

# Supporting Pupils with Medical Conditions and Administering Medication Policy



**RIVERSIDE BRIDGE SCHOOL**  
'EXCELLENCE FOR ALL'



Partnership Learning

**Ratified by Governors: November 2021**

**To be reviewed: November 2022**

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*Riverside Bridge School*

**SUPPORTING PUPILS WITH MEDICAL CONDITIONS AND ADMINISTERING  
MEDICATION POLICY**

Review Frequency: Annually  
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Date next review due: November 2022  
Scope of Plan: This plan applies to all staff, students, governors and volunteers at Riverside Bridge School

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## Introduction

Pupils at Riverside Bridge School with medical conditions should be properly supported so that they have full access to education, including school trips and physical education. Governing bodies must ensure that arrangements are in place in schools to support pupils at school with medical conditions.

Governing bodies should ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are properly understood and effectively supported.

**The named person with responsibility for implementing this policy is Mrs K Cerri.**

***All Templates for supporting this policy can be found:***

***DfE Templates for Supporting children with a medical condition May 2014***

## 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 pupil's condition, where appropriate
- ⇒ Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- ⇒ Providing supply teachers with appropriate information about the policy and relevant pupils
- ⇒ Developing and monitoring individual healthcare plans (IHPs)

## 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's statutory guidance: [Supporting pupils at school with medical conditions](#) December 2019**

## Roles and responsibilities

### 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.

### The Headteacher

The Headteacher will:

- ⇒ Make sure all staff are aware of this policy and understand their role in its implementation
- ⇒ Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- ⇒ Take overall responsibility for the development of IHPs
- ⇒ Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- ⇒ Contact the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse
- ⇒ Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

### 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.

### Parents/Carers

Parents/Carers 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
- ⇒ Parents have the prime responsibility for their child's health and must provide the school with information about their child's medical condition. Parents must also advise of any changes to the child's healthcare needs as soon as they become aware of them and provide clear written details of

such changes pending a full review of the HCP. The school will require verification from the child's GP or another medical practitioner.

- ⇒ The parent/carer will be expected to contribute to their child's Health Care Plan. This requires a passport photograph of the child, which will be the parent's responsibility to provide and keep updated.
- ⇒ It is the parent/carers responsibility to provide the school with the child's medicine. The parent/carer must hand all medication to a staff member. Medication must be in date and with the correct instructions and information from the prescriber. Staff may request that a parent/carer temporarily remove their child from school if sufficient emergency medicine is not in school.
- ⇒ Parents/Carers will, wherever possible, administer or supervise the self- administration of medication to their children. However, this might not be practicable and in such a case parents may make a request for medication to be administered to the child at school.

## **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.

## **School nurses and other healthcare professionals**

Our school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible.

Healthcare professionals, such as GPs and pediatricians, will liaise with the school's nurses and notify them of any pupils identified as having a medical condition.

## **Equal opportunities**

Our school is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and 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.

## **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**

## Individual healthcare plans (IHPs)

The School Nursing Team has overall responsibility for the development of IHPs for pupils with medical conditions. The responsibility within school has been delegated to the Safeguarding and Welfare Officer. 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 not a consensus, the Headteacher will make the final decision.

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

IHPs will be linked to, or become part of, any statement of special educational needs (SEND) or education, health and care (EHC) plan. If a pupil has SEND but does not have a statement or EHC plan, the SEND 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 where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons
- ⇒ Specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions
- ⇒ The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring
- ⇒ Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable
- ⇒ Who in the school needs to be aware of the pupil's condition and the support required
- ⇒ Arrangements for written permission from parents and the Headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours
- ⇒ Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments
- ⇒ Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition

⇒ What to do in an emergency, including who to contact, and contingency arrangements

***DfE Templates for Supporting children with a medical condition May 2014***

## **Managing medicines**

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 (for example, for 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 – name and date given to school

⇒ Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

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 to arrange for safe disposal when no longer required.

Children will not be allowed to carry medication whilst in school. Items such as asthma inhalers and adrenaline pens will be stored in the medical room and be readily available. Any other prescription medication must be kept in the locked cupboard in the medical room.

## **Controlled drugs**

**Controlled Drugs** (*Guidance: List of most commonly encountered drugs currently controlled under the misuse of drugs legislation Updated 2 December 2019*) are prescription medicines that are controlled under the [Misuse of Drugs Regulations 2001](#) and subsequent amendments, such as morphine or methadone.

All other controlled drugs are kept in a secure cupboard in the medi-hub and only named staff have access and permission to administer the drug.

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

## Emergency Asthma Inhalers

Riverside Bridge School have asthma inhalers in school that will be available to pupils who have been diagnosed with asthma and who usually have an inhaler in school.

Emergency inhalers must only be used if a pupil's own inhaler is lost, broken or expired.

Parents/Carers of pupils must sign a consent form to say they are happy for an emergency inhaler to be used if their child's own inhaler is not available/able to be used.

All pupils using an emergency inhaler must use a spacer for hygiene purposes.

Parents/Carers of pupils using an emergency inhaler must be informed immediately and a new inhaler provided as soon as possible.

Staff administering the emergency inhaler must log this on a medication tracking sheet.

## 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 it will be reflected in their IHPs.

During off-site visits, pupils will be allowed to carry their own medicines and relevant devices wherever possible, for example an asthma pump.

## Expectations

School staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is expected that

- Staff will support pupils to easily access their inhalers and medication, and administering their medication when and where necessary
- If the pupil becomes ill, send them to the medi-hub unaccompanied or with someone suitable
- Support pupils to drink, eat or take toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Staff will support pupils to participate in all aspects of school life, including school trips

## 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.

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

## 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 Headteacher. 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.

## **Record keeping**

The governing board will ensure that written records are kept of all medicine administered to pupils. Parents will be informed if their pupil has been unwell at school.

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

## **Liability and indemnity**

The governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

We are a member of the Department for Education's risk protection arrangement (RPA).

## **Complaints**

Parents with a complaint about their child's medical condition should discuss these directly with the Safeguarding and Welfare Officer in the first instance. Where the issue remains unresolved, the issue should be raised with the Assistant Headteacher. If they cannot resolve the matter, they will direct parents to the school's complaints procedure.

## **Monitoring arrangements**

This policy will be reviewed and approved by the governing board at least annually or when guidance and information changes

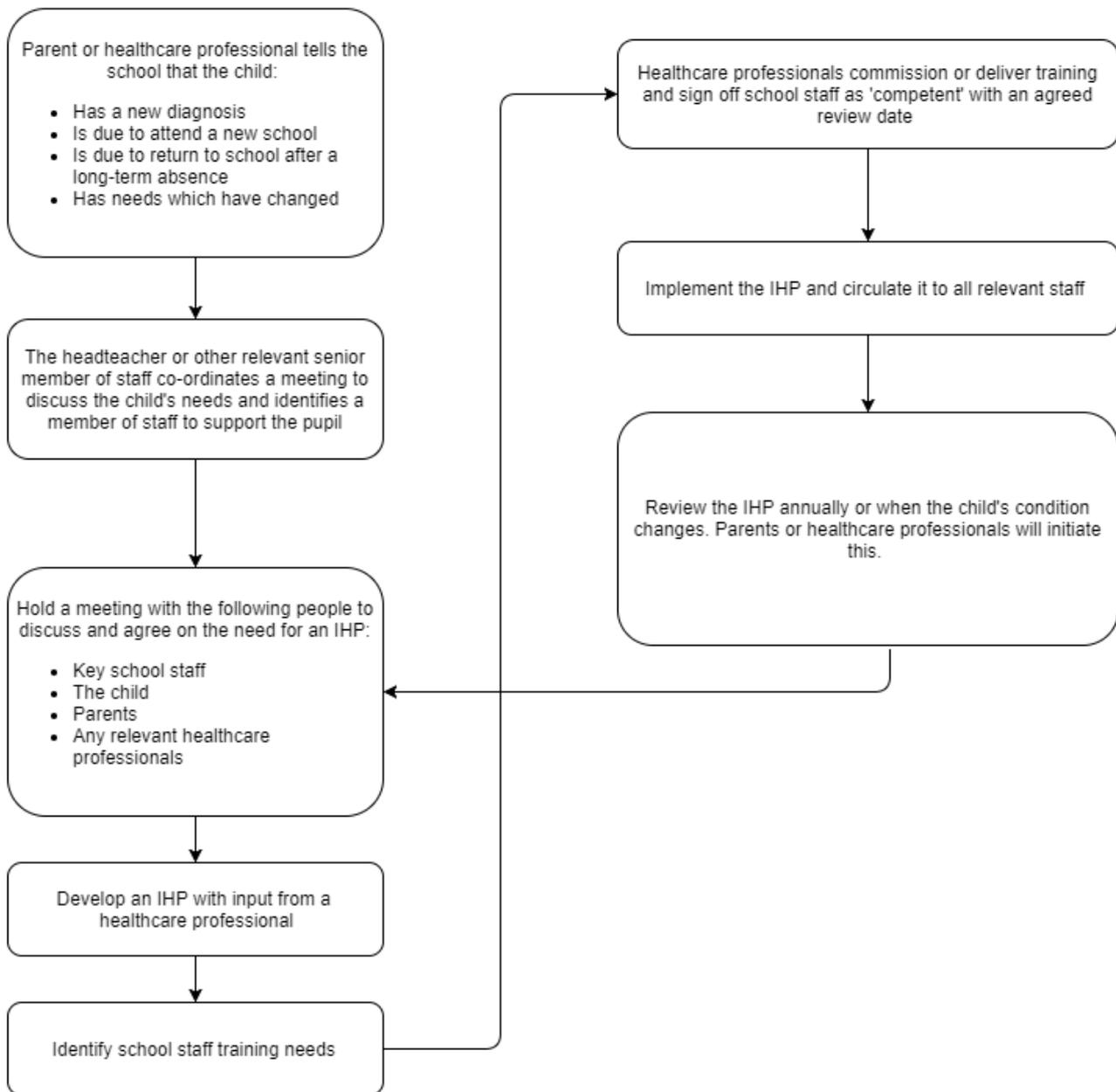
## **Links to other policies**

This policy links to the following policies:

- ⇒ Accessibility plan
- ⇒ Complaints Policy

- ⇒ Equality information and objectives
- ⇒ First aid Policy
- ⇒ Health and safety Policy
- ⇒ Safeguarding Policy
- ⇒ Special educational needs information report and Policy
- ⇒ Children with health needs who cannot attend school Policy

## Appendix 1: Being notified a child has a medical condition





## Appendix 2: Supporting children with medical needs – Administering medication guidance and procedures

### Procedures for administering regular medicine during the school day

Following a parent/carer request for administering medicines, staff must ask parents to complete a medication consent form. ***No medication can be accepted at this point.***

1. All requests will be given to a member of SLT or Phase Group Leader, who will discuss the administration of medication with a first aider.

2. Staff administering medicines can receive guidance in how to administer the medication, if required. This must be discussed with a member of SLT.

3. Once a member of staff has agreed to administer medicines, parents or carers can bring the medication to school. A first aider will then clarify the details on the form match the details on the medication. Details such as:

- Name of child on medication
- Name of medicine
- Dosage is specified
- Written instructions provided by prescriber
- Expiry date
- Number/amount of medication provided

***No dosage or administering instructions can be accepted from the parent/carer. They must be from the prescriber.***

4. When administering medicines staff must:

- Ensure they wear protective clothing if necessary
- Check they have the correct child
- Check the medication is correct for the child
- Check medication is in date
- Ensure a member of staff witnesses them administering the medication
- Ensure they complete a medication tracking sheet after each dose
- Ensure medication is kept in the medications fridge/cabinet after each dose

### Procedures for administering emergency asthma inhaler.

1. Parents must complete an 'Emergency inhaler consent form' and include dosage information from child's regular inhaler.

2. If a child presents as needing an inhaler then an emergency inhaler can be used. These are kept in the medical room.

3. A spacer must be attached.

4. The recommended dose will be administered.
5. Parent/Carer of the child must be informed immediately of the reason for using the emergency haler.
6. The adult present must complete a medication tracking sheet and note that it was the emergency inhaler that had been used. The adult must also make a note of why the pupils regular inhaler had not been used.
7. Parents/Carer must supply a new asthma inhaler as soon as possible.