



The Management & Administration of Medicines

Written / reviewed by	R Swaby
Date written / reviewed	July 2023
Date of next review	July 2024
Headteacher	<i>R Swaby</i>
Chair of Governors	<i>J Goodwin</i>

Contents

Statement of Intent

1. Legislative Framework
2. The Role of the Governing Body
3. The Role of the Headteacher
4. The Role of Parents/Carers
5. The Role of Pupils
6. The Role of School Staff
7. The Role of the School Nurse
8. The Role of Other Healthcare Professionals
9. The Role of Providers of Health Services
10. The Role of the LA
11. The Role of Ofsted
12. Admissions
13. Notification Procedure
14. Staff Training and Support
15. Self-Management
16. Supply Teachers and Staff Absence
17. Individual Healthcare (IHC) Plans
18. Managing Medicines
19. Record Keeping
20. Emergency Procedures
21. Day Trips, Residential Visits and Sporting Activities
22. Unacceptable Practice
23. Liability and Indemnity
24. Complaints
25. Home-To-School Transport
26. Defibrillators
27. Policy Review
28. Data Protection Statement

Appendices:

- Short-term administration of medicine record
- Long-term administration of medicine record
- Record of medication given
- Individual Healthcare Plan (IHP) template

Statement of Intent

The Governing Body of Friezland Primary School has a duty to ensure arrangements are in place to support pupils with medical conditions. The aim of this policy is to ensure that all pupils with medical conditions, in terms of both physical and mental health, receive appropriate support allowing them to play a full and active role in school life, remain healthy, have full access to education (including school trips and physical education) and achieve their academic potential.

Friezland believes it is important that parents/carers of pupils with medical conditions feel confident that the school provides effective support for their child's medical condition, and that pupils feel safe in the school environment.

There are also social and emotional implications associated with medical conditions. Pupils with medical conditions can develop emotional disorders, such as self-consciousness, anxiety and depression, and be subject to bullying. This policy aims to minimise the risks of pupils experiencing these difficulties.

Long-term absences as a result of medical conditions can affect educational attainment, impact integration with peers, and affect wellbeing and emotional health. This policy contains procedures to minimise the impact of long-term absence and effectively manage short-term absence.

Some pupils with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. The school has a duty to comply with the Act in all such cases.

In addition, some pupils with medical conditions may also have special educational needs and disabilities (SEND) and have an Education, Health and Care (EHC) plan, formerly a Statement, collating their health, social and SEND provision. For these pupils, compliance with the DfE's "Special Educational Needs and Disability Code of Practice: 0 to 25 Years" and the school's SEND Policy will ensure compliance with legal duties.

To ensure that the needs of our pupils with medical conditions are fully understood and effectively supported, we consult with health and social care professionals, pupils and their parents/carers.

Legislative Framework

This policy has due regard to legislation including, but not limited to:

- The Children and Families Act 2014
- The Education Act 2002
- The Education Act 1996 (as amended)
- The Children Act 1989
- The NHS Act 2006
- The Equality Act 2010
- The Health and Safety at Work Act 1974
- The Misuse of Drugs Act 1971
- The Medicines Act 1968
- The School Premises (England) Regulations 2012 (as amended)
- The Special Educational Needs and Disability Regulations 2014

This policy also has due regard to the following guidance:

- DfE (2015) "Special Educational Needs and Disability Code of Practice: 0-25 Years"
- DfE "Supporting Pupils at School with Medical Conditions"
- DfEE (2000) "First Aid in Schools"
- Ofsted (2015) "The Common Inspection Framework: Education, Skills and Early Years"

The Role of the Governing Body

The Governing Body:

- Is legally responsible for fulfilling its statutory duties under legislation.
- Ensures that arrangements are in place to support pupils with medical conditions.
- Ensures that pupils with medical conditions can access and enjoy the same opportunities as any other child at the school.
- Works with the LA, health professionals, commissioners and support services to ensure that pupils with medical conditions receive a full education.
- Ensures that, following long-term or frequent absence, pupils with medical conditions are reintegrated effectively.
- Ensures that the focus is on the needs of each pupil and what support is required to support their individual needs.
- Instils confidence in parents/carers and pupils in the school's ability to provide effective support.
- Ensures that all members of staff are properly trained to provide the necessary support and are able to access information and other teaching support materials as needed.
- Ensures that no prospective pupil is denied admission to the school because arrangements for their medical condition have not been made.

- Ensure that pupil's health is not put at unnecessary risk. As a result, it holds the right to not accept a pupil into school at times where it would be detrimental to the health of that pupil or others to do so, such as where the child has an infectious disease.
- Ensures that policies, plans, procedures and systems are properly and effectively implemented.

The Role of the Headteacher

The Headteacher:

- Ensures that this policy is effectively implemented with partners.
- Ensures that all staff are aware of this policy and understand their role in its implementation.
- Ensures that a sufficient number of staff are trained and available to implement this policy and deliver all Individual Healthcare Plans (IHC), including in emergency situations.
- Considers recruitment needs for the specific purpose of ensuring that pupils with medical conditions are properly supported.
- Ensures that all staff are appropriately insured and aware of the insurance arrangements.
- Contacts the school nursing service when a pupil with a medical condition requires support that has not yet been identified.

The Role of Parents/Carers

Parents/Carers:

- Notify the school if their child has a medical condition.
- Provide the school with sufficient and up-to-date information about their child's medical needs.
- Are involved in the development and review of their child's IHC plan.
- Carry out any agreed actions contained in the IHC plan.
- Ensure that they, or another nominated adult, are contactable at all times.

The Role of pupils

Pupils:

- Are fully involved in discussions about their medical support needs.
- Contribute to the development of their IHC plan.
- Are sensitive to the needs of pupils with medical conditions.

The Role of School Staff

School Staff:

- May be asked to provide support to pupils with medical conditions, including the administering of medicines, but are not required to do so.

- Consider the needs of pupils with medical conditions in their lessons when deciding whether or not to volunteer to administer medication.
- Receive sufficient training and achieve the required level of competency before taking responsibility for supporting pupils with medical conditions.
- Know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

The Role of the School Nurse

The school nurse:

- At the earliest opportunity, notifies the school when a pupil has been identified as having a medical condition which requires support in school.
- Supports staff to implement IHC plans and provides advice and training.
- Liaises with lead clinicians locally on appropriate support for pupils with medical conditions.

The Role of Other Healthcare Professionals

Other healthcare professionals, including GPs and paediatricians:

- Notify the school nurse when a child has been identified as having a medical condition that will require support at school.
- Provide advice on developing IHC plans.
- May provide support in the school for children with particular conditions, e.g. asthma, diabetes and epilepsy.

The Role of Providers of Health Services

Providers of health services co-operate with the school, including ensuring communication, liaising with the school nurse and other healthcare professionals, and participating in local outreach training.

The Role of the LA

The LA:

- Commissions school nurses for local schools.
- Promotes co-operation between relevant partners.
- Makes joint commissioning arrangements for education, health and care provision for pupils with SEND.
- Provides support, advice and guidance, and suitable training for school staff, ensuring that IHC plans can be effectively delivered.
- Works with the school to ensure that pupils with medical conditions can attend school full-time.

The Role of OFSTED

Ofsted inspectors will consider how well the school meets the needs of the full range of pupils, including those with medical conditions.

Key judgements are informed by the progress and achievement of pupils with medical conditions, alongside pupils with SEND, and also by pupils' spiritual, moral, social and cultural development.

Admissions

No child is denied admission to the school or prevented from taking up a school place because arrangements for their medical condition have not been made.

A child may only be refused admission if it would be detrimental to the health of the child to admit them into the school setting.

Notification Procedure

When the school is notified that a pupil has a medical condition that requires support in school, the school begins to arrange a meeting with parents/carers, healthcare professionals and the pupil, with a view to discussing the necessity of an IHC plan (outlined in detail in Section 17)

The school does not wait for a formal diagnosis before providing support to pupils. Where a pupil's medical condition is unclear, or where there is a difference of opinion concerning what support is required, a judgement is made by the Headteacher/SENCO based on all available evidence (including medical evidence and consultation with parents/carers).

For a pupil starting at the school in a September intake, arrangements are in place prior to their introduction and informed by their previous setting.

When a pupil joins the school mid-term, or a new diagnosis is received, arrangements are put in place within two weeks.

Staff Training and Support

Any staff member providing support to a pupil with medical conditions receives suitable training.

Staff do not undertake healthcare procedures or administer medication without appropriate training.

Training needs are assessed by the SENCO/school nurse through the development and review of IHC plans, on a regular basis for all school staff, and when a new member arrives.

Through training, staff have the requisite competency and confidence to support pupils with medical conditions and fulfil the requirements set out in IHC plans. Staff understand the medical condition(s) they are asked to support, their implications, and any preventative measures that must be taken.

The SENCO/school nurse confirms the proficiency of staff in performing medical procedures or providing medication.

A first-aid certificate does not constitute appropriate training for supporting pupils with medical conditions.

The SENCO/school nurse identifies suitable training opportunities that ensure all medical conditions affecting pupils in the school are fully understood, and that staff can recognise difficulties and act quickly in emergency situations.

Parents/carers of pupils with medical conditions are consulted for specific advice and their views are sought where necessary, but will not be used as a sole trainer.

The Governing Body will provide details of further continuing professional development opportunities for staff regarding supporting pupils with medical conditions.

Self-Management

Following discussion with parents/carers, pupils who are competent to manage their own health needs and medicines are encouraged to take responsibility for self-managing their medicines and procedures. This is reflected in their IHC plan.

Where possible, pupils are allowed to carry their own medicines and relevant devices.

Where it is not possible for pupils to carry their own medicines or devices, they are held in suitable locations that can be accessed quickly and easily.

If a child refuses to take medicine or carry out a necessary procedure, staff will not force them to do so. Instead, the procedure agreed in the pupil's IHC plan is followed. Following such an event, parents/carers are informed so that alternative options can be considered.

Supply Teachers and Staff Absence

Supply teachers are:

- Provided access to this policy
- Informed of all relevant medical conditions of pupils in the class they are providing cover for.
- Covered under the school's insurance arrangements.

Individual Healthcare Plans (IHP)

The school, healthcare professionals and parents/carers agree, based on evidence, whether an IHC plan is required for a pupil, or whether it would be inappropriate or disproportionate. If no consensus can be reached, the Headteacher makes the final decision.

The school, parents/carers and a relevant healthcare professional work in partnership to create and review IHC plans. Where appropriate, the pupil is also involved in the process.

IHC plans include the following information:

- The medical condition, along with its triggers, symptoms, signs and treatments.
- The pupil's needs, including medication (dosages, side effects and storage), other treatments, facilities, equipment, access to food and drink (where this is used to manage a condition), dietary requirements and environmental issues.
- The support needed 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.
- Who will provide the necessary support.
- The training needs, expectations of the role and who will confirm the supporting staff member's proficiency to carry out the role effectively.
- Cover arrangements for when the named supporting staff member is unavailable.
- Who needs to be made aware of the pupil's condition and the support required.
- Arrangements for obtaining written permission from parents/carers and the Headteacher for medicine to be administered by school staff or self-administered by the pupil.
- Separate arrangements or procedures required during school trips and activities.
- Where confidentiality issues are raised by the parents/carers or pupil, the designated individual to be entrusted with information about the pupil's medical condition.
- What to do in an emergency, including contact details and contingency arrangements.

Where a pupil has an emergency healthcare plan prepared by their lead clinician, this is used to inform the IHP

IHPs are easily accessible to those who need to refer to them, but confidentiality is preserved.

IHP are reviewed on at least an annual basis, or when pupil's medical circumstances change, whichever is sooner.

Where a pupil has an Education, Health Care Plan (EHCP), the IHP is linked to it or becomes part of it.

Where a child has SEND but does not have an EHCP, their SEND should be mentioned in their IHP

Where a pupil is returning from a period of hospital education, alternative provision or home tuition, we work with the LA and education provider to ensure that their IHC plan identifies the support the pupil needs to reintegrate.

Managing Medicines

Medicines are only administered at school when it would be detrimental to a pupil's health or school attendance not to do so.

Pupils are not given prescription or non-prescription medicines without the parent's/carer's written consent.

Non-prescription medicines may be administered in the following situations:

- When it would be detrimental to the pupil's health not to do so.
- When instructed by a medical professional

No medication is administered without the written permission and instruction of a parent/carer. Verbal consent may be given in an emergency.

School will not administer paracetamol or short-term prescribed medicines when they can be given outside of the school day (e.g. 3 x daily antibiotics). Parents / carers will be asked to attend to administer the dose if they feel it is required during the school day.

Exceptions to this may be agreed by the school and family, and will be recorded on the appropriate form (e.g. short term / long term administration of medicine. Examples include but are not limited to: administering anti-allergy medicine for a child who may require this regularly; administering paracetamol post-surgery when a child is well enough to attend school but may require occasional pain relief.

No pupil is given aspirin unless prescribed by a doctor.

Medicines are never administered without first checking when the previous dose was taken and the maximum dosage allowed.

The school only accepts medicines that are in-date, labelled, in their original container, and that contain instructions for administration, dosage and storage. The only exception to this would be insulin, which must still be in-date, but is available in an insulin pump or pen, rather than its original container.

All medicines are stored safely. Pupils know where their medicines are at all times and are able to access them immediately, whether in school or attending a school trip/residential visit. Where relevant, pupils are informed who holds the key to the relevant storage facility.

When medicines are no longer required, they are returned to parents/carers for safe disposal. Controlled drugs are stored in a non-portable container and only named staff members have access; however, these drugs are easily accessed in an emergency. A record is kept of the amount of controlled drugs held and any doses administered.

The school holds asthma inhalers for all children with an asthma diagnosis. The inhalers are stored in a labelled tray in each classroom and their use is recorded. Inhalers are always used in line with the school's Asthma Policy. A school emergency inhaler is kept in the school office and can be administered to any pupil who the school is aware has a diagnosis of asthma.

Records are kept of all medicines administered to individual pupils – stating what, how and quantity administered, when and by whom. A record of side effects presented is also held.

Record Keeping

Written records are kept of all medicines administered to pupils.

Proper record keeping protects both staff and pupils, and provides evidence that agreed procedures have been followed.

Appropriate forms for record keeping can be found in the appendices. Some pupils may have their own individual records (e.g. asthma book).

Emergency Procedures

Medical emergencies are dealt with under the school's emergency procedures.

Where an IHP is in place, it should detail:

- What constitutes an emergency.
- What to do in an emergency.

Pupils are informed in general terms of what to do in an emergency, such as telling a teacher.

If a pupil needs to be taken to hospital, a member of staff remains with the pupil until their parents/carers arrive.

When transporting pupils with medical conditions to medical facilities, staff members are informed of the correct postcode and address for use in navigation systems.

Day Trips, Residential Visits and Sporting Activities

Pupils with medical conditions are supported to participate in school trips, sporting activities and residential visits.

Prior to an activity taking place, the school conducts a risk assessment to identify what reasonable adjustments need to be made to enable pupils with medical conditions to participate. In addition to a risk assessment, advice is sought from pupils, parents/carers and medical professionals.

The school will arrange for adjustments to be made for all pupils to participate, except where evidence from a clinician, such as a GP, indicates that this is not possible.

Unacceptable Practice

The school will never:

- Assume that pupils with the same condition require the same treatment.
- Prevent pupils from easily accessing their inhalers and medication.
- Ignore the views of the pupil and/or their parents/carers.
- Ignore medical evidence or opinion.
- Send pupils home frequently for reasons associated with their medical condition, or prevent them from taking part in activities at school, including lunch times, unless this is specified in their IHC plan.
- Send an unwell pupil to the school office alone or with an unsuitable escort.
- Penalise pupils with medical conditions for their attendance record, where the absences relate to the condition.
- Make parents/carers feel obliged or forced to attend school to administer medication or provide medical support, including for toilet issues. The school will ensure that no parent/carer is made to feel that they have to give up working because the school is failing to support their child's needs.
- Create barriers to children participating in school life, including school trips.
- Refuse to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.

Liability and Indemnity

The Governing Body ensures that appropriate insurance is in place to cover staff providing support to pupils with medical conditions.

The school holds an insurance policy with the Local Authority.

In the event of a claim alleging negligence by a member of staff, civil actions are most likely to be brought against the school, not the individual.

Complaints

Parents/carers or pupils wishing to make a complaint concerning the support provided to pupils with medical conditions are required to speak to the school in the first instance.

If they are not satisfied with the school's response, they may make a formal complaint via the school's complaints procedure.

If the issue remains unresolved, the complainant has the right to make a formal complaint to the DfE.

Parents/carers and pupils are free to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

Home-To-School Transport

Arranging home-to-school transport for pupils with medical needs is the responsibility of the LA.

Where appropriate, the school will share relevant information to allow the LA to develop appropriate transport plans for pupils with life-threatening conditions.

Defibrillators

The school has its own Automated External Defibrillator (AED). This is situated on the corridor wall leading to the Headteacher's office and is available at all times when the school is open. There are therefore times when it is not available to the general public.

The next nearest one to school is situated on the wall of Friezland Church Hall on Oaklands Road, opposite Friezland Church. This is available at all times.

Instructions about how to access the defibrillator are attached to the unit itself.

No training is required to use the AED, as voice and/or visual prompts guide the rescuer through the entire process from when the device is first switched on or opened; however, most staff members are trained in Cardiopulmonary Resuscitation (CPR) as part of a First aid at Work, Paediatric First Aid or Emergency First Aid qualification, as this is an essential part of first-aid and AED use.

Additional Practice

- There is a need for proper documentation at all stages when considering the issue of support for pupils with medical needs in school.

- The school must notify the Local Authority of any serious accident, illness or injury to, or death of, any child whilst in their care.

Data Protection Statement

The procedures and practice created by this policy have been reviewed in the light of our Data Protection Policy. All data will be handled in accordance with the school's Data Protection Policy.

Data Audit For the Management and Administration of Medicines Policy					
What ?	Probable Content	Why ?	Who ?	Where ?	When ?
Pupil medical data	Name D.O.B. Medical condition / treatment	Support child's health / medical needs Well-Being of Your Child	All Staff (as necessary)	Electronic records Health Care Plan Admin medicine records Data is deleted / shredded as per data retention policy	Held on File throughout a child's time at school Key data is passed onto a new School when moving on Some data is archived until the child is 25 (e.g. SEND pupil)

As such, our assessment is that this policy:

Has Few / No Data Compliance Requirements	Has A Moderate Level of Data Compliance Requirements	Has a High Level Of Data Compliance Requirements
	✓	

This policy will be reviewed annually in order to ensure legislation / school practice is current.

Friesland Primary School



Administration of Medicine: LONG TERM

Name of Pupil:		DOB:
Condition / illness:		Class:
Name of Medication:	Reason for Mediation:	
Date dispensed:	How long is the medication required for:	
Dosage required:	Method:	
Timings:	Adult / Self-administration:	
Storage requirements:		
Procedures to take in an emergency: (Please attach a flow-chart / care plan where applicable e.g. asthma, diabetes, epilepsy etc.)		

Parent / Carer's confirmation:

I understand that I must supply the school with the medication and ensure that it is clearly labelled with the child's name, dosage and that it must be in date. I must also ensure the safe disposal of any unused medication.

Signed:	Print name:
Relationship to child:	Date:

Headteacher's confirmation:

I agree that the school will administer medication as supplied by the parent / carer of the child named above, in accordance with the details on this form and associated documents.

Signed (Headteacher):	Date:
-----------------------	-------

A signed copy of this form will be sent to the Parent / Carer once completed.

Friezland Primary School

Administration of Medicine: SHORT TERM



Name of Pupil:		DOB:
Illness:		Class:
Name of Medication:	Reason for Mediation:	
Date dispensed:	How long is the medication required <u>for</u> :	
Dosage required:	Method:	
Timings:	Adult / Self-administration:	
Storage requirements:		

Parent / Carer's confirmation:

I understand that I must supply the school with the medication and ensure that it is clearly labelled with the child's name, dosage and that it must be in date. I must also ensure the safe disposal of any unused medication.

Signed:	Print name:
Relationship to child:	Date:

Headteacher's confirmation:

I agree that the school will administer medication as supplied by the parent / carer of the child named above, in accordance with the details on this form.

Signed (Headteacher):	Date:
-----------------------	-------

A signed copy of this form should be sent to the Parent / Carer once completed.

Friezland Primary School



Record of medication given to pupils by staff

Date	Child's name	Time given	Name of medication	Dosage given	Signed by administrator	Initials	Any later reaction



Individual Healthcare Plan

Please note: this care plan should be adapted to suit the medical and individual pupil need

Name of child		Date of birth	
Medical diagnosis or condition		Date of IHP	
		Date of review	
Plan completed by			
Clinic / Hospital Contact Details	GP Contact Details		
Named support person at school			

Describe the medical needs (child's symptoms, triggers, signs, environmental issues etc.)
Medication required (dose, method of administration, frequency, side effects, administered by/self-administered, with/without supervision, use of any equipment)
Daily care requirements

Specific support for pupil's educational, social and emotional needs
Arrangements for school visits / trips
Emergency actions (describe what constitutes an emergency for this condition / need)
Plan developed in collaboration with
Staff training requirements (include dates / renewal etc)
Who will receive a copy of this form?

Signed Headteacher	<i>date</i>
Signed allocated adult within school	<i>date</i>
Signed parent / carer	<i>date</i>

Please attach any associated documents e.g. pupil flow chart.