



# **Farnborough Road Infant School.** **Policy for children with Medical Needs and** **Administering Medicines in school.**



## **1. Aims**

This policy aims to ensure that:

- Pupils, staff and parents understand how our school 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.

The governing body will implement this policy by:

- Making sure sufficient staff are suitably trained.
- Making staff aware of pupils' conditions, where appropriate.
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions.
- Providing supply teachers with appropriate information about the policy and relevant pupils.
- Developing and monitoring Individual Healthcare Plans (IHCPs).

**The named person with overall responsibility for implementing this policy is Jennifer Sephton**

## **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 governing bodies to make arrangements for supporting pupils with medical conditions. It is also based on the Department for Education's statutory guidance: Supporting pupils at school with medical conditions.

## **3. Roles and responsibilities**

### **3.1 The governing body**

The governing body has ultimate responsibility to make arrangements to support pupils with medical conditions. The governing body will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

### **3.2 The Headteacher**

The Headteacher 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 all IHCPs, including in contingency and emergency situations.
- Take overall responsibility for the development of IHCPs.
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way.
- 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.
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date.

### **3.3 Staff**

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff 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.

### **3.4 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 IHCP and may be involved in its drafting.
- Carry out any action they have agreed to as part of the implementation of the IHCP e.g. provide medicines and equipment.

### **3.5 Pupils**

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be involved (as appropriate to their age and developmental stage) in discussions about their medical support needs and contribute as much as possible to decisions around their care – including the development of their IHCPs where these are required. They are also expected to comply with their IHCPs (as appropriate to their age and developmental stage).

### **3.6 School nurses and other healthcare professionals**

Our school nursing service will notify the 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, should liaise with the school's nurses and notify them of any pupils identified as having a medical condition.

## **4. Equal opportunities**

Farnborough Road Infant School is clear about the need to actively support pupils with medical conditions to participate in all aspects of the curriculum. The 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 may 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 IHCP. The school will make every effort to ensure that arrangements are in place as soon as reasonably possible or by the beginning of the relevant term for pupils who are new to our school.

## **6. Individual Healthcare Plans**

The Headteacher has overall responsibility for the development of IHCPs for pupils with medical conditions. However, this has been delegated to the Inclusion Leader. Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

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

- What needs to be done.
- When.
- By whom.

Not all pupils with a medical condition will require an IHCP. It will be agreed between the school and the parents, with input from healthcare professional(s) if required, when an IHCP 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, where necessary, relevant healthcare professional(s) who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate. IHCPs will be linked to, or become part of, any Education, Health and Care (EHC) plan. If a pupil has Special Educational Needs (SEN) but does not have an EHC plan, the SEN may be mentioned in the IHCP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing body, the Headteacher and the Inclusion Leader with responsibility for developing IHCPs, will consider the following when deciding what information to record on IHCPs:

- 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, travel time between locations within school.
- Specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed, access arrangements for tests, use of rest periods or additional support in catching up with lessons, counselling sessions.
- 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. risk assessments.
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition.
- What to do in an emergency, including who to contact, and contingency arrangements.

## 7. Managing medicines

Medicines will only be administered at school:

- Where the medicine is prescribed; **and**
- When it would be detrimental to the pupil's health or school attendance not to do so; **and**
- Where school has parents' / carers' / guardians' written consent.

Anyone giving a pupil any medication (for example, for pain relief) will first check:

- The child's name.
- Prescribed dose.
- Maximum dosages.
- When the previous dosage was taken.

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- Written instructions provided by parents or doctor.
- Expiry date.

The person administering medicine will record the administration using the appropriate school log. Parents will always be informed.

The school 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.

The school 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. The medicine will be clearly labelled with the child's name. Expiry dates are checked regularly. Staff and pupils will be aware of where medicines are at all times and appropriate staff will be able to access them immediately. Asthma inhalers must be available for immediate use. Medicines and devices such as, blood glucose testing meters and adrenaline pens will always be stored to ensure the safety of all children: to ensure they are readily available for use; and to ensure that medicines are only accessible to those for whom they are prescribed.

Medicines needing refrigeration will be kept in the fridge in the small kitchen opposite Room 1. Foods may also be kept in this fridge so long as medicines are stored in an airtight container. This fridge is not accessible to pupils.

Medicines will be returned to parents to arrange for safe disposal when no longer required. School emergency medicines (e.g. inhalers and adrenalin auto injectors) will be returned to the dispensing pharmacy for safe disposal when no longer needed.

The location of medicines in school depends on the class in which the child is educated:

<b>Table1 – Location of Medicines in School* x</b>			
	<b>Child in Caterpillar Class</b>	<b>Child in Nursery</b>	<b>Child in Reception, Year 1 or Year 2</b>
Location of children's named asthma inhalers and spacers	Class emergency bags	Class emergency bags	Class emergency bags
Location of children's named epi-pens and other responsive medicines.	Family Wellbeing Centre Office	First Aid cupboard in the Nursery kitchen	First Aid cupboard in school kitchen (opposite Room 1)
Location of emergency inhalers, spacers and epi-pens.	Emergency First Aid kits in main school office.	Emergency First Aid kits in main school office.	Emergency First Aid kits in main school office.
All controlled drugs	Secure cupboard in the school's main office.	Secure cupboard in the school's main office.	Secure cupboard in the school's main office.

\*In individual cases, a child may have their medicine stored in a different location such as the Inclusion Office. Where this is the case this will be recorded on the child's IHCP.

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<sup>x</sup>The main school office is usually open until 4.15pm daily. When closed, the following members of staff are master key holders – Jennifer Sephton, Jenny Price, Katie Touhey, Paula Takes and all caretaking staff.

### **7.1 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.

Should the school be required to administer controlled drugs, these will be kept in a secure cupboard in the school office and only named staff will 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.

### **7.2 Pupils managing their own needs**

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures (appropriate to the age and developmental stage of the pupil and with appropriate adult supervision and guidance). This will be discussed with parents and it will be reflected in their IHCPs.

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 IHCP and inform parents so that an alternative option can be considered, if necessary.

### **7.3 Medical Devices**

The school will manage the use of medical devices in school in accordance with clinical advice. The school will usually accept medical devices only where there is a written request from a clinician for its use.

## **8. Emergency procedures**

Staff will follow the school's normal emergency procedures (for example, calling 999). Pupils' IHCPs 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 and remain with the child until the parent arrives. Staff will not usually take pupils to hospital in their own car, however, in an emergency it may be the best course of action. The member of staff should be accompanied by another adult and have Public Liability Vehicle Insurance.

## **9. Training**

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so. The training may be identified during the development or review of IHCPs. Staff who provide support to pupils with medical conditions may 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 Headteacher/Inclusion Leader. 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 IHCPs.
- 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 (in writing or otherwise) of the proficiency of staff in a medical procedure, or in providing medication.

All staff will be 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.

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## **10. Record keeping**

The governing body will ensure that written records are kept of all medicine administered to pupils. Parents will be informed if their child has been unwell at school.

Records of children's medical needs and IHCPs are kept in a readily accessible place which all staff are aware of. Medical and dietary information is available to staff in the Red Medical File on the noticeboard in each class and is also clearly displayed in the school office and the Inclusion Leader's office. Welfare staff also have access to this information. Welfare and kitchen staff have access to dietary information.

It is the responsibility of class teachers to ensure:

- The Red Medical File is readily accessible on class information boards.
- They are aware of all medical needs for children in their class or group.
- Information is shared with other appropriate adults, such as welfare and kitchen staff.

Where classes or groups of children leave the school site it is the responsibility of supervising staff to be aware of medical needs, including emergency procedures for those going off-site and those remaining at school. Staff supervising physical activities or other activities that may trigger a reaction in a child, will be aware of relevant medical conditions, precautionary measures and emergency procedures.

## **11. Liability and indemnity**

The governing body will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk. The insurance policy will cover staff providing support to pupils with medical conditions. Insurance policies should provide liability cover relating to the administration of medication, but individual cover may need to be arranged for any healthcare procedures.

## **12. Complaints**

Parents with a complaint about their child's medical condition should discuss these directly with the Inclusion Leader in the first instance. If the Inclusion Leader cannot resolve the matter, they will direct the parents to the Headteacher. If the Headteacher cannot resolve the matter with the parents, they will direct the parents to the school's complaints procedure.

## **13. Monitoring arrangements**

This policy will be reviewed and approved by the governing body every three years.

## **14. Links to other policies**

This policy links to the following policies:

- Accessibility Plan.
- Complaints
- Equality Objectives.
- Health and Safety.
- Child Protection and Safeguarding Policy.
- Special Educational Needs information report and Policy.
- Children with medical needs that cannot attend school

**Updated October 2025**

**Signed \_\_\_\_\_ Date \_\_\_\_\_ Headteacher.**

**Signed \_\_\_\_\_ Date \_\_\_\_\_ Chair of Governors.**

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