



The Robert Carre Trust

Supporting Students with Medical Conditions Policy

Background

Section 100, *Children and Families Act* places a duty on governing bodies of schools and academies to make arrangements for supporting students with medical conditions.

The aim is to ensure that all children with medical conditions, in terms of both 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.

In meeting this duty, the Robert Carre Trust has taken account of the statutory guidance *Supporting Pupils in Schools with Medical Conditions* to develop this policy to ensure that all students with medical conditions receive appropriate support.

Key Points

- Students at 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 students at school with medical conditions.
- Governing bodies should ensure that school leaders consult health and social care professionals, students and parents to ensure that the needs of children with medical conditions are effectively supported.
- Governing bodies must ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.

Responsibilities

School staff

Any member of school staff may be asked to provide support to students with medical conditions, including supervising the administration of medicines, although they cannot be required to do so.

Although supervising the administration of medicines is not part of teachers' professional duties, they should take into account the needs of students with medical conditions that they teach. School staff should receive sufficient and suitable training so as to achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a student with a medical condition needs help.

Parents

Schools should expect parents to provide sufficient and up-to-date information about their child's medical needs. Parents are key partners and should always be involved in the development and review of their child's Individual Healthcare Plan. They should usually provide medicines and equipment and always make sure that they or another nominated adult are contactable at all times.

Medication for students under 16 must be brought into school by the parent or an appropriate adult, and not the child. Medicines must be in-date, labelled, and in original packaging.

Students

Students are often best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their Individual Healthcare Plan. Other students should be encouraged to be sensitive to the needs of those with medical conditions.

Administering Medicines

The statutory guidance *Supporting Pupils in Schools with Medical Conditions* states that:

- Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.
- No child under 16 should be given prescription or non-prescription medicines without their parent's written consent - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents (in such cases, every effort should be made to encourage the child or young person to involve their parents whilst respecting their right to confidentiality).
- A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor.
- Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed.
- Schools should only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container.
- Staff supervising the administration of medicines should do so in accordance with the prescriber's instructions.
- All medicines should be stored safely. Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility.
- Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline auto-injectors (AAIs) should be always readily available to children and not locked away. This is particularly important to consider when outside of school premises e.g. on school trips.
- A child who has been prescribed a controlled* drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Monitoring arrangements are imperative.
- Schools should keep controlled* drugs that have been prescribed for a student and not in their possession securely stored in a non-portable container.
- Only named staff should have access to controlled* drugs.
- Controlled* drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled* drug held in school.
- School staff may supervise the administration of a controlled* drug only to the child for whom it has been prescribed.
- Schools should keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted.
- When no longer required, medicines should be returned to the parent to arrange for safe disposal. If this is not possible, medicines will be disposed of via the local supermarket pharmacy.
- Sharps boxes should always be used for the disposal of needles and other sharps.

Parental Consent

Parents and persons with parental responsibility will be required to give their consent to the administration of medication. Students over the age of 16 can also give consent.

Medicines that are brought into school without written parental consent will be stored in the school office, but not administered, until written consent is received.

Sometimes it may not be possible to obtain the parent's consent. In these circumstances the Executive Headteacher, Head of School, or senior person present, will have to make a decision in place of the parent.

Self-Management

It is good practice to support and enable students, who are mature enough, to take responsibility to manage their own medicines from a relatively early age and schools should encourage this. The age at which children are ready to take care of, and be responsible for, their own medicines, varies. As children grow and develop they should be encouraged to participate in decisions about their medicines and to take responsibility.

Older children with a long-term illness should, whenever possible, assume complete responsibility under the supervision of their parent and the relevant healthcare professional. Children develop at different rates and so the ability to take responsibility for their own medicines varies. This should be borne in mind when making a decision about transferring responsibility to a student. There is no set age when this transition should be made. There may be circumstances where it is not appropriate for a child of any age to self-manage. Health professionals need to assess, with parents and children, the appropriate time to make this transition. In any event:

- Students should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility.
- Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline auto-injectors should be always readily available to children and not locked away. This is particularly important to consider when outside of school premises e.g. on school trips.
- A student who has been prescribed a controlled* drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Monitoring arrangements may be necessary.

Students who wish to self-medicate with over-the-counter medicines are expected to bring the medication in its original packaging.

Individual Healthcare Plans

For children with long-term medical needs, the school will draw up a healthcare plan with input from the medical practitioner or nurse consultant with responsibility for the child's health (if appropriate), the parents and, where appropriate, the child.

The plans will capture the key information and actions required to support the child effectively. They will be accessible to all who need to refer to them, whilst preserving confidentiality. The level of detail within the plan will depend on the complexity of the child's condition and the support required.

A shorter Individual Healthcare Plan will be prepared for every student who has medication in school. The plan must be signed by the parent/carer to give consent for school staff to administer medication to their child.

The plan will include:

- Name, date of birth and address of child;
- Names of parents/carers;
- Contact telephone numbers (home/work);
- Details of an emergency contact person and their telephone number if this is not the parent/carer;
- Nature of medical difficulty;
- The key facts about how the student is affected by his/her medical condition;
- The details of the medication prescribed and the treatment regime;

- The name and contact details of other key personnel, eg speech therapist, physiotherapist, psychologist etc as relevant and appropriate to the child;
- Steps to be taken in an emergency;
- Details of personnel and any equipment that may be required;
- The procedures to be taken to administer the treatment or medication;
- When, how and how often the care plan will be reviewed, and who will be involved in that process.

Plans will be reviewed at least annually or earlier if evidence is presented to indicate that the child's needs have changed. They should also be available to relevant staff if the child is going on a school trip.

A consent form allowing staff to supervise the administration of medication and signed by the parent will be incorporated into the text of the care plan.

Whilst drawing up the care plan, any cultural or religious beliefs that could cause difficulties for the child or for staff will be taken into consideration.

Asthma Inhalers and Adrenaline Auto-Injectors

With effect from November 2014 (asthma inhalers) and October 2017 (adrenaline auto-injectors), schools are allowed to purchase and retain these items for use in emergency situations, for example if a child's own medication is out of date or is not readily accessible. Parental consent is required before school staff can administer this emergency medication, and this will be incorporated into the child's Individual Healthcare Plan.

Associated Policies

- Accessibility Plan
- Equal Opportunities
- Health and Safety
- Safeguarding (Child Protection)
- Special Educational Needs and Disabilities

Agreed By SLT October 2019

Next Review Date: October 2021 (2 years)

*Some prescription medicines are controlled under the Misuse of Drugs Regulations 2001. These medicines are called controlled medicines or controlled drugs. Controlled medicines are classified (by law) based on their benefit when used in medical treatment and their harm if misused.