



John Emmerson Batty Primary School

**Supporting Pupils at School with
Medical needs and Administering
Medicines Policy**

Approved: Autumn 2023

Review: Autumn 2025

Policy Implementation

All schools are expected by Ofsted to have a policy to help support pupils with medical needs and to administer medicines and to be able to demonstrate that this is implemented effectively. The overall responsibility for the successful administering and implementation of this policy is given to the Head teacher. The Head Teacher will also be responsible for ensuring that sufficient staff are suitably trained and will ensure cover arrangements in case of staff absences or staff turnover to ensure that someone is always available and on site.

The school business manager, will be responsible for informing supply teachers that particular children have a healthcare plan. Class teachers will be responsible for ensuring specific risk assessments are completed for school visits and other school activities outside of the normal timetable. The Head Teacher is responsible for ensuring healthcare plans are reviewed and updated at least once an academic year.

All staff will be expected to show a commitment and awareness of children's medical conditions. All new members of staff will be inducted into the arrangements and guidelines set out in this Policy.

2. Definitions of medical need

At John Emmerson Batty Primary School we recognise that there are different levels of medical needs. These needs are generally grouped into the following sections:

Short Term Medical Needs

We recognise that pupils may need to receive medication during school hours at some time in their school life. Mostly this will be for a short period only; to finish a course of antibiotics or apply a lotion. To allow pupils to do this will minimise the time they need to be off school. Medication should only be taken to school when absolutely essential. Parents should be encouraged to talk to their doctors about the frequency of dosage in order that it may be administered out of school hours. For example where a child needs to have medicine administered three times a day this should be done at breakfast time before school, as soon as the child gets home after school and at supper time before going to bed. This thus elevates the need for medicine to be administered in school.

Long term/severe medical needs

Parents should provide the head with sufficient information about their child's medical condition and treatment or special care needed at school. There is a section on the school's admission form requesting information on any existing medical conditions. If the child's needs are substantial the parent, jointly with the head teacher and healthcare professionals, will reach agreement on the school's role in helping with their child's medical needs. The head would always seek parents' agreement before passing on information about their child's health to other school staff. We believe that sharing information is important if staff and parents are to ensure the best care for a pupil.

If parents have difficulty understanding or supporting their child's medical condition themselves, we will provide additional assistance in these circumstances by liaising with the appropriate Health agency. Parents' cultural and religious views would always be respected and taken in to consideration when a particular course of action is decided upon.

Some children with medical conditions may be disabled. Where this is the case governing bodies must comply with their duties under the Equality Act 2010. Some may also have Special Educational Needs and may have an Education, Health and Care Plan which brings together health and social care needs, as well as their special educational provision. For children with SEND, this guidance should be read in conjunction with the SEND Code of Practice (2014) and the John Emmerson Batty School SEND Policy.

If a child is deemed to have a long-term medical condition, the school will ensure that arrangements are in place to support them. In doing so, we will ensure that such children can access and enjoy the same opportunities at school as any other child. The School, health professionals, Parents/Carers and other support services will work together to ensure that children with medical conditions receive a full education, unless this would not be in their best interests because of their health needs. In some cases this will require flexibility and involve, for example, programmes of study that rely on part time attendance at school in combination with alternative provision arranged by the Local Authority and health professionals. Consideration will also be given to how children will be reintegrated back into school after long periods of absence.

Procedures to be followed when Notification is received that a Pupil has a Medical Condition

We will ensure that the correct procedures will be followed whenever we are notified that a pupil has a medical condition. The procedures will also be in place to cover any transitional arrangements between schools, the process to be followed upon reintegration or when pupil's needs change and arrangements for any staff training or support. For children starting at John Emmerson Batty Primary School, arrangements will be in place in time for the start of the relevant school term. In other cases, such as a new diagnosis or children moving to John Emmerson Batty Primary School mid-term, we will make every effort to ensure that arrangements are put in place within two weeks. The procedures can be seen in Annex A.

Individual Health Care Plans

For conditions that do not potentially constitute a long term risk to health, Individual Health Care Plans will be written by the Teaching Assistant working within the child's class. This will be in conjunction with information from the parent. For conditions that present a risk to a child's long term health (e.g. diabetes) these will be written by the SENDCo in conjunction with Health Care Professionals. The Head Teacher, with the support of the School Business Manager, will review all Health Care Plans, but it will be the responsibility of all members of staff supporting the individual children to ensure that the Plan is followed. All healthcare plans will be signed by the child's parent or

carer. The class teacher will be responsible for the child's development and ensuring that they and their medical conditions are supported at school.

Individual Health Care Plans will help to ensure that the school 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, health care professional and Parents/Carers should agree, based on evidence when a Health Care Plan would be inappropriate or disproportionate. If consensus cannot be reached, the Head teacher, with support from healthcare professionals, is best placed to take a final view. For a child with a condition deemed to present a long term risk to a child's health, a flow chart for identifying and agreeing the support required in an individual healthcare plan is provided in Annex A.

Where a child has SEND but does not have an EHC plan, their SEND should be mentioned in their Individual Health Care Plan. Annex B shows a template for the Individual Health Care Plan (IHCP) and the information needed to be included. Individual Health Care Plans, (and their Review), may be initiated, in consultation with the Parent/Carer, by a member of school staff or a healthcare professional involved in providing care to the child. For long term or serious medical conditions, the Individual Health Care Plan must be completed by the Lead Professional (usually the SENCO) with support from Parents/Carers, and a relevant healthcare professional, e.g. school, 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 responsibility for ensuring it is finalised and implemented rests with the School. Health care plans will be shared with appropriate staff, unless parents/carers expressly ask for the information to be kept confidential. Here the head teacher would liaise with the parent to address any concerns and identify appropriate access to individual staff members.

Annex B provides a template for the Individual Health Care Plan but it is a necessity that each one includes;

- 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/noisy conditions, 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 tests, 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/Carers and the head teacher 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 assessments;
- where confidentiality issues are raised by the Parents/Carers or child, the designated individuals to be entrusted with information about the child's condition;
- what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an Emergency Health Care Plan prepared by their lead clinician that could be used to inform development of their Individual Health Care Plan. The Emergency Health Care Plan will not be the John Emmerson Batty Primary School's responsibility to write or review

The School will ensure that Individual Health Care Plans are reviewed at least annually 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 the school assesses and manages risks to the child's education, health and social wellbeing and minimised disruption. Where the child has a SEND identified in a statement or EHC plan, the Individual Health Care Plan should be linked to or become part of that statement or EHC plan.

Managing Medicines

Staff must not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any Individual Health Care Plans). At John Emmerson Batty Primary School, we recognise that a first-aid certificate does not constitute appropriate training in supporting children with medical conditions. Healthcare professionals, including the school nurse, who we have regular access to, will provide training and subsequent confirmation of the proficiency of staff in a medical procedure, or in providing medication.

The following are the procedures to be followed for managing medicines:

- Medicines should only be administered at John Emmerson Batty Primary School when it would be detrimental to a child's health or school attendance not to do so.
- No child under 16 should be given prescription or non-prescription medicines without their Parents/Carers explicit written consent.
- We will not administer prescription medicines unless they have been prescribed for the specific child by a doctor, dentist, nurse or pharmacist.
- The School will 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 inside an insulin pen or a pump, rather than in its original container.
- We will only administer aspirin to a child if it has been prescribed by a doctor.
- We will not routinely administer non-prescription medicines to a child. If a Parent/Carer wishes a child to have the non-prescription medicine administered during the School day, they will be asked in the first instance to come to the school to administer it to their child themselves.
- Where a child requires non-prescribed medicines to be administered during the school day and parents and carers are unable to attend school to administer it, then the head teacher or another member of the leadership team, may give approval for the medicine to be administered, in line with BMA advice. This approval must be sought prior to the administration of the medicine.
- All medicines will be stored safely in a refrigerator where appropriate. Where relevant, children should know who holds the key to the storage facility, which will be the School Business Manager.
- 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; these will be stored in the classroom cupboards (or class trays for inhalers) where both class teacher and child know how to access them. If a child requires an asthma inhaler it is crucial that there is an inhaler in the school at all times.
- During school trips, the first aid trained member of staff/member of staff in charge of first aid will carry (or have immediate access to) all medical devices and medicines required.
- Staff administering medicines should do so in accordance with the prescriber's instructions. The School will keep a record 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 the school should be noted. Annex C and Annex D outline these procedures. 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.

- When no longer required, medicines should be returned to the Parent/Carer to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

Supporting Staff to Administer Medicines

Any member of staff who agrees to accept responsibility for administering prescribed medication to a pupil will receive training and guidance so that they feel fully confident to carry out these responsibilities. He or she will also be aware of possible side effects of the medication and what to do if they occur. The type of training necessary will depend on the individual case but should be delivered by the appropriate professionally trained person.

Teachers who have pupils with medical needs in their class will be provided with the full nature of the condition, and when and where the pupil may need extra attention. Teachers should be aware of the likelihood of an emergency arising and what action to take if one occurs.

At different times of the school day other staff will be responsible for pupils (e.g. *playground assistants*). The staff will be provided with training and advice and know who to refer to for each specific child.

Where it is required, the job descriptions of staff should *reflect these responsibilities*. Under Workforce Reform teachers' conditions of employment do not include giving medication or supervising a pupil taking it.

John Emmerson Batty Primary School will ensure that its insurance arrangements provide full cover for staff acting within the scope of their employment. The school wishes to reassure staff that those who volunteer to assist with any form of medical procedure are acting within the scope of their employment and are indemnified.

SAFEGUARDING CHILDREN

This policy should be read in conjunction with the Child Protection, Health and Safety, Site Security and Confidentiality Policies in school.

Updated: Autumn 2023

To be reviewed: Autumn 2025

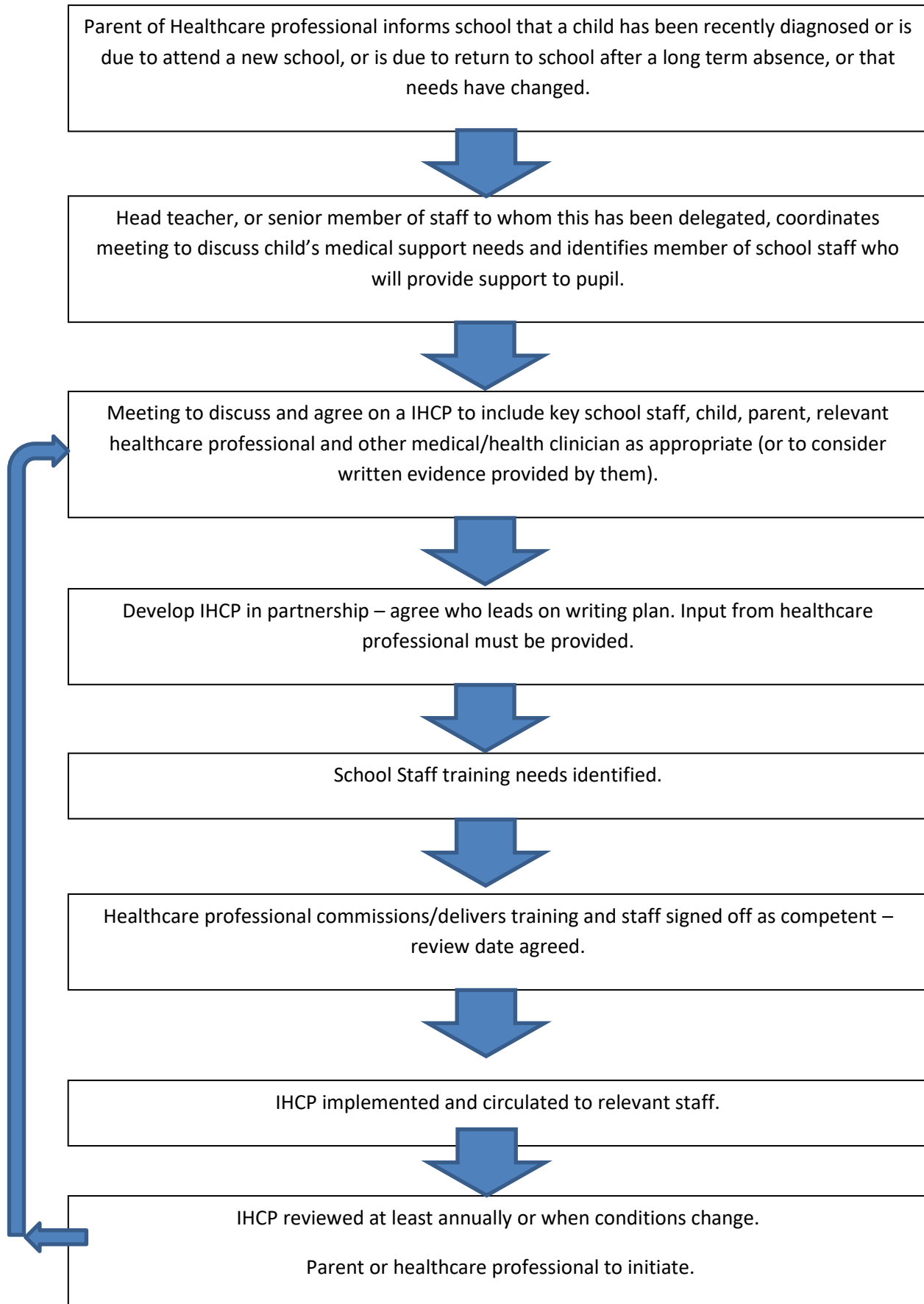
Signed on behalf of the governing body:



Head teacher

Annex A

**Model Process for Developing Individual Health Care Plans for
Children with Significant Medical Conditions**



Annex B

JOHN EMMERSON BATTY PRIMARY SCHOOL
INDIVIDUAL HEALTH CARE PLAN FOR A PUPIL WITH SPECIAL MEDICAL NEEDS

Name:	<div style="border: 1px solid black; width: 150px; height: 100px; margin: 0 auto;"> <p align="center">INSERT PHOTOGRAPH</p> </div>
Date of Birth:	
Name of Condition:	
Class/Form:	Date:
	Review Date:
Contact Information	
Family Contact 1	Family Contact 2
Name: Bishop	Name:
Phone No (Work):	Phone No (Work):
(Home):	(Home):
Mobile:	Mobile:
Relationship:	Relationship:
Clinic/Hospital Contact	GP
Name:	Name:
Phone No:	Phone No:
<p><u>Describe medical condition and give details of child's individual symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.</u></p>	
<p><u>Daily Requirements including dietary requirements, support required for social and emotional needs, medication, dose, method of administration, when to be taken, side effect, contra-indications, administered by /self-administered with/without supervision: (e.g. Before sports/at lunch time)</u></p>	

Describe what constitutes an emergency for the child (if any), and the action to take if it occurs (include care required following an emergency):

Staff Training needed/undertaken – who, what, where, when?

Protocol for children with severe allergies (Anaphylaxis Protocols)

Complete only where necessary by adding text and deleting* paragraphs and words as appropriate:

(Child's Name) _____ has a severe allergy to _____

Therefore:

He / She* will not be allowed to eat food provided by the school.

This applies to any of the following groups:

- Children whose parents do not wish their child to be given any food products by the school;
- Children who have a severe allergy where the allergy cannot be identified;
- Children with allergy to several different foods;

The above named child will not be allowed to eat anything unless it has been provided from home. In the case of a child who is in receipt of free school meals, the local Education Authority will reimburse the parent so that a packed lunch may be provided.

Parents will be requested to provide food for parties, science, etc. and are welcome to attend school at any time to supervise any activity in which food is involved. Food Technology activities will be monitored to exclude any element of danger, as far as is possible.

or

He / She* will be allowed to eat food provided by the school.

This applies to any of the following groups:

For children who have been identified as having an allergy to a single food product and whose parents request that food products are provided in school:

I, _____ parent _____ give my consent for food products to be provided for my child by the school for his or her consumption. I understand that every effort will be made by school staff to avoid inadvertently giving any foods containing the above allergen to my child, but that this cannot be guaranteed.

If a supply teacher is taking the child's class, he/she will be made aware of the situation by the School Business Manager. The Head Teacher is responsible for ensuring that there is a volunteer in school who is trained to give the emergency medication.

The child's medical need will be recorded in the Arbor MIS system where all staff can access this.

Parents will be requested to accompany the child for any school visits, if this is deemed necessary by school staff. The parent, in consultation with school staff, should decide on the merits of informing other children of the problem.

Who is responsible in an emergency: (state if different on off-site activities)

The Head Teacher is responsible for ensuring that an appropriate Health Care Plan is in operation. The Head Teacher is responsible for ensuring that the Health Care Plan is communicated to and appropriately applied by staff.

The class teacher is responsible in the first place for providing for the child's needs in an emergency and for communicating to other member of staff that an emergency situation has arisen. The class teacher should ensure that a first aider is sent for in order for them to take further action in relation to meeting the child's needs.

The first aiders will then take a lead role in meeting the child's medical needs whilst the head teacher / deputy head teacher / assistant head teacher or other senior member of staff will take responsibility for contacting emergency services and parents where necessary. Where a senior member of staff is not available the class teacher will take responsibility for contacting emergency services and parents where necessary.

In the case of an off site visit, the group leader for the particular trip in question is responsible for ensuring appropriate risk assessments are in place and that these are followed in the case of an emergency.

Form copied to school office and individual phase file.

Plan developed in conjunction with:

**Signed _____ parents _____ staff
member**

Annex C

JOHN EMMERSON BATTY PRIMARY SCHOOL

Parental agreement for school/setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form. Only medicine which needs to be taken more than 3 times a day will normally be administered in school. A copy of the prescription label is required for prescription medicines prior to staff agreeing to give any medicine.

While we agree to administer medication, upon completion of all the relevant documentation, we will accept no responsibility for any adverse reactions endured by the child taking the medication.

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

Name of school/setting

John Emmerson Batty Primary School

Name of child

Date of birth

/ /

Group/class/form

Medical condition or illness

Medicine

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

Has this been prescribed by a doctor?

Yes / No

Date dispensed

/ /

Expiry date

/ /

Agreed review date to be initiated by

Dosage and method

Timing

Special precautions

Are there any side effects that the school/setting needs to know about?

Self administration?

Yes / No

Procedures to take in an emergency

Medicine to be taken collected by:

Contact Details

Name

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver the
medicine personally to

I understand that I must notify the school/setting of any changes in writing.
Date Signature _____ (Parent/carer)

JOHN EMMERSON BATTY PRIMARY SCHOOL

Head teacher/Deputy Head Teacher agreement to administer medicine

It is agreed that _____ (Child's name) will receive _____
_____(Name of medicine) every day at _____
_____(Time/s to be administered).

_____ (Child's Name) will be given/supervised whilst he/she
takes their medication by _____(Name of staff member)

This arrangement will continue until _____(end date/or
until further notification by parent/carer)


Date _____

Signed _____
(Head Teacher / Deputy Head Teacher/Nominated Person)

John E. Batty Primary School Equality Impact Assessment

<i>Name of policy or project being assessed?</i>	<i>Date</i>
Supporting Pupils at School with Medical needs and Administering Medicines Policy	5th Oct. 2023

Lead Officer: Martin Kitchen
Members of the assessment team: Local School Board
Others involved in the assessment: None
What are the aims of the policy or project? To agree the practices and procedures for Supporting Pupils at School with Medical needs and Administering Medicines Policy
Who are the beneficiaries of this policy or project? All children in school and other stakeholders.
What are the desirable outcomes from this policy or project? All children and adults to have a clear understanding how pupils medical needs will be supported in school.
List any other key policies, procedures, projects or strategies that this policy or project has implications on: Child Protection Policy, Confidentiality Policy, Safe Recruitment Policy, Whistle Blowing Policy, Educational Visits Policy. Drugs Education Policy
What are the racial, disability and gender equality implications of the policy or project? None Identified

<p>Does the policy or project have any significant positive impact for:</p> <p>Different racial groups Disabled persons Men and women Boys and girls</p>	<p>Outlines how all children will have their medical needs supported in school.</p>
<p>Does the policy or project have any significant adverse impact for:</p> <p>Different racial groups Disabled persons Men and women Boys and girls</p>	<p>None identified</p>
<p>Do you have any evidence?</p>	<p>None obtained</p>
<p>Is there any way that you could reduce or eliminate the adverse impact or increase positive impact?</p>	<p>None identified.</p>
<p>Action to take: Review at next policy review.</p>	
<p>If you have indicated there is a negative impact, can it be justified?</p> <p>Yes / No (Not applicable)</p>	
<p>If you have indicated there is a negative impact and it cannot be justified, is it discrimination?</p> <p>Yes/No (Not applicable)</p>	
<p>If you have answered YES, please list all the changes that you have made to eliminate this discrimination:</p> <p>(Not applicable)</p>	
<p>How will the policy or project be monitored?</p> <p>As per policy review timetable.</p>	
<p>Signed :</p>  <p>(On behalf of the Full Governing Body)</p>	<p>5th October 2023</p>

