Wolverdene Special School

Supporting pupils at school with medical conditions policy – March 2025

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This policy is written in line with the requirements of:

- Children and Families Act 2014 - section 100
- Supporting pupils at school with medical conditions: statutory guidance for governing bodies of maintained schools and proprietors of academies in England, DfE Dec 2015
- 0-25 SEND Code of Practice, DfE 2014
- Mental Health and behaviour in schools: departmental advice for school staff, DfE June 2014
- Equalities Act 2010
- Schools Admissions Code, DfE December 2014

This policy should be read in conjunction with the following school policies:

- SEN Policy
- Safeguarding Policy
- Child Protection Policy
- Equality Policy
- Children with Health Needs Who Cannot Attend School Policy

FOREWORD

This policy has been written with due regard to the DfE guidance *Supporting Pupils at Schools with Medical Conditions* (December 2015).

The rationale for having such a policy is to put in place effective management systems to support individual pupils with medical needs.

Most pupils will at some time have a medical condition that may affect their participation in school. For many this will be short-term, perhaps finishing a course of medication.

It is recognised that the administration of medicines by teachers and support staff is not a part of standard contracts. This is a voluntary role and staff who provide support for pupils with medical needs, or who volunteer to administer medication, need support from the headteacher, medical professionals and from parents, access to information and training and reassurance about legal liability. Close co-operation between the school, parents, health professionals and other agencies will provide a suitably supportive environment for pupils with medical needs thereby maximising pupils' attendance and education at school.

Confidentiality

Staff should always ensure all information is kept confidentially. The responsible person should agree with the pupil where appropriate, or otherwise the parent, who else should have access to records and other information about the pupil. It is essential that relevant staff are informed on a strictly need to know basis and it is in the best interests of the pupil.

Staff indemnity

The school fully indemnifies all of its staff against claims for alleged negligence providing they are acting within the remit of their employment. As the administration of medicines is considered to be an act of "taking reasonable care" of the pupil, staff agreeing to administer medication can be reassured about the protection their employer would provide. In practice this means that the employee would not meet the cost of damages should a claim for alleged negligence be successful.

NB: It is important that managers make this clear before asking staff to volunteer. This also extends to protect volunteers and others who may be authorised and approved by the school.

Staff should take the same care that a reasonable, responsible and careful parent would take in similar circumstances while they are responsible for the care and control of pupils. In all circumstances, particularly in emergencies, staff are expected to use their best endeavours. The consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

Definitions of medical conditions

Pupils' medical needs may be broadly summarised as being of two types:-

> **Short-term**: affecting their participation at school because they are on a course of medication or requiring treatment.
>
> **Long-term:** potentially limiting access to education and requiring on-going support, medicines or care while at school to help them to manage their condition and keep them well, including monitoring and intervention in emergency circumstances. It is important that parents feel confident that the school will provide effective support for their child's medical condition and that pupils feel safe.

Some children with medical conditions may be considered disabled. Where this is the case governing bodies **must** comply with their duties under the Equality Act 2010. Pupils at Wolverdene School all have special educational needs (SEN) and an accompanying Education, Health and Care Plan (EHCP). This policy should be read in conjunction with the 0-25 SEND Code of Practice and the school's SEN policy.

Policy implementation

The statutory duty for making arrangements for supporting pupils at school with medical conditions rests with the governing body. The governing body have conferred the following functions of the implementation of this policy to the staff below. However, the governing body remains legally responsible and accountable for fulfilling our statutory duty.

The overall responsibility for the implementation of this policy is given to the Headteacher. He/she will also be responsible for ensuring that sufficient staff are suitably trained and will ensure cover arrangements in cases of staff absences or staff turnover to ensure that someone is always available and on-site with an appropriate level of training.

The Assistant Headteacher responsible for Behaviour will be responsible for the monitoring and review of individual healthcare plans and making sure relevant staff are aware of these plans.

The Head of Care will be responsible within the Lodge (the school's residential provision) for the same.

All members of staff are expected to show a commitment and awareness of children's medical conditions and the expectations of this policy. All new members of staff will be inducted into the arrangements and guidelines in this policy upon taking up their post.

Procedure to be followed when notification is received that a pupil has a medical condition

This covers notification prior to admission, procedures to cover transitional arrangements between schools or alternative providers, and the process to be followed upon reintegration after a period of absence or when pupils' needs change. For children being admitted to Wolverdene School for the first time with good notification given, the arrangements will be in place for the start of the relevant school term. In other cases, such as a new diagnosis or a child moving to Wolverdene mid-term, we will make every effort to ensure that arrangements are put in place before the child starts.

In making the arrangements, we will take into account that some of the medical conditions that require support at school will affect quality of life and may be life-threatening. We also acknowledge that some may 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. We aim to ensure that parents/carers and pupils can have confidence in our ability to provide effective support for medical conditions in school, so the arrangements will show an understanding of how medical conditions impact on the child's ability to learn, as well as increase their confidence and promote self-care.

We will ensure that staff are properly trained and supervised to support pupils' medical conditions and will be 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 in doing so. We 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. We will make sure that no child with a medical condition is denied admission or prevented from attending the school because arrangements for supporting their medical condition have not been made by the school. However, in line with our safeguarding duties, we will ensure that all pupils' health is not put at unnecessary risk from, for example, infectious disease. We will therefore not accept a child in school at times where it would be detrimental to the health of that child or others.

Wolverdene School does not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on 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. These discussions will be led by senior leaders, and following these discussions an individual healthcare plan will be written in conjunction with the parent/ carers by the school and be put in place.

Individual healthcare plans

Individual healthcare plans will help to ensure that Wolverdene School 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. The school, healthcare professional and parent/carer should agree, based on evidence, when a healthcare 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 at Appendix A.

Individual healthcare 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 the plan 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.**

Individual healthcare plans (and their review) should be drawn up in partnership between the school, parents/carers and a relevant healthcare professional e.g. 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 aim should be to capture the steps which Wolverdene School should take to help manage their condition and overcome any potential barriers to getting the most from their education. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school.

Wolverdene School will ensure that individual healthcare plans are reviewed at least annually

(see Appendix D for the proforma to record such conversations with parents) 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 Wolverdene School assesses and manages risks to the child's education, health and social wellbeing, and minimises disruption. Where a child is returning to school following a period of hospital education or alternative provision, we will work with the local authority and education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

Appendix B provides a basic template for the individual healthcare plan, and although this format may be varied to suit the specific needs of each pupil, they should all include the following information

- 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 lessons.
- Specific support for the pupil's educational, social and emotional needs - for example, how absences will be managed, requirements for extra time to complete exams, 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/carer 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 child can participate, e.g. risk assessment.
- The designated individual to be entrusted with information about the child's condition where confidentiality issues are raised by the parent/child,
- What to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan, for example in cases of epilepsy, prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

Roles and responsibilities

Please refer to the section on policy implementation for the functions that have been delegated to different, named members of staff at Wolverdene School.

In addition, we can refer to the Community Nursing Team for support with drawing up Individual Healthcare Plans, provide or commission specialist medical training, liaison with lead clinicians

and advice or support in relation to pupils with medical conditions.

Other healthcare professionals, including GPs and paediatricians, should notify the Community Nursing Team when a child has been identified as having a medical condition that will require support at school. Specialist local health teams may be able to provide support and training to staff for children with particular conditions (e.g. asthma, diabetes, epilepsy).

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, and can, for example, alert staff to the deteriorating condition or emergency need of pupils with medical conditions.

Parents/carers should provide the school with sufficient and up-to-date information about their child's medical needs (see Appendix C). They are responsible for making sure that their child is well enough to attend the school and able to participate in the curriculum as normal. Wolverdene School cannot plan effective support arrangements unless parents provide sufficient information about their child's medical condition and any treatment or special care needed whilst at school. They may in some cases be the first to notify the school that their child has a medical condition. Parents 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. They 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.

Some parents may have difficulty understanding or supporting their child's medical condition themselves. The local School Health Service can often provide additional support and assistance in these circumstances.

Local Authorities are commissioners of school nurses for maintained schools and academies in Hampshire. 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 well-being of children with regard to their physical and mental health, and their education, training and recreation. Hampshire County Council (HCC) will work with us 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 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 year). https://www.gov.uk/government/publications/education-for-children-with-health-needs-who-cannot-attend-school

The governing body remains legally responsible and accountable for fulfilling their statutory duty for supporting pupils at school with medical conditions. The governing body of Wolverdene School fulfil this by:-

- Ensuring that arrangements are in place to support pupils with medical conditions. In doing so we will ensure that such children can access and enjoy the same opportunities at school as any other child.
- Taking into account that many medical conditions requiring support at school will affect

quality of life and may be life-threatening. Some will be more obvious than others and therefore the focus is on the needs of each individual child and how their medical condition impacts on their school life.

- Ensuring that the arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions, should 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.

- Ensure that sufficient staff have received suitable training and are competent before they take on the responsibility to support children with medical conditions.

- Ensuring that no child with a medical condition is denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made. However, in line with safeguarding duties, we will ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases, and reserve the right to refuse admittance to a child at times where it would be detrimental to the health of that child or others to do so.

- Ensuring that the arrangements put in place are sufficient to meet our statutory duties and ensure that policies, plans, procedures and systems are properly and effectively implemented.

- Developing a policy for supporting pupils with medical conditions that is reviewed regularly and accessible to parents and school staff (this policy).

- Ensuring that the policy includes details on how the policy will be implemented effectively, including a named person who has overall responsibility for policy implementation (see section on policy implementation).

- Ensuring that the policy sets out the procedures to be followed whenever the school is notified that a pupil has a medical condition (see section on procedure to be followed when notification is received that a pupil has a medical condition).

- Ensuring that the policy covers the role of individual healthcare plans, and who is responsible for their development, in supporting pupils at school with medical conditions (see section on individual healthcare plans).

- Ensuring that the school policy clearly identifies the roles and responsibilities of all those involved in arrangements for supporting pupils at school with medical conditions and how they will be supported, how their training needs will be assessed and how and by whom training will be commissioned and provided (see section below on staff training and support).

- Ensuring that the school policy covers arrangements for children who are competent to manage their own health needs and medicines (see section below on self-administration by child or young person).

- Ensuring that the policy is clear about the procedures to be followed for managing medicines including the completion of written records (see section below on managing medicines on school premises).

- Ensuring that the policy sets out what should happen in an emergency situation (see section below on emergency procedures).

- Ensuring that the arrangements are clear and unambiguous about the need to support actively pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so (see section on day trips, residential trips and sporting activities).
- Ensuring that the policy is explicit about what practice is not acceptable (see section on unacceptable practice).
- Ensuring that the appropriate level of insurance is in place and appropriate to the level of risk (see section on liability and indemnity).
- Ensuring that the policy sets out how complaints may be made and will be handled concerning the support to pupils with medical conditions (see section on complaints).

The Headteacher must ensure that there are a number of sufficiently trained staff to implement this policy and deliver against all individual healthcare plans. The Headteacher is accountable for decisions about Wolverdene's role in administering medication. For each pupil with a medical condition the Headteacher will need to agree with the parents exactly what support Wolverdene School can provide. Where there is a concern about whether the school can meet a pupil's needs, or the expectations of the parents appear unreasonable, the headteacher can seek further advice from the school health team, or the local education officer.

Providers of health services should co-operate with schools that are supporting children with medical conditions. They can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.

Clinical Commissioning Groups (CCGs) commission other healthcare professionals such as specialist nurses. They have a reciprocal duty to co-operate under Section 10 of the Children Act 2004 (as described above for local authorities). The local Health and Wellbeing Board provides a forum for the local authority and CCGs to consider with other partners, including locally elected representatives, how to strengthen links between education, health and care settings.

The Ofsted inspection framework places a clear emphasis on meeting the needs of disabled children and pupils with SEN and considering the quality of teaching and the progress made by these pupils. Inspectors are already briefed to consider the needs of pupils with chronic or long-term medical conditions alongside these groups and to report on how well their needs are being met. Schools are expected to have a policy dealing with medical needs and to be able to demonstrate that it is being implemented effectively.

Staff training and support

Staff will be given regular training in first aid, administration of medication and management and awareness of specific medical conditions requiring specialist training, e.g. epilepsy and diabetes. A register is maintained of whom has received training and is located in the school's administration database.

All staff who are required to provide support to pupils for medical conditions will be trained by a healthcare professional qualified to do so. The training needed will be identified by the healthcare professional during the development or review of the individual healthcare plan.

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 set out in the

individual healthcare plans. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

Staff must not give prescription medicines or undertake healthcare procedures without appropriate training. A first aid certificate does not constitute appropriate training in supporting children with medical conditions. Healthcare professionals can provide confirmation of proficiency of staff in a medical procedure. Training for administering medication can be carried out by the Head of Pupil Support.

All staff will receive induction training and regular 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 the policy. The Headteacher will seek advice from relevant healthcare professionals about training needs, including preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

The 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 will be asked for their views. They can, and should, provide specific advice, but should not be the sole trainer.

Arrangements for administering medicines in school

Self-administration by child or young person

If, after discussion with the parent/carer, it is agreed that the child is competent to manage his/ her own medication and procedures, s/he will be encouraged to do so.

If this is the case it must be part of the written, agreed health care plan between the pupil, their parents and the school. The health care plan will include whether administration requires supervision. In addition to parental consent, medical advice with regard to self-administration by the pupil should be available and noted in the health care plan. However, it cannot be taken as an alternative to parental consent. Where a pupil requests, a suitable location for administering the medicine should be made available.

Even in cases where children are able to self-administer, the medication will still be kept securely on the school premises and be provided with an appropriate level of supervision which ensures the child's safety. If it is not appropriate for a child to self-manage, then relevant staff will help to administer medicines and manage procedures for them. The final decision of competency for a pupil to manage their own medication and/or procedures is at the discretion of the Headteacher.

Administration by staff

Staff must not administer medicines or undertake health care procedures without appropriate training (updated to reflect any individual healthcare plans).

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 unless it is within their contract of employment.

Staff with responsibility for administering medicines must be familiar with the identity of the pupil receiving the medicine. If the pupil is not known to the member of staff then a second member of staff who does know the pupil must be available, and as a second check, there must also be a mechanism in place to enable staff to identify the pupil at the time of medicine administration e.g. a recent photograph attached to the consent form or medicine administration record, or by asking the pupil their name and date of birth. The medicine bags that are in use here at Wolverdene School have the picture of the child and their date of birth on the front as an extra precaution (see Appendix G).

Unless it is an emergency situation, medicines must be administered in a location where privacy, dignity and confidentiality of the pupil may be maintained. Facilities should be available if the pupil needs to rest and recover.

Medicines must be administered and documented for one pupil at a time and completed before the next pupil is seen.

Staff must wash their hands before and after administering medicines.

Before administering a medicine, staff must check:

- The identity of the pupil
- The written parental consent form for administration of the medicine(s)
- That the written instructions received from the parent and the medicines administration record match the instructions on the pharmacy dispensed label of the medicine container i.e. name of the medicine, formulation, strength and dose instructions. For non- prescribed paracetamol for 'general use' the manufacturer's information must be followed as there will be no pharmacy label.
- For prescribed medicines the name on the pharmacy dispensed label matches the name of the pupil that the medicine is to be to administered
- Any additional or cautionary information on the label which may affect the times of administration, give information on how the medicine must be administered, or affect performance, e.g. an hour before food, swallow whole do not chew, or may cause drowsiness. For paracetamol for 'general use' the manufacturer's information must be followed.
- The medicine administration record to ensure the medicine is due at that time and it has not already been administered (see Appendix E for the administration record).
- The expiry date of the medicine (if one is documented on the medicine container or the pharmacy dispensed label). Some medicines will have a shortened expiry date once opened (e.g. 'use within one month of opening'). If this is the case the manufacturer's information or pharmacy label will state this. For these medicines the date opened and the shortened expiry date, calculated from the pharmacy or manufacturer's information, must be written on the label. It must be written as 'date opened' and 'expiry date' to distinguish the two dates.
- All the necessary equipment required to administer the medicine is available, e.g. medicine spoon, oral syringe, injecting syringe.

If there are concerns or doubts about any of the details listed above the members of staff must not administer the medicine. They must check with the pupil's parent or a health professional before taking further action. All advice and actions must be documented, signed and dated.

If the members of staff have no concerns the medicine can be administered to the pupil.

Staff involved with the administration of medicines should be alert to any excessive requests for medication by pupils or by parents on their behalf. In any cases of doubt advice may be obtained from the School Health Team and a cause for concern needs to be logged on the school's child protection system.

Staff's own views or attitudes to medication should not override the instructions provided by the pupil's doctor or specialist. In cases where there is such a possibility, those staff should be advised not to be involved.

The medicine formulation must not be interfered with prior to administration (e.g. crushing a

tablet) unless there are written instructions on the pharmacy label and information provided from the parent and advice from a health professional. This advice and information must be documented.

Immediately after the medicine has been administered the appropriate written records must be completed, signed and dated.

If for any reason the medicine is not administered at the times stated on the medicine administration record the reason for non-administration must be recorded, signed and dated. Parents must be informed as soon as possible on the same day.

Pupils refusing medication

If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents will be informed as soon as possible so that alternative options can be considered and the refusal documented. If the refusal to take the medicine does result in an emergency, i.e. an epileptic seizure, then the emergency procedure for that pupil must be followed. This will be detailed in a care plan such as a seizure management plan.

Managing medicines on school premises

At Wolverdene School the following procedures are to be followed:

- Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- No child should be given prescription or non-prescription medicines without their parents written consent (see Appendix C) - 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; Parental consent should be renewed at least annually.
- Wolverdene School does not keep stocks of non-prescribed medicines such as paracetamol or Calpol in school for general use for mild pain relief.
- Parents can provide a non-prescribed medicine for administration to their child for particular circumstances, for example:
    - headache - NOT ASSOCIATED WITH HEAD INJURY.
    - toothache.
    - dysmenorrhoea (painful periods).
    - high temperature.
- Parents will be notified, in writing, on the day the medicine (i.e. Paracetamol) was taken/administered with details of dosage and timing.
- Medication containing aspirin or Ibuprofen will not be administered except when prescribed by a doctor.
- Non-prescription medicines can only be administered once it has been confirmed when the previous dose was taken. Parents will be informed, in writing, on the day the medicine (i.e. Paracetamol) was taken/administered with details of dosage and timing.
- Where clinically possible, medicines should be prescribed in dose frequencies which

enable them to be taken outside school hours.

- The school will only accept prescribed medicines with written permission from a parent/carer that are in-date, labelled, provided in the original container, as dispensed by a pharmacist, and include instructions for administration, dosage and storage. The exception to this is insulin, which must be in-date, but will generally be available to schools inside an insulin pen or a pump, rather than its original container.
- During school trips the first aid-trained member of staff will carry all medical devices and medicines required.
- The school will keep a record (see Appendix E) 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 school should be noted and a record of the amount of medication remaining in stock. 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.
- It is recognised that the administration of medicines by teachers and support staff is not a part of standard contracts. This is a voluntary role and staff who provide support for pupils with medical needs, or who volunteer to administer medication, need support from the Headteacher and from parents, access to information and training and reassurance about legal liability.

Record Keeping

The school must keep the following records in connection with the administration of medication:

- Names of trained and competent staff responsible for medicines storage, including access, and medicines administration.
- Names of trained and competent staff responsible for storage, including access of controlled drugs and their administration.
- Up-to-date individual healthcare plans for pupils with long term conditions such as diabetes or epilepsy.
- An action plan for an individual pupil for a medical emergency. This should form part of the healthcare plan if the pupil has one.
- A completed written parental consent form each time there is a request for a medicine to be administered in the setting. A new form must be completed if a new medicine is to be administered or if there are changes to the existing medicine(s) e.g. different dose, strength, times. A verbal message is not acceptable. A new supply of correctly labelled medicine must be provided by the parent.
- For pupils who are self-administering, as well as written parental consent, there must be a written agreement with the pupil's parent and the setting to allow this. The written agreement must include whether the pupil will require supervision. Medicines classed as controlled drugs cannot be kept by the pupil (see appendix XIII).
- All medicines administered in the setting must be accompanied by written instructions from a parent and/or prescriber specifying the medicine, strength, formulation, dose,

the times (or frequency) and/ or circumstances it is to be given. A new form must be completed if there are any changes, e.g. different dose, strength, times. A verbal message is not acceptable. A new supply of correctly labelled medicine must be provided by the parent.

- If staff are responsible for administering the medicine(s), a record of administration should be kept. The record should include;
  - the name of the pupil
  - date of birth
  - medicine details (name, formulation, strength)
  - dose administered, date and time of administration
  - names of the staff administering the medicine.

- Reasons for non-administration of medicines must be recorded and the parent/carer must be informed as soon as possible on the same day.
- The quantity of medicines received by staff and the quantity of medicines returned to the parent. This must be signed and dated by a member of staff.
- In exceptional circumstances where members of staff return medicines to a community retail pharmacy (local chemist) for disposal, details of the medicine and the quantity returned and the name of the pharmacy the quantity must be recorded. This must be signed (and names printed) and dated by the member of staff and if possible by the pharmacist (chemist).

Storage of medicines

- Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available and not locked away. Asthma inhalers should be marked with the child's name.
- All medicines will be stored safely in a lockable cabinet (in the main school office).
- When no longer required, medicines should be returned to the parent/carer to arrange safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps. It must be made clear to parents that they are responsible for ensuring medicines do not exceed their expiry dates.

- We will keep all controlled drugs that have been prescribed for a pupil securely stored in a non- portable container and only named staff will 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 in the school.

- Advice on safe storage, temperatures, light, life span, etc. can be obtained from the manufacturer’s information or Community Retail Pharmacists (local chemists). Medicines must be kept in the container supplied and labelled by the pharmacist. Information sheets on medications are kept in the pupil medication files, maintained by the Head of Pupil Support and located in their office.

- Medicines needing refrigeration will be kept in a lockable refrigerator in the Head of Pupil Support’s office.

Carriage of medicines to school

Medicines should be brought to the school by the parent or other responsible adult (i.e. minibus driver or escort), and handed to a responsible member of staff, unless it has previously been agreed in writing and a risk assessment carried out that the pupil will be responsible for securely keeping their own medicines, i.e. inhalers. The school provides specific medicine bags to do this safely. These are marked with the child's name, date of birth, a recent photograph and the details of the medication being carried. The exception to this is medicines classed as controlled drugs. Medicines will be signed in and out using form Appendix F.

Arrangements must be made for any other emergency medications (such as preloaded adrenaline injection (e.g. EpiPen/Jext) to be immediately available both on and off site.

Parents must bring in or provide any equipment required to administer the medicine, i.e. medicine spoons, oral syringes, syringes for injections or sharps containers.

In respect of the carriage of oxygen a risk assessment should be completed by the Headteacher or responsible person.

Emergency procedures

The Headteacher will ensure that arrangements are in place for dealing with emergencies for all school activities wherever they take place, including school trips within and outside the UK, as part of the general risk management process.

Where a child has an individual healthcare 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.

If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. Health professionals are responsible for any decisions on medical treatment when parents are not available.

Day trips, residential visits, and sporting activities

We will actively support pupils with medical condition to participate in day trips, residential visits and sporting activities by being flexible and making reasonable adjustments unless there is evidence from a clinician such as a GP that this is not possible. Any restrictions on the pupil's ability to participate in PE should be clearly identified and incorporated in their Individual Healthcare Plan.

We will always conduct a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions can be included safely. This will involve consultation with parents/carers and relevant healthcare professionals and will be informed by Health and Safety Executive (HSE) guidance on school trips.

It is helpful to have one copy of the parental consent form in the language of the country visited. Where a pupil requires and has a particular medical action plan, this should be available in the host language.

Parents should be requested to check what rules apply to taking their child's medicine out of the UK, and into the country the child is going to or passing through. Different countries have different rules and regulations about the types of medicine they allow to be taken into their country and the maximum quantity that can be taken in. Some medicines available over the counter in the UK may be controlled in other countries.

Other issues for consideration

Where a pupil uses home-to-school transport arranged by the LA and they also have a medical condition which is life-threatening, we will share the pupil's individual healthcare plan with the local authority.

The Governing Body may consider whether to hold asthma inhalers on site for emergency use.

Unacceptable practice

Although staff at Wolverdene School should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is not generally acceptable practice to:

- Prevent children from easily accessing their inhalers and making use of them 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 breaks whenever they need to in order to manage their medical condition, e.g. diabetes, effectively.
- Require parents/carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs.
- Prevent children from participating, or creating unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

Liability and indemnity

Details of the school's liability and indemnity insurance can be obtained from the school administration manager.

Complaints

Should parents/carers be unhappy with any aspect of their child's care at Wolverdene School, they must discuss their concerns with the school. This will be with the child's class teacher in the first instance. If this does not resolve the problem or allay the concern, the problem should be brought to a member of the leadership team who will, where necessary, bring concerns to

the attention of the Headteacher. In the unlikely event of this not resolving the issue, the parent/carer must make a formal complaint using school's complaints procedure.

Review

This policy will be reviewed annually.

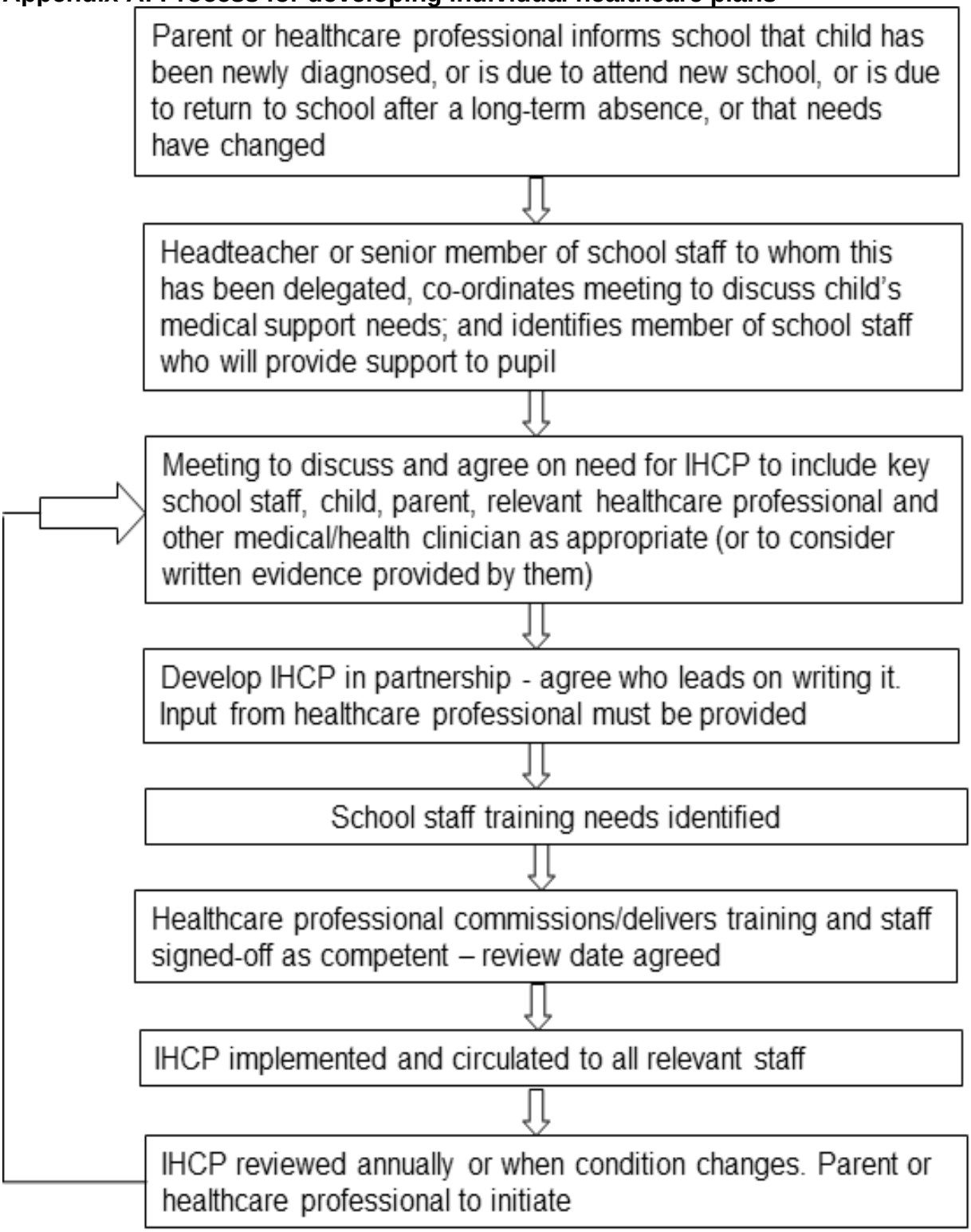
EQUALITY, SAFEGUARDING AND EQUAL OPPORTUNITIES STATEMENT

Wolverdene School, in all policies and procedures, will promote equality of opportunity for children and staff from all social, cultural and economic backgrounds and ensure freedom from discrimination on the basis of membership of any group including gender, sexual orientation, family circumstances, ethnic or national origin, disability (physical or mental), religious or political beliefs.

As part of our commitment to meet the Public Sector Equality Duty (PSED), Wolverdene School aims to:

- Provide equal opportunity for all;
-Foster good relations, and create effective partnership with all sections of the community;
-Only take actions which do not discriminate unlawfully in service delivery, commissioning and employment;
-Provide an environment free from fear and discrimination, where diversity, respect and dignity are valued.
-demonstrate zero tolerance to any form of bullying, harassment or abuse.

Appendix A: Process for developing individual healthcare plans



Appendix B: Individual healthcare plan

Name of school/setting	
Child's name	
Class	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

Name	
Phone no. (work)	
(home)	
(mobile)	
Relationship to child	
Name	
Phone no. (work)	
(home)	
(mobile)	

Clinic/Hospital Contact

Name	
Phone no.	
Name	
Phone no.	

Who is responsible for providing support in school	

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

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

Daily care requirements

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

Arrangements for school visits/trips, etc.

Other information

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

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

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to