



# **Pennine Academies Yorkshire**

## Medical Needs Policy

## POLICY HISTORY

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**Approved by (signature):**



**Acting Chair of Trustees**

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## KEY AMENDMENTS TO THIS POLICY

January 2024

This policy has been converted to the new Trust policy format and all links to legislation and guidance have been checked. There are no substantive changes to content.

## CONTENTS

<b>1. STATEMENT OF INTENT</b>	<b>4</b>
<b>2. LEGAL FRAMEWORK</b>	<b>4</b>
<b>3. ROLES &amp; RESPONSIBILITIES</b>	<b>5</b>
ROLE OF THE SCHOOL NURSE SERVICE	6
<b>4. ADMINISTERING MEDICATION</b>	<b>6</b>
<b>5. INDIVIDUAL HEALTHCARE PLANS</b>	<b>7</b>
<b>6. MANAGING MEDICINES ON SCHOOL/TRUST PREMISES</b>	<b>7</b>
<b>7. RECORD KEEPING</b>	<b>9</b>
<b>8. PRACTICE WITHIN SCHOOL</b>	<b>9</b>
<b>9. MEDICINES ON SCHOOL/TRUST TRIPS</b>	<b>10</b>
<b>10. ATTENDANCE DURING/AFTER ILLNESS</b>	<b>11</b>
<b>11. UNACCEPTABLE PRACTICE</b>	<b>11</b>
<b>APPENDICES</b>	<b>13</b>
Appendix A - Individual Health Care Plan (IHCP)	13
Appendix B - Parental Agreement to Administer Medicine Form	17
Appendix C - Medicine Administration	18
Appendix D - Administering Medication Procedure	19

## 1. STATEMENT OF INTENT

The Children and Families Act September 2014 places a duty on Trustees, alongside the Headteachers, to make arrangements for children with medical needs. Our Medical Needs Policy states how we will support children with medical needs to ensure that all staff understand their role in making the policy work.

To ensure all children, as far as practicable, are able to attend school regularly and have equal access to the curriculum and full participation in school life.

This school is an inclusive community that welcomes and supports pupils with medical needs. The school will make sure all staff understand their duty of care to children and young people in the event of an emergency and that all staff feel confident in knowing what to do in an emergency.

We understand that certain medical needs are debilitating and potentially life threatening, particularly if poorly managed or misunderstood and understand the importance of medication and care being taken as directed by healthcare professionals and parents.

All staff understand the medical needs that affect pupils at this school. Staff receive training on the impact medical needs can have on pupils.

This policy will be made available to parents/carers, pupils and staff.

## 2. LEGAL FRAMEWORK

This policy has due regard to all relevant legislation and statutory guidance including, but not limited to, the following:

- [DfE Supporting pupils with medical conditions at school](#)
- [SEND Code of Practice](#)
- [Statutory Framework for Early Years Foundation Stage](#)
- [Control of Substances Hazardous to Health](#)
- [Management of Health and Safety at Work Regulations](#)
- [The Medicines Act](#)
- [The Health and Safety at Work Act](#)
- [The Misuse of Drugs Act](#)

This policy operates in conjunction with the following school policies:

- Pupils with Additional Health Needs Attendance Policy
- SEND Policy

### 3. ROLES & RESPONSIBILITIES

#### Headteacher/Chief Executive

- To bring this policy to the attention of school/Trust staff and parents and to ensure that the procedures outlined are put into practice.
- To ensure that there are sufficient First Aiders and appointed persons for the school/Trust to be able to adhere to this policy.
- To ensure that staff receive appropriate support and training.
- To ensure that parents are aware of the school/Trust's Medical Needs Policy.

#### Staff

- To follow the procedures outlined in this policy using the appropriate forms.
- To complete a health care plan in conjunction with parents/carers and relevant healthcare professionals for children with complex or long term medical needs.
- To share medical information as necessary to ensure the safety of a child.
- To retain confidentiality where possible.
- To take all reasonable precautions to ensure the safe administration of medicines.
- To ensure regular medication that is kept in school/Trust other than inhalers are in date
- To contact parents/carers with any concerns without delay.
- To contact emergency services if necessary without delay.
- To keep the first aid room and first aid boxes stocked with supplies.
- To ensure medical needs are carefully planned for both at school/Trust and on school/Trust trips.
- To ensure personal medication is stored away safely from children.

#### Parents/ Carers

- To give the school adequate information about their children's medical needs prior to a child starting school.
- To notify the school/Trust of changes in a child's medical needs, e.g. when medicine is no longer required or when a child develops a new need, e.g. asthma.
- To follow the school's procedure for bringing medicines into school.
- To only request medicines to be administered in school/Trust when essential.
- To ensure that medicines are in date and that asthma inhalers are not empty.

**Pupils**

- To be involved in discussions about their medical needs.
- To contribute as much as possible to the development of and comply with, their healthcare plan.

**Health Care Professionals**

- Support school to support medical needs with advice and liaison.
- Provide staff training as appropriate to ensure best practice and care of pupils.

**ROLE OF THE SCHOOL NURSE SERVICE**

The role of the School Nurse Service is critical. The School Nurse Service is responsible for notifying the school when a child has been identified as having a medical condition, who will require support at school. The School Nurse Service will work with the Headteacher/SENDCo to determine the training needs of school staff. The School Nurse Service will confirm that school staff are proficient to undertake healthcare procedures and administer medicines.

## 4. ADMINISTERING MEDICATION

We have clear guidance on providing care and support and administering medication at school.

We understand the importance of medication being taken and care received as detailed in the pupil's Individual Health Care Plan (IHCP) - see Section 5.

We will make sure that there is more than one member of staff who have been trained to administer the medication and meet the care needs of an individual child. School will ensure that there are sufficient numbers of staff trained to cover any absences, staff turnover and other contingencies. Our board of Trustees has made sure that there is the appropriate level of insurance and liability cover in place.

This school will not give medication (prescription or non-prescription) to a child under 16 without a parent's/carer's written consent except in exceptional circumstances, and every effort will be made to encourage the pupil to involve their parent/carer, while respecting their confidentiality.

A child who requires an Epi-Pen will have their medication kept in a box with the child's name and picture. Written permission must be given from parents/carers for the school/Trusts spare emergency Epi-Pen to be administered if there is a failure of administering their own.

In the event of a possible severe allergic reaction in a child who does not have a registered allergy, emergency services (999) should be contacted and advice sought from them as to whether administration of the spare emergency Epi-Pen is appropriate.

We will make sure that a trained member of staff is available to accompany a pupil with a medical condition on an off-site visit, including overnight stays.

Parents/carers at school understand that they should let the school know immediately if their child's needs change.

## 5. INDIVIDUAL HEALTHCARE PLANS

Children with medical needs will need Individual Healthcare Plans, tailored to a child's particular needs and agreed by the school, parents/carers and child (if appropriate) and the relevant Healthcare professional.

Trustees and the Headteacher/Chief Executive will ensure sufficient staff are trained to support children with medical needs and that all relevant staff are aware of a child's condition and understand the child's Individual Healthcare Plan.

Trustees and the Headteacher/Chief Executive will ensure that plans are reviewed regularly or earlier if the child's needs change. They should be developed in the context of assessing and managing risks to the child's education, health and social well-being and to minimise disruption.

See Appendix A.

## 6. MANAGING MEDICINES ON SCHOOL/TRUST PREMISES

The Trustees should ensure that policies are clear about the procedures to be followed for managing medicines.

- Wherever possible, a parent or carer may be required to visit school to administer routine medicines such as paracetamol or antibiotic doses.

- Medicines should only be administered at school when it would be detrimental to a child's health or school/Trust attendance not to do so.
- No child under 16 should be given prescription or non-prescription medicines without their parents/carers written consent.
- A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication e.g. for pain relief should never be administered without first checking maximum dosages and when the previous dose was taken.
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours, for example school/Trust will administer antibiotics that are to be taken four times a day, however three times a day should be administered at home (the start of the day, at collection/pick up time and then before bed).
- School should only accept prescribed medicines 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 still be in date, but will generally be available to school/Trusts inside an insulin pen or a pump, rather than its original container.
- All medicines should be stored safely. Children should know 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 should be always readily available to children and not locked away. This is important for school/Trust trips.
- We will keep controlled drugs that have been prescribed for a pupil securely stored in the locked medicine cabinet in the medical room. For those medicines that need to be kept in a fridge they will be kept in a locked box inside the fridge. A member of staff may administer a controlled drug to a child for whom it has been prescribed, providing they have received specialist training/instruction and there will always be another member of staff there to check dosages and that the correct medication has been given (Appendix D). Records should be kept showing dosage, when administered and by whom and who witnessed the administration (Appendix C). At the end of the day the parent or carer will collect the medication from the office and sign to say they have been passed on the information about the last dose and time of its administration (Appendix D). For those medicines that are given daily as part of a child's need the medication will be kept in school/Trust and parents will not need to sign and check information daily.
- Medicines will not be accepted in school/Trust that require medical expertise or intimate contact.
- All medicines must be brought to the school/Trust office by an adult. Medicines must NEVER be brought to school/Trust in a child's possession. This includes cough medicines/sore throat sweets. If teachers notice these then they must send the child to the office to hand them in. Sore throat/cough



sweets should not be given at break times as they can pose as a choking hazard if the child is playing/running around. If needed, sore throat/cough sweets should be taken in the classroom whilst seated before break time.

- The adult is required to complete a parental agreement form (Appendix B) at the school/Trust office for the medicine to be administered by school/Trust staff.
- Medicines should be returned to parents/carers for disposal. Sharps boxes should always be used for the disposal of needles and other sharps.
- Parents/carers may come to the school/Trust office to administer medicines if necessary at the discretion of the Headteacher/Chief Executive.
- If a child refuses to take medicine, staff must not force them to do so. The refusal should be recorded and parents informed.
- Variation in dosage cannot be made on parental instruction alone. Staff will follow instructions from the pharmacist and will query any discrepancies.

## 7. RECORD KEEPING

Trustees should ensure that written records are kept of all medicines administered to children. Records offer protection to staff and children and provide evidence that agreed procedures have been followed. Trustees review the medical records annually in order to ensure they are aware of the type of needs being addressed in school/Trust, by whom and to what extent.

- If the school is to administer any medication, then the 'medicines in school/Trust form' must be completed and given to the office. A named first aider will be assigned to administering a child's medicine; they will ensure the medicine is distributed as stated and will ensure a witness is there to check the correct amount has been given and sign the form. There will always be two people present when administering medicine. (Appendix D)
- The office will also ensure that the parents/carers care signs to say they note that the correct dosage has been given and the time of this.

Medical records will be kept on file for a minimum of 2 years after the child has left school/Trust.

## 8. PRACTICE WITHIN SCHOOL

- Photographs and details of individual pupils with specific medical / dietary requirements are permanently on display. The office staff will also pass on any relevant medical information to the school kitchen and dinner ladies. The office staff will also make sure the sports coaches, music teacher and after

school club teachers are aware of this file and any children in their groups with medical needs.

- Class teachers hold a list of the pupils in their class which has details of the medical and dietary needs of pupils as informed by parents.
- The majority of staff attend annual Epi-Pen training.
- Several members of staff are trained in first aid, and / or in paediatric first aid. Training is kept up to date with staff attending refresher courses prior to the expiry of the previous training.
- For children with specific needs, such as diabetes, health professionals (in most cases the School Nurse Service) attend staff training along with parents in order to explain in detail and ensure staff are aware of the nature and extent of the need.
- Asthma inhalers should be stored in the child's classroom within the child's reach and labelled with their name and should be taken with the child during physical activities and visits outside of the school.
- No medicines, other than asthma inhalers and emergency medication listed above, may be kept in the classroom.
- Parents/carers are responsible for monitoring the expiry of any long term medicines, unless it is a regular medication that is kept in school/Trust. Parents/carers should ensure any medication taken away should be returned to a pharmacy for disposal if needed
- Medicines will be stored in the medical room in the locked medical box. Medicines that require to be stored in a fridge will be kept in a locked box in the fridge. The key to the locked medical box will be kept in the school/Trust office.
- Staff are responsible for ensuring the safe storage of any medication they may require.
- Teachers must ensure that inhalers are taken into PE lessons and outside when the fire bell goes.

## 9. MEDICINES ON SCHOOL/TRUST TRIPS

Children with medical needs are given the same opportunities as others. Staff may need to consider what is necessary for all children to participate fully and safely on school trips and residential trips. Staff should discuss any concerns about a child's safety with parents.

- The trip coordinator is responsible for designating a school First Aider for the trip
- The trip coordinator is responsible for ensuring that arrangements are in place for any child with medical needs prior to a trip taking place, including ensuring that asthma inhalers are carried as required.

- A copy of any relevant health care plan should be referred to when planning the trip.
- The designated school First Aider on the trip will be responsible for carrying emergency medication and administering any medicines required.
- When children are spending time away from home non-prescribed medicines will be administered with prior agreement between parents/carers and school. Any such requirement would be detailed on the health form. This may include travel sickness and allergy tablets.

## 10. ATTENDANCE DURING/AFTER ILLNESS

- Children should not be at school when unwell, other than with a mild cough/cold.
- Symptoms of vomiting or diarrhoea require a child to be absent from school/Trust and not to return until clear of symptoms for 48 hours.
- Children should not be sent to school with earache, toothache or other significant discomfort.
- Children should not be sent to school with an undiagnosed rash or a rash caused by any contagious illness.
- Any other symptoms of illness which might be contagious to others or will cause the child to feel unwell and unable to fully participate in the school day require the child to be absent from school.

## 11. UNACCEPTABLE PRACTICE

Trustees should ensure that school policies are explicit about what practice is not acceptable. Although school staff should use their discretion and judge each case on its merit, it is not generally acceptable practice to:

- Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary.
- Assume that every child with the same condition requires the same treatment.
- Ignore the views of the child or their parents/carers.
- Send children with medical needs home frequently or prevent them from staying for normal school activities including lunch.
- If the child becomes ill, send them to the school office or medical room unaccompanied.
- Penalise children for their attendance record if their absences are related to their medical needs, e.g. school appointments.
- Prevent children from drinking, eating or taking toilet or other breaks whenever they need to.

- Require parents/carers or otherwise make them feel obliged to attend school/Trust 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 or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. requiring parents to accompany the child.

All staff have annual training informing them of the range of medical needs in school and the support required to manage this. The majority of staff attend annual Epi-Pen competence training. Staff supporting individual children with specific medical needs have training appropriate to the children in their care. For example, around diabetes management or cystic fibrosis.

Qualified first aiders attend refresher training to ensure their qualification remains up to date.

## APPENDICES

### Appendix A - Individual Health Care Plan (IHCP)

Photo
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Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	
<i>Family Contact Information</i>	
Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	
<i>Clinic/Hospital Contact</i>	
Name	
Phone no.	

G.P.	
Name	
Phone no.	

Who is responsible for providing support in school/Trust	
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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/Trust 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



**Appendix B - Parental Agreement to Administer Medicine Form**

Name of Child	
Date of Birth	
Year	
Medical Condition/Illness	
Name/type of medicine ( <i>as described on the container</i> )	
Dosage and Method	
Timing	
Special Precautions/Other Instructions	
Are there any side effects that the school/Trust needs to be aware of?	
Self-administration	Yes No
Procedures to take in an emergency	

*NB: Medicines must be in the original container as dispensed by the pharmacy*

I understand that I must deliver and collect the medicine personally from the main school office.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/Trust staff administering medicine in accordance with the school/Trust policy. I will inform the school/Trust immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signed .....

Dated .....

Name (printed) .....

Relationship to child .....

## Appendix C - Medicine Administration

[illegible]

**Appendix D - Administering Medication Procedure**

All medication should be administered in the assigned medical room with the exception of inhalers, Epi-Pens and emergency allergy medication

1. Sit the child down in a chair.
2. Take out the child's consent form.
3. Unlock the cupboard.
4. Ask the child their name.
5. Take the medication with their name on out of the cupboard.
6. Read out loud the name of the medication and check the expiry date.
7. Verifying adults to check the name read out with the name on the consent form.
8. Record child's name, date, time and name of medication on the administering form.
9. Administer medication with verifying adult observing at all times.
10. Place medication back in the secure cupboard.
11. Record on administering form dose given your own signature and ask the verifying adult to sign.
12. At the end of the day hand over medication and administering sheet to parent/carer and ask them to sign the form (Appendix C).