

Policy Title: Supporting Pupils with medical conditions	Effective Date:	November 2023
LT Member Responsible: School Business Manager	Review Date:	November 2026
Governors' Committee Responsible: Culture & Community		

AUTHORITY FOR ISSUE

This document is issued by Sheldon School as the employer of staff and with the responsibility for safeguarding children and young people in its care and for the safety and health of all visitors.

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1 Introduction

- 1.1 This section deals with the control of medicines and medical devices at our establishments and how the medicine is given or the device used. There are therefore two different meanings to the word administration.

To avoid ambiguity the word administration refers to the paperwork and records associated with the use of medicines and medical devices.

2 Competence and consents

- 2.1 We will follow the legal guidance on competence and unless we know otherwise all adults (that is over 18 year olds) have competence to decide on whether they follow any medical advice they are given. Children (under-18 year olds) may not have legal competence and would need to follow their parents or carers' instructions. We will however respect their wishes as far as is possible.
- 2.2 Consent is required to do any medical procedure to children or adults and we understand therefore we need to get the consent in advance of any treatment including giving medicines. The exception is for life-saving care in an emergency
- 2.3 Consent is also required from us as a school that medicines and medical devices may be brought to site and used either by the patient or with the help of staff. Our consent will not normally be refused since we are supporting children/pupils with medical conditions and pupils with SEND requirements.

3 Start of the academic year and ongoing information gathering and consent

- 3.1. Parents and carers will be asked at the start of each academic year to supply any medical information and related information to keep children healthy and safety at our establishments.
- 3.2 The DfE provides a document with templates for obtaining and recording the necessary information.

These templates are:

- Template A: individual healthcare plan
- Template B: parental agreement for setting to administer medicine
- Template C: record of medicine administered to an individual child
- Template D: record of medicine administered to all children
- Template E: staff training record – administration of medicines
- Template F: contacting emergency services
- Template G: model letter inviting parents to contribute to individual healthcare plan development

We currently have our own templates based on the above and these are in use. For location purposes particularly in an emergency we will use the most effective methods such as what3words, a street address, a grid reference or other.

3.3 Employees and visitors will be offered the recording of any medical information about them that is important to know. This may be life-saving information about a condition or where adaptations may be needed to meet equality requirements.

3.4 The level of detail of the information will, we request, be proportionate to the consequences of not knowing the information. Examples to give an idea of importance are set out in **Table 1 below**.

Defining the support needed for children (and applicable to adults with suitable adjustments). When is agreeing to give medicines or help with medical devices the right choice?

3.5 We use the information supplied by parents and carers with medical paperwork for verification on what support is needed. Staff members may supply relevant information.

See table 2 below for examples. We will assess each child (and adult where relevant) in context and individually.

TABLE 1 Condition	Consequences	Information need (a) and what we might do in cooperation with the person/family (b)
(i) A birth mark with no health effects but obvious to other people when changing for sports activities.	(i) No health effect however it may be a cause for other children to be rude or bullying sometimes.	(ia) We don't need to be told about this however it would be simpler if we were. Children and some adults might ask about it. (ib) Pastoral support in various ways.
(ii) Hearing impairment and a hearing aid is worn	(ii) May need to be protected in swimming or other sports; the hearing is affected when the environment is noisy.	(iia) We need to be told as this will affect teaching and learning. (iib) Situations that might damage a hearing aid should be identified and avoided; teachers should check the hearing is adequate in lessons when the environment is noisy.
(iii) A child is prone to fits on a regular but unpredictable basis	(iii) There is a significant risk if there is a fit when the child is in a hazardous situation such as	(iiia) We would want to have as much information as possible (iiib) Drugs may be needed at school and so secure storage or

	standing on a place they could fall from; risk of a fit leading to death.	carriage by a responsible person, lessons and trips to be planned carefully. Emergency plan to be in place.
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TABLE 2 Condition needing support	Examples	Support
1. Minor common illness that clears up quickly	Sniffles, colds, bit under the weather type conditions	General care and hygiene procedures such as washing hands.
2. Minor common illness but with a request for administering e.g. antibiotics or pain-killers like Paracetamol®.	Cleared to come to school or work but needs to take some medication. Examples: sore throat, bad cold, headache.	Check UK Health Security Agency guidance sheet in case the person should be at home; support the taking of medication if this is needed.
3. Common personal and intimate pain or discomfort needs needing painkillers or other medication over the counter or prescription.	Period pains, various internal conditions, neuralgia	Support to take the medication including private area if needed.
4. Infections that are transmissible and need significant doses of prescribed antibiotics or are viral and need care at home or in hospital.	Measle, Mumps, Meningitis	These cases should not come to the establishment but if they do they should be returned home. Seek advice if this is not possible. Check UK Health Security Agency guidance sheet
5. Infections that are likely to spread rapidly	Norovirus, other gastro-intestinal illnesses with diarrhoea and vomiting.	These cases should not come to the establishment but if they do they should be returned home. Seek advice if this is not possible. Check UK Health Security Agency guidance sheet
6. Post-injury (or medical operation) recovery – may need antibiotics and/or painkillers AND may have mobility or other impairments	Broken limb with surgical repair, gall bladder removal.	Do individual risk assessment including fire safety emergencies; support as needed for return to education/work. Seek advice if needed. Temporary adaptations may be useful.
7. Long term condition requiring support to attend education or work – generally though not always meeting the criteria for a disabled person under the Equalities Act 2010.	Childhood heart defect, cystic fibrosis, cancer, diabetes	Do individual risk assessment including fire safety emergencies; support as needed for inclusion in education/work. Seek advice if needed. Consult any relevant charities for the condition as well as medical advisors. Long term adaptations may be useful. Changes over time as the child grows up will be needed.
8. Long term (possibly reducing over time or possibly getting worse over time) mental health condition.	Depression, anxiety, schizophrenia.	Do individual risk assessment including fire safety emergencies; support as needed for inclusion in education/work. Seek advice if needed. Seek advice if needed. Consult any relevant charities for the condition as well as medical advisors. Long term adaptations may be useful.

	Changes over time as the child grows up will be needed.
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3	Defining the support needed for children (and applicable also to adults with suitable adjustments). When is agreeing to give medicines or help with medical devices the right choice? (continued from section 3.4 above Table 1 and Table 2)
3.6	<p>Our support will be the help as defined by our role as acting in the place of parents whilst children are under our care.</p> <p>This means providing the help that a parent or carer would for their child in managing a medical or personal condition. Managing a condition may require taking a medicine or applying a medical cream or using a medical device.</p> <p>Not all medicines or devices may be called “prescribed” because the NHS has cut costs by moving some items to non-prescription over the counter purchases.</p>
3.7	<p>Where possible children will be encouraged and assisted to manage their own condition as far as this is possible. This is the parent/carer duty to raise independent resilient children in good health. It works towards achieving the OFSTED safeguarding requirements.</p> <p>Some children may require more assistance whilst young and less as they grow and mature. Others may require support throughout their time in education.</p> <p>We remember that children become teenagers and then adults so our support is aimed to be part of a life-long thread.</p>
4	Practical aspects of the use of medicines and medical devices.
4.1	<p>Step 1: Be prepared.</p> <p>Long term conditions: The child should have a care plan of some kind ranging from a formal agreed Education and Health Care Plan to a medical practitioner advised treatment plan. All staff members who need to know should know about the plan to avoid dangerous mistakes over conditions such as asthma.</p> <p>Personal information should be managed confidentially however it is preferred that a child and their parents/carers are encouraged to be open about any condition. Free discussion is more likely to lead to better inclusion and a safer environment for a person whether child or adult who has a condition.</p> <p>Short term conditions: The child’s parents/carers should have supplied information on the condition and the medical advice. Where medicines or medical devices are needed these would normally be supplied by the parent. In some schools there will be a higher level of medical support including the supply of required items.</p>
4.2	<p>Step 2: We decide and agree on the support to be given.</p> <p>Long term conditions: We will have discussed the needs of the child and how we will meet these (in our role acting as parents) and agreed a protocol. This may evolve over the years the child is with us just as the parents/carers adjust their support at home.</p> <p>We have set our protocols as follows:</p> <p>a. Self-administration will be done by the child if they are competent to do this. The child will carry with them items that are life-critical such as asthma inhalers or adrenaline injectors.</p> <p>b. Administration (that is actually giving a medicine or medical device) will be done by staff members who are trained to do so.</p>

	<p>c. We will store items that need to be held either as “second doses” for emergencies such as asthma inhalers or adrenaline injectors or that is part of ongoing needs such as dressings.</p> <p>Drugs that are controlled substances will be stored in a secure area. Some drugs may require refrigeration which we will provide.</p>
4.3	<p>Short term conditions:</p> <p>We have set our protocols as follows:</p> <p>a. Self-administration will be done by the child if they are competent to do this. The child will carry with them items that are life-critical such as asthma inhalers or adrenaline injectors.</p> <p>b. Assistance with taking a medicine or using a medical device will be given where this is agreed between the parents/carers and the establishment and confirmed in writing.</p>
4.4	<p>At our establishment we have agreed on the support with the following items:</p> <p>First aid room Medical room Wash room Changing facilities Secure storage for controlled drugs under lock and key within an access restricted room Secure storage for all medicines all properly labelled but available easily in an emergency Refrigerator(s) for temperature sensitive items Sharps boxes Disposal for medical waste Arrangements for saving medicines in an emergency Educational visits and off-site trips where medications are taken</p> <p>We also provide [List these as required]</p>
4.5	<p>Step 3: Always check before the use of any medicine or device.</p> <p>Long term or short term conditions: see table 3 below</p>

Table 3	Information needed	Why check this?
Check this item		
1. Full name of child, their class and their address	<p>Proper identification that this is the person to take the medicine/device.</p> <p>Be careful to distinguish similar names and check spellings. Check against a child photograph.</p>	<p>In some cases medicine given to the wrong person can seriously affect them.</p> <p>Sometimes children impersonate other children for various reasons so we must get it right!!</p>
2. NHS medical number if possible	This is an additional check that it is the right person	Double-check it is the right patient
3. Confirm there is a written instruction directing the use of the medicine/device for this child.	Ed and Healthcare Plan, care plan, parent/carer’s letter or establishment permission form etc	This gives the establishment consent to allow the use of the medicine/device.

<p>4. Check the medicine/device and its label, box, associated guidance etc.</p>	<p>Be alert to any differences for example on doses, type of pill, colour of pill or tablet, liquid and so on.</p> <p>Check the expiry date on any packaging and the tablet foil or container.</p>	<p>There are usually child and adult doses of many drugs and different sizes of medical device.</p>
<p>5. Ask the child if they can use the drug/device on their own.</p>	<p>If the child can self-administer they are learning to cope with medical conditions. However this may not be possible when they are young so a judgement is needed by the staff.</p>	<p>It takes time for people to learn how to do things so children should not be rushed into self-administration but not prevented from learning either.</p>
<p>6. Allow the child to use the drug or device and confirm it was used successfully or if it was not for some reason.</p> <p>Always witness the use of the medicine or device, with a second person if necessary.</p>	<p>Fill in the items on the record form.</p> <p>If we suspect the child did not take a dose or took an overdose we will report this at once.</p> <p>If the child refuses to take medication or use a device we will ask why and suggest they take it/use it. If they refuse again we will record this and report at once to the senior medical person or line manager</p>	<p>There needs to be a written record.</p> <p>A “no-dose” or “overdose” may require medical advice which should be sought from parent/carers, medical practitioner, NHS 111.</p>

5 People we authorise to give medicines or use medical devices

- 5.1 As part of the agreement with parents and carers (or directly with adults if they are the patient) we will agree who can give medicines or use medical devices or assist the person who needs them.

So this might be a simple document for a very short course of antibiotics or a more complicated health plan.

- 5.2 Where possible the patient will self-administer or self-apply, with or without our support as necessary.
- 5.3 Staff members will be trained to be competent to assist and the level of training will be proportionate to the needs. We will not assume “common sense” however even for simple medicines and procedures. To minimise error all procedures will be discussed and agreed.
- 5.4 There will be sufficient staff members to cover all the times the patient (usually a child but possibly an adult) is with us. This includes after-school clubs, off-site events and educational visits and evening activities such as school drama productions.
- 5.5 First-aiders will be informed of people taking medicine or using medical devices so that they are aware in case of an incident.
- 5.6 Administrative records will be kept secure however they will be accessible to all key staff so that in an emergency we have the information we need.

6 Loss or theft of medicines or medical devices

- 6.1 We will investigate if medicines or devices go missing or are stolen or mis-used.

The loss of regulated drugs will be reported to the police.

7 Disposal of medicines and medical devices

- 7.1** The normal procedure will be that patients or their parents/carers take home spare or surplus items.
- 7.2** If there are items that are not taken home and the owner cannot collect them (for example if they have moved on from our establishment) then we will arrange disposal with our local pharmacy or waste contractor as appropriate.

8		Fire and other emergencies or similar situations
	8.1	We will organise Personal Emergency Evacuation Plans if necessary when we consider other health related issues, impairments, accessibility etc.
	8.2	We will also consider emergency action needed on educational visits, school expeditions, sports competitions etc.
	8.3	Pupils and adults may carry their own medical items with them for some conditions and in an emergency on or off site can use these. Some circumstances may prevent this such as being in a swimming lesson when an emergency occurs. Our staff team will if practicable keep personal carried medicine near to hand – e.g. where they can be picked up as an emergency exit is done.
	8.4	Spare medicines will be taken on emergency evacuations where this is practicable and does not require staff members' exposure to risk. If it is not possible to take out medicines or medical devices then the staff will contact the NHS or GP or pharmacy for support.
	8.5	Educational visits (or other off-site activities) and after normal hours events (including sports, concerts, summer fairs) will be assessed to see what if any special arrangements are required.