Yattendon School

Supporting Pupils with Medical Conditions

This replaces the policy formerly called

"Young People's Health & the Administration of Medicine Guidance"

Date adopted	Adopted April 2022	**Latest Review:**	April 2026
Review period	Cyclical – 3 years	**Next review:**	Spring Term 2029
Based on Surrey model?	Yes	**Policy prepared by**	LW (SBM)
Status:	Statutory	**Governor review:**	

All information about a child's medical condition must be kept confidential. The Headteacher should agree with the parent, who else should have access to records and other information about the child. It is essential that relevant staff are informed on a strictly need to know basis and it is in the best interests of the child.

Contents

Appendices can be found in the Surrey County Council document: "Supporting Pupils with Medical Conditions - Surrey Guidance"

CONTACTS SECTION (PAGE21) **LIST OF USEFUL CONTACTS**

1 Supporting pupils with medical conditions in schools: who is responsible?

It is important that responsibility for children's medication is clearly defined and that each person involved with children with medical needs is aware of what is expected of them. Close co-operation between school, parents, health professionals and other agencies is essential to ensure that any necessary medical interventions during school activities are undertaken safely and correctly. School needs to agree and record secure arrangements to provide appropriate medical support for each child needing it, via prior discussion with their parents and relevant health professions before commencement.

In most circumstances the administration of medicines is the responsibility of parents and they should be administered at home unless it is essential they are administered during the school/ setting day.

Legislation

The Children and Families Act 2014 changed the way children and young people with special educational needs and disabilities (SEND) are supported. The new law aims to improve the system by giving more importance to the views, wishes and feelings of children and young people and their families. It is based on these principles:

- Participation
    - Local authorities and health partners must work with parent carers and young people to improve services in their area, for example through their local parent carer forum.
- Outcomes
    - Local authorities must offer support in a way that enables children and young people with SEND to achieve the best possible educational progress, and helps them do what they want in their lives as they grow up.
- Joint decisions
    - Local authorities must make sure that young people and their families get the right information and support to take part in decisions which affect them.
- Joint working
    - Education, health and social care services must work more closely together when they are deciding on the support available for children and young people with SEN and disabilities in their area.

The expectation continues to be that all children / young people with SEN but without a Statement of Special Educational Need (SSEN) or Education, Health and Care Plan (EHCP) will be educated in mainstream schools, as will many children / young people with SSEN/EHCPs. The implication therefore is that mainstream schools will be making provision for children / young people with a wide variety of needs, which might include children / young people with medical conditions on a long or short term basis.

Parents, guardians and carers

Parents are responsible for making sure that their child is well enough to attend school and able to participate in the curriculum as normal. However, General Practitioners (GPs) may advise that a child should attend or recommence school while still needing to take medicines. In other cases, to enable children with a chronic illness to lead as normal and

happy a life as possible, it may be necessary for them to take prescribed medicines during school hours.

In order for Yattendon School to plan effective support arrangements parents need to provide sufficient information about their child's medical condition and any treatment or special care needed at school, at the admission stage, and keep the school informed of any new or changing needs. If there are any special religious and/or cultural beliefs, which may affect any medical care that the child needs, particularly in the event of an emergency, it is the responsibility of the parent to inform school and confirm this in writing. Such information should be kept in the child's personal file at Yattendon School for as long as necessary with updates in consultation with the health nursing team. Parents and the Headteacher need to reach agreement on the school's role in helping with the child's medical needs. Ideally, the Head Teacher (or responsible person) should seek parental agreement before passing on information about the child's health to other staff, but it should be acknowledged that sharing information is important if staff and parents are to ensure the best care for a child.

Some parents may have difficulty understanding or supporting their child's medical condition themselves. The School Health Team can often provide additional support and assistance in these circumstances.

The Employer

Surrey County Council is responsible for making sure that all employees involved in implementing this policy have adequate training to undertake the work safely and correctly. This should be arranged in conjunction with the Local School Health Teams in liaison with other health professionals as appropriate. Should a volunteer require training in managing a medical condition of a child advice can be sought from the School Health Team. Any specific or general queries can also be directed to the School Health Team (see Contacts Section (page21)).

The employer should be satisfied that any training received by its staff is sufficient for its purpose. The health care professional delivering the training should confirm proficiency of the trainee in medical procedures and recommend a refresher- training period.

It is Surrey County Council's policy to maximise inclusion for children and young people with medical needs in as full a range of educational opportunities as possible. To promote this aim, school should assist parents and health professionals by participating in agreed procedures to administer medicines when necessary and reasonably practical.

There is no requirement for staff to undertake these responsibilities, unless administering medicines may be included in the contractual duties of some support staff. Consequently, to comply with this policy, Yattendon School must secure the services of:

- volunteers from the existing teaching and support staff,
- employees with contractual duties to undertake this work, and
- other persons as agreed in accordance with this guidance.

The Governing Body

Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools to make arrangements for supporting pupils at their school 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. The governing body should ensure that their arrangements give parents and pupils confidence in the schools ability to provide effective support for medical conditions in school.

Each governing body 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 effectively supported.

The governing body must ensure that local arrangements comply with the Health and Safety policies and procedures produced by Surrey CC as employer. At Yattendon, the SENCo is the Designated Teacher with responsibility for children / young people with medical conditions. The governing body must ensure that staff who volunteer to administrate medication receive appropriate accredited training to provide the support that pupils need.

Governing bodies must make arrangements to ensure that sufficient staff have received suitable training and are competent before they take on the responsibility to support children with medical conditions.

The Head Teacher

When staff volunteer to give children help with their medical needs, the Headteacher will, where appropriate, agree to their doing this, and must ensure that staff receive proper support and training wherever necessary.

All parents will be made aware of this policy and the school's procedures for dealing with medical needs. Parents should keep their children at home if acutely unwell.

For each child with medical needs, the Headteacher will need to agree with the parents exactly what support the school staff can provide. Where there is a concern about whether the school can meet a child's needs, or the expectations of the parents appear unreasonable, the Head Teacher can seek further advice from the School Health Team.

Staff Indemnity

Surrey County Council fully indemnifies all its staff against claims for alleged negligence providing they are acting within the remit of their employment. As the administration of medicines is considered to be an act of "taking reasonable care" of the child, staff agreeing to administer medication can be reassured about the protection their employer would provide. In practice this means that the County Council, not the employee, would meet the cost of damages should a claim for alleged negligence be successful.

Staff will be made aware of this before being asked to administer any medication.

It is expected that staff who agree to administer medication will take the same care that a reasonable, responsible and careful parent would take in similar circumstances. In all circumstances, particularly in emergencies, staff are expected to use their best endeavours. The consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

2 Medicines

No child should be given medication without written consent from the parents.

Non-prescribed medicines

Schools such as Yattendon are advised not to keep medicines in the setting for general use. The one exception to this is Paracetamol and Salbutamol inhalers. From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 will allow schools to buy salbutamol inhalers, without a prescription, for use in emergencies (see guidance). If the setting decides to keep paracetamol for general use there must be a written protocol in place. This must include circumstances in which it may be administered, records of receipt including quantity, the current quantity stored, administration and disposal.

The parent should consent to the administration of Paracetamol in appropriate doses, with written instructions about when the child / young person should take it. The administration protocol must include a check when they had their last dose and ensures the child/ young person has not already had the maximum amount in 24 hours. Paracetamol should not be administered if taken within the last 4 hours and staff must ensure the manufactures instructions and warnings are followed. This may be necessary to relieve:

For example:

Headache - not associated with head injury

Toothache

Dysmenorrhoea (painful periods)

Sudden rise in temperature

A member of staff should supervise the child / young person taking the medication and notify parents in writing on the day the paracetamol was taken/administered. Administration must be recorded on the appropriate form. Parental consent should be renewed at least annually.

3 Medicines brought into school

Carriage of medicines to schools

- Medicines should be brought to school by the parent or other responsible adult, and handed to a responsible named member of staff. The exception to this is medicines classed as controlled drugs (see Appendix XII).
- Parents must bring in any equipment required to administer the medicine e.g. medicine spoons, oral syringes, syringes for injections, sharps waste containers.
- Transport providers must ensure adequate storage containers with fitting lids are available to ensure safe and secure storage during transport.
- Arrangements must be made for emergency medications (such as adrenaline auto-injector devices e.g. Epipen / Jext) to be immediately available for administration if required both on and off site.
- In respect of the carriage of oxygen a risk assessment should be completed by the settings responsible person.

Child / young persons own non-prescribed medicines

Settings cannot be expected to take responsibility for any non-prescribed medicines parents may bring or send into the setting.

Prescribed Medicines

Medicines will only be administered in school when essential; that is where it would be detrimental to a child's health if the medicine were not to be administered during the school day. Yattendon School staff will administer antibiotics when they have been prescribed for the most usual 7 to 14-day period. If a child is well enough to be in school when receiving such a course of medication, parents are invited to come into school to administer as necessary. Yattendon School will only accept medicines that have been prescribed by an authorised prescriber e.g. doctor, dentist, nurse prescriber or pharmacist prescriber. Medicines must always be provided in the original container as dispensed by a pharmacist and be clearly labelled (see section 4 below).

A child / young person under 16 should only be given aspirin or medicines containing ibuprofen if prescribed.

4 Storage of Medicines in School

Medicines will be locked away in a lockable cabinet or non portable container with the key readily available to appropriate named members of staff to ensure access in case of emergency. The exceptions to this may be:

a) Medicines for use in emergency situations such as; asthma, anaphylaxis, diabetes and epilepsy, when immediate access would be essential.

b) Medicines needing refrigeration: The refrigerator should itself be in a secure location to compensate for the impracticability of locking it. If this is not possible, medicines should be kept in a locked box in the refrigerator.

Medicines must be kept in the container supplied and labelled by the pharmacist which states:

- Name of the child
- Name of the medicine
- Strength
- Formulation
- Dose/frequency of administration
- Instructions for administration
- Date of dispensing
- Cautionary advice
- Quantity of the medicine
- Expiry date (if short dated)

} This is normal pharmacy procedure when issuing all medicines

It should be made clear to parents that they are responsible for ensuring medicines do not exceed their expiry date. Instructions regarding any specific requirements for the disposal of equipment/waste product, e.g. syringes, gloves, should be kept with the medication and equipment.

NB: Under no circumstances should any medicine be transferred into another container for keeping/storage.

5 Arrangements for administering medicine in school

Practical arrangements for administering medicines in school may vary according to particular circumstances. There must be an assessment of the risks to the health and safety of staff and others, and measures put in place to manage any identified risks.

Self-administration by child

Children may be allowed to take responsibility for self-administration of medicines e.g. inhalers. If this is the case it must be part of the written agreement/care plan between the child, their parents and the school. The written agreement should include whether

administration requires supervision. In addition to parental consent, medical advice with regard to self-administration by the child should be available and noted in the written agreement. However, it cannot be taken as an alternative to parental consent. If a child is to self administer, a suitable location for this should be made available e.g. the school office

Administration by staff

Staff must not administer medicines or undertake health care procedures without appropriate training (updated to reflect any individual healthcare plans). Healthcare professionals, including the school nurse, can provide confirmation of the proficiency of staff in a medical procedure, or administering medicines.

Staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so unless it is within their contract of employment.

Staff with responsibility for administering medicines must be familiar with the identity of the child / young person receiving the medicine. If the child / young person is not known to the member of staff then a second member of staff who does know the child / young person must be available, and as a second check, there must also be a mechanism in place to enable staff to identify the child / young person at the time of medicine administration e.g. a recent photograph attached to the consent form or medicine administration record, or by asking the child / young person their name and date of birth.

Unless it is an emergency situation, medicines must be administered in a location where the privacy and confidentiality of the child may be maintained. Therefore medicines must be administered in any of the offices, not in the classrooms or entrance area. Facilities should be available if the child needs to rest and recover.

Medicines must be administered and documented for one child at a time and completed before another child is seen.

Staff must wash their hands before and after administering each medication.

Before administering a medicine staff must check:

- The identity of the child
- The written parental consent form for administration of the medicine(s)
- That the written instructions received from the parent and the medicines administration record match the instructions on the pharmacy dispensed label of the medicine container i.e. name of the medicine, formulation, strength and dose instructions
- The name on the pharmacy dispensed label matches the name of the child that the medicine is to be administered to
- Any additional or cautionary information on the label which may affect the times of administration, give information on how the medicine must be administered, or affect performance e.g. an hour before food, swallow whole do not chew, or may cause drowsiness
- The medicine administration record to ensure the medicine is due at that time and it has not already been administered
- The expiry date of the medicine (if one is documented on the medicine container or the pharmacy dispensed label).
- All the necessary equipment required to administer the medicine is available e.g. medicine spoon, oral syringe, injecting syringe.

If there are concerns or doubts about any of the details listed above the member of staff must not administer the medicine. They must check with the child's parent or a health professional before taking further action. All advice and actions must be documented, signed and dated.

If the member of staff has no concerns the medicine can be administered to the child.

Staff involved with the administration of medicines should be alert to any excessive requests for medication by children or by parents on their behalf. In any cases of doubt advice may be obtained from the School Health Team.

Staff's own views/attitudes to medication should not override the instructions/ prescription of medication by the child's GP or Consultant Paediatrician. In cases where there is such a possibility, those staff should be advised not to be involved.

The medicine formulation must not be interfered with prior to administration (e.g. crushing a tablet) unless there are written instructions/information provided from the parent and advice from a health professional. This must be documented.

Immediately after the medicine has been administered the appropriate written records must be completed, signed and dated.

If for any reason the medicine is not administered at the times stated on the medicine administration record the reason for non administration must be recorded, signed and dated and the child's parent informed as soon as possible.

Children Refusing Medication

If a child / young person refuses to take a medicine they must not be forced to do so, but this must be documented and agreed procedures followed. The procedures may either be set out in the policy or in an individual child / young person's individual healthcare plan. Parents must be informed of the refusal as soon as possible on the same day. If the refusal to take the medicine could result or does result in an emergency then the emergency procedure for the setting must be followed.

6 Record Keeping

The following is a summary of the records, which school MUST keep in connection with the administration of medicines:

- Names of trained and competent staff responsible for medicines storage, including access, and medicines administration.
- Names of trained and competent staff responsible for storage, including access of controlled drugs and their administration.
- If available a completed individual care/treatment plan for a child with long term conditions such as diabetes, epilepsy, asthma.
- An action plan for an individual child for a medical emergency. This may form part of the care/treatment plan, if the child has one.
- A completed written parental consent form (see appendix II) each time there is a request for a medicine to be administered in the school. A new form must be completed if a new medicine is to be administered or if there are changes to the existing medicine(s) e.g. different dose, strength, times. A verbal message is not acceptable. A new supply of correctly labelled medicine must be provided by the parent.
- For children who are self administering, as well as written parental consent, there must be a written agreement with the child's parent and the school to allow this. The written agreement must include whether the child will require supervision. A risk assessment must be done to decide whether the child can keep the medicine securely

on themselves or in lockable storage. Medicines classed as controlled drugs cannot be kept by the child (see appendix X).

- All medicines administered in school must be accompanied by written instructions (see appendix II) from a parent and/or prescriber specifying the medicine, strength, formulation, dose, the times (or frequency) and/or circumstances it is to be given. A new form must be completed if there are any changes e.g. different dose, strength, times. A verbal message is not acceptable. A new supply of correctly labelled medicine must be provided by the parent.
- If staff are responsible for administering the medicine(s) a record of administration should be kept. The record should include;
    - the name of the child
    - date of birth
    - medicine details (name, formulation, strength)
    - dose administered
    - date & time of administration
    - name of the person administering the medicine (see appendix III)
- If the child is self administering and requires supervision the above record should be kept. It should be clearly indicated on the record that the member of staff is supervising the medicine administration.
- Reasons for non-administration of medicines must be recorded and the parent/carer must be informed as soon as possible on the same day.
- The quantity of medicines received by staff and the quantity of medicines returned to the parent. This must be signed and dated by a member of staff.
- In exceptional circumstances where members of staff return medicines to a community retail pharmacy (local chemist) for disposal, details of the medicine and the quantity returned and the name of the pharmacy the quantity must be recorded. This must be signed (and names printed) and dated by the member of staff and if possible by the pharmacist (chemist).
- If the setting keeps a supply of non-prescribed paracetamol for general use, written parental consent and written instructions (this should be renewed at least annually), records of receipt into the setting, the quantity received and currently kept in the setting, administration details, as above, and records of disposal including quantity should be kept. Records must be signed and dated.

7 Disposal of Medicines

Staff should not normally dispose of medicines, including controlled drugs when no longer needed, but should return to parents. Parents are responsible for disposal of date-expired or no longer required medicines. However, in exceptional cases where this may not be possible, settings are advised to take them to a local pharmacy for disposal. Note that community retail pharmacies will not receive sharps for disposal. Records must be made, see section 6 record keeping.

8 Intimate or Invasive Treatment

In some settings, staff are understandably reluctant to volunteer to administer intimate or invasive treatment because of the nature of the treatment, or fears about accusations of

abuse. It would be appropriate for parents to ask their child's consultant whether a different treatment, which is less intimate or invasive, could be used. Parents and responsible person must respect such concerns and should not put undue pressure on staff to assist in treatment. Wherever possible for schools of secondary age children / young people to arrange for two adults, one of whom should be the same gender as the child / young person, to be present for the administration of intimate or invasive treatment – this will often ease practical administration of treatment as well as minimise the potential for accusations of abuse. Staff should protect the dignity of the child / young person as far as possible.

9 Training of Staff

Initial validated training with certification must be provided and regular updating from qualified professionals must be given to staff that volunteer to administer all medicines including those for diabetes, epilepsy, and anaphylaxis or to meet any unusual needs. In some cases this may be provided by specialist liaison nurses, but in all cases, requests should be addressed initially to the School Health Team. A record should be kept of the following: trainers, provenance, those trained, date trained, date of expected update of training and date carried out. A risk assessment should be carried out to establish the number of members of staff who should be trained. A checklist of staff who have been trained to manage and administer medication will be kept (see appendix IV).

10 Educational Visits and Associated Travel

Any child with medical needs will be encouraged to participate in school trips wherever safety permits. It may be necessary to take additional safety measures for such visits; consideration of this would be made during a pre-trip risk assessment. In any cases of doubt advice can be obtained from the Head of Strategic Risk Management at County Hall (see Contacts Section (page21)).

Journeys abroad and exchange visits

It is helpful to have one copy of the parental consent form in the language of the country visited. Where a child / young person requires and has a particular medical action plan, this should be available in the host language. This is particularly important if children / young people stay with host families during an exchange visit.

Parents should be requested to check what rules apply to taking their child's medicine out of the UK, and into the country the child is going to or passing through. Different countries have different rules and regulations about the types of medicine they allow to be taken into their country and the maximum quantity that can be taken in. Some medicines available over the counter in the UK may be controlled in other countries.

Sporting Activities

Most children with medical conditions can participate in the Physical Education (PE) curriculum and extra-curricular sport. Yattendon School staff will be sufficiently flexible for all children to take part in ways appropriate to their own abilities. Any restrictions on the child's ability to participate in PE should be clearly identified and incorporated in their Individual Treatment Plan.

Emergency Travel

When emergency medical treatment is required, an ambulance should be called. Staff should not take children to hospital in their own car.

Young People on Work Experience

Young people who come to Yattendon School on work experience will be asked to provide details of medical conditions; this information is shared with staff only as necessary to ensure the young person's needs are met and their health maintained.

11 Management of Medical Conditions

Where a child has a known medical need an action plan or individual care/treatment plan will be prepared before a medical emergency arises. The plan should be completed and agreed between:

1 the relevant medical experts
2 the school
3 the parent and, where appropriate, the child

The plan will be tailored to the particular circumstances of the child but should include the following:

- a communication system for alerting staff who are trained to administer particular medications (e.g. use of Pre-loaded adrenaline injection –Epi -pen etc)
- a system for calling an ambulance where necessary
- contacting parents
- evacuating other children from the room (i.e. in the event of a seizure)
- first aid provisions.

Medical emergencies, whether illness or injury, make significant emotional demands upon staff who are involved. It is important that support is available to them – which might include a sympathetic listener and time to compose themselves.

Some children / young people suffer from chronic medical conditions, which may require urgent action to prevent a possible life-threatening situation from developing. Specially appointed support staff may not be available to carry out these tasks. Where there are other willing staff they may do so, exercising their duty of care.

A contingency plan must be established in case for any reason the normal routine for treatment breaks down, e.g. the trained staff members are absent. This should be included in the Individual Treatment Plan for the child and is likely to include calling for an ambulance.

Medic Alert - Bracelets/Necklaces

Medic alert Bracelets/Necklaces are worn to alert others of a specific medical condition in case of an emergency. As these items can be a source of potential injury in games or practical activities, consideration should be given, in appropriate circumstances, to their temporary removal and safe keeping by the person in charge of the activity. In such cases staff will need to be alerted to the significance of these bracelets/necklaces and be clear whom they belong to when taking charge of them.

12 Emergency Assistance

At Yattendon School all members of staff have the responsibility and authority to call an ambulance if they are of the opinion that a child's medical state requires them to do so. All staff have a responsibility to ensure they know how to call the emergency services and know what information to provide.

All staff should know who is responsible for carrying out emergency procedures when these are needed. A member of staff should always accompany a child taken to hospital by ambulance if the parent has not been able to get to the school, and the staff member should stay at the hospital until the parent arrives. Health professionals are responsible for any decisions on medical treatment when parents are not available.

When a child becomes unwell at school or is injured in an accident (other than minor cuts or bruises) he or she will be looked after in a quiet, comfortable place and parents will be asked to collect their child as soon as possible. It will then be the responsibility of the parent to accompany the child to their GP surgery or hospital outpatients department as appropriate.

In some situations, however, it may be necessary for professional medical care to be sought immediately, e.g. suspected fractures, all eye injuries, serious head injuries, acute illness or other serious medical conditions that will not respond to first aid treatment. In such circumstances the adult who is caring for the child at the time must instruct another member of staff to call an ambulance. Parents must also be contacted by a member of staff, ideally this will be the Headteacher or someone who knows the parent.

Where a child has to be transported to hospital and it has not been possible to arrange for a parent to accompany them, a member of staff should attend with the child and remain at the hospital with them until a parent arrives. Consent is generally not required for any life saving emergency treatment given in Accident and Emergency Departments. However, awareness is required for any religious/cultural wishes i.e. blood transfusions, which should be communicated to the medical staff for due consideration. In the absence of the parents to give their expressed consent for any other non-life threatening (but nevertheless urgent) medical treatment, the medical staff will carry out any procedures as deemed appropriate. The member of staff accompanying the child cannot give consent for any medical treatment, as he/she does not have parental responsibility for the child.

13. Unacceptable Practice

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.

For recommended further reading and information see:

- Department of Health Chart "Guidance on Infection Control in Schools and other childcare settings"
- "Health and Safety in Schools" leaflet (NUT Sept 1989).
- Circular 199/96 (Health and Safety) "Supporting Children with Medical Needs" (NUT Nov 1996).
- DfE Guidance "Supporting Children with Medical Needs."
- "Guidance for the Management of Meningococcal Disease in Surrey" Surrey Communicable Disease Control Service
- Administration and Control of Medicines in Care Homes and Children's Services

Appendices can be found in the
Surrey County Council document:
Supporting Pupils with Medical Conditions (Jan 2020)