



# SUPPORTING PUPILS WITH MEDICAL NEEDS POLICY

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<b>Policy Owner</b>	Director of Operations
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## Rationale

The Trust has a responsibility for the health and safety of pupils in their care. **The Health and Safety at Work Act 1974** makes employers responsible for the health and safety of employees and persons not in our employment who could be affected by our activities.

The '**Statutory framework for the early years foundation stage**' also requires the Trust to have and implement a policy, and procedures, for administering medicines.

**The Children and Families Act 2014** places a statutory duty on the Trust as an 'appropriate authority' to provide support for pupils with medical needs at our schools/colleges. Pupils at school/college with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.

Whilst observing statutory duties, the Trust commits to give regard to non-statutory guidance to ensure that pupils with medical needs are supported. Inclusivity is one of the Trust's core values, and the Trust proudly states that Reach South is for all children.

## Aims

- To support pupils with medical needs, so that they have access to education, including physical education and educational visits.
- To ensure that school/college staff involved in the care of children with medical needs are fully informed and adequately trained to a level of competence in order to administer or support the administration of prescribed medication.
- To comply fully with the Equality Act 2010 and Section 100 of the Children and Families Act 2014.
- Where children and young people also have SEN, the Trust will ensure their provision will be planned and delivered in a co-ordinated way with the healthcare plan.
- To respond sensitively, discreetly, and quickly to situations where a pupil with a medical condition requires support.
- To keep, monitor and review appropriate records.

## Roles

The Governing Body of Reach South is formed of Trustees who have overall responsibility for the governance and supervision of the Academy Trust and its committees, and the Executive Team who have delegated authority for the running of the Academies. The person with overall responsibility for policy implementation is the CEO.

- The overall development, approval and implementation of the Supporting Pupils with Medical Needs Policy and procedures of the Academy Trust.
- Ensuring that the policy sets out what should happen in an emergency.
- Ensuring that the Supporting Pupils with Medical Needs Policy, as written and implemented does not discriminate against, harass, or victimise disabled children

and young people, and that reasonable adjustments are made to ensure that disabled children and young people are not at a substantial disadvantage compared with their peers.

- Ensuring that all pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life. This will include actively supporting pupils with medical conditions to participate in school trips and visits, or in sporting activities.
- Ensuring that relevant training is delivered to staff members who take on responsibility to support pupils with medical needs, and they are competent to manage the role.
- Ensuring members of school/college staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.
- Ensuring that written records are kept by the Academies of all medicines administered to children.
- Ensuring that practice that is not acceptable is clearly, and explicitly communicated within the policy.
- Ensuring the level of insurance in place reflects the level of risk (Reach South do this through membership of the Department of Education's Risk Protection Arrangement).
- Ensure that the policy sets out how complaints concerning the support provided to pupils with medical conditions may be made and will be handled.

The Head Teacher is responsible for:

- The day-to-day implementation and management of the Supporting Pupils with Medical Needs Policy and procedures of the Academy Trust.
- Ensuring the policy is implemented effectively with partner agencies.
- Making staff aware of this policy and ensuring they understand their role in its implementation.
- Ensuring that all staff who need to know are aware of the child's condition.
- Ensuring a sufficient number of trained members of staff are available to implement the policy and deliver against Individual Healthcare Plans (IHPs) in normal, contingency and emergency situations.
- If necessary, facilitating the recruitment of a suitably qualified member of staff for the purpose of delivering this policy.
- Development of individual healthcare plans (overall responsibility).
- Ensuring the correct level of insurance is in place for staff who support pupils in line with this policy.
- Contacting the school nursing service in the case of any child who has a medical condition that may require support at school/college, but who has not yet been brought to the attention of the school nurse.

Staff members are responsible for:

- Taking appropriate steps to support pupils with medical needs (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).
- Where necessary, making reasonable adjustments to include pupils with medical needs into lessons and organised activities. Teachers need to be aware of how a child's condition will impact on participation but make reasonable adjustments to

allow these children to participate according to their own abilities (unless evidence from a clinician states that this is not possible).

- Undertaking suitable and sufficient training to achieve the necessary competency for supporting pupils with medical needs.
- Administering medicines in accordance with prescriber's instructions.
- Familiarising themselves with procedures detailing how to respond when they become aware that a pupil with a medical condition needs help.
- If medication has failed to arrive at the Academy, due to a parent error, then staff need to contact parents, to request further medication.

The school nurse, or other appropriate person as delegated by the Headteacher is responsible for:

- Supporting school staff on implementing a child's individual healthcare plan and provide advice.
- Liaising with healthcare professionals regarding a pupil's medical condition and training required for staff.
- Ensuring that staff who need to know are aware of a pupil's medical needs.
- Responsible for notifying the Academy when a pupil is identified as having a medical condition which will require support in school/college. Whenever possible, they should do this before the child starts school/college.
- Ensuring medical & medication records received by the school/college are up-to-date and accurate.

Parents and carers are responsible for:

- Providing the school/college with sufficient and up-to-date information about their child's medical needs.
- Completing a consent form for the Academy for any child under 16, in order for the Academy, to administer either prescription or non-prescription medicine (except in extreme circumstances where a medicine has been prescribed to the child without the knowledge of the parents/guardians. We will deal with such circumstances on a case-by-case basis).
- Providing the school/college with the medication and equipment their child requires, as well as keeping it up to date. Ensuring that their child has sufficient medication stock, at the Academy at all times.
- Collecting any leftover medicine at the appropriate time or if the pupil leaves the academy.
- Discussing medications with their child/children prior to requesting that a staff member administers the medication.
- Notifying the school/college if their child's medication changes or is discontinued, or the dose or administration method changes.
- Being involved in the development and review of their child's individual healthcare plan.
- Carrying out any action they have agreed to as part of the implementation of the individual healthcare plan.
- To inform the Academy if their contact details change, including mobile phones numbers.
- Ensuring they or another nominated adult are contactable at all times.

## **The Role of the pupil**

- Where appropriate, pupils will be encouraged to take their own medication under the supervision of designated staff members, with consent and support from parents.
- To be involved in the development of their Individual Healthcare Plan (IHCP), if they wish too. Including discussions on how they would like to manage their medical concerns.
- To take an appropriate amount of responsibility for their medications.

## **Individual Healthcare Plans (IHCPs)**

- Parents/guardians or healthcare professional informs school/college that a child has been newly diagnosed or is to attend the school/college as a new pupil, or is due to return to the school after a long-term absence, or that needs have changed.
- Headteacher or senior member of school staff to whom this has been delegated, coordinates meetings to discuss child's medical support needs; and identifies members of staff who will provide support to the pupil.
- A meeting to be held to discuss and agree on the need for an individual healthcare plan (IHCP). Meeting to include key school/college staff, child, parents/guardians, relevant healthcare professional and other medical/health clinicians as appropriate.
- Individual Healthcare Plan (IHCP) will be developed in collaboration with parents/guardians, child (if they choose to be involved) and medical professionals. It must be agreed who leads on writing the plan.
- During the writing of the plan school staff training needs to be identified.
- Healthcare professional commissions/delivers training and will sign-off school staff as competent when they are deemed to be so.
- IHCP to be implemented and circulated to all relevant staff.
- IHCPs will be easily accessible whilst preserving confidentiality.
- IHCPs will be reviewed at least annually or when a child's medical circumstances change, whichever is sooner.
- Where a pupil has an Education Health and Care Plan (EHCP) or Special Needs Statement, the IHCP will be linked to it.
- Where a child is returning from a period of hospitalisation, education alternative provision, or home tuition, will be found.

## **Medicines**

### **Overview**

- Medicines should only be administered at school/college when it would be detrimental to a child's health or school attendance not to do so (clinicians should, where possible, prescribe medicines in dose frequencies which enable them to be taken outside school hours).
- No child under 16 will be given any prescription or non-prescription medicines without parental consent except in emergency circumstances.
- Where a pupil is prescribed medication without their parents/legal guardian's knowledge, every effort will be made to encourage the pupil to involve their parents while respecting their right to confidentiality.

- No child under 16 years of age will be given medication containing aspirin without a doctor's prescription.
- Medicine is not to be administered without checking the maximum dosages and when the previous dose was taken. Parent to be informed.
- Medicines MUST be in date, labelled, and provided in the original container (except in the case of insulin which may come in a pen or pump but must still be in-date) with instructions for administration, dosage, and storage. Medicines which do not meet these criteria will not be administered.
- Prescription only and controlled medicines may only be taken by the individual to whom they have been prescribed.
- Any medicine that is no longer required will be returned to the parent/guardian for them to arrange safe disposal.
- Sharps boxes will always be used for the disposal of needles and other sharps. Sharps must only be handled by staff who have completed appropriate sharps training.
- Written records will be kept of any medication administered to children.
- Pupils will never be prevented from knowing where their medicines are and accessing their medication immediately, if safe and appropriate to do so. Where relevant they should know who holds the key to the storage facility.
- We will consider access to medicines particularly when outside school, e.g. on school trips.
- The Academy cannot be held responsible for side effects that occur when medication is taken correctly.
- However, if there is a side effect witnessed, then the pupil's clinician needs to be made aware as soon as possible, as well as the parents/guardians. The information needs to be placed on the pupil's IHCP.

## Self-Medication

- The school/college, following discussions with parents, will encourage children who are competent (following the [Gillick criteria](#)) to take responsibility for managing their own medicines and procedures (and reflect this within their IHCP).
- The school/college will, wherever practicable, allow children that self-manage their medicines to carry them and their relevant devices or give them quick and easy access to where they are stored.
- The school/college will give children who self-manage their medicine an appropriate level of supervision.
- Should a child refuse to take medicine or carry out a procedure themselves, staff should not force them to do so. In these cases staff should follow the procedure agreed in the IHCP. Parents/guardians should be informed.
- If the pupil is concerned about their medicines, they should be directed to discuss this with their parents/guardians who can then refer them on to a relevant clinician who can offer support and guidance.
- To gain maximum benefit, medicines should always be taken at the prescribed time. Staff should reinforce the health professional's advice on this.
- A pupil who has been prescribed controlled medications may legally have it in their possession if they are competent to do so. However, passing it to another pupil is prohibited.

## Requesting Medicines

- As the balance for each pupils' medications can be calculated on a daily basis, then parents/carers will be contacted when the balance becomes low. The responsibility will be with the parents/carers to provide further medications for their child.

## Non-Prescription Medicines

Non-prescription medicines may be used to treat minor ailments. If the school/college is approached by a child's parents/guardians with a request that non-prescription medicine is to be administered in school time, this will be accepted so long as the medicine is an over-the-counter product, available at a pharmacy and checks are carried out with a pharmacy or clinician that there will not be any concern regarding a contra-indication with existing medication.

Non-prescription medicines to be administered in schools/colleges under the same processes and record keeping as prescription medicines.

Treatment with a non-prescription medicine will not continue for more than three days without medical assessment by a medical practitioner.

## Recording of Medication received into the school/college

The school/college must ensure that a written record is kept of all medication entering and leaving the setting. A responsible person must be delegated to keep such records. The record should include:

- Date of receipt or handover.
- Name and strength of medication.
- Quantity received.
- Person for whom the medication is prescribed.
- Signature of the member of staff receiving or handing over the medication.

A separate controlled drug register with numbered pages is to be maintained for each child who requires it. In addition to the guidance for the receipt, administration and disposal of non-controlled drugs, this book must include the balance remaining for each product. The balance remaining is confirmed each time a controlled drug is administered. It is a legal requirement that a record is made each time a controlled drug is administered.

## Storage of Medicines

- Prescribed controlled medicines will be securely stored in a non-portable container and only named staff will have access. The container must be lockable.
- Controlled drugs must be easily accessible in an emergency.

- The controlled drugs cupboard is not to be used to store anything else.
- A record will be held of the amount of controlled drugs held.
- The keys to the controlled drugs cupboard /safe are kept separate to the other keys and are only accessible to authorised staff.
- Where special equipment (e.g. refrigeration) is required for the storage of medicines, this should be detailed within the IHCP, and the school nurse (or other appropriate individual as delegated by the Headteacher) should assist with either provision or procurement of the equipment. Equipment should be suitable for the task and be operated and maintained in accordance with manufacturer's guidance.

## **The Administration and Record Keeping of Medicines**

- Staff administering medicines must do so in accordance with the prescriber's instructions.
- Schools/colleges must keep records of medicines administered to individual children, stating what, how and how much was administered, when and by whom.
- The school/college to be aware of any possible side effects of medicines administered at school/college.
- Staff need to follow the five rights: Right patient, Right drug, Right dose, Right route, Right time.
- If the medicines received from the pharmacy differ unexpectedly from those received for the same person in the past, the school/college must check with the pharmacy before administering the medication.

The procedure in place for the administration of medication includes:

- Checking the identity of the person.
- Obtaining the pupil's consent.
- Ensuring the pupil is not allergic to the medicine.
- Observing the person's record, checking their name and dosage instructions.
- Ensuring the dose has not already been administered.
- Identifying the appropriate medicine container/s checking the label/s and record match. If there is a discrepancy, advice should be sought from the healthcare administrator before giving the medicine to the individual. If the label has become detached or illegible, advice must be sought from the healthcare administrator.
- Administering the medication in accordance with any special instructions e.g. to be taken with food.
- Signing the administration record after the medicine has been given.
- Recording if the medication has been refused.
- Ensuring that staff are suitably trained in the use of medication.
- Two people are required for the signature of controlled medicines at all times.
- A child cannot be forced to take their own medication. If this occurs, then the parent/carer will be notified.

## **Administration and Recording of Controlled Drugs**

- School staff may administer a controlled drug to the pupil for whom it has been prescribed, subject to appropriate training.

- A separate controlled drug register with numbered pages is maintained for each child who requires it. In addition to the guidance for receipt, administration and disposal of non-controlled drugs, this book must include the balance remaining for each product. The balance remaining is confirmed each time a controlled drug is administered. It is a legal requirement to record the administration of controlled medicines.

## **Administration of emergency medication**

The Trust expects all schools/colleges to have arrangements in place for dealing with emergencies for all school/college activities wherever they take place, including school/college trips within and outside of the UK.

- Where a child has an IHCP, it should clearly define what constitutes an emergency and explain what to do. All relevant staff must be aware of emergency symptoms and procedures.
- Schools/colleges will ensure that other pupils in school/college should know what to do in general terms, such as informing a teacher immediately if they think help is needed.
- Should a pupil need to be taken to hospital (this includes accompanying a child taken to hospital by ambulance), staff will stay with the pupil until the parent/carer arrives.
- School/college staff will ensure they understand the local emergency services cover arrangements, and that the correct information is held and provided for navigation systems.
- If there is no suitably trained member of staff available to administer the medication, the emergency services must be called. However, certain lifesaving drugs might be advised over the telephone by a doctor or ambulance service to be given by staff.
- If, in an emergency, a child refuses to take their medication and it is in their best interest to administer the medicines, then a trained member of staff can administer the medicine only under the direct instruction of a suitable medical practitioner (e.g. advice given from a 999 call centre or a paramedic).

## **Disposal of medicines**

All unused medication, including refused and wasted doses is returned to the parent/carer for safe disposal via their child's GP surgery. If they are not willing or unable to, then the school/college will dispose of them via a local reputable pharmacy. They are never to be used for other individuals.

A record is made in the person's notes of the name of the medication, quantity, reason, and date of disposal.

Where individuals require insulin or any other medication with a syringe, a "sharps box" must be provided by the parent/carer. The sharps box, once full, must be given back to the parent/carer for disposal and a new one delivered to the school/college.

## **Management of medication error and accidents**

It is recognised that, despite high standards of good practice and care, mistakes may occasionally happen for various reasons. Every employee has a duty and responsibility to report any errors immediately to their line manager and consult with the appropriate medical practitioner (or the nominated pharmacy in their absence), to prevent harm to the individual. The person's parent/carer and the senior leadership team must be informed of any error, in writing, if the belief, following consultation with the Head Teacher, that the error could have led to harm or injury.

Managers/Leaders should encourage staff to report errors. They should be dealt with in a constructive manner that addresses the underlying reason for the incident and prevents recurrence. If an error occurs, the healthcare administrator/line manager must meet with the employee in person and go through the guidance with them to ascertain their level of understanding and to establish how the error occurred. This is for support purposes, with outcomes for improvement.

## **Offsite Activities**

On such occasions the school/college will consider what reasonable adjustments need to be made to enable children with medical needs to be able to participate fully and safely on visits. The school/college will observe best practice and carry out a risk assessment to assist with identifying and planning the steps that need to be taken to ensure that pupils with medical conditions are included. This is likely to include consultation with parents/guardians, pupils and relevant healthcare professionals to ensure that the pupils can participate safely.

Medicines to be taken in their original containers and given to the delegated member of staff for administering and safekeeping. Controlled medicines are to be kept in a lockable container. If appropriate, and safe to do so, the medication container will be placed in a secure location not visible to others but not likely to be forgotten.

## **School/College Transport (school/college owned)**

Parents/carers whose child uses the school's/college's transport have a responsibility to pass over any medications to a staff member, signing the controlled drug register to state that they have done so. This will be countersigned by a member of staff on the transport.

Pupils' own IHCP will reflect what medical need the pupil will require, including "what constitutes an emergency" and "what to do in an emergency", during transit to/from the school/college.

If a pupil is taken home with medication, it will be passed over to parents/carers.

If the pupil's parents/carers are not at home and the pupil is deemed responsible enough, then the medication can be left at home with the pupil. The parents/carers need to be aware

of this action and agree to it (all to be recorded on behaviour watch). This will be deemed ok if the pupil is Gillick competent ([see guidance notes here](#)).

## **Automated External Defibrillator (AED)**

The use of an AED with Cardiopulmonary Resuscitation (CPR) increases the chance of survival, against CPR alone. All schools/colleges within the Trust are provided with them and they form part of the first aid provision.

Schools/colleges should notify the NHS ambulance service of the location of their AED equipment.

AED units and accessories to be maintained in accordance with manufacturer's instructions. Equipment lifespans should be noted, and manufacturers guidance should be followed following a use of the equipment (accessories and even batteries may require replacing).

A person should be designated at school/college level for overall responsibility for the AED and its consumable equipment.

## **Training**

Any member of school/college staff providing support to a pupil with medical needs MUST have received suitable training. This includes giving prescription medicines or undertaking healthcare procedures.

Suitable training will be identified during the development or review of IHCPs. Staff who provide support to pupils with medical conditions will be included in meetings where training requirements are discussed.

The school/college will take the guidance from the relevant healthcare professional on the type and level of training required, and how this can be obtained. Where appropriate the school/college may arrange this training themselves and ensure the training remains up to date.

The family of the child may provide relevant information to school staff about how their child's needs can be met but cannot be considered as the sole source of training.

The training will be sufficient to ensure that the staff are competent and have confidence in their ability to support with medical conditions, and to fulfil the requirements as set out in the IHCPs. The school/college will seek the confirmation from healthcare professionals of the proficiency of staff in medical procedures or in providing medication.

This policy will be communicated to all staff and will be uploaded to the Trust website. Headteachers must make their teams aware of this policy and its contents.

The Trust will also encourage schools/colleges to deliver training to all staff that will help ensure that all medical conditions affecting pupils in the school are fully understood. This includes preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

The training for staff at the school/college who are involved in the administration of medication should include:

- Introduction to medicines and prescriptions.
- Medicine supply, storage, and disposal.
- Self-administration of medication.
- Administration of Tablets and Capsules, Liquids, Eye Drops, Inhalers, Creams, and Ointments.
- Quality control and record keeping.
- Accountability, responsibility, and confidentiality.

Refresher training should be sought as appropriate.

## Complaint

- Should parents/carers be dissatisfied with any aspect of their child's care at their school/college, they must discuss their concerns with the school/college initially.
- If for whatever reason this does not resolve the issue, they follow the complaints procedure as outlined on the Trust website ([see guidance here](#)).

## Unacceptable Practice

The Trust understands that it is generally not 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/guardians; 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/college activities, including lunch, unless this is specified in their IHCP;
- if the child becomes ill, send them to the school/college 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 in order to manage their medical condition effectively;
- require parents/carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parents/carers should have to give up working because the school/college is failing to support their child's medical needs; or

- 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/carers to accompany the child).

## POLICY HISTORY

<b>Date</b>	<b>Summary of change</b>	<b>Contact</b>	<b>Policy Implementation Date</b>	<b>Review Date</b>
September 2020	Policy implemented	Head of Safeguarding	January 2020	January 2021
March 2024	Amended all sections of policy and title amended	Director of Operations	March 2024	March 2025
February 2025	Minor formatting amendments. Extension to review period.	Director of Operations	March 2025	December 2026