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# Medical Needs Policy

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**Table of Contents**

Introduction .....	4
Register of Needs .....	4
Individual Healthcare Plans (IHCP).....	4
Risk Assessments.....	5
Roles & Responsibilities .....	5
Administering Medication .....	6
Prescription Medicines .....	6
Giving non-prescription medicines .....	7
Possession and self-administration of medicines by pupils .....	7
Storage .....	7
Quantity and disposal .....	8
Administration .....	8
Sole possession .....	8
Educational Visits .....	8
Transport.....	9
Inhalers for Asthma.....	9
Antibiotics .....	9
Diabetes .....	9
Maintenance Drugs.....	9
Unusual Medications .....	10
Nut Allergies/Anaphylaxis Procedures.....	10
Emergency Procedures .....	10
Hygiene and Infection Control .....	10
Sun Screen.....	10
Summary of Procedure to Dispense Medication .....	10
Record keeping .....	11

## Introduction

*Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education - DfE 2014 'Supporting Pupils at School with Medical Conditions'.*

The aim of this policy is to ensure that all children with medical conditions, in terms of physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential. This may include the administration of medication.

The Head Teacher / Head of School and Local Governing Body have responsibility for ensuring the implementation of this policy.

## Register of Needs

The Medical Needs Administrator will create a whole school register of needs. Each class teacher will be given a medical information file, updated throughout the year, in which all medical details of the year group are kept. At the end of each year, during the handover of information, teachers will discuss and pass on all relevant information to the receiving teachers. Relevant medical information for supply teachers provided in the class register.

## Individual Healthcare Plans (IHCP)

Where an Individual Healthcare Plan is required the Medical Needs Administrator will meet with the parents/carers (and other school staff involved where possible) to ensure that the school can effectively support the child's needs. The plan will provide clarity about what needs to be done, when and by whom. **(Appendix A)**

IHCPs will often be essential where conditions fluctuate or where there is a high risk that emergency intervention will be needed. IHCPs are likely to be helpful in cases where the medical needs are complex and long-term. However, not all children will require one. The school, healthcare professional and parent should agree when an IHCP would be appropriate. If a consensus cannot be reached, the Head Teacher/Head of School is best placed to take a final view.

IHCPs will be easily accessible to all who need to refer to them, via the school office or Medical Needs Administrator, who will provide staff with relevant information regarding their classes, but will preserve confidentiality. The degree of detail within the plan will depend on the complexity of the child's condition and the degree of support needed. Different children with the same condition may require very different support.

Where a child has Special Educational Needs or Disability (SEND) but does not have an Education, Health and Care Plan (EHCP), their SEND should be mentioned in the IHCP. Where a child has a statement or EHCP the IHCP should be linked to or become part of that statement or EHCP.

IHCPs will be reviewed annually or earlier if evidence is presented that the child's needs have changed. They will be developed with the child's best interests in mind and ensure that the school accesses and manages the risks to the child's education, health and social well-being and minimises disruption.

## Risk Assessments

These are in place for children with complex medical needs and may relate to additional learning provision settings. Time limited risk assessments may also be written for individual children with specific short-term needs.

## Roles & Responsibilities

The Local Governing Body should ensure that:

- The school's policy clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support pupils at school with medical conditions.
- Arrangements are made to support pupils with medical conditions in school ensuring they are supported to enable the fullest participation in all aspects of school life.
- Sufficient staff are adequately trained and competent before they take on responsibility to support children with medical needs.

The Head Teacher/Head of School should ensure:

- The school's policy is developed and effectively implemented;
- Sufficient numbers of staff are trained and available to implement the policy and deliver against IHCPs including contingency and emergency situations. This may involve recruiting staff for this purpose;
- The development of IHCPs;
- Staff are appropriately insured and are aware they are insured to support children in this way.

The Inclusion Manager should ensure that:

- Staff who need to know are aware of a child's condition;
- The school is working with agencies to ensure partnership when meeting a child's medical needs e.g. school nurse external medical profession

The Medical Need Administrator should ensure that:

- There is an up-to-date register of medical needs
- Individual Healthcare Plans for particular children reflect the views of parents/carers
- All staff are provided with relevant information regarding children in their care

## School Staff Role

- Any member of school staff may be asked to provide support to children with medical needs, including the administering of medicines, although they cannot be required to do so;
- All members of staff should know what to do, and respond accordingly, when they become aware that a child with a medical condition needs help.

## School Nurse Role

- To notify the school when a child has been identified as having a medical condition, which will require support in school and, wherever possible, this should be done before the child starts at the school;
- To support school staff in developing and implementing an IHCP and providing advice, training and liaison.

## Parents/Carers Role

- To provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition;
- To develop and review their child's IHCP;
- To carry out any actions agreed to in the IHCP i.e. providing medication/equipment
- To ensure they or another adult are contactable at all times.

#### Pupils

- Provide information on how their condition affects them if age appropriate;
- Discuss the medical needs support and contribute to the development of their IHCP;
- Comply with their IHCP;
- Show sensitivity to the needs of those with medical conditions.

### Administering Medication

Only one parent need agree to/request administration of medicines. Any disagreement between parents must be resolved by the Courts. The school will continue to follow the consent given or prescriber's instructions.

Where parents' expectations appear unreasonable, the Head shall seek advice from the school nurse or doctor, the child's GP or other medical advisers.

If a child refuses to take medicine, or carry out a medical procedure in the health care plan, staff will not force them to do so, but shall note this in the records and follow agreed procedures. Parents will be informed of the refusal immediately. If a refusal to take medicines results in an emergency, then emergency procedures will be followed.

### Prescription Medicines

A pupil may be prescribed medicine, even though the doctor regards them, as fit to attend school. Parents should ask the prescriber if they can be taken in the morning, after school and at bedtime, thus avoiding school hours. However, there may be occasional circumstances in which doses of medicine need to be taken during school.

The medicine may be required on a prolonged basis (e.g. in asthma, epilepsy or fibrocystic disease), or only for a few days (e.g. antibiotics).

#### ***The school will accept medicines that have been***

- ***prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber.*** Medicines must be provided in the original container as dispensed by a pharmacist. It must be clearly labelled with the child's name, the name and strength of the drug, any expiry date and clear instructions on how and when it should be administered.
- **authorised by Children and Adolescence Mental Health Services (CAMHS).** These medicines must be 'over the counter medicines' and meet the criteria outlined above. In the case of medicines authorised through CAHMS information from the service and a disclaimer letter/form from the parent/carer must be provided. The school will work closely with the parent/carer to ensure this information is gathered in a timely manner and provision of the medicines can commence.

When a disclaimer letter has been provided by the parent/carer the Headteacher may use their discretion to commence the taking of the medicine if there is a delay in obtaining information from CAMHS. This must be reviewed weekly until the formal information is provided by the service.

In most circumstances, only oral medicines and spin inhalers will be given. Other forms of medication, e.g. injections or suppositories, can only be given if they can be self-administered by a child (with assistance if necessary), or by a medically qualified person (doctor or registered nurse). Individual circumstances will be addressed in personal health care plans.

### **Giving non-prescription medicines**

It is not accepted practice for school children to be given painkillers for headaches or other pains. It may seem incongruous not to be able to give a child tablets that are readily available over the counter, but the legal situation is quite complex, involving various different pieces of medical legislation. Analgesics will not be given in school, by staff, unless prescribed by a doctor. With parent/carer written permission, school staff may administer preventative medication, such as antihistamine.

In the approved Code of Practice of the First Aid at Work Regulations, the Health and Safety Executive states that first aid at work does not include giving tablets or medication to treat illness and such items should not be kept in the first aid box.

Paracetamol, aspirin or medicines containing ibuprofen must not be kept in places that are accessible to pupils. Children under the age of 16 should never be given medication containing aspirin, unless prescribed by a doctor. This is also the case for Bonjela and Bonjela Cool Mint. Where a child has asthma, Ibuprofen must not be administered, unless prescribed.

### **Possession and self-administration of medicines by pupils**

The school supports and encourages older children, who are able, to take responsibility to manage their own medicines. The age at which this happens shall be discussed and agreed on an individual basis with the child, the parents, school staff and health professionals, where applicable.

Whether the pupil can carry their own medicine will be decided on a case-by-case basis and will bear in mind the safety of other children on the premises. All controlled drugs must be kept in safe custody and pupils may have access to these for self-medication purposes.

### **Storage**

For safety and security, controlled substance medicines will be stored in locked non-portable containers (e.g. cupboard/drawer). Only named members of staff have access to the container. A duplicate key will be available in case of emergency. The persons who have access will be clearly named on the outside of the storage unit.

Medicines will be stored in accordance with the product instructions and in the original container in which they were dispensed.

A refrigerator will be provided for storage of temperature sensitive medicines. The fridge can also contain food but the medicine will be kept in an airtight container and clearly labelled.

Pupils will be aware of where their medicine is stored and who has access.

Emergency medicines e.g. asthma inhalers, adrenaline pens etc. will not be locked away but will be kept in a central location. These items are taken to the relevant areas when children are working outside the school building.

Bronchodilators for asthma will be stored in the school office for easy access, or in the classroom for those who require frequent access. Emergency inhalers are kept in the school office for those with a registered diagnosis of asthma, along with written parental permission.

### **Quantity and disposal**

Any left-over or expired medicines will be returned to the parent for safe disposal. Parents must collect medicines at the end of each term, with the exception of unexpired epi-pens.

If parents do not collect medicines they will be disposed safely, either at a local pharmacy or via a medical bin held within the school.

Sharp boxes can be obtained by parents / carers from the child's GP or paediatrician and returned to the parents/carers when full for replacement.

### **Administration**

The school will only administer medicines to pupils when prior written permission from parents is received. (**Appendix B**)

All medicines must have the following information and these must be checked each time before administration

- Name of child
- Name of medicine
- Dose
- Expiry date
- Written instructions provided by the prescriber
- Time/frequency of administration
- Any side effects
- Action to take in the event of a side effect

Staff will complete and sign a record each time they give medicine to a child.

In some circumstances (e.g. the administration of rectal diazepam), it is good practice to have the dosage and administration witnessed by a second adult.

### **Sole possession**

It is emphasised that the passing on of drugs between pupils is expressly forbidden.

### **Educational Visits**

The school encourages children with medical needs to participate in safely managed visits. The risk assessment for the visit will include any requirements for children to be given medicines.



It may be that the school need to take additional safety measures for outdoor visits and staff supervising outings must be aware of any medical needs of such pupils and of the relevant emergency procedures. An additional adult (or the particular parent) may need to accompany visits where a difficult situation might arise.

It may be necessary to take medication for pupils on a school trip, i.e. EpiPen, Inhalers or Epilepsy emergency medication. This medication must be logged in and out of school. It may also be necessary to take copies of any relevant care plans in case of emergency. Emergency medication must be taken on all trips, even where a trained member of staff is not present. In this case medication should be given to the paramedics to administer when necessary.

Consideration must be given to the storage of medicines, any additional supervision required and emergency procedures to be followed. A copy of individual Health Care Plans will be taken on visits for emergency situations.

### **Transport**

Individual health care plans, shall include any special transport arrangements.

The school will advise transport providers if there may be a need for a driver/escort to administer medicines. Additionally, trained escorts may be required to support some pupils with complex medical needs. These may be healthcare professionals or escorts trained by them.

Where pupils have life threatening conditions, specific health care plans should be carried on vehicles.

### **Inhalers for Asthma**

Parents should complete the school's Permission to Administer Medication Form. (**Appendix B**) It is the responsibility of the parent to ensure that the inhalers are renewed and that the medication has not exceeded its expiry date. All inhalers should be collected at the end of each term, so that parents can check expiry dates and quantities.

### **Antibiotics**

Pupils who are prescribed antibiotics can often recover very quickly and may well be fit enough to return to school, but it may also be essential that the full course of medication should be completed. In this case, the Head Teacher/Head of School is willing for named staff to administer the antibiotics supplied by the parent or carer. A 'Permission to Administer Medication' form should always be completed, giving full instructions for administration of the medicine. It is the responsibility of the parent to ensure that the medication is not out of date.

### **Diabetes**

The school will monitor pupils with diabetes and blood sugar results will be recorded in accordance with their care plan. Pupils with diabetes must not be left unattended if feeling unwell, or sent to the office unaccompanied. Sharps boxes should always be used for the disposal of needles. Sharp boxes can be obtained by parents / carers from the child's GP or paediatrician and returned to the parents/carers when full for replacement.

### **Maintenance Drugs**

A child may be on daily medication for a medical condition that requires a dose during the school

day. As with all other medicines a form should be completed giving clear instructions to staff at the school. A record of all doses administered will be kept.

### **Unusual Medications**

In the case of unusual prescribed medicines, i.e. use of an EpiPen, this will be at the discretion of the Head Teacher/Head of School. In all cases, proper training will be provided by the Child Health service and parents will need to complete a Medication Form accepting responsibility. In cases of eczema or skin conditions it will be expected that the child will be able to use the cream/lotion on their own.

### **Nut Allergies/Anaphylaxis Procedures**

Medication for the treatment of nut allergies will be kept in easily identifiable containers in a central location. Each container should be clearly labelled with the child's name and class.

### **Emergency Procedures**

In the case of emergency, the school will call an ambulance and contact the parents. When conditions require immediate emergency treatment, trained staff may volunteer to administer medication or emergency procedures such as resuscitation. Staff should never take children to hospital in their own car - it is safer to call an ambulance. A member of staff should always accompany a child taken to hospital by ambulance and should stay until the parent/carer arrives.

In all cases, administration of medication and/or treatment to a pupil will be at the discretion of the Head Teacher/Head of School of the school. However, ultimate responsibility remains with the parents/carers.

### **Hygiene and Infection Control**

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

### **Sun Screen**

All pupils are actively encouraged to apply sun screen for outdoor activities. Sun screen can be supplied by parents for pupils to self-apply. Sun screen cannot be shared among a group of pupils.

### **Summary of Procedure to Administer Medication**

- Permission to administer medication form must be completed by the parent / carer;
- Medicine must be in original packaging clearly marked with name of child, class and dose to be administered;
- Recommended / prescribed dose will not be exceeded without written medication permission
- from a medical professional;
- It will be the parent / carers responsibility to collect medication at the end of each school day where necessary;
- Medication being taken out of school on trips or visits must be logged in and out with the school office and be the responsibility of a member of staff at all times.



## Record keeping

A record should be kept of all medicines given and should include:

- The child's name and class;
- The name and dosage of the medicine given;
- The date and time of administration;
- The signature of the member of staff responsible.

Parents should be informed when emergency medicine is given or where staff have a concern.

Ideally, the records should be kept for seven years and should be made available to the school doctor or nurse whenever they visit the school.

## Appendix A

### IHCP – Individual Healthcare Plan

Child's Full Name: Click or tap here to enter text.	DOB: Click or tap here to enter text.
Class: Click or tap here to enter text.	
Date: Click or tap to enter a date.	Review Date: Click or tap to enter a date.
Child's Address: Click or tap here to enter text.	
Family Contact Information: Click or tap here to enter text.	
Family GP name and address: Click or tap here to enter text.	
Clinic/Hospital Contact: Click or tap here to enter text.	
Describe medical needs/triggers: Click or tap here to enter text.	
Mild, moderate and/or severe symptoms/signs: (please give full details): Click or tap here to enter text.	
Last known episode & details: Click or tap here to enter text.	
Medicates/Medical treatments (dose/side effects/storage/administrator): Click or tap here to enter text.	
Permission to administer medical form completed: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Daily care requirements (testing/equipment/diet/environmental issues): Click or tap here to enter text.	
Emergency arrangements: Click or tap here to enter text.	
Follow-up care: (in hospital and at home) Click or tap here to enter text.	
Who is responsible in an emergency: (State if different for off-site activities) Click or tap here to enter text.	
Impact on attendance and ways to address this: Click or tap here to enter text.	



Arrangements for school visits:

Click or tap here to enter text.

This form copied to: Parents/Inclusion Manager/Class Teacher/Teaching Assistant/ First Aider/Office Staff/Senior Midday Supervisor

## Appendix B

### Permission for Prescribed Medicines Administered in School

If your child needs **prescribed** medicine administered during school time or a course of antibiotics to be taken up to four times a day, please complete and return this form with the appropriate medication.

Please bring the medicine(s) to the **School Office** in its original box, clearly labelled with your child's name, class, dosage and expiry date of the medication.

The medicine(s) will then be stored in the **medical room** and will be available at all times during the course of the school day and for off-site school trips. Parents will also be responsible for collecting the medicine to take home and no medicine will be given to a child to take home at the end of a school day.

Please note teachers and other school staff have no obligation to give medicines to children at school. They will do so to co-operate with parents in the best interests of the child, but only on the basis that they, the school, and the Governing Body will not be held responsible for any problems which may result from their so doing.

Child's Name: Click or tap here to enter text.	Class: Click or tap here to enter text.
Type and name of prescribed medicine: Click or tap here to enter text.	
Details of reason why the medication is to be given (including triggers if appropriate): Click or tap here to enter text.	
Storage instructions: Click or tap here to enter text. Refrigerated: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Details of time/when medication is to be given: Click or tap here to enter text.	
Dose and method of administration:	



Click or tap here to enter text.
Can child self-administer the medication? Yes <input type="checkbox"/> No <input type="checkbox"/>
How long is the course of medication? Click or tap here to enter text.
Please detail any special precautions: Click or tap here to enter text.
Please detail any possible side effects: Click or tap here to enter text.

**I GIVE PERMISSION FOR THE ABOVE MEDICATION TO BE ADMINISTERED AT SCHOOL BY SCHOOL STAFF.**

**IN THE EVENT OF MY CHILD'S INHALER NOT BEING AVAILABLE I GIVE PERMISSION FOR THE USE OF THE CENTRALLY HELD SCHOOL INHALER TO BE ADMINISTERED.**

**Signature of parent/carers:**

**Date:**

## Appendix C

### Allergy and Anaphylaxis Protocol

Child's Name: Click or tap here to enter text.

Class: Click or tap here to enter text.

Information:

It is thought probable that the child named above may suffer an anaphylactic reaction if he/she eats or comes into contact with: *please detail allergy:*  
Click or tap here to enter text.

If this occurs, the child named above is likely to need medical attention and, in an extreme situation, their condition may be life threatening. However, medical advice is that attention to diet, in particular the exclusion of items detailed above together with the availability of his emergency medication, are all that is necessary.

The following medication must be available at all times. *Please detail medication:*  
Click or tap here to enter text.

The arrangement set out below are intended to assist the parents of the above named child and the school in achieving the least possible disruption to their education, but also to make appropriate provision for their medical requirements.

**Day to Day Arrangements:**

The head teacher will arrange for the teachers and staff in the school to be briefed about the condition of the named child and about other arrangements contained in this document.

The school staff will take all reasonable steps to ensure that the child named above does not eat any food items unless they have been prepared/approved by his/her parents.

The parents/carers of the name child will provide regular reminders of the need to refuse any food items which might be offered by other pupils.

#### **Lunch times**

Parents/carers have liaised with the school caterers providing them with all relevant information regarding the allergy.

The meeting took place on: [Click or tap to enter a date.](#)

Or

Parents /carers will provide a suitable packed lunch

#### **School visits**

If there are any proposals which mean that the child names above may leave the school site, prior discussions will be held between the school and parents in order to agree appropriate provision and safe handling of his medication.

#### **Curriculum**

Whenever the planned curriculum involves food science, food technology or contact with foods, alternative measures will be taken, in consultation with the parents.

#### **Medication**

The school will hold under secure conditions, appropriate medication, clearly named, for use by designated school staff or qualified personnel. All medication shall show an expiry date.

Medication will be kept in a labelled container in the medical room. The medication will be available, if needed, to designated staff during school activities.

Parents accept responsibility for maintaining appropriate up to date medication.

#### **Allergic Reaction**

In the event of the above named child showing any physical symptoms for which there is no obvious alternative explanation, his condition will be immediately reported to a first aider and a senior member of staff.

On receipt of such a report, the first aider/senior staff member, if agreeing that his condition is a cause for concern will:

- Assess condition and administer the appropriate medication in line with the perceived symptoms as outlined below

#### **Step One**

Symptom:

Please detail possible/recognised symptoms e.g. bad tummy ache, itchiness, irritable, distressed,

tickly/itchy throat or mouth, vomiting

Click or tap here to enter text.

Medication:

Please detail medication to be given e.g. piriton syrup and/or ventolin inhaler

Click or tap here to enter text.

### Step Two

Symptom;

Please detail possible/recognised symptoms e.g. wheeziness, pale, drowsy, having difficulty breathing, swelling of face or lips, blue lips, losing consciousness

Medication:

In addition to the above the EpiPen adrenaline auto-injection will be administered into the outer side of the thigh, midway between the knee and the hip

- Count to ten while the needle is in place
- Get someone to note the time of administration
- Put the EpiPen back in the empty medical box. This is then given to the ambulance staff to take to hospital.

### Step Three

Instruct a member of staff to dial 999 for an ambulance giving the following details:

Keston Primary School,  
Keston Avenue,  
Old Coulsdon, Surrey,  
01737 555103

We have a child who has had a severe allergic reaction. The EpiPen has been given. We need a paramedic team urgently.

State the child's name and date of birth

### Step Four

Instruct a member of staff to contact parents/carers

First contact:

Name: Click or tap here to enter text.

Mobile number: Click or tap here to enter text.

Relationship: Click or tap here to enter text.

Second contact

Name: Click or tap here to enter text.

Mobile number: Click or tap here to enter text.

Relationship: Click or tap here to enter text.

Additional emergency contact

Name: Click or tap here to enter text.

Mobile number: Click or tap here to enter text.

Relationship: Click or tap here to enter text.

### Step Five (to be carried out at the same time as Steps 3 and 4

If there is no improvement in 5 minutes or there is deterioration in the child's condition, a second EpiPen

dose will be given. If possible, the Ventolin inhaler may be given again to help ease breathing.

Closely monitor condition.

*The administration of this medication is safe for the above named child and even if it is given through a misdiagnosis it will do no harm.*

### **Step Six**

On arrival of the paramedic team, the teacher in charge will hand all medication to the medical personal and appraise them of:

- the medication given
- specific allergy and other medical conditions
- medical alert details

### **Transfer of Medical Skills**

Volunteers from the school staff have undertaken to administer the medication in the unlikely event of the child named above having an allergic reaction.

The volunteers are: (please list named persons)

Click or tap here to enter text.

Training was/will be provided for the staff on Click or tap to enter a date.

The school and the parents will hold a copy of these notes.

Any necessary revisions will be the subject of further discussions between the school and the parents.

Any changes in routine will be noted and circulated.

Parent/carers name Click or tap here to enter text.      Date: Click or tap to enter a date.

Signature:

First aiders name Click or tap here to enter text.      Date: Click or tap to enter a date.

Signature:

Senior leaders name Click or tap here to enter text.      Date: Click or tap to enter a date.

Signature: