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strengthening communities through excellent education.



# Supporting Pupils with Medical Conditions and Managing Medication Policy

Responsibility for approval: Education Directors Group  
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## 1.0 Policy Statement

1.1 The aim of this policy 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.

## 2.0 Scope and purpose

2.1 Section 100 of the Children and Families Act 2014 places a duty on the Governing Body and Senior Leadership Team to make arrangements for supporting pupils with medical conditions. Pupils with special medical needs have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone. However, teachers and other school staff in charge of pupils have a common law duty to act in the place of the parent and may need to take swift action in an emergency. This duty also extends to teachers leading activities taking place off the school site. This could extend to a need to administer medicine. The prime responsibility for a child's health lies with the parent who is responsible for the child's medication and should supply the school with information.

2.2 All schools and academies are expected by Ofsted to have a policy dealing with medical needs and to be able to demonstrate that this is implemented effectively.

2.3 This Policy will be reviewed regularly and will be readily accessible to Parents/Carers and staff through our website.

2.4 The aim of this policy 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.

## 3.0 Definition

3.1 For the purpose of this document:

- The Ted Wragg Multi Academy Trust is referred to as **the Ted Wragg Trust or TWT** or **the Trust**
- Definitions of Medical Conditions. Student medical needs may be broadly summarised as being of two types:
  1. Short-term affecting their participation in school activities because they are on a course of medication.
  2. Long-term potentially limiting their access to education and requiring extra care and support (deemed special medical needs).

## 4.0 Legal Framework

This Policy will be published on our website and will be included in the Trust's Policy Monitoring Schedule.

## 5.0 References

This policy is based on the following legislation and statutory guidance:

- <https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>
- <https://schoolleaders.thekeysupport.com/uid/0bf658e0-995a-4053-91ad-31b49066545a/>
- <https://www.gov.uk/government/publications/early-years-foundation-stage-framework--2>
- <https://www.gov.uk/government/publications/education-for-children-with-health-needs-who-cannot-attend-school>
- <https://www.gov.uk/government/publications/emergency-asthma-inhalers-for-use-in-schools>
- <https://www.gov.uk/government/publications/using-emergency-adrenaline-auto-injectors-in-schools>
- <https://www.gov.uk/government/publications/first-aid-in-schools>

- <https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>
- <https://www.gov.uk/government/publications/working-together-to-safeguard-children>
- <https://www.gov.uk/government/publications/keeping-children-safe-in-education>
- <https://www.gov.uk/government/publications/drugs-advice-for-schools>
- <https://www.gov.uk/government/publications/home-to-school-travel-and-transport>
- <https://www.gov.uk/government/publications/equality-act-2010-advice-for-schools>
- <https://www.gov.uk/government/publications/school-admissions-code>
- <https://www.gov.uk/government/publications/school-exclusion>
- <https://www.gov.uk/government/publications/alternative-provision>
- <https://www.gov.uk/government/publications/health-and-safety-advice-for-schools>
- <https://www.gov.uk/government/publications/mental-health-and-behaviour-in-schools--2>
- <https://www.gov.uk/government/publications/getting-it-right-for-children-young-people-and-families>
- [https://assets.publishing.service.gov.uk/media/Working\\_together\\_to\\_improve\\_school\\_attendance\\_applies\\_from\\_19\\_August\\_2024\\_.pdf](https://assets.publishing.service.gov.uk/media/Working_together_to_improve_school_attendance_applies_from_19_August_2024_.pdf)

## 6.0 Roles & Responsibilities

### 6.1 Governing bodies

- must make arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented and,
- must ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.

### 6.2 Headteachers

- should ensure that their school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation.
- ensure that all staff who need to know are aware of the child's condition.
- ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose.
- have overall responsibility for the development of individual healthcare plans.
- make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way.
- contact the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.

### 6.3 Parents

- should 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.
- are key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting.
- Should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

6.4 **Pupils** with medical conditions will often be 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, and comply with, their individual healthcare plan. Other pupils will often be sensitive to the needs of those with medical conditions.

#### 6.5 School 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. Although administering medicines is not part of teachers' professional duties, they should consider the needs of pupils with medical conditions that they teach.
- should receive sufficient and suitable training and 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.

#### 6.6 School Nursing

- are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school.
- would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training.
- can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs; for example, there are good models of local specialist nursing teams offering training to local school staff, hosted by a local school.
- Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition. See also paragraphs 18 to 20 below about training for school staff.

#### 6.7 Other healthcare professionals, including GPs and paediatricians,

- should notify the school nurse when a child has been identified as having a medical condition that will require support at school.
- may provide advice on developing individual healthcare plans.
- specialist local health teams may be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes, epilepsy).

#### 6.8 Local authorities are commissioners of school nurses for maintained schools and academies. Under Section 10 of the Children Act 2004, they have a duty to promote co-operation between relevant partners – such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and NHS England – with a view to improving the wellbeing of children with regard to their physical and mental health, and their education, training and recreation.

- Local authorities and clinical commissioning groups (CCGs) must make joint commissioning arrangements for education, health and care provision for children and young people with SEN or disabilities (Section 26 of the Children and Families Act 2014).
- Local authorities should provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively.
- Local authorities should work with schools to support pupils with medical conditions to attend full-time. Where pupils would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements.

- Statutory guidance for local authorities<sup>8</sup> sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from school for 15 days or more because of health needs (whether consecutive or cumulative across the school year).

#### 6.9 **Clinical Commissioning Groups (CCG)** commission other healthcare professionals such as specialist nurses.

- They should ensure that commissioning is responsive to children’s needs, and that health services are able to co-operate with schools supporting children with medical conditions.
- They have a reciprocal duty to co-operate under Section 10 of the Children Act 2004 and must make joint commissioning arrangements for education, health and care provision for children and young people with SEN or disabilities (as described above for local authorities).
- CCG’s should be responsive to local authorities and schools seeking to strengthen links between health services and schools, and consider how to encourage health services in providing support and advice (and can help with any potential issues or obstacles in relation to this). The local Health and Wellbeing Board will also provide a forum for local authorities and CCGs to consider with other partners, including locally elected representatives, how to strengthen links between education, health and care settings. Since 2013 Local Authorities have been responsible for commissioning public health services for school-aged children including school nursing.
- CCGs should be aware that this does not include clinical support for children in schools who have long-term conditions and disabilities, which remains a CCG commissioning responsibility. Children in special schools in particular may need care which falls outside the remit of local authority commissioned school nurses, such as gastrostomy and tracheostomy care, or postural support.
- CCGs should ensure their commissioning arrangements are adequate to provide the ongoing support essential to the safety of these vulnerable children whilst in school.

#### 6.10 **Providers of health services**

- should co-operate with schools that are supporting children with a medical condition, including appropriate communication, liaison with school nurses and other healthcare professionals such as specialist and children’s community nurses, as well as participating in locally developed outreach and training.
- Health services can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.

## 7.0 **Designated Staff**

The designated staff member responsible for completing Individual Health Care Plans is Charlie Hurman

The School’s Asthma Champion is TBC

The School’s SENDCo is Jess Winters

## 8.0 **Procedures to be followed when notification is received that a student has a medical condition**

- 8.1 We will ensure that the correct procedures will be followed whenever we are notified that a student has a medical condition. The procedures will also be in place to cover any transitional arrangements between schools, the process to be followed upon reintegration or when student’s needs change and arrangements for any staff training or support. For children starting at QE, arrangements will be in place in time for the start of the relevant school term. In other cases, such as a new diagnosis or children moving QE mid-term, we will make every effort to ensure that arrangements are put in place within two weeks.

- 8.2 In making the arrangements, QE will take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. We will also acknowledge that some will be more obvious than others. We will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life. QE will ensure that arrangements give Parents/Carers and pupils confidence in QE's ability to provide effective support for medical conditions in school. The arrangements will show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care. We will ensure that staff are properly trained to provide the support that pupils need. The Academy will ensure that arrangements are clear and unambiguous about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so. QE will make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible. QE will make sure that no child with a medical condition is denied admission or prevented from attending QE because arrangements for their medical condition have not been made. However, in line with our Safeguarding duties, we will ensure that pupils' health is not put at unnecessary risk from, for example infectious diseases. We will therefore not accept a child in school at times where it would be detrimental to the health of that child or others.
- 8.3 QE does not have to wait for a formal diagnosis before providing support to pupils. In cases where a student's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on the available evidence. This would normally involve some form of medical evidence and consultation with Parents/Carers. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place. This will usually be led the Headteacher, or SENCo. Following the discussions an Individual Health Care Plan will be put in place.
- 8.4 Where a child has an Individual Health Care Plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in QE should know what to do in general terms, such as informing a teacher immediately if they think help is needed. If a child (regardless of whether they have an Individual Health Care Plan) needs to be taken to hospital, staff should stay with the child until the Parent/Carer arrives, or accompany a child taken to hospital by ambulance. If a child should need to be driven to hospital then the child should be accompanied by two adults; one to drive and a first aider to remain with the child.

## 9.0 Individual Health Care Plans

- 9.1 Individual Health Care Plans will be written by the designated staff member and reviewed by The Headteacher, or staff with relevant responsibilities but it will be the responsibility of all members of staff supporting the individual children to ensure that the Plan is followed. The class teacher will be responsible for the child's development and ensuring that they and their medical conditions are supported at school.
- 9.2 Individual Healthcare Plans will help to ensure that QE effectively supports pupils with medical conditions. They will provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. They are likely to be helpful in the majority of other cases too, especially where medical conditions are long-term and complex. However, not all children will require one. QE health care professional and Parents/Carers should agree, based on evidence, when a Health Care Plan would be inappropriate or disproportionate. If consensus cannot be reached, the Headteacher, is best placed to take a final view. A flow chart for identifying and agreeing the support a child needs and developing an Individual Healthcare Plan is provided in Appendix A.
- 9.3 Individual Health Care Plans will be easily accessible to all who need to refer to them, while preserving confidentiality. Plans will capture the key information and actions that are required to support the child effectively. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support. Where a child has SEN but does not have a statement or EHC plan, their SEN

should be mentioned in their Individual Health Care Plan. Appendix B shows a template for the Individual Health Care Plan and the information needed to be included. Individual Health Care Plans, (and their Review), may be initiated, in consultation with the Parent/Carer, by a member of school staff or a healthcare professional involved in providing care to the child. The Individual Health Care Plan can be completed by Parents/Carers and checked with the designated staff member usually with support from Parents/Carers, and a relevant healthcare professional, e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils should also be involved whenever appropriate. The responsibility for ensuring it is finalised and implemented rests with QE.

9.4 QE will ensure that Individual Health Care Plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They will be developed and reviewed with the child's best interests in mind and ensure that QE assesses and manages risks to the child's education, health and social well-being and minimises disruption. Where the child has a SEN identified in a statement or EHC plan, the Individual Health Care Plan should be linked to or become part of that statement or EHC plan. For pupils who have medical conditions that require EHC plans, compliance with the SEND code of practice (January 2015) will ensure compliance with this guidance with respect to those children.

9.5 Appendix B provides a template for the Individual Health Care Plan but it is a necessity that each one includes;

- the medical condition, its triggers, signs, symptoms and treatments
- the student's resulting needs, including medication (dose, side-effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues e.g. crowded/noisy conditions, travel time between lessons;
- specific support for the student's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete tests, use of rest periods or additional support in catching up with lessons, counselling sessions
- the level of support needed, (some children will be able to take responsibility for their own health needs), including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring
- who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable
- who in the school needs to be aware of the child's condition and the support required;
- arrangements for written permission from Parents/Carers for medication to be administered by a member of staff, or self-administered by the student during school hours
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, e.g. risk assessments;
- where confidentiality issues are raised by the Parents/Carers or child, the designated individuals to be entrusted with information about the child's condition;
- what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an Emergency Health Care Plan prepared by their lead clinician that could be used to inform development of their Individual Health Care Plan. The Emergency Health Care Plan will not be the Academy's responsibility to write or review.

## 10.0 Staff training and support

10.1 QE will ensure staff are supported and suitably trained in carrying out their role to support pupils with medical conditions. Training will be identified by the designated staff member when completing IHCP's alongside Parents/Carers and other professionals where appropriate. Training should be sufficient to ensure that staff are

competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out IHCP's. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

- 10.2 External agencies, such as the School Nursing Team, will be contacted to provide training where staff do not have appropriate skills, further skills are needed or a controlled medication may need to be administered. Training need and support will be reviewed and addressed in line with the IHCP, as part of inductions or where a change in the student's need changes.
- 10.3 A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.
- 10.4 Each year, QE will take part in whole-school awareness training so that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing that policy.
- 10.5 QE recognise that family of a child will often be key in providing relevant information to school staff about how their child's needs can be met, and parents should be asked for their views. They should provide specific advice, but should not be the sole trainer. Staff must not give medicines or undertake healthcare procedures without appropriate training (updated to reflect requirements within IHCP's).

## **11.0 The child's role in managing their own medical needs**

- 11.1 If it is deemed, after discussion with the Parents/Carers, that a child is competent to manage their own health needs and medicines, QE will encourage them to take responsibility for managing their own medicines and procedures. This will be reflected within IHCP's
- 11.2 Wherever possible, children should be allowed to manage their own medical needs and should be able to access their medicines for self-medication quickly and easily; these will be stored in a locked cupboard in the Medical Room (within Student Reception) to ensure that the safeguarding of other children is not compromised. Insulin medications, adrenaline medications and asthma medications will be kept in individual children's classrooms so children can access these immediately. QE does also recognise that children who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If a child is not able to self-medicate then relevant staff should help to administer medicines and manage procedures for them.
- 11.3 If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so but instead follow the procedure agreed in the Individual Health Care Plan. Parents/Carers should be informed, outside of the review, so that alternative options can be considered.

## **12.0 Children Unable to Attend School due to their Medical Condition**

- 12.1 The Department for Education states that 'all children, regardless of circumstance or setting should receive a good education to enable them to shape their own futures. Therefore, alternative provision and the framework surrounding it should offer good quality education on par with that of mainstream schooling, along with the support pupils need to overcome barriers to attainment. This support should meet a student's individual needs, including social and emotional needs, and enable them to thrive and prosper in the education system.'
- 12.2 Local Authorities are responsible for arranging suitable full-time education for permanently excluded pupils, and for other children who – because of illness or other reasons – would not receive suitable education without such provision. This means that where a child cannot attend school because of health problems, and would not otherwise receive a suitable full-time education, the local authority is responsible for arranging provision and must have regard to this guidance.
- 12.3 Local Authorities should demonstrate that they have considered this statutory guidance and, if they do not follow it, have reasonable grounds for deciding not to do so.
- 12.4 Schools will work collaboratively with local authorities to ensure the child's educational needs are met.

## 13.0 Managing medicines

- 13.1 Medicines should only be administered at QE 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 their Parents/Carers' written consent. We will administer prescription and non-prescription medicines to a child, if a Parent/Carer completes the relevant paperwork giving staff permission to do so.
- 13.2 QE will only accept medicines that are in-date, labelled, provided in the original container 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 inside an insulin pen or a pump, rather than in its original container.

## 14.0 Managing Medicine on the school premises

- 14.1 All medicines will be stored safely, in a locked cabinet, in the Medical Room (within Student Reception). 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, which will be the Reception team.
- 14.2 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; these will be stored in the classroom cupboards where both class teacher and child know how to access them. If a child requires an asthma inhaler it is crucial that there is an inhaler in QE at all times.
- 14.3 During school trips, the first aid trained member of staff/member of staff in charge of first aid will carry all medical devices and medicines required.
- 14.4 Staff administering medicines should do so in accordance with the prescriber's or parents written instructions. Where parent instructions conflict with the prescriber's instructions, a Senior Leader should be informed immediately. Parents should then be contacted and made aware of the discrepancy. QE will 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 QE should be noted. Appendix C outlines these procedures. Written records are kept of all medicines administered to children. These records offer protection to staff and children and provide evidence that agreed procedures have been followed.
- 14.5 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. If medicine cannot be returned, a staff member will take medicines to a pharmacist for disposal.
- 14.6 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 student 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.
- 14.7 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.
- 14.8 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 while respecting their right to confidentiality.
- 14.9 A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor
- 14.10 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
- 14.11 Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours

## 15.0 Managing Medicine off the school premises

15.1 There may be times when medicine needs to be administered off the premises, for example, school trips. When a child is on medication and off site, QE will administer medication as per QE forms and the Individual Health Care Plan where appropriate (Appendix B and Appendix C). If there are circumstances when medication needs to be given outside of the school day, for example, early morning or late night trips or residential stays, Parents/Carers will be invited to meet with designated staff to ensure the relevant forms have been completed detailing the time and amount of medication to be administered. Medication will be stored as per the manufacture instructions and kept with the designated staff member for the duration of the trip, unless a child has permission to carry medication as per the IHCP.

15.2 When administering medicine staff will check the following:

- The child's name on the medicine.
- Is the medicine in date?
- The dosage of the medicine on the medical form.
- The measure administering matches the medical form?
- Have you checked the above with a second person?
- Have you filled out the form?
- Has the form been signed by the second person?

15.3 Children should not bring paracetamol to school to self-administer – this should be named and handed in and stored at Student Reception

15.4 The member of staff responsible for giving medicines must be wary of routinely giving paracetamol to children. If a child complains as soon as they arrive at school and asks for painkillers, it is not advisable to give paracetamol straightaway. Always consider whether the child may have been given a dose of paracetamol before coming to school. Many non-prescription remedies contain paracetamol; it is recommended that if a child has had any pain or cold relief medication during the past four hours, then paracetamol is not given. If paracetamol is taken soon after taking these remedies, it could cause an unintended overdose. There should be at least four hours between any two doses of paracetamol containing medicines. No more than four doses of any remedy containing paracetamol should be taken in 24 hours. Always ask the child what other medication they take and what has been taken recently before doing anything.

15.5 If there is any doubt, seek medical advice before administering the medicine. It is recommended that school should only administer paracetamol three times in a term to an individual child. If a child requests more than this, parents should be advised to seek medical assessment, unless parents have specifically requested it because of a medical condition for a limited period of time.

15.6 When administering the paracetamol, the member of staff will follow the manufacturer's guidelines with regards to dose based on the age of the child. The name of the child, dose of medication administered and time administered will be recorded and Parents/Carers notified their child has received the medicine.

## 16.0 Accidental administration or administration error

In the event of accidental administration or error when administering medication, staff will calmly follow these steps:

- Alert SLT/First Aider/Appointed Person.
- Monitor the child closely.
- Contact the child's parents/carers and make them aware.
- Continue to monitor the child. If there are any concerns, parents/carers will be asked to collect and seek medical advice. If staff are concerned there is immediate risk such as an allergic reaction or reduced alertness, 999 will be called.

- Reassure the child's contacts on how the child is and that the school are looking into how the situation has happened.
- At the earliest opportunity, a staff member will meet with the child's contacts to discuss the incident.

## 17.0 Accidental administration of an adrenaline pen

In the event of accidental administration of an adrenaline pen, staff will follow these steps unless Parents/Carers request otherwise (the following steps take into account First Aid advice and advice from Anaphylaxis UK).

- Alert SLT/First Aider.
- Monitor the child closely.
- Phone named contact 1 and contact 2
- Alert the child's contacts to accidental administration of an adrenaline pen and let the child's contacts know there is no anaphylactic reaction.
- Recommend that the child's contact seeks medical advice. If the child's contact cannot get anyone to collect promptly, a staff member and first aider will take the child to the nearest Minor Injury Unit or Accident and Emergency.
- Reassure the child's contacts on how the child is and that the school are looking into how the situation has happened.
- At the earliest opportunity, a staff member will meet with the child's contacts to discuss the incident.

## 18.0 Accidental Administration of Insulin

In the event of accidental administration of Insulin, staff will follow these steps unless Parents/Carers request otherwise (the following steps take into account First Aid advice)

- Alert SLT/First Aider.
- Monitor the child closely.
- Alert the child's contacts to accidental administration of insulin.
- Recommend that the child's contact seeks medical advice. If the child's contact cannot get anyone to collect promptly, a staff member and first aider will take the child to the nearest Minor Injury Unit or Accident and Emergency.
- Reassure the child's contacts on how the child is and that the school are looking into how the situation has happened.
- At the earliest opportunity, a staff member will meet with the child's contacts to discuss the incident.

## 19.0 Emergency Adrenaline Auto-injectors

19.1 QE store and manage Emergency Adrenaline Auto-injectors. The spare pens are to be used in an emergency situation. For example, no adrenaline pen in school or a pen not in working order. Parents/Carers who have made the school aware their child has anaphylaxis are asked to sign a consent form. This then allows those children with consent to have the emergency medication administered should the need arise.

## 20.0 Unacceptable Practice

20.1 Although staff should use their discretion and judge each case on its merits with reference to the child's Individual Health Care Plan, it is not generally acceptable practice to:

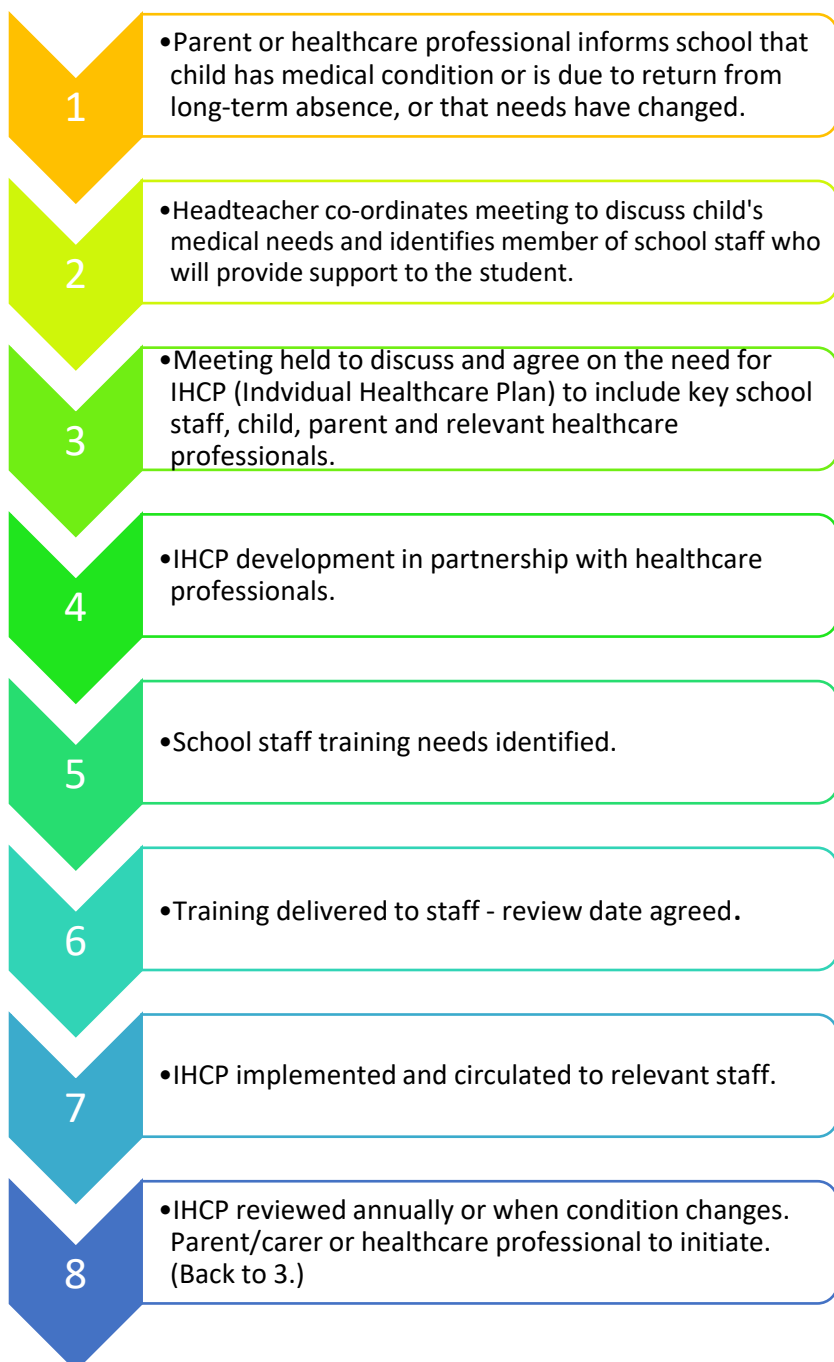
- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary
- assume that every child with the same condition requires the same treatment
- ignore the views of the child or their Parents/Carers; or ignore medical evidence or opinion, (although this may be challenged)
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their Individual Healthcare Plans
- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- require Parents/Carers, or otherwise make them feel obliged, to attend QE to administer medication or provide medical support to their child, including with toileting issues. No Parent/Carer should have to give up working because QE is failing to support their child's medical needs; or
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of QE life, including school trips, e.g. by requiring Parents/Carers to accompany the child.

## 21.0 Complaints

23.1. Should Parents/Carers or pupils be dissatisfied with the support provided they should discuss their concerns directly with QE. If for whatever reason this does not resolve the issue, they may make a formal complaint via the complaints procedure outlined in QE's Compliments and Complaints Policy.

## 22.0 Appendices

### Appendix A - Model Process for Developing Individual Health Care Plans



Appendix B – Individual Health Care Plan

**INSERT SCHOOL NAME/LOGO** Individual Health Care Plan

<b>Child's Name</b>	
<b>Class</b>	
<b>Date of Birth</b>	
<b>Address</b>	
<b>Medical Diagnosis or Condition</b>	
<b>Date</b>	
<b>Review Date</b>	
<b>Name of Parent/Carer 1</b>	
<b>Contact Numbers</b>	<b>Work:</b> <b>Home:</b> <b>Mobile:</b>
<b>Relationship to Child</b>	
<b>Name of Parent/Carer 2</b>	
<b>Contact Numbers</b>	<b>Work:</b> <b>Home:</b> <b>Mobile:</b>
<b>Relationship to Child</b>	
<b>Clinic/Hospital Name</b>	
<b>Contact Number</b>	
<b>GP Name</b>	
<b>Contact Number</b>	

**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**

--

<b>Specific support for the student’s educational, social and emotional needs</b>

<b>Arrangements for school visits/trips etc.</b>

<b>Other information</b>

<b>Describe what constitutes an emergency and the action to take if this occurs</b>

<b>Who is responsible in an emergency, state if different for off-site activities</b>

<b>Staff training needed/undertaken – who, what, where, when</b>

<b>Plan developed with</b>	<b>Signed</b>

<b>Form copied to</b>

### Appendix C – Example of Recording Tablet Forms of Medication Administered to an Individual Child

Child's Name					
Class					
Dates medicine provided by Parent/Carer					
Quantity of tablets received					
Name and strength of medicine					
Controlled drug e.g. ADHD medication	Yes			No	
Expiry date					
Dose and frequency of medicine					
Date returned and quantity					
Staff signature				Print Name:	
Parent/Carer signature				Print Name:	

Date				
Time given				
Dose given				
Name of member of staff				
Staff signature				
Quantity of tablets left				
Counter Signature				

Date				
Time given				
Dose given				
Name of member of staff				
Staff signature				
Quantity of tablets left				
Counter Signature				