



## Medication in School Policy

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This policy may be read in conjunction with:

- a) DfE Supporting Pupils at Schools with Medical Condition December 2015
- b) Kirklees Health and Safety Guidance Note August 2016 based on the above DES guidance

The Designated Person for this policy is Mr Ben Smith - Head Teacher. The deputy person for this policy is Mrs Katrina Bates – Deputy Head Teacher.

**The governing body must ensure that arrangements are in place to support pupils with medical conditions. In doing so they should ensure that such children can access and enjoy the same opportunities at school as any other child.**

*DfE Supporting pupils at school with medical conditions; Dec 15; page 7 para 5*

**In making their arrangements, governing bodies should take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others. Governing bodies should therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life.**

**The governing body should ensure that their arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school. The arrangements 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. They should ensure that staff are properly trained to provide the support that pupils need.**

*DfE Supporting pupils at school with medical conditions; Dec15; page 7*

At Hopton we aim to take all reasonable steps to comply with this, however, whilst: - any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, **they cannot be required to do so**. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach. School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

*DfE Supporting pupils at school with medical conditions; April 2014; page 14 school staff*

All staff are aware that there is no legal or contractual duty for any member of staff to administer medication or supervise a child taking medication unless they have been specifically contracted to do so.

*LA Document on DFES document on Supporting pupils at school with medical conditions; page 15 para 9*



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Children and young people with medical conditions are entitled to a full education and have the same rights of admission to school as other children. This means that no child with a medical condition can be 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 their safeguarding duties, governing bodies should ensure that pupils' health is not put at unnecessary risk from, for example infectious diseases. They therefore do not have to accept a child in school where it would be detrimental to the health of that child or others to do so.

*DES Supporting pupils at school with medical conditions; Dec 2015; page 8*

At Hopton we have decided that in cases of medical needs we will ask for volunteers to support these needs and we will work with parents, the LA, the appropriate unions and other bodies as necessary to act in a reasonable way. For long term needs we will support each child with an individual healthcare plan.

The purpose of this policy is to state clearly how we intend to deal with the medical needs of our children, which will comply with our duty of care whilst ensuring that employees are not coerced or bullied into an expectation of providing medical assistance.

### Volunteers

In terms of this policy, a volunteer is a member of school staff, who willingly gives his/her consent to support a child with medical needs, either to indirectly support through observation, or directly support by administration of some degree of care/medication. All volunteers will receive training.

If no member of school staff chooses to volunteer, something within their rights, and the child in question requires long term support, the school will contact parents and the LA, to allow further discussions to take place.

### Non-prescription medicines

At Hopton we will not administer a non-prescribed medicine unless we have agreed to this through a volunteer, there are long term medical needs and that an Individual Health Care Plan is in place and there is prior written permission of the parents.

Or, unless we have a volunteer to do so, without the need for an Individual Healthcare Plan.

Guidance from government states: -

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

*DfE Supporting pupils at school with medical conditions; Dec 15; page 20*



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### Short term needs

At Hopton we accept that most children will at some time have short term illnesses and complaints. We will always manage these without the administration of any medication, and if we feel that a child is too ill to be at school we will contact parents and/or the emergency contact.

Often, children are prescribed anti - biotics and we urge parents to ask their doctors for 3 doses a day medication as opposed to 4 doses a day medication as we are unable to administer any short-term medication. Parents and carers or another nominated responsible adult must come into school to administer a lunch time dose, if they wish to maintain a 4-dose regime.

Children with coughs and colds will be allowed water on request, but such items as cough syrup, throat tablets and the like are not permitted in school under any circumstances.

No pain relief tablets or medicine should be sent in to school.

We have a duty of care to all children and the retention of medicine in school may be prejudicial to their health and safety.

### Long term needs

Some children will have long term medical needs and at Hopton we will aim to find **volunteers** to support these children medically.

It is vitally important that parents and carers meet with school to discuss these needs along with any other professionals who are required.

From these meetings an **Individual Health Care Plan**, (see Health Care Plan Protocol/website), will be drawn up which will contain all of the information necessary for the child to be supported. On this plan there will also be information on the named volunteers and what training has been put in place to support educationalists to administer medical needs. Outside medical practitioners will be named

Parents will be expected to request medical assistance in verbally or in writing and must take the responsibility to ensure that all medication and supplies are kept within date.



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Parents must also agree to inform the school immediately of any changes to medication or the health of their child.

The school will record each occasion that medical assistance has been given to the children, whether as a regular occurrence or in terms of an emergency response.

Plans should not be a burden on a school, but should capture the key information and actions that are required to support the child effectively.

### Asthma

At Hopton we recognise that asthma is a common problem and we aim to support children in the following way.

Parents are required to complete the **Asthma Inhaler Consent Form**.

Children will keep their named inhaler either with them, or within easy reach in the classroom.

Staff may volunteer to support children taking the inhaler.

**All inhalers should be clearly labelled with the pupil's name and stored safely.** Pupils should not take medication which has been prescribed for another pupil. However, generally speaking, no damage will be caused through taking asthma medication by mistake (either by a child that did not need it or by an asthmatic taking too much).

*(Guidelines on supporting children and young people with medical needs, including managing medicines in schools and early years' settings, Kirklees Children and Young People Service, Jan 2007, Page 43)*

If the asthma and the likelihood of an attack are severe we may decide that an **Individual Health Care Plan** is required.

We will also have a number of asthma emergency kits located in school. An emergency asthma inhaler kit should include:

- a salbutamol metered dose inhaler;
- at least two single-use plastic spacers compatible with the inhaler; instructions on using the inhaler and spacer/plastic chamber; instructions on cleaning and storing the inhaler;
- manufacturer's information;
- a checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded; a note of the arrangements for replacing the inhaler and spacers (see below);

Guidance on the use of emergency salbutamol inhalers in schools

- a list of children permitted to use the emergency inhaler (see section 4) as detailed in their individual healthcare plans;



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- a record of administration (i.e. when the inhaler has been used).

*Dept for Health, Guidance on the use of emergency salbutamol inhalers in school: page 11*

### Personal Care

If a child is likely to be in need for support for personal care issues we will aim to find volunteers to support these children with this care.

If there are personal care issues parents are required to complete the personal care request form, where named volunteers will be identified.

At Hopton, if personal care support is required we will attempt to utilise 2 members of staff (if this is not possible, care will still be provided by 1 member of staff), and will attempt to control the immediate environment to maintain privacy and dignity. All incidents will be recorded.

### Self – management

It may be that children are able to self-manage their own needs, such as within diabetes in terms of diet, or in terms of personal care. At Hopton, issues we will aim to find volunteers to support these children with this care.

In such instances named staff will be available to support if required, but children will be encouraged to self-manage, including the change of underwear, pull ups and clothing.

### Educational visits

No child will be prevented from participating in school trips on medical grounds without all reasonable adjustments being tried first. It will always be our focus to support all children to attend all trips.

The school will follow the same procedures as above and will only administer medication through a voluntary system. Parents would be required to complete all necessary forms as required by such administration.

### Record keeping

At Hopton we will follow a standard procedure if/when administering medicines.



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We will

- Check the written instructions received against the details on the medical container Check the prescribed dosage
- Check the expiry date
- Check timing and frequency details
- Check the record of the last dosage given, to avoid double dosage Measure out the prescribed dose
- Check the child's name on the medicine for a second time
- Complete the written record of dosage
- Unless in an emergency, give the medication in a situation where privacy and confidentiality is maintained.

**If we are in any doubt, we will contact the emergency contact numbers and may not administer the medication.**

### Training

If any staff volunteer to provide medical assistance, we will ensure that appropriate training is provided from qualified professionals.

A record of each training event will be maintained with any certification of the event attached.

**No member of staff will be expected to provide medical assistance without appropriate training.**  
**Roles and Responsibilities**

### Parents and Carers

Parents, as defined in section 576 of the Education Act 1996, include any person who is not a parent of a child but has parental responsibility for or care of a child.

*(Managing medicines in schools and early years settings, DES/Dept of Health. 1448-2005DCL-EN, Page16, Para 67)*

It only requires one parent to agree to request that medicines are administered. Where parents disagree over medical support, the disagreement should be resolved by the Courts. The school or setting should continue to administer the medicine .....unless and until a Court decides otherwise.

*(Managing medicines in schools and early years settings, DES/Dept of Health. 1448-2005DCL-EN, Page 16, Para 69)*



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Parents should provide the school with sufficient and up-to-date information about their child's medical needs. 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.

**It is the responsibility of parents to dispose of medication and parents should also collect medicines at the end of the academic year.**

### Local Authority

Local authorities are commissioners of school nurses for maintained schools and academies. 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 wellbeing of children with regard to their physical and mental health, and their education, training and recreation. Local authorities and clinical commissioning groups (CCGs) must make joint commissioning arrangements for education, health and care provision for children and young people with SEN or disabilities (Section 26 of the Children and Families Act 2014). Local authorities should provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively. Local authorities should work with schools 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 authority's health needs 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 school year).

### The Governing Body

Governing bodies must make arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented. They should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.

Governing bodies should ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life. They should also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.



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### Head teacher

Head teachers should ensure that their school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. Head teachers should ensure that all staff who need to know are aware of the child's condition. They should also ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose. Head teachers have overall responsibility for the development of individual healthcare plans. They should also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. They should contact the school nursing service in the case of any child 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

### Teachers and Other Staff

Any member of school 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. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach. School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

### Pupils

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.

### School Nurses

Every school has access to school nursing services. They are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical



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conditions, but may support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training. School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs; for example, there are good models of local specialist nursing teams offering training to local school staff, hosted by a local school. Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition.

### Other Healthcare Professionals

Other healthcare professionals, including GPs and paediatricians, should notify the school nurse when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing individual healthcare plans. Specialist local health teams may be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes, epilepsy).

### OFSTED

Ofsted's new common inspection framework came into effect on 1 September 2023, aimed at promoting greater consistency across inspection remits. Inspectors must consider how well a school meets the needs of the full range of pupils, including those with medical conditions. Key judgements will be informed by the progress and achievement of these children alongside those of pupils with special educational needs and disabilities, and also by pupils' spiritual, moral, social and cultural development.

### Liability and Indemnity

School staff are covered by the LA insurance policy if they have volunteered, been trained by a medical practitioner and follow guidelines laid down.

This statement is supported by Neil Heppenstall from the LA dated 14/11/2017

### Safety Management of Medicines

All medicines may be harmful to anyone for whom they are not appropriate. Where a school or setting agrees to administer medicines the employer must ensure that the risks to the health and safety of others are properly controlled. This duty is set out in the Control of Substances Hazardous to Health Regulations 2002 (COSHH)

*(Managing medicines in schools and early years settings, DES/Dept of Health. 1448-2005DCL-EN, Page 23, Para 106).*

Epi Pens should be in reach or have easy access for children and members of staff.

These will be in the main office.



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Asthma inhalers will be allowed to be kept either in class or on the child's person.

Medicines must be kept in their original container which must be: -

- Labelled with the child's name
- Labelled with dose and frequency
- Labelled with instructions for administration
- Labelled with date of dispensing
- Labelled with cautionary advice
- Labelled with expiry date

**At Hopton Primary we will assess each case on an individual basis and any assistance will only be provided by trained volunteers.**

**We will, however, always be mindful of our children's welfare and will both contact the home setting and the emergency services as we deem necessary.**

Agreed by Governors - May 26

## Personal Care Log Key Stage 1 and Key Stage 2

<b>Name of Child</b>	
<b>Date of Incident</b>	
<b>Time</b>	
<b>Location</b>	
<b>Reason for Changing</b>	<p><b>Wet</b></p> <p><b>Soiled</b></p> <p><b>Other</b></p>
<b>Volunteer who Changed</b>	
<b>Comments</b>	
<b>Signature</b>	<p><b>Staff</b> <span style="margin-left: 150px;"><b>Parent</b></span></p>

## Parental Request Form – Personal Care - Non-Medical

Please complete this consent form if you wish the school to support your child with personal care issues. Please note that the school has no obligation to do this and support will only be provided if a member of staff has volunteered to assist and the head teacher agrees to the assistance.

### Details of the Pupil:

Surname..... Forename.....

Date of Birth..... Class.....

Gender.....

Address.....

.....

Type of personal care support required.....

.....

.....

Anticipated time span of required care.....

We will inform you of any incidents of support and you will be required to sign the form to acknowledge the support.

### Contact Details

Name..... Relationship to pupil.....

Contact Numbers 1..... 2..... 3.....

I understand that I must provide appropriate supplies to the school and I accept that the school is not obliged to undertake this support and may withdraw it by giving notice in writing.

Signed by parent.....

Signed by volunteer(s).....

Signed by head teacher.....

Dated.....

## Parental Request Form – Asthma Inhaler Consent

Please complete this consent form if you wish the school to support your child with asthma inhaler issues.  
**Please note that the school has no obligation to do this and support will only be provided if a member of staff has volunteered to assist and the head teacher agrees to the assistance.**

### Details of the Pupil:

Surname..... Forename.....

Date of Birth..... Class.....

Gender.....

Address.....

.....

Medication: type/name of inhaler.....

Dosage.....

**On a scale of 1 – 10 (10 being the most serious) how would you rate your child's need to use their inhaler?**

Do you wish your child 1. To leave their inhaler with the class teacher\*

2. To keep their inhaler with them at all times\*

\*Please delete as appropriate

**If your child has an asthma attack and doesn't have their own inhaler available, do you give permission for your child to use another identical inhaler? YES/NO**

Contact Details

Name..... Relationship to pupil.....

Contact Numbers 1..... 2..... 3.....

**I understand that I must deliver the inhaler personally and that it will be clearly marked with my child's name to the school office. I accept that this is a service which the school is not obliged to undertake and which the school may withdraw by written notice.**

Signed by parent.....

Signed by volunteer(s).....

Signed by head teacher..... Date.....

# Parental and School Agreement to Administer Medicine

Name of child .....

Date of birth .....

Medical condition .....

.....

.....

Name/type of medicine (as described on container) .....

Duration of medication .....

Time of administration ..... Dosage.....

**I accept that this is a service which the school is not obliged to undertake and which the school may withdraw by written notice.**

**I understand that I must bring the medicine into the school personally to the office, in the container it was dispensed in.**

**I understand that if my child refuses to take the medicine the school will not force him/her to do so and that I will be contacted.**

Name..... Signature.....

Relationship to child..... Date.....

## **Volunteer Declaration**

I have agreed that ..... will be given/ supervised

whilst the medication is administered. I understand I have volunteered for this duty and may withdraw from this by informing the head teacher.

Signed..... Date.....

## **Head teacher Declaration**

I agree to the above member of staff administering medication to the above named child. I accept responsibility on behalf of the school.



## Allergy Letter

Dear Parent;

You have told us that your child.....

Suffers from an allergy to.....

All children who have allergies which may affect them in school are required to have an **Individual Health Care Plan**. As such we would be grateful if you could complete the following form, with all relevant information and permission to contact your doctor through the school nurse.

Once we have all relevant information you may be requested to attend the school to draw up the **Individual Health Care Plan**. The plan is essential for the school if we are to act on any need your child may have.

Has the allergy been confirmed by your doctor?      **YES – NO**

Name of doctor.....      Tel No.....

Hospital Consultant?      **YES – NO**

Name of consultant.....      Tel No.....

Name of hospital.....      Tel No.....

Do we have your consent for our school nurse to contact the doctor/consultant concerned for further information?      **YES – NO**

Signed.....

Date.....

## Hopton Primary School

### Use of Emergency Salbutamol Inhaler - Consent Form

Dear Parent / Carer;

From 1st October 2014, The Human Medicines (Amendment) (No2) Regulations 2014 allowed schools to obtain, without prescription, salbutamol inhalers, if they wish, for use in emergencies.

This will be for any pupil with asthma, or who has been prescribed an inhaler as reliever medication. The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty).

According to our records your child has been prescribed an inhaler and would be able to use the emergency inhaler if needed.

#### **Please Note: This is for Emergency Use Only**

If you would like school to administer the emergency inhaler to your child in an emergency, please could you complete and return the attached form asap.

Yours faithfully;

Ben Smith  
Head Teacher

## Use of emergency salbutamol inhaler consent form

Child's Name: .....

Class: .....

1. I can confirm that my child has been diagnosed with asthma/has been prescribed an inhaler (delete as appropriate)
2. My child has a working, in date inhaler, clearly labelled with their name, which they bring with them to school every day/keep in school
3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed: .....

Date: .....

Parent's/Carer's Name .....

Address: .....

.....

.....

Telephone: .....

Email: .....