



Supporting Pupils with Medical Conditions

SCHOOL POLICY & PROCEDURE

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Statement of Intent

The governing board of Talbot House has a duty to ensure arrangements are in place to support pupils with medical conditions. The aim of this policy is to ensure that all pupils with medical conditions, in terms of both physical and mental health, receive appropriate support allowing them to play a full and active role in school life, remain healthy, have full access to education (including school trips and physical education) and achieve their academic potential.

Talbot House believes it is important that parents/carers of pupils with medical conditions feel confident that the school provides effective support for their child's medical condition, and that pupils feel safe in the school environment.

Long-term absences as a result of medical conditions can affect educational attainment, impact integration with peers, and affect wellbeing and emotional health. This policy contains procedures to minimise the impact of long-term absence and effectively manage short-term absence.

Some pupils with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. The school has a duty to comply with the Act in all such cases.

In addition, some pupils with medical conditions may also have SEND and have an education, health and care (EHC) plan collating their health, social and SEND provision. For these pupils, compliance with the DfE's 'Special educational needs and disability code of practice: 0 to 25 years' and the school's SEND Policy will ensure compliance with legal duties.

To ensure that the needs of our pupils with medical conditions are fully understood and effectively supported, we consult with health and social care professionals, pupils and their parents/carers.

1. Legal Framework

- 1.1 This policy has due regard to legislation including, but not limited to, the following:
- The Children and Families Act 2014.
 - The Education Act 2002.
 - The Education Act 1996 (as amended).
 - The Children Act 1989.
 - The National Health Service Act 2006 (as amended).
 - The Equality Act 2010.
 - The Health and Safety at Work etc. Act 1974.
 - The Misuse of Drugs Act 1971.
 - The Medicines Act 1968.
 - The School Premises (England) Regulations 2012 (as amended).
 - The Special Educational Needs and Disability Regulations 2014 (as amended).
 - The Human Medicines (Amendment) Regulations 2017.
- 1.2 This policy has due regard to the following guidance:
- DfE (2015) 'Special educational needs and disability code of practice: 0-25 years'.
 - DfE (2015) 'Supporting pupils at school with medical conditions'.
 - DfE (2000) 'Guidance on first aid for schools'.
 - Ofsted (2015) 'The common inspection framework: education, skills and early years'.
 - Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'.
- 1.3 This policy has due regard to the following school policies:
- **SEND (Special Educational Needs and Disabilities) Policy.**
 - **Child Protection & Safeguarding Policy – School.**
 - **Complaints Policy & Procedure.**

2. Definitions

Talbot House Trust defines:

- “medication” as any prescribed over the counter medicine.
- “Prescription medication” as any drug or device prescribed by a doctor.
- a “staff member” as any member of staff employed at the trust, including teachers.

- 2.2 For the purpose of this policy, “medication” will be used to describe all types of medicine.

3. Key Roles and Responsibilities

- 3.1 Board of Trustees has overall responsibility for:
- The implementation of Supporting Pupils with Medical Conditions Policy and procedures for Talbot House Trust.
 - Ensuring that the Supporting Pupils with Medical Conditions Policy, as written, does not discriminate on any grounds, including but not limited to: ethnicity/national origin, culture, religion, gender, disability, or sexual orientation.
 - Handling complaints regarding this policy as outlined in the Talbot House Trust's **Complaints Policy.**
 - Ensuring the correct level of insurance is in place for the administration of medication.

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- Ensuring that members of staff who provide support to pupils with medical conditions are suitably trained and have access to the information required.
- Ensuring that relevant health and social care professionals are consulted in order to guarantee that the needs of the pupils with medical conditions are properly supported.
- Managing any complaints or concerns regarding the support provided or administration of medication, using the Trust's **Complaints Policy**.

3.2 The Head Teacher is responsible for:

- The day to day implementation and management of the Supporting Pupils with Medical Conditions Policy and relevant procedures.
- Ensuring that appropriate training is undertaken by staff members administering medication.
- Ensuring that all necessary and appropriate risk assessments are carried out regarding the administration of medication, including for school trips and external activities.

3.3 All other members of staff are:

- Expected to be aware of pupils with medical conditions and the procedures and actions to take in an emergency situation.
- Responsible for implementing this policy fairly and consistently.
- If a pupil is sent to hospital, at least one member of staff will accompany the pupil until their parent/carer arrives.

3.4 Parents/Carers are expected to:

- Keep the school informed of any changes to their child's health and/or Individual Health Care Plan (IHCP).
- Where possible, request medication in dose frequencies that can be taken outside of school hours.
- Inform Talbot House Trust in writing of any changes to their child's medication prescription or administration.
- Complete a medication administration consent form (Appendix A) before staff can administer medication.
- Ensure that all medication is provided in its original packaging, dated and labelled with a pharmacy issued label stating:
 - The child's name and date of birth.
 - The name and strength of the medication.
 - Instructions for use.
 - Quantity to be taken.
 - Timing of Dosages.
- Discuss medication(s) with their child prior to requesting that staff administer medication.

3.5 Pupils are expected to:

- Be sensitive to the needs of pupils with medical conditions.
- Contribute to the development of their IHCP.
- Be fully involved in discussions about their medical support and needs.

3.6 Providers of health services are expected to cooperate with the school, including ensuring communication, liaising with the school and other healthcare professions, and participating in local outreach training.

- 3.7 In the event of a fire evacuation, a member of the admin team will be responsible for bringing all pupils medication, MAR charts, first aid kit and defibrillator in a grab bag out of the building.

4. Administration of Medication

There is no legal or contractual duty on staff to administer medicine, supervise a young person taking it, or carry out personal care tasks required to support young people with medical needs.

- We do recognise, however, that teachers and other staff in Talbot House Trust have a common law duty to act as any reasonable prudent parent/carer would, to make sure that young people are healthy and safe in school. In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.
- Talbot House Trust accepts responsibility for designated staff carrying out the administering of medication. At least four members of Talbot House Trust staff are trained and competent for overseeing and administration of Buccolam for epileptic pupils.
- Two members of staff will sign the Medication Administration Record to say the medication has been administered and counted. One of the members of staff must be trained to administer medication. A copy of this form is found at the end of this document (*Appendix B*).

- 4.1 The designated members of staff should always:

- Read the label carefully
- Ensure the correct child's name is stated
- Ensure that they understand the instructions.
- Check the prescribed dosage on the pharmacist's label and the expiry date on the packaging.
- Count the medication before and after administration – this should be recorded on the Medication Administration Record
- Complete the record sheet with a record of medication and two staff signatures
- Ensure the medication has actually been taken.
- Follow the procedure agreed upon in the Individual Health Care Plan (IHCP).

- 4.2 If a young person refuses medication, they should not be forced to take it, and it should be recorded on the medication administration form as a refusal. Parents/carers will be informed of a refusal so that alternative options can be considered.

- 4.3 Staff should never under any circumstances give medication to any young person without:

- Parent/Carer's prior written consent.
- Administer non-prescription medicines.
- Give medication that has been prescribed for someone else;
- Transfer medication from its original container under any circumstances

Talbot House Trust cannot be held responsible for side effects that occur when medication is taken correctly.

5. Individual Health Care Plans

For chronic or long-term conditions and disabilities, an Individual Health Care Plan (IHCP) will be developed in liaison with the pupil, parents/carers, Head Teacher, and medical professionals.

- 5.1 The following should be recorded within each individual IHCP:
- The medical condition itself, as well as triggers, signs, symptoms and treatments.
 - The resulting needs of the pupil, such as medication, equipment, and dietary requirements.
 - Specific support required for the pupil's educational, social and emotional needs.
 - The level of support that is needed and whether the pupil will be able to take responsibility for their own health needs.
 - The type of provision and training that is required, including whether staff can be expected to fulfill the support necessary as part of their role.
 - Which staff members need to be aware of the pupil's condition.
 - Arrangements for receiving consent to administer medication.
 - Separate arrangements may be required for school trips and external activities.
 - What to do in an emergency, including whom to contact and contingency arrangements.
 - What is defined as an emergency, including the signs and symptoms that staff members should look out for.
 - IHCP's will be routinely monitored throughout the year.

6. Training

- 6.1 In Talbot House Trust:
- There are three members of staff in the admin office designated and trained to administer medication;
 - Two of these members of staff are further trained and competent to deliver basic emergency medication administration training to other members of staff;
 - Training on the use of epi-pens and epistasis medication is delivered by off-site first aid training providers;
 - Training for administering Insulin via syringe is provided by specialist diabetes nurses;
 - Training for administering Buccolam via oral syringe is provided by specialist epilepsy nurses;
 - Records of all staff training are kept in HR.

7. Storing, Receipt and Disposal of Medication

Medication is stored in a locked medication cabinet within the admin office.

- All medication must be stored in a locked cupboard, especially drugs such as Methylphenidate (commonly known as Ritalin), which is controlled under The Misuse of Drugs Act 1971.
- Where pupils have more than one prescribed medicine, each should be in a separate container.
- Should a medicine need to be refrigerated, it must be in a clearly labelled, airtight container. Each member of the admin staff has a set of keys to open the medication cabinet.
- Spare keys for the medication cabinet are locked in the admin office.
- Asthma inhalers should be kept with the young person at all times.
- Epi-pens are risk assessed accordingly on an individual basis. Currently, all epistasis medication is locked in the medication cabinet within the admin office. In the event of any trips or activities, one person is designated to carry the medication for the duration of the trip/activity.
- Insulin for diabetic pupils is kept locked in the medication cabinet within the admin office. In the event of any trips or activities, one person is designated to carry the medication for the duration of the trip/activity.

- Emergency rescue medication (Buccolam) for epileptic pupils is kept locked in the medication cabinet whilst the pupil is on site. In the event of any trips or activities, one person is designated to carry the medication for the duration of the trip/activity.
- Emergency medication is signed in and out by staff each day.
- All medication must be counted and signed for when received.
- When medication is no longer required, it will be returned to the parents/carers of the pupil.
- In circumstances Talbot House Trust staff are unable to return unused medication to parents/carers, it must be returned to a pharmacy to be destroyed.
- A record must be kept of any medication returned to parents/carers or sent to a pharmacy to be destroyed.

8. First Aid

Almost all members of permanent staff across all school departments are qualified to deliver First Aid. Several members of staff also hold a Paediatric First Aid qualification.

8.1 First aid kits are located in the following places:

- Admin Office
- One for each minibus
- Food Technology Room
- Skills Centre
- Workshop/DT
- Science Lab
- Head Teacher's Office
- Yellow Zone
- Orange Zone
- Blue Zone
- Care Office/Green Zone
- Laundry
- Kitchen

8.2 A first aid kit is also kept in a medical grab bag in case of an emergency building evacuation. This is held in the admin office. Additional First Aid supplies are stored in the admin office. All first aid boxes are checked and stocked appropriately this is audited on a half-termly basis.

8.3 First Aiders will:

- Ensure qualifications are up to date.
- Attend to a casualty when requested to do so and treat the casualty to the best of their ability in the safest way possible.
- Gloves should be worn in all First Aid instances.
- Get support from other First Aiders or where necessary the Emergency Services.
- Ensure that **any** casualty who has sustained a significant head injury is seen by professionals at hospital, either by sending them directly or by asking parents/carers to pick him/her up and take them.
- Ensure that parents/carers are aware of **all** head injuries promptly.
- If emergency services are involved, ensure that anyone who is sent to hospital by ambulance is accompanied by a member of staff.
- Staff should remain with all young people until a parent/carer arrives.
- In the event of a young person requiring hospital attention, it may be permissible for staff to use their own cars as long as they have the relevant insurance.

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- This will be risk assessed dynamically and if it is felt to be the best option, we will do it.
- In all other situations, an ambulance will be called.

8.4 There is a defibrillator on site, currently held in the admin office. No formal training to use this is necessary as the defibrillator talks you through the processes required. However, the use of defibrillators is also covered in all First Aid courses going forward.

9. Educational Visits

- Additional safety measures may be necessary.
- Medication for young people will be carried by a designated member of staff. This member of staff will hold sole responsibility for the medication whilst on the trip.
- All medicines should be signed out by one of the medication handlers in the main office and the designated member of staff for the day. See Appendix C.
- A member of staff on the trip or activity provider will have a First Aid qualification.
- A mobile phone must be carried by the staff.
- All minibuses should have a first aid kit on board whilst on an education visit.
- Emergency contact numbers should be carried by the member of staff in charge of the party.
- The GP's telephone number for each pupil should also be available.
- A consent form from the parent/carer.

10. Record Keeping

- Records offer protection to staff and provide proof they have followed agreed procedures.
- All medicines and personal care given must be recorded on the appropriate sheets immediately and in the case of first aid as soon as possible.
- Completed forms will be kept secure in the admin office.
- A record of all medication received, even if they are not subsequently administered, is kept secure in the admin office alongside the Parental Consent Form (appendix A). See appendix D.
- Health care plans should be kept in the blue pupil file, which is locked in a secure cupboard. Copies are also kept in the medication file and in medication wallets when pupils are off-site.
- All staff training records are kept in HR.

11. Unacceptable Practice

Talbot House Trust will never:

- Assume that pupils with the same condition require the same treatment.
- Prevent pupils from easily accessing their inhalers and medication.
- Ignore the views of the pupil and/or their parents/carers.
- Ignore medical evidence or opinion.
- Penalise pupils with medical conditions for their attendance record, where the absences relate to their condition.
- Create barriers to pupils participating in school life, including school trips.
- Refuse to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.

12. Liability and Indemnity

The board of Trustees ensures that appropriate insurance is in place to cover staff providing support to pupils with medical conditions.

13. Complaint

- Parents/carers or pupils wishing to make a complaint concerning the support provided to pupils with medical conditions are required to speak to the school in the first instance.
- If they are not satisfied with the school's response, they may make a formal complaint via the school's complaints procedure, as outlined in the **Complaints Procedure Policy**.
- If the issue remains unresolved, the complainant has the right to make a formal complaint to the DfE.
- Parents/carers and pupils are free to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

14. Home to School Transport

- Arranging home-to-school transport for pupils with medical conditions is the responsibility of the relevant Local Authority.
- Where appropriate, the school will share relevant information to allow the relevant Local Authority to develop appropriate transport plans for pupils with life-threatening conditions.

15. Monitoring and Review

This policy will be reviewed annually or sooner in light of changes to legislation. Records of medication, which have been administered on school grounds, will be monitored and the information will be used to improve school procedures.

Staff members who are trained to routinely administer medication will recommend any improvements to the procedure.

APPENDIX A

CONSENT FOR THE ADMINISTRATION OF MEDICATION

I request: (full name of pupil) **D.O.B.**

Be given the following medication which has been prescribed by a registered medical practitioner:

Name of Medication:

.....

Dosage & Timings:

.....

.....

I confirm that:

- I will supply this medication in the form in which it has been supplied to me by the pharmacist.
- The prescription will be clearly marked on the packaging by the pharmacist.
- I understand that the school will not accept any medications that are in unmarked packages and which do not contain the administration details as supplied by the pharmacist.
- I understand that the medication must be handed personally to the identified person and that this is a service which is subject to agreement with the school.
- I will inform school immediately of any changes to medication routines.

I also agree that if the medication is to be administered for a period of more than five days then a care plan will be drawn up by school with my help, in order to ensure that all the relevant details and information about my child's needs is made available to key staff in school.

NAME:

GP NAME:

ADDRESS:

GP ADDRESS:

.....

.....

.....

.....

.....

.....

TELEPHONE:

TELEPHONE:

Parent/Carer's Signature:

Date:

.....

Notes:

1. Medication will not be administered by Talbot House Trust unless this authorisation is completed and signed by the parent/carer.
2. The Governors and Senior Staff reserve the right to withdraw this service.

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APPENDIX B: MEDICATION ADMINISTRATION RECORD

Name:

D.O.B:

Allergies:

Address:

Medication name:

Dosage:

Month:

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Starting Amount																																
Amount Left																																
Counted and Administered																																
Signed Out for Activity																																
Administered on Activity																																

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APPENDIX C: MEDICATION LOG

Name:

D.O.B:

Allergies:

Address:

Medication name:

Dosage:

Month:

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Received in Admin.																																
Administered in School By																																
Signed Out for Activity																																
Administered on Activity By																																
Returned Home																																

APPENDIX D: REGISTER OF MEDICATION RECEIVED

**Pupils Name
Address**

Date of Birth:

Allergies:

Date	Name of Person who Brought medication in	Name of Medication	Amount Supplied	Form Supplied	Expiry Date	Batch No	Dosage Regime	Signature Acknowledging Receipt of Medication