



St. James' C.E.P School

**'Building One Faith, One Family,
Our Future'**

Medical Policy

Updated by L. Jacques & D. Wild - Summer 2025

Approved by Governors - Summer 2025

Review in Summer 2027

Medical and Health related Issues

Rationale

The health and wellbeing of all members of the St. James' community is of the upmost importance to us. This document sets out to put in place procedures, systems and structures for dealing with any medical or health issues that occur in or outside school which affect our children.

This policy has been written in line with the DfE publication 'Supporting Pupils at School with Medical Conditions' (December 2015) so that all pupils in school are able to access the curriculum and a full education.

Some medical/health problems need to be explored in greater depth and have a separate policy eg. Head Lice and First Aid.

Inclusion

St. James' will ensure that arrangements are clear and unambiguous about the need to support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so. Teachers should be aware of how a child's medical condition will impact on their participation, but there should be enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments. Arrangements for the inclusion of pupils in such activities will be made with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible.

Schools should consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits. Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. This will require consultation with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely. Staff will consider the use of medication on trips and pupils will know how to gain access to their medication if and when it is needed.

Unacceptable Practice

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

- prevent children from easily accessing their inhalers and 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; or ignore medical evidence or opinion (although this may be challenged);
- send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;

- penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments;
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

Record Keeping

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. Parents will be informed if their child has been unwell at school.

Managing Medicines on School Premises

The purpose of this guidance is to give advice to school staff in relation to the administration of medicines in school both as a matter of routine and in an emergency. Parents or guardians have prime responsibility for their children's health and should give schools sufficient information about their children's medical condition and treatment or special care needed at school. The employer has duties, under the Health and Safety at Work Act 1974, for ensuring that a school has a health and safety policy. There is no legal duty which requires staff to administer medication; this is a voluntary role.

Staff who assist with any form of medication in accordance with the procedures detailed within this guidance are explicitly reassured that they will be acting within the scope of their employment and that they will be indemnified. Indemnity requires that these procedures are followed as described here. Indemnity will not be given in cases of fraud, dishonesty or criminal offence. This section of the policy refers only to medication.

Parents are encouraged to ask GPs to prescribe medicines for administration outside school hours whenever possible. School staff will not administer medication without a prescription.

Receiving medication in school

- medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so
- no child will be given prescription medicines without their parent's written consent - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents.
- all medication to be in the original container and prescribed by a health practitioner.
- all medication **MUST** be clearly labelled with the child's name, the name and strength of the medication, the dosage, storage instructions, when the medication should be given and the expiry date (*The exception to this is insulin, which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container*)

- if two medications are required, these should be in separate, clearly and appropriately labelled containers.
- on arrival at school, all medication is to be handed to the designated member of staff by the parent (Office Staff), unless there is prior agreement with school and pupil for the pupil to carry medication. Office staff will store the medication in line with school policy or pass the medication to the class teacher (eg. Inhalers)
- children will never be given medicine containing aspirin unless prescribed by a doctor.

Administration of Medication

- medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken
- school staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions
- staff who have volunteered or who are employed for the purpose of administration of medication and health care will receive training and advice from the appropriate health practitioner
- all training will be updated appropriately
- a designated member staff will be responsible for notifying the school when training requires updating and for ensuring this is arranged
- staff involved in specific complex procedures e.g. medication via gastrostomy tube will receive a certificate following training accreditation stating their ability to perform the procedure
- medicine should be administered in an appropriate/confidential room.
- before medication is administered, the child's identity must be established by checking with another competent adult
- staff will follow directions for administration as outlined on the container- dates of expiry will be checked
- staff will record details of each administration
- a child should never be forced to accept medication. The school will inform parents if this occurs

Self-Administration of Medication

Parents/guardians must complete a written request form for a child to self-administer medication. (Examples would include Insulin and or asthma medication. This is not a conclusive list). This would only be allowed if a child has been trained and is competent to administer medication.

Storage of Medication in school

- by law, a child who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but school will always store the medication securely unless it is detrimental to a child's health to do so.
- where a child keeps medication with them, they will be made aware that passing it to another child for use is an offence. In such cases, monitoring arrangements will be necessary and will strictly follow school policy.
- school will keep controlled drugs that have been prescribed for a pupil securely stored in a container out of reach of pupils and only named staff should have access.
- controlled drugs will be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held.

- Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility. 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.
- medication is to be stored in a locked wall mounted cabinet in the First Aid Room with the key stored in an accessible but restricted place known to the designated members of staff.
- fridge storage is lockable and wall mounted in the First Aid Room.
- once removed from the cabinet, medication should be checked by two staff and administered immediately to the correct pupil.
- medicines will never be left unattended.
- when no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps

Documentation

St. James' 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 school should be noted in school and if serious, parents/carers will be informed.

- verbal (including the telephone) messages are not acceptable as requests for the administration of medication.
- each pupil receiving medication will have the following documentation:
- written request for school to administer medication
- pupil record of medication administered

In addition, pupils with complex medical needs will have an Individual Health Care Plan (IHCP).

Record keeping

A system of record keeping will include:

1. List of authorised staff
2. Record of all training undertaken by all members of staff
3. Record of all training undertaken by children allowed to self-administer medication and competent to do so
4. Individual Health Care Plans
5. Records of parental/guardian consent including those for self-administration consent
6. Record of administration of medication including amount administered and amount remaining
7. Record of medication disposed of.

A parent/guardian request form should be completed each time there is a request for medication to be administered or there are changes to medication/administration instructions. The request form must include:

- child's name, class, date of birth
- reason for request
- name of medication, timing of administration and dosage of medication
- emergency contact names and telephone numbers
- name and details of Doctor and/or health practitioner

Any reasons for not administering regular medication must be recorded and parents informed immediately.

The school must keep records of administration of medication in a bound book. This bound book will be kept in the First Aid Room.

New members of staff will go through the relevant medical policies as part of their induction process. Supply teachers will be notified on arrival in school of any children with medical issues and procedures that are in place to support the child or keep them safe/healthy.

Emergency Procedures

All schools should have arrangements in place for dealing with emergencies for all school activities wherever they take place, including on school trips within and outside the UK. Where a child has an individual healthcare plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed. If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. Schools need to ensure they understand the local emergency services' cover arrangements and that the correct information is provided for navigation systems. **For full details see the school's Emergency Procedures Policy.**

Roles and responsibilities

Governing body - 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 pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life. The governing body should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. 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.

Headteacher - 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. The appointed person 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. The appointed person has 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.

School 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.

School nurse - 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 will 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 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 - including GPs, paediatricians, and nurse specialists/community paediatric nurses - should notify the school nurse and work jointly when a child has been identified as having a medical condition that will require support at school. They may provide advice on

Liability and indemnity

St. James' is insured by Zurich Municipal through Blackburn with Darwen Borough Council. The arrangements cover staff that provide support to pupils with specific medical conditions, provide liability cover for staff administering medication and administering first aid. Members of staff receive the appropriate training and that training is updated when necessary.

Complaints

Complaints concerning the support provided to pupils with medical conditions should be made in accordance with the school complaints procedure the complaint or issue cannot be resolved by talking directly to the class teacher, lead professionals within school and/or the headteacher.

Legislation

Section 21 of the Education Act 2002 provides that governing bodies of maintained schools must, in discharging their functions in relation to the conduct of the school, promote the wellbeing of pupils at the school.

Section 175 of the Education Act 2002 provides that governing bodies of maintained schools must make arrangements for ensuring that their functions relating to the conduct of the school are exercised with a view to safeguarding and promoting the welfare of children who are pupils at the school. Part 3, and in particular paragraph 7 of the Schedule to the Education (Independent School Standards) Regulations 2014 sets this out in relation to academy schools and alternative provision academies.

Section 3 of the Children Act 1989 confers a duty on a person with the care of a child (who does not have parental responsibility for the child) to do all that is reasonable in all the circumstances for the purposes of safeguarding or promoting the welfare of the child.

Section 17 of the Children Act 1989 gives local authorities a general duty to safeguard and promote the welfare of children in need in their area.

Section 10 of the Children Act 2004 provides that the local authority must make arrangements to promote co-operation between the authority and relevant partners (including the governing body of a maintained school, the proprietor of an academy, clinical commissioning groups and the NHS Commissioning Board) with a view to improving the wellbeing of children, including their physical and mental health, protection from harm and neglect, and education. Relevant partners are under a duty to co-operate in the making of these arrangements.

The NHS Act 2006: Section 3 gives Clinical Commissioning Groups a duty to arrange for the provision of health services to the extent the CCG considers it necessary to meet the reasonable needs of the persons for whom it is responsible. **Section 3A** provides for a CCG to arrange such services as it considers appropriate to secure improvements in physical and mental health of, and in the prevention, diagnosis and treatment of illness, in, the persons for whom it is responsible. **Section 2A** provides for local authorities to secure improvements to public health, and in doing so, to commission school nurses.

Governing Bodies' duties towards disabled children and adults are included in the **Equality Act 2010**, and the key elements are as follows:

- They **must not** discriminate against, harass or victimise disabled children and young people
- They **must** make reasonable adjustments to ensure that disabled children and young people are not at a substantial disadvantage compared with their peers. This duty is anticipatory: adjustments must be planned and put in place in advance, to prevent that disadvantage

Section 2 of the **Health and Safety at Work Act 1974**, and the associated regulations, provides that it is the duty of the employer (the local authority, governing body or academy trust) to take reasonable steps to ensure that staff and pupils are not exposed to risks to their health and safety.

Under the **Misuse of Drugs Act 1971** and associated Regulations the supply, administration, possession and storage of certain drugs are controlled. Schools may have a child who has been prescribed a controlled drug.

The **Medicines Act 1968** specifies the way that medicines are prescribed, supplied and administered within the UK and places restrictions on dealings with medicinal products, including their administration.

Regulation 5 of the School Premises (England) Regulations 2012 (as amended) provides that maintained schools must have accommodation appropriate and readily available for use for medical examination and treatment and for the caring of sick or injured pupils. It **must** contain a washing facility and be reasonably near to a toilet. It **must not** be teaching accommodation. Paragraph 24 of the Schedule to the the Education (Independent School Standards) Regulations 2014 replicates this provision for independent schools (including academy schools and alternative provision academies).

Section 19 of the Education Act 1996 (as amended by Section 3 of the Children, Schools and Families Act 2010) provides a duty on local authorities of maintained schools to arrange suitable education for those who would not receive such education unless such arrangements are made for them. This education must be full-time, or such part-time education as is in a child's best interests because of their health needs.

Model Process for Developing Education Healthcare Plans

