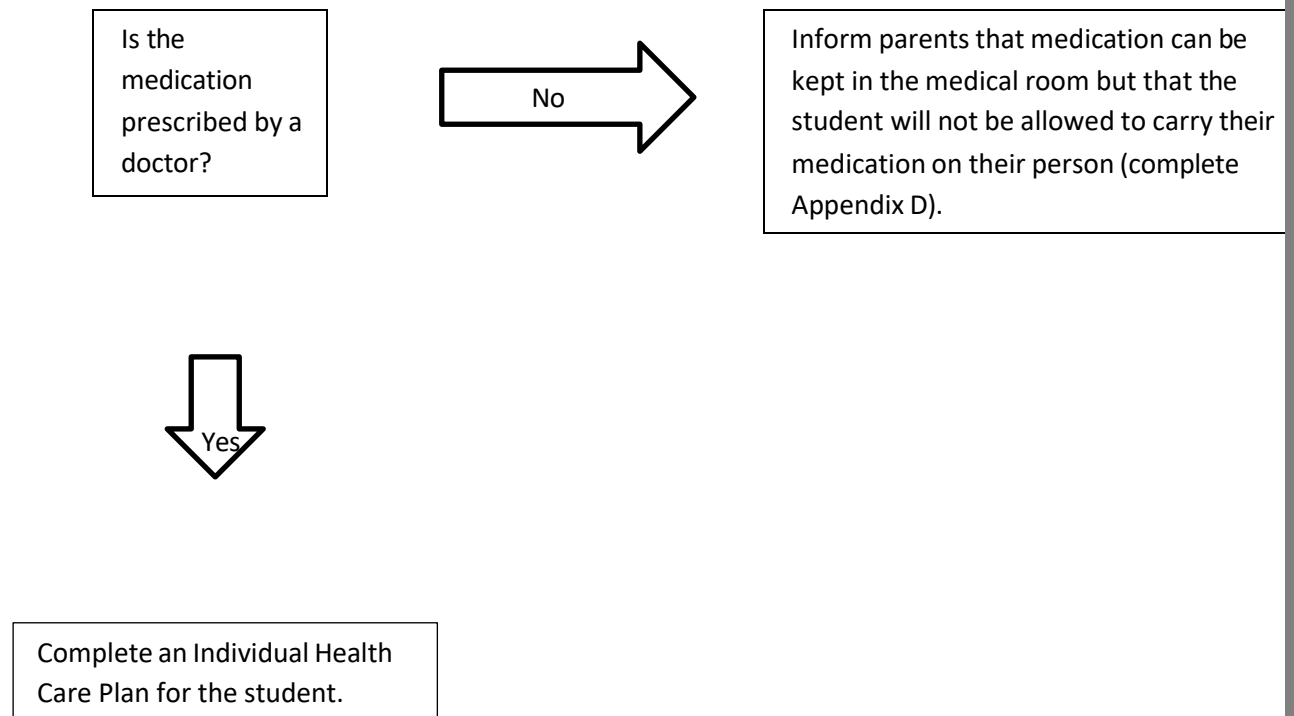
2. Can the risk be removed completely?

Does the child need to have *immediate* access to the medication?

☐ Yes – complete an Individual Health Care Plan

☐ No – inform parents that medication can be kept in the medical room but that the student will not be allowed to carry their medication on their person (complete Form 3).

FLOWCHART



Appendix J: Use of Emergency Salbutamol Inhaler

Cowley International College
Hard Lane
St Helens
WA10 6PN

Principal: Russell Cormack

CONSENT FORM: USE OF EMERGENCY SALBUTAMOL INHALER

Child showing symptoms of Asthma/having Asthma attack

1. I can confirm that my child has been diagnosed with Asthma/has been prescribed an inhaler [delete as appropriate].
2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day.
3. In the event of my child displaying symptoms of Asthma, and if their inhaler is not available or is unusable, I consent for my child to receive Salbutamol from an emergency inhaler held by the school for such emergencies.

Child's Name	
Date of Birth	
Group/Class/Form	
Child's Address	

Family Contact Information	
Name	
Relationship to Child	
Phone No. (Work)	
(Home)	
(Mobile)	
Name	
Relationship to Child	
Phone no. (Work)	
(Home)	
(Mobile)	
Parent/carer name	
Parent/carer signature	
Date	

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

Child's Name	
Group/Class/Form	
Child's Address	

Dear ,

This letter is to formally notify you that [Insert child's name] has had problems with his / her breathing today. This happened when [Insert details of incident]

A member of staff helped them to use their Asthma inhaler.

They did not have their own Asthma inhaler with them, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given [Insert number] of puffs. [Delete as appropriate]

Although they soon felt better, we would strongly advise that you have your child seen by your own Doctor as soon as possible.

Yours sincerely,

Appendix L: Use of Emergency Adrenaline Auto-injector

Cowley International College
Hard Lane
St Helens
WA10 6PN

Principal: Russell Cormack

CONSENT FORM: USE OF EMERGENCY Adrenaline Auto-injector (EpiPen/Jext)

Child showing symptoms of a severe/life threatening allergic reaction.

1. I can confirm that my child has been diagnosed with severe or life threatening allergies/has been prescribed an Emergency Adrenaline Auto-injector [delete as appropriate].
2. My child has two working, in-date adrenaline auto-injector, clearly labelled with their name, which they will bring both with them to school every day.
3. In the event of my child displaying symptoms of a severe/life threatening allergic reaction, and if their adrenaline auto-injector is not available or is unusable, I consent for my child to receive Adrenaline in the form of a Jext or EpiPen Adrenaline Auto-injector held by the school for such emergencies.

Child's Name	
Date of Birth	
Group/Class/Form	
Child's Address	

Family Contact Information	
Name	
Relationship to Child	
Phone No. (Work)	
(Home)	
(Mobile)	
Name	
Relationship to Child	
Phone no. (Work)	
(Home)	
(Mobile)	
Parent/carer name	
Parent/carer signature	
Date	

Appendix M: Specimen Letter to Inform Parents of Emergency Adrenaline Auto-injector Use

Child's Name	
Group/Class/Form	
Child's Address	

Dear,

This letter is to formally notify you that.....[Insert child's name]
has suffered a severe allergic reaction.

This happened when.....
[Insert details of incident]

A member of staff helped them to use their Adrenaline Auto-injector (Jext/EpiPen).
They did not have their own Adrenaline Auto-injector with them, so a member of staff helped them
to use the emergency Adrenaline Auto-injector. (Delete as appropriate)

They were given
[Insert details of the auto-injector used and number of auto-injectors used]

Although they soon felt better, an ambulance was called, as was parents/guardians. Details of the
medication administered has been passed on to the emergency services.

Yours sincerely,.....

Appendix N: School Health Care Professional (hcp) for Cowley International College (Contact details)



**North West
Boroughs Healthcare**
NHS Foundation Trust

Claire Bedford - Specialist Community Public Health Nurse (School Nurse)
Moss Bank Children's Centre
Kentmere Avenue
St Helens
WA11 7PQ
Tel - 01744 624313
E-mail - Claire.bedford3@nhs.net

* Please note the above contact details may be subject to change.