



Supporting Pupils with Medical Conditions

(Including the Policy for Administration of Medicines in school)

Policy Type:	Statutory: https://www.gov.uk/government/publications/maintained-schools-governance-guide/maintained-schools-governance-guide#statutory-policies-for-maintained-schools
Review Frequency:	3 years
Implementation/Approval:	Governing Board
Delegated to:	Not applicable
Last Reviewed/Approved:	December 2021; September 2024
Date of Next Review:	Autumn 2027

	Page
Section 1: Introduction	
▪ School Responsibilities	2
▪ Staff Indemnity	2
Section 2: Supporting Pupils with Medical Needs	3
▪ Pupil records	3
▪ Short-Term Medical Needs	4
▪ Non-Prescription Medication	4
▪ Long-Term Medical Needs	4
▪ Administering Medication	4
▪ Self-Management	5
▪ Refusing Medication	5
▪ Record-Keeping	5
Section 3: Arrangements for Pupils with Medical Needs on Educational Visits.	
▪ Educational Visits	6
▪ Sporting Activities	6
Section 4 – Dealing with Medicines Safely	
▪ Storing Medicines	7
▪ Access to Medication	7
▪ Disposal of Medicines	7
▪ Hygiene and Infection Control	7
▪ Emergency Procedures	7
Section 5 – Drawing up a Medical/Health-Care Plan for Pupils with Medical Needs	
▪ Purpose of a Medical/Health-Care Plan	8
▪ Who can complete a Medical/Health-Care Plan?	8
▪ Information for Staff and Others	8
▪ Staff Training	8
▪ Intimate or Invasive Treatment	8

Appendices

Appendix A:	Model letter inviting parents to contribute to individual healthcare plan development
Appendix B:	Individual healthcare plan
Appendix C:	Parental agreement for the setting to administer medicine to an individual child
Appendix D:	Record of medicine administered to an individual child
Appendix E:	Record of medicine administered to all children
Appendix F:	Staff training record – administration of medicines
Appendix G:	Contacting emergency services
Appendix H:	NHS asthma healthcare plan
Appendix I:	Action plan for asthmatics

Section 1 - Introduction

Cardinal Langley RC High School recognises that pupils will at some time need to take medication at school due to short-term health conditions or long-term or complex medical conditions. Whilst parents/carers retain responsibility for their child's medication, the school has a duty of care to the pupils whilst at school.

Responsibilities:

Cardinal Langley RC High School takes responsibility for the administration of medicines during school time, having taken due consideration of guidance from Rochdale School Safety Team and the DfE statutory guidance [Supporting pupils with medical conditions at school](#).

The Headteacher and the Governing Board will implement the school's Policy for Supporting Pupils with Medical Conditions and will ensure that procedures are understood and adhered to, that training is provided and that there is effective communication and consultation with parents, carers, children, first-aiders and health professionals concerning pupils' medical needs.

There is a named first aid tutor who holds a valid *First Aid at Work Certificate* and who manages the first aid training and provision in school. There are also other named first aid support staff and curriculum staff who hold a valid *First Aid at Work* or *Paediatric First Aid Certificate*.

Any designated member of staff will be responsible for administering prescribed medication in school during normal school hours, following any specific training dependent upon the medication.

All staff will have available to them:

- Advice and information on common childhood illnesses and medical conditions via NHS direct leaflets.
- First aid training to ensure that they feel confident when dealing with minor and major injuries and medical conditions (as above, each medical condition will require further, specific training)
- Information and training on any complex medical conditions a child may have, with access to the child's medical/health-care plan by a health professional and in conjunction with parents

Staff indemnity

Cardinal Langley RC High School fully indemnifies all staff against any claims for any alleged negligence, providing they are acting within their conditions of service and following the school's guidelines.

The indemnity covers situations where an incorrect dose is administered or where any other mistake in this policy is made. Cardinal Langley RC High School will meet any claims in these circumstances.

Section 2 – Supporting Pupils with Medical Needs

- Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- No child under 16 should be given prescription or non-prescription medicines without written parental consent – except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents/carers. In such cases, every effort should be made to encourage the child or young person to involve their parents/carers 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/carers should be informed.
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.
- Only accept prescribed medicines if these 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.
- 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 pens 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.
- When no longer required, medicines should be returned to the parent/carer to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.
- 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 may be necessary. Schools should otherwise keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff should have access. 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.
- School staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions. A record of all medicines administered to individual children should be kept, stating what, how and how much was administered, when and by whom. Any side effects of the medication administered at school should be recorded also.

Records:

On admission of a pupil to the school, all parents/carers will be required to complete a *New Student Information/Registration Form* giving full details of:

- Medical conditions
- Allergies
- Regular medication
- Emergency contact numbers
- Special requirements (e.g. dietary)

Long-Term Medical Needs

If a pupil has or develops a long-term medical need, the parent/carer must inform the school.

An Individual Healthcare Plan will be drawn up in consultation with the parent/carer, principal first aider and a relevant health care professional (school nurse or community children's nurse, for example). Refer to Appendix A and Appendix B.

The medical/health-care plan will include:

- Details of a pupil's condition
- Recognising signs and symptoms
- Special requirements
- Medication and any side-effects
- What to do and who to contact in an emergency

Parental agreement must be obtained before the school will administer medicine to an individual child as part of an Individual Healthcare Plan (Appendix C). The designated member of staff/first aider will record the dosage and time the medication was given to the pupil (Appendix D).

Short-Term Medical Needs

A pupil may need to take medication during school hours for a short period of time; for example, to complete a course of antibiotics. If a child requires short-term medicines, a medication consent form must be completed by the parent/carer (Appendix C). The designated member of staff/first aider will record the dosage and time the medication was given to the pupil (Appendix D). Once the course of medication is complete, the medication will be returned to the parents/carers for disposal (or, if not picked up, it will be dropped off at a pharmacy) and the medicine form filed.

Non-Prescription Medication

Non-prescribed medicines should not be issued to pupils without the consent of the parent/carer.

If a pupil suffers regularly from acute pain, such as headaches/migraine, the parent/carer will be required to complete a medicine consent form (Appendix C). The medication will be stored in a locked cupboard in the medical/first aid room. If the pupil requires the medication, the designated member of staff/first aider must contact the parent/carer for permission and to find out when the last dose was taken before giving the pupil the medication. The designated member of staff/first aider must supervise the pupil taking the medication and record the dosage and time it was taken (refer to Appendix D).

Administering Medication

No pupil under the age of 16 should be given medication without the consent of the parent/carer.

The designated member of staff/first aider giving medicine to a pupil should check and record:

- The pupil's name
- Written instructions provided by the prescriber
- Written instructions provided by the parent/carer
- Prescribed dose
- Expiry date

(Refer to Appendix C & Appendix D)

The designated member of staff/first aider must complete and sign Appendix D, each time they give medication to a pupil and a second member of staff should be present to make sure the other has followed instructions.

Self-Management

The school recognises that it is good practice to support and encourage pupils who are trusted to take responsibility to manage their own medicines. Children who do self-medicate must on each occasion inform the member of staff at Pupil Services. They will then be instructed to go into the medical/first aid room. Each child's medication is contained in a storage box, labelled with the child's name and accessible on a shelf in the medical/first aid room for the child to administer their own medication. Children will access the medical/first aid room only when instructed by the staff member at Pupil Services to ensure privacy and supervision.

There may be circumstances where it is not appropriate for a child of any age to self-manage. In this instance, the principal first aider, school nurse and parents/carers will meet to carry out an assessment to assess when the child is ready to self-medicate. An action plan will be completed to provide information about how and who will supervise the child whilst administering their medication.

Refusing Medication

If a child refuses to take medicine, staff should not force them to do so, but should record the details on the *Record of Medication Administered to an Individual Child* (Appendix D) and contact the parent/carer immediately. If the refusal of taking medication results in an emergency, the emergency services should be contacted by the designated member of staff/first aider or the first available member of staff. The designated member of staff/first aider will deal with the emergency until the paramedics arrive.

Record-Keeping

It is the parent/carer's responsibility to inform the school regarding any medication that their child needs to take and any changes to their child's prescription. Designated members of staff/first aiders must ensure that a *Parental agreement for the setting to administer medicine to an individual child* is completed (Appendix C) and that the medication from the prescriber is cross-referenced with the information on this form. Medicines should always be provided in the original container, as dispensed by a pharmacist, and include the prescriber's instructions. The details that must be checked by designated members of staff/first aiders are:

- Name of the child
- Name of the medicine
- Dosage
- Method of administration
- Time/frequency of administration
- Any side-effects
- Expiry date

Designated members of staff/first aiders should also check and record the date/time of the last dose taken at home.

Records offer protection and evidence that designated members of staff/first aiders have followed agreed procedures; therefore, all records of children that have taken medicines should be transferred onto the *Record of medicine administered to an individual child* (Appendix D) and filed until the child reaches their 21st birthday.

Section 3 – Arrangements for Pupils with Medical Needs on Educational Visits

Educational visits

The school encourages children with medical needs to participate in safely-managed visits. The staff member managing the visit should liaise with the Educational Visits Co-ordinator (EVO) and the principal first aider to complete a risk assessment for individual children to participate fully and safely on the visit. The EVO will also assess if a supervisor is required to accompany a child on the visit. The completed risk assessment and individual healthcare plan must be taken on the visit. If the EVO or principal first aider are concerned about whether they can provide for a child's safety, they should seek medical advice.

Sporting Activities

Children with medical conditions can participate in physical activities and extra-curricular sports, with sufficient flexibility to allow a child to take their medication. Any restrictions on a child's ability to participate in PE should be recorded in their individual healthcare plan. PE staff must be aware of the child's medical needs and, if required, PE staff and the child should have access to their medicines in the event of an emergency. It may be necessary for PE staff to carry out an individual risk assessment depending on the nature of the child's medical condition.

Section 4 – Dealing with Medicines Safely

Storing Medicines

Large volumes of medicines should not be stored on the school site. Staff should only store, supervise and administer medicine that has been prescribed for an individual child and with the prescribed container clearly labelled with the child's name, the name and dose of the medicine and the frequency of administration. If a child needs two or more prescribed medicines, each should be in a separate container. Staff should never transfer medicines out of their original container. Medicines should be stored strictly in accordance with the product instructions, paying particular note to temperature, and in the original container in which it was dispensed.

Children should know where their own medicines are stored and that they are stored correctly and safely. Children who self-medicate on a daily basis have access to their medicines which are stored in the medical/first aid room. All emergency medicines, such as asthma inhalers and adrenaline pens, are stored in the main admin office so they are readily available to children in the event of an emergency. Medicines which require storage in a fridge are stored in the medical/first aid room.

Access to Medicines

Children who self-medicate on a daily basis have access to the medical/first aid room during break and lunch time under the supervision of a designated member of staff/first aider. An individual child's medication is stored in the child's own container, clearly labelled with the child's personal details. Children are informed about the importance of hygiene and tidying away their medication after use. Medicines are only accessible to those to whom they are prescribed.

Disposal of Medicines

Staff should not dispose of medicines. Parents/carers are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. Parents also need to collect medicines at the end of each term; if not, these should be taken by the school to a local pharmacy for safe disposal.

Sharps boxes should always be used for the disposal of needles. These are stored in the medical/first aid room. Collection and disposal of the boxes is carried out once a month by PHS.

Hygiene and Infection control

Trained first aid staff are familiar with normal precautions for avoiding infection and follow basic hygiene procedures – this is also reinforced through staff first aid training. All staff have access to protective disposal gloves and take care when dealing with spillages of blood or other bodily fluids and disposing of dressings or equipment. Small blood and bodily fluid spillages can be wiped with an antibacterial wipe and larger spillages are cleaned via the caretaking team. Used disposal gloves, dressings or equipment are disposed of in a bio-hazard bag and placed in a PHS bin.

Emergency Procedures

If a child has a medical emergency during school hours, the supervising staff member will alert a first aider via the main administration office. The first aider will assess the child and contact 999 for an ambulance. A member of staff must always accompany a child who is taken to hospital by ambulance and must stay until the parents/carers arrive. Staff should never take children to hospital in their own car (this applies to any staff member, not just first aiders). The first aider who is first to the incident is responsible for any decisions on medical treatment when parents/carers are not available. Individual healthcare plans include instructions as to how to manage a child in an emergency.

Section 5 – Drawing up a Healthcare Plan for Pupils with Medical Needs

Purpose of a Healthcare Plan

The main purpose of a healthcare plan for a child with medical needs is to identify the level of support that is needed.

Not all children who have medical needs will require an individual plan.

A healthcare plan clarifies for staff, parents/carers and the child the help that can be provided. It is important for staff to be guided by the child's GP and the school nurse (if in post) when writing a healthcare plan. The plan must be reviewed annually or more frequently if there are any changes to a child's medical condition. To collate the information, a meeting will be organised with the child's parent/carer, the school nurse and the principal first aider.

Who can complete an Individual Healthcare Plan?

The Additional Needs Co-ordinator, SENDCO and Child Welfare Officer are the nominated persons to complete and co-ordinate individual healthcare plans for pupils. External agencies will be invited to attend an initial meeting if required to support the individual's medical condition.

Information for staff and others

All staff who may have contact with a pupil with a medical condition will be emailed a copy of the child's healthcare plan. Staff training will be given, depending on the pupil's medical condition, by the school health team. Healthcare plans are also available on SIMS, attached to an individual's personal details.

Staff Training

A healthcare plan may reveal the need for some school staff to have further information about a medical condition or specific training in administering a particular type of medication or when dealing with an emergency. School staff should not give medication without appropriate training from school health professionals.

Intimate or Invasive Treatment

In the event of administering intimate or invasive treatment, the healthcare plan must be followed. Because of the nature of the treatment, two staff members, one the same gender as the pupil, must be present for the administration of intimate or invasive treatment. This minimises the potential for accusations of abuse. Staff should protect the dignity of the pupil as much as possible, even in emergencies.

Policy Approval:

Signature of Chair of Governors:



25.09.2024

Date

Templates/Appendices

Supporting pupils with medical conditions

Contents

- Appendix A: Model letter inviting parents to contribute to individual healthcare plan development
- Appendix B: Individual healthcare plan
- Appendix C: Parental agreement for setting to administer medicine to an individual child
- Appendix D: Record of medicine administered to an individual child
- Appendix E: Record of medicine administered to all children
- Appendix F: Staff training record – administration of medicines
- Appendix G: Contacting emergency services
- Appendix H: NHS asthma healthcare plan
- Appendix I: Action plan for asthmatics

Appendix A: Model letter inviting parents to contribute to individual healthcare plan development

Dear Parent/Carer

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support the each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely,

Appendix B: Individual healthcare plan

Child's name	
Form	
Date of birth	
Child's address	
Medical diagnosis or condition	
IHP date	
IHP review date	
Family Contact Information	
Name #1	
Phone no. (work)	
(home)	
(mobile)	
Name #2	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	
Clinic/Hospital Contact	
Name	
Phone no.	
G.P.	
Name	
Phone no.	

Who is responsible for providing support in school

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-
indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

Appendix C: Parental agreement for the setting to administer medicine to an individual child

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Name of child	
Date of birth	
Form class	
Medical condition or illness	
Medicine	
Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Self-administration – Y / N	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Procedures to take in an emergency	
Date for review	
NB: Medicines must be in the original container as dispensed by the pharmacy	
Parent/Carer Contact Details	
Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to [agreed member of staff]	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____

Date _____

Appendix D: Record of medicine administered to an individual child

Name of child		Date medicine received	
Form class		Quantity received	
Name and strength of medicine		Quantity returned	
Expiry date		Staff signature	
Dose and frequency of medicine		Parent/carer name	
Any other instructions		Parent/carer signature	

Date & time of last dose at home	Date & time of current dose	Dose given	Administered by:		Supervised by:	
			Name	Signature	Name	Signature

Appendix F: Staff training record – administration of medicines

Staff member name:

--

Name / type of training received:

--

Date training completed:

--

Training provided by:

--

Profession and title:

--

Full contact details:

--

I confirm that the staff member named above has received the training detailed above and is competent to carry out any necessary treatment.

Trainer's signature:	
Date:	
I recommend that the training is updated:	

I confirm that I have received the training detailed above.

Staff signature	
Date	

Appendix G: Contacting emergency services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

1. your telephone number
2. your name
3. your location as follows:
Cardinal Langley RC High School
Rochdale Road
Middleton
Manchester
M24 2GL
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone

Asthma Health Care Plan

Child's Name		
DOB		
Address		
School / Setting:		Class / Group:
Parent / Guardians name:		GP Name:
Telephone:	Home:	Surgery:
	Work:	Telephone:
	Mobile:	

Does your child tell somebody when s/he needs their inhaler? Yes / No

Does your child need help taking their inhaler? Yes / No

Does your child need to take their inhaler before exercise or play? Yes / No / Occasionally		
Medication:	Dose	When to be taken

My child's asthma is triggered by: *(please tick the appropriate boxes of your child's triggers)*

Cold air	Colds / viral infections	Pollen	Excitement
Changes in weather	Exercise	Dust	Emotion
Damp / mould	Night	Pets	Cigarette smoke
Other: _____			

Relief treatment when needed:

For cough, wheeze, breathlessness or sudden chest tightness, give or allow the child to take the inhaler below. After a few minutes the child should feel better & be able to return to normal activities.

Medication	Dose	When to be taken
Expiry dates checked	Date	Sign

IN AN EMERGENCY

An emergency is if any of the following happen:

- 1) The asthma attack guidelines has been followed and the reliever (blue) inhaler hasn't helped after 2 puffs and then a following 5 puffs.
- 2) Symptoms of cough, wheeze, breathlessness or tight chest get worse or do not improve.
- 3) The child is too breathless to speak.
- 4) The child is becoming tired or exhausted
- 5) There is any doubt about the child's condition

WHAT TO DO IF THE RELIEVER INHALER HAS NO EFFECT AFTER A FURTHER 10 MINUTES

- Call an ambulance
- Continue to give the reliever inhaler 1 puff every minute until the ambulance arrives
- Inform the child's parents.

Parent / Guardian's signature: _____

Date: _____

Action Plan for Asthmatics

Child's Name:

Form:

The duration of an asthma attack usually varies from a few minutes to hours and very occasionally to days. Our task is to identify if the attack is manageable, or whether professional help is needed. If a student does not improve relatively quickly, especially after taking their (BLUE) inhaler, **call for an ambulance.**

Recognition of an Asthma Attack:

- Coughing, shortness of breath, wheezing.
- Distress and anxiety.
- Feeling tight in the chest.
- Blueness of the skin (lack of oxygen) in some cases.

What to do

- First aider must always be called for.
- **Never leave the student on their own**
- Remain calm yourself. Reassure the student and let them sit in the most comfortable position (usually leaning forward on a support i.e. desk).
DO NOT MAKE THEM LIE DOWN.
- Make sure the student takes two puffs of their inhaler **IMMEDIATELY.**
- If the pupil does not have their inhaler with them send another teacher or pupil to the medical room to get their spare inhaler.
- Loosen tight clothing and reassure the student.
- Monitor their condition; a mild attack should ease within 3 minutes.

If there is no immediate improvement

- Continue to make sure the student takes one puff of their inhaler every minute for five minutes or until their symptoms improve.

Emergency procedure – If no improvement after 5-10 minutes

- **Dial 999** and request an ambulance – staff should not take a student to hospital in their own car as a child's condition can deteriorate very quickly.
- Repeat the (BLUE) inhaler giving 1 puff every minute until the ambulance arrives.
- Inform the child's parents.

If at any point you are unsure or concerned about a student's condition and their response to treatment, **DO NOT HESITATE TO DIAL**

Emergency Contact Details

Name:	Mother:	Father:
Tel (Home):		
Tel: (Mobile):		
Tel (Work):		
Address:		
Signature:		

GP Name & Contact Details: