

Supporting Students with Medical Needs Policy

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INTRODUCTION

- From 1 September 2014, the Children and Families Act 2014 places a statutory duty on governing Boards of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting students at their school with medical conditions.
- The new legislation aims to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so they can play a full and active role in school life, remain healthy and achieve their academic potential.
- Some children with medical conditions may be disabled. Where this is the case, governing Boards must comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEN). For children with SEN, this guidance should be read in conjunction with the Special Educational Needs and Disability Code of Practice: 0-25 years, January 2015.
- The Headteacher and all school staff should treat medical information including information about prescribed medicines confidentially. The Headteacher should agree with the parent or otherwise the student (where appropriate) who else should have access to records and other information about the student.

Throughout the document the term 'parent/carer' indicates a person with legal parental responsibilities.

ROLES AND RESPONSIBILITIES AT WEXHAM SCHOOL

GOVERNING BOARD RESPONSIBILITIES

The following are the statutory requirements that Governing Boards must have regard to when making their own Boards arrangements to support students with medical conditions.

- The Governing Board must ensure that arrangements are in place to support students with medical conditions. In doing so they should ensure that such children can access and enjoy the same opportunities at school as any other student.
- The Governing Board will take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others. The Governing Board will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life.
- The Governing Board will ensure that their arrangements give parents and students confidence in the school's ability to provide effective support for medical conditions in school. The arrangements should show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care. They should ensure that staff are properly trained to provide the support that students need.
- The Governing Board must ensure that the arrangements they put in place are sufficient to meet their statutory responsibilities and should ensure that policies, plans, procedures and systems are properly and effectively implemented.
- The Governing Board should ensure that the school develops a policy for supporting students with medical conditions that is reviewed regularly and is readily accessible to parents and school staff.

- The Governing Board should ensure that the arrangements they set up include details on how the school's policy will be implemented effectively, including a named person who has overall responsibility for policy implementation.
- The Governing Board should ensure that the school's policy sets out the procedures to be followed whenever a school is notified that a student has a medical condition.
- The Governing Board should ensure that the school's policy sets out how complaints may be made and will be handled concerning the support provided to students with medical conditions.
- The Governing Board should ensure that the school's policy is explicit about what practice is not acceptable.
- The Governing Board should ensure that the school's policy covers the role of individual health care plans, and who is responsible for their development, in supporting students at school with medical conditions.
- The Governing Board should ensure that plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They should be developed 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 well-being and minimises disruption.
- When deciding what information should be recorded on individual health care plans, the Governing Board should consider the following:

a) the medical condition, its triggers, signs, symptoms and treatments;
b) the student'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 corridors, travel time between lessons;
c) specific support for the student's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
d) 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;
e) 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 health care professional; and cover arrangements for when they are unavailable;
f) who in the school needs to be aware of the child's condition and the support required;
g) arrangements for written permission from parents and the Principal for medication to be administered by a member of staff, or self-administered by the student during school hours;
h) 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;
i) where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition;
j) 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 Governing Board should ensure that the school's policy clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support students at school with medical conditions.
- The Governing Board should ensure that the school's policy covers arrangements for children who are competent to manage their own health needs and medicines.
- The Governing Board should ensure that the school's policy is clear about the procedures to be followed for managing medicines.
- The Governing Board should ensure that written records are kept of all medicines administered to children.
- The Governing Board should ensure that the school's policy sets out what should happen in an emergency situation.
- The Governing Board should ensure that the school's policy sets out clearly how staff will be supported in carrying out their role to support students with medical conditions, and how this will be reviewed. This should specify how training needs are assessed, and how and by whom training will be commissioned and provided.
- The school's policy should be clear that any member of school staff providing support to a student with medical needs should have received suitable training.
- Staff must not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any individual health care plans).
- The Governing Board should ensure that their arrangements are clear and unambiguous about the need to support actively students with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.
- The Governing Board should ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk. At Wexham this is the responsibility of Slough Borough Council.

THE HEADTEACHER'S RESPONSIBILITIES

- The 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 students with medical conditions and understand their role in its implementation.
- The Headteacher should ensure that all staff who need to know are aware of the child's condition. They should ensure sufficient trained numbers of staff are available to implement and deliver against individual health care plans, including in contingency and emergency situations. This may require recruiting members of staff for this purpose.
- The Headteacher have overall responsibility for the development of individual health care plans. They should also make sure that staff are appropriately insured and are aware that they are insured to support students in this way. They should contact the schools 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 RESPONSIBILITIES

- Any member of school staff may be asked to provide support to students with medical conditions, including the administration of medicine, 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 students with medical conditions that they teach.
- School staff should receive sufficient and suitable training and achieve the necessary level of competence 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 student with a medical condition needs help.

SCHOOL NURSING SERVICE RESPONSIBILITIES

- Notifying school when a child is identified as having a medical condition that will require support.
- Providing general advice and signposting to appropriate local support for individual children and associated staff training needs.
- Providing specific support in relation to staff training in relation to management and use of Adrenaline/ Epinephrine pens for management of allergy/anaphylaxis.

HEALTH CARE PROVIDERS / PROFESSIONALS (Paediatricians, GPs, specialist nurses etc.)

- Should notify school nursing team when a child has been identified who will require support at school.
- Provide advice and support on developing health care plans.
- Provide support for individual children with particular conditions e.g. diabetes, epilepsy including training of relevant staff.

PARENTS RESPONSIBILITIES

- Provide sufficient and up-to-date information to the school about their child's medical needs.
- Input into the development and review of their child's individual health care plan.
- Provide any medicines and equipment in line with local arrangements.
- Complete any required paperwork/consent required by schools.

LOCAL AUTHORITIES RESPONSIBILITIES

- Commissioning of school nursing services for maintained schools and academies.
- For those students who because of their health needs would not receive a suitable education in mainstream school because of their health needs, the local authority has a duty to make other arrangements.
- Provide support and advice.
- Duty under section 10 of the Children's Act 2014 to promote cooperation between relevant parties and Boards involved in supporting a student with a medical condition.

CLINICAL COMMISSIONING GROUP RESPONSIBILITIES

- Commissioning of health care services; they should ensure services are responsive to children's needs and health care services can co-operate with schools supporting children with medical conditions.
- Duty under section 10 of the Children's Act 2014 to promote cooperation between relevant parties and Boards involved in supporting a student with a medical condition.

INDIVIDUAL HEALTH CARE PLANS

- Individual health care plans will be created to ensure effective support for students at school with medical conditions. They provide clarity about what needs to be done, and by whom. They will often be essential, such as in cases where conditions fluctuate or there is a high risk of needing emergency intervention, and are likely to be helpful in most other cases, especially where medical conditions are complex and long-term. However, not all children will require one. The school, a health care professional and parent should agree, based on evidence, when a health care plan would be inappropriate or disproportionate. If consensus cannot be reached, the Headteacher is best placed to take a final view.
- Individual health care plans (and their review) may be initiated in consultation with the parent, by a member of the school staff or a health care professional involved in providing care to the child. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school.
- Plans should be drawn up in partnership between the school, parents and a relevant health care professional, e.g., school specialist or children's community nurse, who can best advise on the particular needs of the child. Students should also be involved whenever appropriate. Partners should agree with who will lead writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school. Staff may need to be guided by the child's GP or paediatrician. Locally, a number of tailored plans are already used and provided by health care professionals, e.g. asthma management plan and diabetes care plan, and these can be referenced to in the individual health care plan and appended. Staff should agree with parents how often they should jointly review the individual health care plan. This should be carried out at least once a year, but much depends on the nature of the child's particular needs, in which case the plan may need to be reviewed more frequently.
- The school should have a centralised register of individual health care plans and an identified member of staff should have responsibility for this register.
- The student (where relevant), parents, specialist nurse and school should hold a copy of the individual health care plan.
- Other school staff should be made aware and have access to the individual health care plan for children in their care.

STAFF TRAINING

Staff involved in Supporting Students with Medical Conditions

- For children with more complex needs, an individual plan will need to be developed by the relevant health care professional. Examples of more complex needs include, e.g. use of Adrenaline / Epinephrine pens for severe allergy/anaphylaxis, insulin devices for diabetics, management of percutaneous endoscopic gastrostomy (PEG) feeding tubes/tracheostomy tubes and use of buccal/intranasal Midazolam for seizures. A record of the plan and details of any activity to support the plan (e.g. staff awareness sessions) should be documented in the child's individual health care plan. Any such complex issues must involve a health care professional in the briefing/training of relevant staff and the preparation of written guidance.

Wider Staff Awareness Training

- All staff should know what action to take in an emergency and receive updates at least yearly.
- Staff with children with medical needs in their class or group should be aware of and have access to a copy of the child's individual health care plan.
- Arrangements for backup cover should be laid down and implemented when the responsible member of staff is absent or unavailable.
- Advice and training should be available to other staff who are responsible for children such as lunchtime supervisors.

STORAGE OF MEDICINES IN SCHOOLS

- Prescribed medicines which are kept at the school will be in a locked medicine cabinet in student services.
- 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 medicine cabinet
- A few medicines such as asthma inhalers, diabetic devices and Adrenaline/Epinephrine pens must be readily available to students and must not be locked away but must still be stored safely in such cases.
- Wexham School will allow students to carry their own inhalers /diabetes devices/ adrenaline pens when appropriate. The student's parents should decide when to do this and should submit this request in the relevant section of the Administration of Prescribed Medicines in Schools Consent Form. Students will only be allowed to carry their own medicines if they are competent to self-administer it without need for any supervision.
- Large volumes of medicines will not be stored in schools.
- Staff will only store, supervise and administer medicine that has been prescribed for an individual student. Students and staff should be aware of how to access any medicine.
- It is recommended that medicines are routinely returned to parents at the end of each term and received back into school at the start of each of term.
- Medicines will be stored strictly in accordance with product instructions (paying particular note to temperature) and in the original container in which it was dispensed. For medicines that require refrigerated storage, this should be in a dedicated, lockable domestic fridge.
- Where a student needs two or more prescribed medicines, each should be in a separate container.
- Staff must not transfer medicine from its original container.
- The Headteacher is responsible for making sure that all medication is safely stored.
- Only authorised staff have access to medication.
- Some drugs administered in schools may be classified as controlled drugs eg Methylphenidate, Midazolam. In schools, controlled drugs should be handled in the same way as any drug except that they are not suitable to be carried by the child and should be stored in a locked non-portable device. The exception to this is Midazolam, which is used in the emergency treatment of epilepsy, and this should be readily available at all times.

DISPOSAL OF MEDICINES / MEDICAL SUPPLIES

- School staff should not dispose of medicines by, for example, flushing tablets or medicine down the toilet. Expired/no longer required medicines should be collected from school by parents within fourteen days of the expiry date/no longer being required. If parents do not collect the expired/no longer required medicines within the specified time frame, the school should arrange for these medicines to be returned to their local community pharmacy. This

should be recorded on the child's medication sheet – it is advised that this is documented and undertaken by two members of staff.

- Interpretation Expiry dates Expression Interpretation Use by May 2015, Do not use after 30 April 2015, Use by 20 May 2015, Do not use after 20 May 2015, Use before May 2015, Do not use after 30 April 2015, Use before 20 May 2015, Do not use after 19 May 2015, Expires 31 May 2015, Do not use after 31 May 2015, Expires May 2015, Do not use after 31 May 2015
- Expiry dates of all medicines held in school should be checked before every administration. A check of expiry dates should be undertaken of all medicines held in school on a half-termly basis. The renewal of any medicine which has passed its expiry date is the responsibility of the parents. Ideally, parents should be reminded at least 14 days in advance of medicines expiring that they need to arrange a replacement supply.
- Sharps boxes should always be used for the disposal of needles and should be provided by parents. Where appropriate, schools should have a procedure in place for the management of needle stick injuries.

ADMINISTRATION OF MEDICINES IN SCHOOLS

- Medicines should only be administered in schools 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' written consent. It is recommended that only prescribed medicines should be administered in schools.
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.
- Schools should only administer medicines that are in date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage.
- Only staff who have been authorised to administer medicines by the Policy Lead should do so.
- Where children self-administer a medicine that may put others at risk, e.g. self-injecting insulin, then arrangements should be put in place for them to do this in a safe location in accordance with a risk assessment drawn up in consultation with the parents/ health care professional.
- Facilities should be available to allow staff to wash their hands before and after administering medicines and to clean any equipment after use.
- Ideally, medication administration should take place in the same room that the medicine is stored.
- All necessary paperwork should be assembled and available at the time of administration of medicine. This will include the Administration of Medicines in Schools Consent form and the School Record of Medication.
- Medication should only be administered to one child at a time. It is expected that the child should be known to the person administering the medicine. There should be a mechanism in place which enables the member of staff administering the medicine to positively identify the child at the time, e.g. by confirming name/date of birth and/or comparing with a recent photo attached to the School Record of Medication (parental consent will be required for photos to be attached to medication records).

- Before administering the medicine, school staff must check:
    - The child's identity
    - That there is written consent from parent/carer
    - That the medication name, strength and dose instructions match the details on the consent form that the name and the date of birth on the prescription medication label match the child's identity
    - That the medication is in date
    - That the child has not already been given the medicine
    - That a work colleague is present to witness, check and to corroborate identity and medication being administered. Immediately after administering or supervising the administration of medicine, written records must be completed and signed by both. Where a student refuses to take their medication:
    - Staff should not force them to take it; the school should inform the child's parents as a matter of urgency;
    - Schools should consider asking parents/guardians to come to school to administer the medicine;
    - Where such action is considered necessary to protect the health of the child, the school should call the emergency services;
    - Records of refused/non administration of doses should be made in the child's medicines administration record.
- Changes to instructions should only be accepted when received in writing. A fresh supply of correctly labelled medicine should be received as soon as possible.
- Wasted doses e.g. tablet dropped on floor should be recorded and disposed of as per guidance on disposal of medicines. Such doses should not be administered.
- Liquid medicines should be administered with a suitable graduated medicine spoon or syringe.
- If the normal routine for administering medicines breaks down e.g. no trained staff members available, immediate contact with parents should be made to agree alternative arrangements.

RECORD AND AUDIT TRAIL OF MEDICINES IN SCHOOLS

- Each child who receives prescribed medicine at school must have an individual School Record of Medication form completed for each medication they are to receive.
- A member of staff authorised by the Principal / Policy Lead should be responsible for recording information about the medicine and about its use.
- The prescriber's written instructions and the School Record of Medication should be checked on every occasion when the medication is administered and the School Record of Medication completed by the member of staff administering the medicine.
- The School Record of Medication should be retained on the premises for a period of five years.
- The following information should be recorded on the school record of administration:
    - Details of the prescribed medicine received by the school
    - The date and time of administration of medicine and the dose given
    - Details of any reactions or side effects to medication
    - The amount of medicine left in stock
    - All movements of prescribed medicine within the school and outside the school on educational visits, for example
    - When the medication is handed back to the parent at the end of the course of treatment.

- If a parent has requested a child to self-administer their medicine with supervision a record of this should be made on the School Record of Medication.
- Changes to instructions should only be accepted when made in writing. A fresh supply of correctly labelled medication should be obtained as soon as possible.

HYGIENE AND INFECTION CONTROL

- All staff should be familiar with normal precautions for avoiding and controlling infection and must follow basic hygiene procedures.
- Staff should have access to protective disposable gloves and take care when dealing with spillages of blood or other bodily fluids and disposing of dressings and equipment.
- Where specialist or enhanced hygiene arrangements are required, these should be covered by an appropriate risk assessment written in consultation with parents/health care professional.

INTIMATE OR INVASIVE TREATMENT

- Intimate or invasive treatment by school staff should be avoided wherever possible. Any such requests will require careful assessment. Some school staff are understandably reluctant to volunteer to administer intimate or invasive treatment because of the nature of the treatment, or fears about accusations of abuse. Parents/carers and headteachers must respect such concerns and undue pressure should not be put on staff to assist in treatment unless they are entirely willing.
- The Headteacher or Governing Body should arrange appropriate training for school staff providing medical assistance.
- The school should arrange for two adults of the same gender as the student to be present for the administration of the treatment.
- Where intimate or invasive treatment is required, it should be subject to an individual risk assessment which should include reference to two people to minimise any risk claim. Localised arrangements should be put in place.
- Unless otherwise required within an individual health care plan, this guidance is not intended for simple soiling accidents.

EMERGENCY PROCEDURES

- In the event of an emergency staff should contact the emergency services using the 999 system.
- If the school has an individual health care plan agreed and put arrangements in place to deliver any emergency treatment this should be undertaken by authorised individuals. Qualified first aiders in the school may also be able to offer support.
- A member of staff should always accompany a child to hospital and stay with them until the child's parents arrive. Health care professionals are responsible for any urgent decisions on medical treatment when parents are not available.
- Where students are taken off site on educational visits or work experience then the arrangements for the provision of medication must be considered in consultation with parents and risk assessments and arrangements put in place for each child.
- Emergency medication should always be readily accessible and never locked away.
- In secondary schools adrenaline (also known as epinephrine) auto-injectors e.g. Epipen, Jext, may be carried by the child (if requested by parent) with a spare device stored in school. It is

advised that the device is carried in a plastic container and that written instructions for use and aftercare are included with both devices.

- Children who are known to have asthma must have a reliever inhaler available to them at all times in school. If children are carrying their own inhalers, ideally a spare inhaler should be held by the school.

MEDICAL ROOM / FIRST AID

- The school will maintain a medical room with basic medication/ dressings and a place to sit or lie down.
- This will be covered by a qualified first aider and cover will be available when they are not on site.
- The school will maintain a list of first aiders.
- The school will ensure that staff are retrained before qualification lapses.
- First Aid boxes will also be provided across the school, for example in each department office. Additionally, science will have eye wash stations.
- Administration Staff, some technicians, site staff and some teachers are currently first aiders. The school will aim to ensure that each department area has a fully qualified first aider present.
- All school trips will be risk assessed and individual risk assessments will be carried out for children with specific medical needs.
- A member of staff may volunteer to administer medicine either in school or on a trip, and this will only happen with the Head's permission.
- A basic first aid kit will be taken on school trips.
- The first aiders will lock medicine away for safekeeping and ensure access for students at pre-arranged times as noted in the individual health plans.

OUT OF SCHOOL ACTIVITIES / EXTENDED SCHOOL DAY

- Schools should consider what reasonable adjustments they might make to enable children with medical conditions to fully and safely participate within their capability, in educational visits and not prevent them from doing so.
- It is the school's responsibility to implement any reasonable adjustments to facilitate participation in activities.
- It is best practice to carry out a risk assessment so that the planning arrangements take into account any steps needed to ensure that students with medical conditions are included, unless evidence from a clinician such as a GP states that this is not possible.
- Schools are responsible for any additional staffing required.
- Schools should meet with the parent, student and health care professional where relevant before any overnight or extended day visit to discuss and make a plan for any extra care requirements that may be needed. This should be recorded in the child's individual health care plan, or risk assessment, which should accompany them on the activity.
- If medication is required during a school trip, it should be carried by the child if this is the normal practice, e.g. asthma inhalers. If not, it should be carried by an authorised member of staff who would be responsible for administering it or the parent/carer if present.
- If residential trips are planned outside the UK, specific advice may be required depending on the country visited, mode of transport and medicine involved. Schools should also consult with their travel insurer to check if any additional declarations are required to be made in

order to maintain access to health care within the European Economic Area, its member states or beyond.

PAIN RELIEF

Sometimes students may be asked for pain relief at school, e.g. Paracetamol. It is not recommended that school staff give non-prescribed medication to students. This is because they do not know what previous doses the child has taken or if it may interact with other medicines they may have taken.

TREATMENT OF ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)

When medication is prescribed for ADHD, it is usually part of a comprehensive treatment programme and always under the supervision of a specialist in childhood behavioural problems. Methylphenidate (Ritalin, Equasym and Medikinet) and dexamphetamine are used in the treatment of ADHD, and a lunchtime dose is usually needed. In some cases, once symptoms are stabilised, a longer-acting version of Methylphenidate is used (Concerta XL, Equasym XL and Medikinet XL). These are legally categorised as controlled drugs; in mainstream schools, they should be treated in the same way as other medicines the schools administer. However, they should not be carried by the child and should be kept securely in a locked cabinet.

MANAGEMENT OF DIABETES

Children who have diabetes must have an emergency supplies kit available at all times. This kit should include a quick-acting glucose in the form of glucose sweets or drinks. Most children will also have a concentrated glucose gel preparation, e.g. Gluogel. These are used to treat low blood glucose levels (hypoglycaemia). The kit should also contain a form of longer-acting carbohydrate such as biscuits. Children with diabetes will generally need to undertake blood glucose monitoring at lunchtime, before PE and if they are feeling 'hypo'. A clean private area with washing facilities should be made available for them to undertake this. Children's Diabetes Nurses will provide advice and support for schools and their staff who are supporting children with diabetes.

COMPLAINTS

Should parents or students be dissatisfied with the support provided, they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaint procedure.

ADMISSIONS

- All parents/carers will be asked to complete an admissions form advising of any medical conditions for which their child may require support at school.
- Individual Health Care Plans and their review may be initiated in consultation with the parent, by a member of school staff or a health care professional involved in providing care to the child.
- Individual health care plans will be drawn up in partnership between the school, parents, and a relevant health care professional, eg school, specialist or children's community nurse who can best advise on the particular needs of the child.
- Students may also be involved whenever appropriate. The aim is to capture the steps which Wexham School will take to help the child manage their condition and overcome any potential barriers to getting the most from their education.
- Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school.

- For the start of the new school year, or on receipt of a new diagnosis of a medical condition, every effort should be made to ensure that suitable arrangements are put in place within two weeks.
- Schools do not need to wait for a formal diagnosis before providing support to students. In cases where a medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based upon the available evidence. This would normally involve some form of medical evidence and consultation with parents. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support is put in place.
- Relevant (need to know) members of staff will be made aware of individual health care plans. A central register of individual health care plans will be held by the school, and they shall be reviewed at least annually and more frequently if required. A copy of the current individual health care plan will be held by the parent/carer/school and, where relevant, a health care professional. The individual health care plans will accompany the child on any out of school activities.

Administration and Storage of Medication in School

- Only medicines which have been prescribed for a child will be administered in school. Parents should ensure that, wherever possible, medication is prescribed so that it can be taken outside the school day.
- Should medication be required to be administered at school, parents/carers must complete an Administration of Prescribed Medicines in School Consent Form. Medication cannot be administered without signed consent.
- The completed Administration of Prescribed Medicines in School Consent Form and the prescribed medication should be handed by the parent/carer to (designated member of staff). Medicines will only be administered if they are provided in their original container complete with a pharmacy label showing the child's name, dosage instructions and any relevant storage instructions. The product must be in date. The exception to this is insulin, which must still be in date but will generally be provided to schools inside an insulin pen or pump, rather than in its original container.
- The school will make sure all medication is stored safely and that students with medical conditions know how to access them. In the case of emergency medicines, they will have access to them immediately.
- Parents are asked to collect all medications/equipment at the end of the school term, and to provide new and up-to-date medication at the start of each new term.
- Parents must let the school know immediately if their child's health care needs change.
- Parents/ carers are responsible for replenishing supplies of medicines and collecting no longer required / out of date medicines from school.
- Children where competent can administer their own medicine. Parents will be requested to notify the school when this is the case (and request if this is to be supervised or not). Parents/carers will also be required to request in writing if they wish their child to carry their own medication with them in school.
- The school will keep an accurate record of all medication they administer or supervise administering, including the dose, time, date and staff involved. If a medication is not administered, the parent/carer will be notified.

Disposal of Medication

- If parents do not collect out-of-date / no longer required medicines within 14 days of being requested to do so, the medicine will be returned by the school to a pharmacy for destruction.

Out of School Activities/Extended School Day

- The school will meet with parents, student and health care professional where relevant before any overnight or extended day visit to discuss and make a plan for any extra care requirements that may be needed to support a child with a medical condition to participate. This should be recorded in the child's individual health care plan, which should accompany them on the activity.
- Risk assessments are carried out on all on all out of school activities, taking into account the needs of students with medical needs. School will make sure a trained member of staff is available to accompany a student with a medical condition on an offsite visit.