

Managing Medicines in School Policy



Approved by:

Date: October 2023

Last reviewed on: October 2023

Next review due by: October 2026

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.
- Ensuring there are cover arrangements to support pupils with medical conditions at all times.
- Providing supply teachers with appropriate information about the policy and relevant pupils.
- Developing and monitoring individual healthcare plans (IHPs).

The named person with responsibility for implementing this policy is Gary Price.

2. Legislation and statutory responsibilities

This policy meets the requirements under Section 100 of the Children and Families Act 2014, which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education (DfE)'s statutory guidance on supporting pupils with medical conditions at school.

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

3. Roles and responsibilities

3.1 The governing board

The governing 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 headteacher

The headteacher will:

- Ensure 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 (IHPs), including in contingency and emergency situations.
- Ensure all staff who need to know are aware of a child's condition.
- Take overall responsibility for the development of IHPs.
- Ensure school staff are appropriately insured and aware that they are insured to support pupils in this way.
- Ensure systems are in place for obtaining information about a child's medical needs and that this information is kept up to date.

3.3 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.

3.4 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 IHP and may be involved in its drafting.
- Carry out any action they have agreed to as part of the implementation of the IHP, e.g., provide medicines and equipment, and ensure they or another nominated adult are contactable at all times.

3.5 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 IHPs. They are also expected to comply with their IHPs.

4. Equal opportunities

Our school is committed to actively supporting pupils with medical conditions to participate in school trips and visits, or in sporting activities, and will not prevent them from doing so.

The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits, and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents, and any relevant healthcare professionals will be consulted.

5. Being notified that a child has a medical condition

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

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

See Appendix 1.

6. Individual healthcare plans (IHPs)

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions.

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

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

- What needs to be done
- When
- By whom

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

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

IHPs will be linked to, or become part of, any education, health, and care (EHC) plan. If a pupil has SEN but does not have an EHC plan, the SEN will be mentioned in the IHP.

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

- The medical condition, its triggers, signs, symptoms, and treatments.
- The pupil's resulting needs, including medication (dose, side effects, and storage) and other treatments, time, facilities, equipment, testing, access to food and drink, dietary requirements, and environmental issues (e.g., crowded corridors, travel time between lessons).
- Specific support for the pupil's educational, social, and emotional needs (e.g., absences, extra time to complete exams, rest periods, additional support, or counselling).
- The level of support needed, including in emergencies.
- Who will provide this support, their training needs, expectations of their role, and confirmation of proficiency to provide support for the pupil's medical condition.
- Who in the school needs to be aware of the pupil's condition and the support required.
- Arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff or self-administered by the pupil.
- Separate arrangements or procedures for school trips or other activities outside the normal school timetable.
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition.
- What to do in an emergency, including who to contact, and contingency arrangements.

7. Managing medicines

Prescription and non-prescription medicines will only be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so, and
- Where we have parents' written consent.

The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents.

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

Anyone giving a pupil any medication (e.g., pain relief) will first check maximum dosages and when the previous dosage was taken. Parents will always be informed.

The school will only accept prescribed medicines that are:

- In-date
- Labelled
- Provided in the original container, as dispensed by the pharmacist, with instructions for

administration, dosage, and storage.

All medicines will be stored safely. Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters, and adrenaline pens will always be readily available to pupils and not locked away.

Medicines will be returned to parents for safe disposal when no longer required.

7.1 Controlled drugs

Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001, such as morphine or methadone.

A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so but must not pass it to another pupil to use. All other controlled drugs are kept in a secure cupboard in the school office, and only named staff have access.

Controlled drugs will be easily accessible in an emergency, and a record of any doses used and the amount held will be kept.

7.2 Pupils managing their own needs

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents and reflected in their IHPs.

Pupils will not be allowed to carry their own medicines. Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse but will follow the procedure agreed in the IHP and inform parents for alternative options.

7.3 Unacceptable practice

It is not acceptable to:

- Prevent pupils from easily accessing their inhalers and medication or 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.
- Send children with medical conditions home frequently or prevent them from participating in school activities, unless 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 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 pupils from participating in, or create unnecessary barriers to, 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.

8. Emergency Procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do.

The school holds an inhaler for use in an emergency, and parents are asked to sign the administering medicines consent form to agree to its use if the child's inhaler is not present when required.

If a pupil needs to be taken to the hospital, staff will stay with the pupil until the parent arrives or will accompany the pupil to the hospital by ambulance.

9. 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 on this. 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.
- Fulfill the requirements in the IHPs.
- Help staff understand 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 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.

10. Record Keeping

The governing board will ensure that written records are kept of all medicines administered to pupils for as long as those pupils are at the school. Parents will be informed if their child has been unwell at school.

IHPs are kept in a readily accessible place that all staff are aware of.

11. Complaints

Parents with a complaint about the school's actions in regard to their child's medical condition should discuss these directly with the headteacher in the first instance. If they cannot resolve the matter, they will be directed to the school's complaints procedure.

12. Monitoring Arrangements

This policy will be reviewed and approved by the governing board every 3 years.

13. Links to Other Policies

This policy links to the following policies:

- Accessibility plan
- Complaints

- Equality information and objectives
- First aid
- Health and safety
- Safeguarding
- Special educational needs information report and policy

Appendix 1: Being notified a child has a medical condition

