

GALILEO

MULTI ACADEMY TRUST

Supporting Pupils with Medical Conditions & the Administration of Medicines Policy

Document Control			
Review period	12 months	Next review	May 2024
Owner	CEO	Approver	ESICC

This document applies to all schools and operations of the Galileo Multi Academy Trust: www.galileotrust.co.uk

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1. Aims

This policy aims to ensure that:

- Pupils, staff and parents understand how our trust will support pupils with medical conditions
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities

2. Legislation and statutory responsibilities

This policy meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on the board of trustees to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education's (DfE) statutory guidance: [Supporting pupils at school with medical conditions](#).

This policy also complies with our funding agreement and articles of association.

3. Roles and responsibilities

3.1 The board of trustees

The board of trustees has ultimate responsibility to make sure there are arrangements to support pupils with medical conditions across the trust. Although the trust delegates certain duties to different levels as outlined below, the board is still accountable for making sure the trust is compliant with the requirements in the above legislation and guidance.

The board will also determine and approve this policy.

3.2 CEO

The CEO will:

- Oversee and support the Headteacher and Local School Board of each school in carrying out their duties
- Highlight any issues found across the trust to the board of trustees

3.3 Local School Boards

Local School Boards of each school will:

- Help to decide what information should be recorded on individual healthcare plans (IHPs)
- Monitor that there is a sufficient number of trained staff available in their school
- Monitor that records on children's medical needs and medicines that have been administered are kept up to date
- Review how well this policy is locally applied and make recommendations to the board of trustees as necessary
- Support and challenge the headteacher to make sure that all children with medical conditions are supported to ensure their fullest participation in all aspects of school life

3.4 The headteacher

The headteacher of each school will:

- Make sure all staff are aware of this policy and understand their role in its implementation

- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against IHPs, including in contingency and emergency situations
- Assess training needs and commission necessary training in line with trust procedures: for example, Certificate in Administering Medication in Schools (National College)
- Co-ordinate and attend meetings to discuss and agree on the need for IHPs
- Take overall responsibility for the development of IHPs
- Contact the school nursing service in the case of any pupil 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
- Make sure systems are in place for obtaining information about a child's medical needs and that this information is kept up to date
- Make sure cover arrangements are made in the case of staff absence, and that supply teachers are briefed

3.5 Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff at the school may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

3.6 Parents

Parents will:

- Provide the school with sufficient and up-to-date information about their child's medical needs
- Be involved in the development and review of their child's IHP and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHP e.g. provide medicines and equipment
- Be responsible for collecting and disposing of unused medication at a pharmacy

3.7 Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them.

Pupils will be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

3.8 School nurses and other healthcare professionals

Our school nursing services will notify the relevant school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible.

Healthcare professionals, such as GPs and paediatricians, will liaise with our school nurses and notify them of any pupils identified as having a medical condition.

4. Equal opportunities

Our trust is clear 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.

The trust and the individual school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

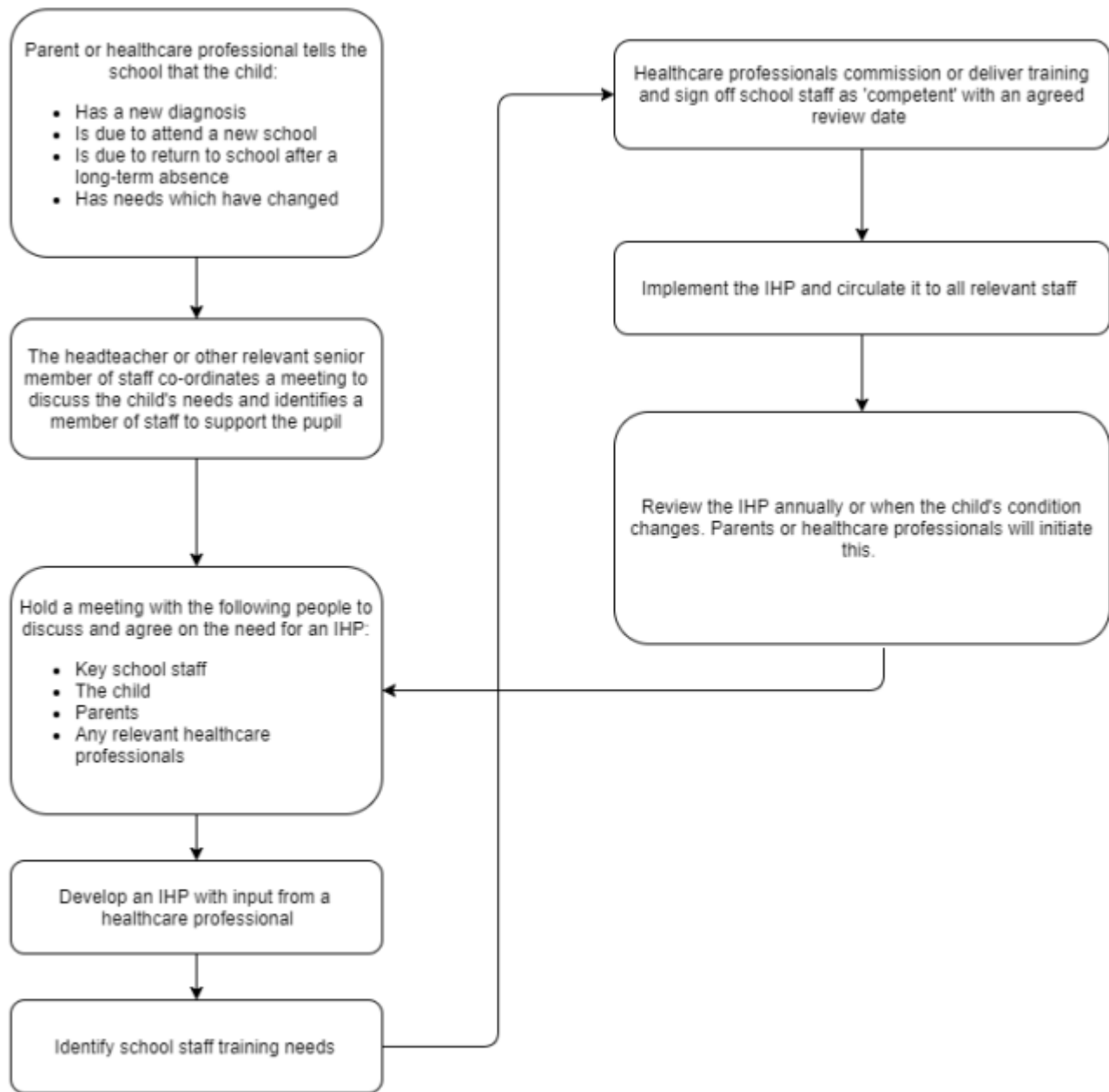
Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

5. Being notified that a child has a medical condition

When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHP. This process will be followed by all schools in the trust.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to the school.

Process: deciding if an IHP is required



6. Individual healthcare plans

The Headteacher has overall responsibility for the development of IHPs for pupils with medical conditions.

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is not a consensus, the headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

IHPs will be linked to, or become part of an education, health and care (EHC) plan. If a pupil has SEN but does not have an EHC plan, the SEN will be mentioned in the IHP.

6.1 What is included in the plan

Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The

Headteacher, Health & safety Lead and Lead first Aiders will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments
- The pupil'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 corridors
- Specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete formal tests, use of rest periods or additional support in catching up with lessons
- The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will 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 pupil'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 pupil's condition and the support required
- Arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil 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 pupil can participate, e.g. individual risk assessments
- Where confidentiality issues are raised by the parent/pupil, who the designated individuals to be entrusted with information about the pupil's condition will be
- What to do in an emergency, including who to contact, and contingency arrangements

7. Managing medicines

Prescription and non-prescription medicines will only be administered at the school:

- When it would be detrimental to the pupil's health or school attendance not to do so, and
- Where the school has been given parents' written consent

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents will always be informed.

Schools will only accept prescribed medicines that are:

- In-date
- Labelled
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage

Where possible, medicines should be prescribed in dose frequencies that enable them to be taken outside of school hours.

Schools will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

All medicines will be stored safely. Medicines will be stored in a locked container or locked fridge in the school officer

Medicine administration will be witnessed by a second member of staff and there will be weekly oversight of record keeping by the school's Senior Leadership Team.

Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.

Medicines will be returned to parents to arrange for safe disposal when no longer required and at the end of each half term. Parents will need to complete a consent form at the beginning of each half term for long term medication, ensuring that information held is up to date, and allowing for regular face to face reviews.

7.1 Long term medication

Some medication is administered in the longer term: for example, inhalers, insulin. The school, in consultation with health professionals will decide whether an IHP is required for long term medication.

7.2 Controlled drugs

[Controlled drugs](#) are prescription medicines that are controlled under the [Misuse of Drugs Regulations 2001](#) and subsequent amendments, such as morphine or methadone.

All controlled drugs are kept in a secure cupboard in the school office and only named staff have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

It is advised that schools should hold the smallest reasonable amount of medication. In our trust, we will keep no more than a half term's supply of medication.

7.3 Non-prescription medicines

The Medicines and Healthcare Regulatory Agency classifies some medicines as "over the counter" when they are considered safe and appropriate to be used without a prescription. Schools may, therefore, agree to administer non-prescription medicines if parents are unable to attend school to do so themselves, and it is felt to be in the best interests of the child. Written consent is required for both prescription and non-prescription medicine.

Non-prescription medicine should be supplied by parents. An exception to this is residential visits when named members of staff may securely store a small supply of common over the counter medication eg pain relief, antihistamine. Written consent must have been given by parents for the administration of this medication beforehand, with staff acting in loco parentis. Records of medication administered on a residential visit must be maintained.

School holds a small amount of child appropriate paracetamol within school from residential visits, on occasion, in emergency situations this may be offered to pupils but only where parental consent has been obtained immediately prior to administration.

Teaching staff may volunteer to undertake the administration of medicines for both day and residential visits.

7.4 Pupils managing their own needs

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents and it will be reflected in their IHPs.

Pupils will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHP and inform parents so that an alternative option can be considered, if necessary.

7.5 Unacceptable practice

Staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable to:

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents
- Ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise pupils 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, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with diagnosed continence issues. No parent should have to give up working because the school is failing to support their child's medical needs
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

8. Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives, or accompany the pupil to hospital by ambulance.

9. Training

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the school. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- Fulfil the requirements in the IHPs
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

Staff who administer medication will be suitably trained and the responsibility will be reflected in their annually reviewed job description.

All staff will receive update training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

10. Record keeping

The Local School Board will ensure that written records are kept of all medicine administered to pupils. Parents will be informed if their pupil has been unwell at school.

IHPs are kept in a readily accessible place of which all relevant staff are aware. They are displayed in the staff room, teachers have a copy in the class room, they are on the child's Arbor record and a copy can be found in the Health & Safety lead's Care Plan folder.

11. Complaints

Parents with a complaint about the school's support for their child's medical condition should discuss these directly with the headteacher or SENCO in the first instance. If this does not resolve the matter, parents will be directed to the trust's complaints procedure.

12. Liability and indemnity

The policy is written to reflect the trust's best intentions towards supporting children with medical needs and the administration of medication. Any errors or issues should lead to a review of procedures to promote best practice across the trust.

The board of trustees will ensure that the appropriate level of insurance is in place and appropriately reflects the trust's level of risk.

The details of the insurance policy are:

The trust is a member of the Department for Education's Risk Protection Arrangement (RPA).

New Claims can be submitted via: www.rpaclaimforms.co.uk

For Urgent Incident Notifications Phone: 0330 058 5566

13. Monitoring arrangements

This policy will be reviewed and approved by the board of trustees annually.

14. Links to other policies

This policy links to the following policies:

- Accessibility plan
- Complaints
- Equality information and objectives
- Health and Safety
- Safeguarding
- Special educational needs information report and policy

15. Appendix 1: Individual Healthcare Plan Template

Pupil's Name	
Class	
Date of Birth	
Address	
Medical Condition/diagnosis	
Date	
Review Date	

Name of Parent/Carer 1	
Contact numbers	Work: Home: Mobile:
Relationship to child	

Name of Parent/Carer 2	
Contact numbers	Work: Home: Mobile:
Relationship to child	

Clinic/Doctor	
Contact number	
GP Name	
Contact Number	

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

Dietary Requirements

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

Arrangements for school visits and trips

Other Information

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

Staff training needed/undertaken – who, what, where, when

Plan developed with

Signed

Form copied to

Appendix 2: Parental Consent for the Administration of Medication



MEDICATION RECORD

Surname:..... Forename:

Date of Birth:..... Class:

Medical condition requiring medication:

Name of Medicine:..... Expiry date of medicine:

Formula (e.g. liquid, tablet, ointment, eyedrop etc.)

Quantity given to school:..... Dosage :

Frequency/time(s) to be administered:.....

First date of administration:

Last date of administration:

Can this be self administered? Yes No (please circle)

Action to be taken if the child refuses the medication:.....

Note: Medicines must be in original container and show a pharmacy label. The dosage and frequency must be as stated on the label. If more than one medicine is to be given a separate sheet should be completed for each one.

Emergency phone no. of parent or adult contact:

Name and phone number of GP:

PLEASE TICK TO ACCEPT THE FOLLOWING CONDITIONS BEFORE AUTHORISATION CAN BE GIVEN TO ADMINISTER THE MEDICATION:

- I will inform the school in person at the School Office if there is any change in dosage to the medication.
- I will inform the school in person at the School Office if the medication is stopped and will collect it for safe disposal.
- I understand an adult must deliver the medication to, and collect from, the School Office.
- I will collect medication at the end of the administration period or the end of each half-term, whichever is sooner.
- The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to School Staff administering medicine or overseeing self-administration, in accordance with the school policy.

Parent signature:

Print name: Date:.....

Authorised by Head Teacher: Date:

Medicines returned to parent/guardian (delete as appropriate)

Parent Signature: **Date:**

Staff Signature: **Date:**

Any actions taken:

SAMPLE PRE-POPULATED MEDICINE ADMINISTRATION LOG

Date	Time	Dose Given	Notes / Issues	Staff Signature	Counter Signatory
04/01/2022					
05/01/2022					
06/01/2022					
07/01/2022					
Reviewed by SLT/nominated deputy					
10/01/2022					
11/01/2022					
12/01/2022					
13/01/2022					
14/01/2022					
Reviewed by SLT/nominated deputy					
17/01/2022	PD DAY	PD DAY	PD DAY	PD DAY	PD DAY
18/01/2022					
19/01/2022					
20/01/2022					
21/01/2022					
Reviewed by SLT/nominated deputy					
24/01/2022					
25/01/2022					
26/01/2022					
27/01/2022					
28/01/2022					
Reviewed by SLT/nominated deputy					
31/01/2022					
01/02/2022					
02/02/2022					
03/02/2022					
04/02/2022					
Reviewed by SLT/nominated deputy					
07/02/2022					
08/02/2022					
09/02/2022					
10/02/2022					
11/02/2022					
Reviewed by SLT/nominated deputy					
14/02/2022					
15/02/2022					
16/02/2022					
17/02/2022					
18/02/2022					
Reviewed by SLT/nominated deputy					