

From Health and Safety Handbook for Schools



Yeadon Westfield Infant School

**SUPPORTING CHILDREN / YOUNG PERSONS WITH MEDICAL CONDITIONS
POLICY V1.0**

**Appendix 1:PG505 - Supporting pupils with Medical Conditions in School /
DfE document "Supporting pupils at school with medical conditions"
2024**

Review 2025

This school is committed to safeguarding and promoting the wellbeing of all children, and expects our staff, governors and volunteers to share this commitment. This policy should be read in conjunction with all other school policies.

1. Introduction

This policy is written to support those children and young people with individual medical conditions and outlines how their conditions will be met at Yeadon Westfield Infant School.

This policy and the supporting guidance PG505 - Supporting Children / young persons with Medical Conditions in School / DfE document "Supporting children / young persons at school with medical conditions" should be read together and aim to ensure that:

1. Children / young people, staff and parents / carers understand how our school will support children / young people with medical conditions.
2. The whole school environment is inclusive and favourable to children and young people with medical conditions. This includes the physical environment, as well as social, sporting, and educational activities.
3. Our staff are trained in the impact medical conditions can have on children and young people to be safe, welcoming, and supportive of children and young people with medical conditions.
4. Our school understands that children and young people with the same medical condition will not necessarily have the same needs.
5. Our staff understand their duty of care to children and young people with medical conditions and know what to do in the event of an emergency.

2. Policy Statement

We are an inclusive community that welcomes and supports children and young people with medical conditions. We provide all children and young people with equal opportunities in our school.

This policy and supporting guidance PG505 - Supporting Children / young persons with Medical Conditions in School / DfE document "Supporting children / young persons at school with medical conditions" / meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on governing boards to make arrangements for supporting children and young peoples at their school with medical conditions. It is also based on the Department for Education's statutory guidance on [supporting children / young persons with medical conditions at school](#).

This policy and supporting guidance PG505 - Supporting Children / young persons with Medical Conditions in School / DfE document "Supporting children / young persons at school with medical conditions" describe the essential criteria for how we will meet the needs of children and young people with short, long-term and / or complex medical conditions, including diabetes and asthma. No child or young person will be denied admission or prevented from taking up a place in this school because arrangements for their medical condition have not been made. However, in line with our safeguarding duties, we must ensure that children / young person's health is not put at unnecessary risk from, for example, infectious diseases. There may be times we cannot accept a child / young person in school where it would be seriously detrimental to the health of that child / young person or others to do so.

All relevant staff understand the medical conditions that affect children and young people at our school. We also make sure all our staff understand their duty of care to children and young people in the event of them requiring medical intervention. We accept responsibility for members of staff who give or supervise children and young people with the taking of medication / medical procedures during the school day.

The named member of our staff responsible for the medical conditions policy and its implementation is Dawn Lowry.

3. Roles and responsibilities.

3.1 Our governing body.

Our governing body has ultimate responsibility to make arrangements to support children and young people with medical conditions. Our governing body will also ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

They will do this by:

- Regular reviews of the medical conditions and provision of support in school,

3.2 Our Headteacher

Our headteacher will:

- make sure all staff are aware of this policy and supporting guidance in PG505 - Supporting Children / young persons with Medical Conditions in School / DfE document "Supporting children / young persons at school with medical conditions" and understand their role in its implementation,
- ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHCPs), including in contingency and emergency situations,
- ensure that all staff who need to know are aware of a child's condition,
- take overall responsibility for the development and monitoring of IHCPs,
- contact the school nursing service in the case of any children and young people who have a medical condition that may require support at school, but who has not yet been brought to the attention of the school nursing service,
- ensure that systems are in place for obtaining information about a child's medical conditions and that this information is kept up to date,
- ensure that supply and peripatetic staff are made aware of relevant information to support children with medical conditions.

3.3 Our Staff.

Supporting children and young peoples with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to children and young people with medical conditions, although they will not be required to do so unless this is specifically part of their role in school. This includes the administration of medicines.

Our staff will take into account the conditions of children and young people with medical conditions that they teach. All staff will know what to do and how to respond

accordingly when they become aware that a child or young person with a medical need requires help.

Our school staff are responsible for:

- following the procedures outlined in this policy and supporting guidance document PG505 - Supporting Children / young persons with Medical Conditions in School / DfE document “Supporting children / young persons at school with medical conditions”,
- retaining confidentiality within policy guidelines,
- contacting parents / carers and/or emergency services when necessary and without delay,
- if they have children or young persons with medical conditions in their class or group; understanding the nature of the conditions in order to adequately support them. This information will be provided to them.

The headteacher has overall responsibility for the development of IHPs for children / young persons with medical conditions. The day-to-day management, production and oversight of IHCPs has been delegated to Dawn Lowry (SENCO).

3.4 Our Parents / Carers.

We expect that our parents / carers:

- will provide the school with sufficient and up-to-date information about their child / young person’s medical conditions,
- will be involved in the development and review of their child / young persons IHCP and may be involved in its drafting,
- will carry out any action they have agreed to as part of the implementation of the IHCP, e.g. provide medicines and equipment.
- are responsible for making sure their child / young person is well enough to attend school. Parents / carers should keep children / young people at home when they are acutely unwell.
- will provide medicines and equipment in line with this policy and supporting guidance in PG505 - Supporting Children / young persons with Medical Conditions in School / DfE document “Supporting children / young persons at school with medical conditions” e.g. in original labelled containers, in date and sufficient for the child / young person’s conditions,
- will provide up to date contact information and ensure that they or another responsible adult are contactable at all times for if their child / young person becomes unwell at school,
- will only request medicine or medical procedures to be administered at school when it would be detrimental to their child / young person’s health or school attendance not to do so,
- will provide written agreement before any medicines can be administered to their child / young person,

If an IHCP is required for their child / young person, it is expected that our parents / carers will work with our school and healthcare professionals to develop and agree it.

3.5 Our children and young people.

Children and young people with medical conditions will often be best placed to provide information about how their condition affects them. Our children and young people will be involved as far as possible in discussions about their medical support needs and contribute as much as possible to the development of their IHCPs. They are also expected to comply with their IHCPs.

3.6 School nurses and other healthcare professionals.

We will work with our Local Health Authority School Health Service and Nursing Team to support the medical needs of children and young persons in our school. This may include assistance with supporting medical conditions, assistance with IHCPs, and assistance with supplementing information provided by the child's or young person's parents / carers or GP. We will also seek their advice for where specialist local health teams can be contacted for particular conditions e.g. asthma, diabetes, epilepsy etc.

The School Health Service and Nursing Team are also the main contacts for advice on training for staff to administer medication or take responsibility for other aspects of support.

The School Health Service and Nursing Team will notify our school when a child or young person has been identified as having a medical condition that will require support in school. This will be before the child or young person starts our school, wherever possible. They may also support staff to implement a child's IHCP.

Healthcare professionals, such as GPs and paediatricians, will liaise with the School Health Service and Nursing Team and notify them of any children and young people identified as having a medical condition. They may also provide us advice on developing IHCPs.

Should a medical condition prevent a child from attending school for 15 or more days, we will make a referral to the Leeds CC Medical Needs Teaching Service (referral forms can be accessed on www.mntsleeds.org and emailed to the email address on the form).

4. Storage, administration and management of medications.

4.1 Provision of medication.

We will allow medications to be brought to school when it is essential e.g. where it would be detrimental to a child or young person's health if the medicine was not administered during the 'school day'.

Wherever possible, parents / carers are advised to request that any prescription is such that the child / young person does not need to take any medication whilst at school e.g. a dose-frequency of 3 times per day rather than 4 times per day dose.

We will only accept medication in its original container and with the prescriber's instructions for administration if the medication is prescribed.

We will allow nonprescription medication to be provided if it is essential (as above) and needs to be taken during the school day. We will follow the same procedures for all medication.

4.2 Administration of medication.

We will administer medication / medical procedures or supervise the self-administration of medication / medical procedures only where there is specific prior written permission from the parents / carers. Such written consent will need to state the medicine and the dose to be taken / or the details of the medical procedure.

We will follow the detailed guidance in PG505 - Supporting Children / young persons with Medical Conditions in School / DfE document "Supporting children / young persons at school with medical conditions" regarding administration of medication / medical procedures including disposal of out-of-date medication, record keeping and training for staff.

No child or young person under the age of 16 will be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.

4.3 Self-Management.

Due to the age of our children, we do not encourage them to manage their own medication. We talk about what is happening and encourage them to engage with us.

4.4 Refusal to take medicine.

We will not force a child or young person to take medication / undergo a medical procedure should they refuse.

If information provided by the parent / carer and/or GP suggests that the child or young person is at great risk due to refusal, we will contact parents / carers immediately and may also seek medical advice and/or emergency services support.

Where the information provided indicates that they will not be at great risk, but parents / carers have informed us that the medication / medical procedure is required we will contact the parent / carer as soon as possible.

4.5 Storage of medication / medical devices.

We will store, manage, and dispose of out-of-date medication and medical devices in line with the detailed guidance in PG505 - Supporting Children / young persons with Medical Conditions in School / DfE document "Supporting children / young persons at school with medical conditions".

We will ensure that any medication required critically in the case of an emergency e.g asthma inhalers, Adrenaline Auto Injectors (AAI), insulin, is always readily available wherever the child or young person is on our school premises or off site on school visits / activities.

We will keep a supply of emergency asthma inhalers and AAI devices in school.

4.6 Emergency Situations.

Our staff will follow our school's normal emergency procedures (for example, calling 999). All children / young person's IHCPs will clearly set out what constitutes an emergency and will explain what to do.

If a child or young person needs to be taken to hospital, our staff will stay with them until the parent / carer (or designated adult) arrives, or accompany a child / young

person taken to hospital by ambulance and stay with them until the parent / carer (or designated adult) arrives.

5. IHCPs and Individual Children and young people Risk Assessments (IPRAs).

We will follow the detailed guidance in PG505 - Supporting Children / young persons with Medical Conditions in School / DfE document "Supporting children / young persons at school with medical conditions" regarding both the development and monitoring of IHCPs and when an IPRA may be required.

We will review IHCPs at least annually, or earlier if evidence is presented that the child / young person's needs have changed.

5.1 Being notified that a child has a medical condition.

When our school is notified that a child / young person has a medical condition, the process outlined below will be followed to decide whether the child / young person requires an IHCP.

Our school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for children / young persons who are new to our school.

When notification of a child with a medical condition is received, our school will:

- Gather all the required information by providing parents / carers with the appropriate form and having follow-up conversations where necessary.
- Where possible, make appropriate arrangements for staff to administer any medication or medical procedures and to receive whatever training is necessary.
- Where required, instigate an IHCP.

6. School trips, off site activities and sporting activities.

We will follow the detailed guidance in PG505 - Supporting Children / young persons with Medical Conditions in School / DfE document "Supporting children / young persons at school with medical conditions" regarding school trips, off site activities and sporting activities and ensure that any medical conditions are included in the specific risk assessments for those activities.

7. Unacceptable practice

Our school staff will use their discretion and judge each case individually with reference to the child / young person's IHCP, but it is generally not acceptable to:

- Prevent children / young persons from easily accessing their inhalers, medication or administering their medication when and where necessary.
- Assume that every child / young person with the same condition requires the same treatment.
- Ignore the views of the child / young person or their parents / carers.
- Ignore medical evidence or opinion (although this may be challenged).
- Send children / young persons 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 IHCPs.

- If the child / young person becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable.
- Penalise children / young persons for their attendance record if their absences are related to their medical condition, e.g. hospital appointments.
- Prevent children / young persons from drinking, eating, or taking toilet or other breaks whenever they need to 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 / young person, including with toileting issues. No parent / carer should have to give up working because the school is failing to support their child / young person's medical needs.
- Prevent children / young persons from participating or create unnecessary barriers to children / young persons participating, in any aspect of school life, including school trips.
- Administer, or ask children / young persons to administer, medicine in school toilets.

8. Complaints.

If our parents / carers or children / young people have any issues with the support provided they should initially contact Dawn Lowry (SENCO) to discuss their concerns. If, for whatever reason, this does not resolve the issue, they may make a formal complaint via the school's complaints procedure which is published on our schools' website.

9. Review.

This policy will be reviewed and approved by our governing body at least annually.

Appendix 1 PG505 - Supporting pupils with Medical Conditions in School / DfE document "Supporting pupils at school with medical conditions"

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Section D1 DfE Guidance on the use of Emergency Salbutamol Inhalers in School;
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Section E1 DfE Guidance on the use of Emergency Adrenaline Auto-Injectors in School;
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E5 IHCP for Allergies- Emerade.

Glossary:

CYP years old.	CYP/Young Person- can refer to a person in education up to 25
HSW	Health, Safety and Wellbeing.
HSWT	Health, Safety and Wellbeing Team.
IHCP	Individual Health Care Plan- any plan relating to the health care needs of the CYP.
IPRA	Individual Pupil Risk Assessment.
LCC	Leeds City Council.
PLG	Parent or Legal Guardian.
SPMCG	Supporting CYPs with Medical Conditions Guidelines (DfE 2017).
School	Any setting where CYP are provided with an education.

1.0 The Law:

- 1.1** Under the Health & Safety at Work etc. Act 1974 the employer is responsible for making sure that a school has a Health and Safety policy. This should include procedures for supporting CYP with medical needs including managing prescribed medication.
- 1.2** The Children's Act 1989 authorises people who have care of a child (other than parental responsibility), subject to the provisions of the Act, to do what is reasonable in all the circumstances of the case for the purpose of safeguarding or promoting the CYP's welfare.
- 1.3** The School Premises Regulations 2012 require every school to have a room appropriate and readily available for use for medical or dental examination and treatment and for the caring of sick or injured CYPs. It must contain a washbasin and be reasonably near a water closet. It must not be teaching accommodation. There are other requirements contained in the regulations.
- 1.4** The Equality Act 2014 requires that the body responsible for a school must not discriminate against a disabled person. Any CYP with medical needs who is also disabled will be protected under this act.
- 1.5** Under the Equality Act a person is defined as having a disability "*if they have a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities*". The Act includes a list of conditions which automatically determines a person with the condition as may be considered as having a disability. Only a court of law can decide whether or not somebody has a condition causing them to be disabled under the Equality Act (a medical practitioner can not decide whether or not a person is disabled).
- 1.6** Under the Equality Act, a responsible body discriminates against a disabled person if "*for a reason which relates to the person's disability, it treats him less favourably than it treats or would treat others to whom that reason does not or would not apply; and it cannot show that the treatment in question is justified.*"
- 1.7** Any member of staff in a school who has a duty of care for the CYP in place of the PLG must treat and take care of the CYP as outlined in the "DfE Supporting Pupils at School with Medical Conditions" guidance and with due regard to the guiding principles of equality and equity as outlined in the Equality Act.

2.0 Introduction:

- 2.1** Most CYPs may need to take medication at some time whilst they are at school. All schools should have a clear, written policy on managing medication in school and have effective management systems to support individual CYPs with medical needs.
- 2.2** The school must ensure that it has a school policy and procedures so that no person is placed at risk from the storage, administration and disposal of medication.

The governing body of a school has a legal duty to make arrangements to ensure that CYP with medical needs are able to attend school with as little disruption as possible. This might be through staff members who volunteer to administer medication or training support staff so that they are able to manage medication. This will involve the governing body possibly employing someone whose specific role is to administer medication. This applies to mainstream and special schools.

2.3 A school that has appropriate procedures will be better placed to enable CYP attending school who require medication to continue their education with as little disruption as possible.

2.4 Unless so directed by the terms of their employment contract, no member of staff may be compelled to be responsible for the administration of medication to CYP. For most teachers the task is voluntary, however support staff might have contracts or job descriptions that make the administration of medication part of their role.

3.0 School policy and procedures:

Under health and safety legislation, schools are required to implement systems of work that will ensure the safety, not only of staff, but also of any other person affected by the school's activities. This includes the administering and storage of medication.

3.1 A school's policy should include the following points.

- A statement that the School accepts responsibility for members of staff who volunteer to give, or supervise CYP (including sixth formers) taking, prescribed medicine during the school day.
- The circumstances in which CYPs may take non-prescription medicine such as painkillers (analgesics).
- The school's policy on assisting CYPs with long-term or complex medical needs.
- The need for prior written agreement from a PLG for any medication to be given to a CYP.
- The requirement for any member of staff giving medicine to check: the CYP's name; that there are written instructions provided by the PLG or doctor; the prescribed dose and the expiry date of the medicine. If staff are in doubt they should not give the medication until these things have been checked and the full details known.
- When and where CYPs can carry and take their own medication.
- Staff training for dealing with medical needs.
- Record keeping.
- Storage and access to medication.
- Emergency procedures.

3.2 It should clearly state that PLGs should provide the school with full information regarding their CYP's medical needs. It should encourage staff to report any deterioration in a CYP's health to the Headteacher who can then inform the PLG.

- 3.3** Schools should always establish a written record of the details of any CYP with special medical requirements at the earliest opportunity; if possible this should be done before the CYP starts or returns to school. This should be in the form of an Individual Health Care Plan (IHCP), examples of which can be found in this document. In cases where CYPs have short term and relatively straight forward medical needs it might be sufficient to record the information in an abbreviated form of the IHCP, e.g. on a consent form of the school's own design. Please note that any plan relating to the health care needs of a CYP is by default an IHCP.
- 3.4** Any instructions to the school should be in writing and should be clear, specific and include as much detail as necessary and proportionate to the health care needs of the CYP.
- 3.5** The PLG's agreement to the IHCP should be signed and they should be provided with a copy of the plan if requested.
- 3.6** Any changes to an IHCP must be agreed with the PLG and should be recorded in writing.
- 3.7** All school employees who look after CYPs should be aware of the school's policy and should be informed what the school's general procedures are in relation to any CYP with medical needs.

4.0 Responsibilities:

4.1 Leeds City Council:

Leeds City Council has a responsibility to ensure that each Community and VC school has a Health and Safety policy. The school should also have a medication policy which should include procedures for assisting and supporting CYPs with medical needs, including managing medication.

4.2 Governing body:

The school governing body should ensure that their school has developed its policy to assist CYPs with medical needs and that staff involved with administration of medication have had the appropriate training. This training should include administration of the emergency adrenaline auto-injectors and emergency inhalers. All training should be proportionate to the complexity of the administration.

4.3 Headteacher:

The Headteacher is responsible for implementing the school's policy and procedures and should ensure that all PLGs are aware of these. Where staff volunteer to assist, the Headteacher must ensure that they receive suitable and sufficient information, instruction and training to be able to undertake this function in a safe and effective manner. This also applies to staff who volunteer to be reserves to cover for absence.

The Headteacher should ensure that an IHCP for each CYP with medical needs is drawn up in conjunction with the PLG and School Medical Officer or GP. Where there is concern that a CYP's needs may not be able to be met by a school, or the PLG's expectations appear unreasonable, the Headteacher should seek further advice from the school nurse, CYP's GP, LCC and other medical advisers.

Where a Headteacher wishes to share information with other staff within a school the best interests of the CYP takes precedence at all times. It may be necessary to share sensitive information with key staff about medical needs to ensure that the HSW of the CYP can be maintained.

The Headteacher is responsible for making sure that medicines are stored safely.

4.4 Parents and Legal Guardians (PLGs):

The prime responsibility for a CYP's health rests with the PLG; they are responsible for making sure their CYP is well enough to attend school.

The PLG (or CYP if they are mature enough) should provide the school with sufficient information about the CYP's medical condition. This should be undertaken in conjunction with the CYP's GP/paediatrician/other clinicians, as appropriate. Where a CYP is acutely unwell it is advised that the PLG keep him/her at home, regular work should be sent home by the school.

If CYPs become unwell at school they should be collected as soon as possible. It is vital to have relevant home and emergency contact telephone numbers. These details must be regularly updated.

4.5 Staff administering medication:

The administering of medicine in school is a voluntary role for individual members of staff except where this is stated in the job description. Those who undertake this role and/or provide support to CYPs with medical needs require sufficient training, information and instruction from their Headteacher and the CYP's PLG. Training and advice can be obtained from the school nursing team and specialist nursing teams, e.g. diabetes nursing team, etc.

Where an alternative or ancillary member of staff is with a CYP with medical needs the Headteacher must ensure that they have received the proportionate level of training, information and instruction to the complexity of the administration of medication.

Staff who volunteer to assist with the administering of medication (or who have it in their job description) and have been authorised by the Headteacher to undertake this task will be covered under the school's employer's liability insurance.

4.6 Teachers and other school staff:

A teacher who has a CYP with medical needs in their class should understand their role in supporting that CYP and be conversant with the IHCP even if they will not be the key person administering medication.

All staff should be able to access emergency plans.

Other school staff such as lunchtime assistants or support staff who may, at certain times, be responsible for CYP with medical conditions should be provided with support and advice proportionate to the complexity of the medical need.

Information and advice should also be provided to the school's first aiders if the CYP's medical condition has implications for any first aid treatment which may be given.

4.7 School transport escorts:

It should not be necessary, in normal circumstances, for escorts to be trained to administer regular medication. Emergency medications may be required and, if so, then training in the administration of that medication should be provided.

Where the school transport service transports CYP with medical needs to and from school and escorts supervise them, the escorts should be provided with suitable and sufficient information in respect of the medical conditions and medications of the CYP in their care.

This information should be provided via the school transport office in consultation with the school Headteacher and the CYP's PLG.

4.8 The Health Service:

The local health authority has a statutory duty to purchase services to meet local needs. These services are provided by the local National Health Service (NHS) Trust.

The main contact with schools is likely to be via the School Health Service, school nurse or doctor, who may be able to help a school draw up IHCPs for CYPs with medical needs or may be able to supplement information provided by the CYP's PLG or GP. The school nurse or doctor will be able to advise on training for staff willing to administer medication or take responsibility for other aspects of support.

4.9 The General Practitioner (GP):

Most PLGs will register their CYP with a GP. The GP has a duty of confidentiality to their patients and should only exchange information with the school with the consent of the CYP's PLG or the CYP, if they are mature enough. In some cases PLGs may agree for a GP to liaise directly with a school, in others it will be via the School Health Service (schools should seek advice from the School Medical Officer).

In some instances a PLG or CYP may not wish the GP to provide a school with any information in respect of their CYP's condition. In these cases the GP will observe such confidentiality and must comply with the PLG's or CYP's wishes.

5.0 Provision of medication:

5.1 Short term needs: - prescribed medicines:

Medicines should only be taken to school when essential; where it would be detrimental to a CYP's health if the medicine was not administered during the 'school day'. At some time during a CYP's school life they may need to take medication, e.g. to finish a course of antibiotics or apply a lotion, and to minimise the amount of time a CYP is away from

school, it may be necessary to continue the treatment of antibiotics or lotion after the CYP returns to school to finish the specific course of medication.

Where this happens it is advised that the PLG requests that the prescription is such that the CYP does not need to take any medication whilst at school e.g. a dose-frequency of 3 times per day rather than 4 times per day dose. The school policy should encourage PLGs to request such a prescription.

Medicines must be provided in an original container (as dispensed by the pharmacist) and include the prescriber's instructions for administration. Prescribers should be encouraged to provide two prescriptions for a CYP's medication, where appropriate and practicable: one for home and one for use in the school, avoiding the need for the repacking or re labelling of medicines by PLGs. Any medication brought into school must be clearly marked with the name of the CYP and the recommended dosage. It must be kept secure, unless there are valid reasons for the CYP to keep that medication with them (e.g. asthma inhaler).

The school policy should encourage the PLGs and Headteacher to discuss any requirements.

Schools should never administer medications that have been removed from their original containers/packaging.

5.2 Long-term medical needs:

Schools must have sufficient information about the medical condition of any CYP with long-term medical needs.

The PLG or guardian should supply such information either prior to a CYP attending school or as soon as the condition becomes known.

Schools should allow CYPs who are competent to do so to manage their own medication from an early age, although PLGs must give their consent and the CYP should be supervised when taking it. It is at the HT discretion as to what medication may be carried by a CYP in school.

The school policy should identify in what circumstances CYPs can carry their own medicine. Any teacher who may come into contact with such a CYP should be provided with suitable and sufficient information regarding the CYP's condition and the medicine they are taking.

5.3 Non-prescription medicines:

Staff should never administer a non-prescribed medicine to a CYP unless there is a specific prior written permission from the PLGs. Such written consent will need to state the medicine and the dose to be taken. The PLG should supply the medicine in the original packaging. Where the headteacher agrees for staff to administer a non-prescribed medicine it must be in accordance with the policy. The policy must set out the circumstances under which staff may administer non-prescribed medicines. Example

consent forms and IHCPs and recording systems are given as examples in this document.

Where non-prescription medicine has been given, a strict system must be in place to ensure that a record is made of who received the medicine, what dose was given, who gave the medicine and when. A written note should also be sent to the CYP's PLG on the same day the medicine is given. It should inform them that a specified non-prescription medicine has been given, at what time and at what dose. The CYP must be supervised whilst they take any non-prescription medicine.

If a CYP suffers regularly from frequent or acute pain the PLGs should be encouraged to refer the matter to the CYP's GP.

NO CYP under the age of 16 should be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.

The UK Medicines Control Agency has recommended that CYP under 16 should not be given aspirin, because of its links with Reye's syndrome, the rare but potentially fatal disorder found almost exclusively in CYP and adolescents.

The use of aspirin by CYP under 12 has been banned in the United Kingdom since 1986, and the Committee on Safety of Medicines warned that it should also be avoided in CYP up to 15 if they were feverish.

5.4 Clinical Decisions:

School staff **must not** make clinical decisions about CYP care.

Any instructions given to schools in relation to a CYP's medical requirements should be specific and clear enough to avoid the need of requiring school staff to make any judgements about what medication to administer. If necessary the school should arrange a multi-agency meeting with appropriate health care professionals where clear instructions can be obtained and a CYP risk assessment can be determined.

If a CYP's medical needs are such that the dosage, or method of administration of any medication might vary depending on other factors, schools should be provided with explanative charts, diagrams or other printed guidance which removes any requirement for a clinical judgement.

If any medical problems arise which are not covered by a CYP's IHCP, or any instances where the details on the IHCP are found to be unclear, the school should contact the CYP's PLG or guardian, or seek medical advice before taking any further action unless doing so would put the CYP at risk in which case emergency/first aid procedures should apply.

SCHOOLS DO NOT MAKE CLINICAL DECISIONS. School follow the instructions detailed in the IHCPs, consent forms or IPRAAs.

5.5 Administering medicine:

Members of staff are under no contractual obligation to administer medicine unless specifically set out in their contract of employment under their job description.

In all cases staff responsible for the administration of medication should be provided with suitable and sufficient training to enable them to carry out their duties safely and responsibly and should include training on the administering of i.e. eye and nose drops. Such training can be arranged in conjunction with the local Health Trust. The school should maintain a written record of which member of staff has volunteered to administer which medication and what training each member of staff has received.

Any member of staff giving medicine should check the IHCP including-

- CYP's name;
- written instructions and consent provided by the PLG or doctor;
- prescribed dose and the expiry date of the medicine.

If there is any doubt about these details, or they are not provided, then medication should not be given until the full details are known. Medication should not be administered until full information is provided.

Each time a CYP is given any medication a record must be made, including the date, time, what was administered and, if necessary, details of any problems, which the person administering the medication should sign.

It will then be necessary to refer to the local Health Trust for advice on how to continue providing treatment.

Under no circumstances should any person employed by the school administer medication if they have not received the requisite training or authorisation from their Headteacher. If a CYP is at severe risk because their medication cannot be given, the Headteacher must ensure that there are suitable emergency arrangements in place.

Medicine must never be administered to a CYP under the age of 16 without their PLG's written consent.

Controlled drugs should be administered by 2 persons both of whom must complete the administration of medication record.

6.0 Self Management:

Schools should encourage young people to take control of their medication and illness from a young age. The ages that CYP are able to take control of their medicines varies enormously. It should however be considered that in some circumstances a young person might not be competent to take medical responsibility for themselves at school. As young people grow, develop and mature they should be encouraged to participate in decisions about their medications and to take responsibility.

If CYPs are able to take medication themselves, then staff may only need to supervise. The school policy should include whether CYPs may carry and administer (where appropriate) their own medication, and the safety of other CYPs.

Where CYPs are prescribed controlled drugs staff need to be aware that these need to be kept in safe custody. CYPs should be able to access these for self-medication if it is agreed that it is appropriate.

7.0 Refusal to take medicine:

No person can be forced to take medicine should they refuse.

If a CYP refuses to take medicine and the information provided by the CYP's PLG and/or GP suggests that the CYP is at great risk if they do not take their medication, the PLGs should be contacted immediately. If a PLG cannot be contacted medical advice and/or emergency services should be called.

Where the information provided indicates that the CYP will not be at great risk if they do not take their medication, but the PLG has informed the school that their CYP should receive their medication, the PLG should be contacted as soon as possible.

PLGs should be communicated with directly and not via a note sent home with the CYP. Records of the conversations should be kept and the school may wish to follow this up with a letter.

8.0 Adrenaline Auto Injectors (AAI) and Emergency Salbutamol Inhalers:

There are two aspects of medical care that most school staff have been able to manage without undue concern about imposition or impracticality. CYP and adults who have a sudden and severe allergic reaction to a foodstuff; insect bite or other external irritant may become ill quite quickly. Adrenaline Auto Injectors are considered to be a risk free treatment. If staff are correctly trained to administer the AAI they are a one shot injection that may save a life and at the worst they are likely to have no or little ill effects.

Schools are expected to have some provision for the emergency treatment of anaphylaxis. First aid treatment can include the appropriate use of AAIs. Staff might be happy to volunteer to specifically administer AAIs.

If staff are not prepared to administer AAIs this needs to be made clear to PLGs of individuals involved. These issues need to be covered within the medication policy. AAIs need to be covered within the medication policy.

AAIs need to be stored in a dry area with a constant temperature as they are fragile and can become ineffective if they are knocked or become too cold. Where possible a minimum of two AAIs should be kept on site in the event that one fails or that the first dose is not effective. The use by date of each pen should also be monitored to ensure they are within the effective date for use.

There are example IHCPs for the 3 common types of AAIs and for anaphylaxis without an AAI in the appendices of this document.

The DfE guidance on the use of an Emergency AAI in schools is in the appendices of this document.

As asthma affects between 10% and 17% of the general school population and has a variety of degrees of severity, it is important that the PLG informs the school if their CYP requires an inhaler. Older CYPs are able to self administer their own medication and PLGs should be part of this process.

Inhalers for younger CYPs who are unable to administer their own medication should be kept in a safe place and labelled in the same manner as any other medication. In the case of an asthma attack the inhaler would need to be administered urgently so the school must have an emergency procedure so that all staff are aware of the location of all inhalers. The storage of inhalers need to be well managed and the distance between where the CYP is situated and where the inhalers are stored must also be considered. PLGs should request an extra inhaler from their family doctor so that this can be left at the school premises. Schools must not allow inhalers for one CYP to be used by another and must only allow each inhaler to be used by the CYP it is prescribed for.

There are example IHCPs for younger CYP and older CYP in the appendices of this document.

There is the DfE guidance document for the school use of an Emergency inhaler in the appendices of this document.

Both AAIs and inhalers required for critical emergency use should be kept as close to the location of the CYP as possible. If the CYP moves to different locations in the school these devices should be moved with the individual, e.g. PE activities on a school field, after school clubs, assemblies, so that rapid access can be achieved in an emergency.

9.0 IHCPs & IPRA:

To ensure that each CYP with medical needs receives the appropriate support in school, and that all persons who may come into contact with the CYP have access to sufficient information, the Headteacher should ensure that a written IHCP is drawn up. This should be done in conjunction with the PLG and School Medical Officer or GP etc. It should give details of the CYP's condition, daily care requirements, emergency action to take and when to take it, who is responsible in an emergency (including reserves) and any follow up care that may be needed.

Input into the IHCP should be sought from everyone with whom the CYP is likely to have contact – e.g. class teacher, form tutor, year head, care assistant, school staff who have agreed to administer medication, school health service, escorts/schools transport service.

The plan should be provided to all staff that will have contact with the CYP including, for example, lunchtime supervisory assistants. As the medical information contained within the plan is confidential, the level of information provided to various staff should be

carefully planned so that, for example, a Lunchtime Assistant knows what to do in an emergency but is not party to the specific reason for doing it if the PLG or CYP does not want their medical condition to be generally known.

The plan should also identify what particular training needs will be required for anyone volunteering to administer medicine.

The plan should reflect not only the physical needs of the CYP but the emotional needs as well. However, the Headteacher must not make value judgements about any medication prescribed, even though the CYP may appear to be unable to cope with taking the medicine. In those instances the Headteacher will need to discuss his/her concerns with the CYP's PLG and/or health care professionals.

The plan should always identify what action should be taken in the event of the unexpected, e.g. an injury. If a CYP who accesses medication in school requires hospital or clinical treatment as a result of some incident then the IHCP and the medication should go with them to hospital, or ensure that the PLG takes them. Note this in the records.

If the IHCP does not account for all the foreseeable risks of harm to the CYP or those administering the care to the CYP then there should be an IPRA in place.

Please note that it is a legal requirement to have an IPRA in place under the Management of Health and Safety at Work Regulations 1999.

10 School trips and sporting activities:

10.1 School trips:

CYPs with medical needs should be encouraged to participate in school trips as long as the safety of the CYP, other CYPs and/or staff is not placed at significant risk.

It may be necessary for a school to take additional measures for outside visits. This may include:

- additional appropriately trained staff;
- adaptations for bus or coach seats and entrances;
- provision of secure cool-bags to store medicine;
- provision of properly labelled single dose sets.

When planning trips and visits which will include a CYP with medical needs, all persons supervising the trip should be made aware of the CYP's medical needs and any emergency procedures that may be needed.

The location to be visited should be made aware that persons with medical needs are included in the party. Where it is unlikely that any difficulties will occur there is no need to inform the place to be visited.

If there is any doubt regarding a school trip the school should discuss the trip with the PLG and also, if necessary, seek medical advice.

10.2 Sporting activities:

Most CYPs with medical needs should be able to participate in sporting activities either as part of the curriculum or as an extra-curriculum activity.

However, some CYP will need to take precautionary measures prior to and/or during exercise and may need immediate access to medication afterwards.

Any members of staff supervising CYPs involved in P.E. and sporting activities must be aware of the relevant medical conditions and emergency procedures for any CYP with a medical condition who is participating in the lesson or activity either actively or as an observer. For extra-curriculum activity or after hours P.E. lessons, where a CYP with a medical need is participating, the level of supervision should be assessed, and it may need to be increased.

11.0 Storage & disposal of medicines:

11.1 Storage of medicines:

All controlled drugs must be kept in an approved (meets with the requirements of the Misuse of Drugs Regulations) lockable receptacle. This must be locked at all times except when being accessed for the storage of medication or the administration to the named recipient.

Lockable receptacles must be:

- Of robust construction,
- Made of steel,
- Securely bolted to the floor or wall,
- Kept in a room or building that is alarm protected.

Keys, should be kept to a minimum and only held by individuals who have legitimate authority to access the medicine cabinet. These should never be given to an unauthorised person, left on hooks, in desks or out on display.

- Large volumes of medicines should not be stored. Staff should only store, supervise and administer medicine that has been prescribed for an individual CYP.
- Medicines should be stored strictly in accordance with product instructions.
- CYPs should know where their own medicines are stored and who holds the key.
- All emergency medicines, such as asthma inhalers and adrenaline pens, should be readily available to CYPs and should not be locked away.
- Few medicines need to be refrigerated. These can be kept in a refrigerator with food but they must be in an air tight container and clearly labelled. There should be restricted access to a refrigerator holding medication. When the

staff room is not occupied – depending on the risk assessment undertaken by the Headteacher – the room or the fridge should be locked so that access is denied to everyone except those authorised by the Headteacher.

- Medicine should be stored in original containers which are labelled with:
 - the name of the person for whom the medicine is prescribed;
 - the name and constituents (if known) of the medicine;
 - the prescribed dose;
 - the time the prescribed dose is to be taken;
 - who to contact in an emergency;
 - the expiry date of the medicine;
 - the name of the person or organisation responsible for prescribing the medicine;
 - any likely side effects for the person taking the medicine (e.g. harmful or toxic if swallowed, harmful by inhalation, harmful if in contact with the skin or eyes).

It may not always be possible to get all the above information from the original container. If this is so, the pharmacy supplying the medicine or the pharmacy department of the local NHS Trust may be of assistance.

Some medicines can have serious ill health effects on those giving the medicine, produce harmful vapours, some can be corrosive or produce dermatitis; some can sensitise those giving the medicine, some people may already be sensitive to the medication – particularly those who suffer from eczema or asthma.

Staff who administer medicine which has been assessed as being a sensitiser should be asked if they have respiratory or skin problems. If they have, the Headteacher should seek an alternative administrator. Administrators should be provided with suitable personal protection such as disposable gloves, face mask, etc. Should an administrator become sensitised to a particular medication they should cease to administer it and again the Headteacher should seek an alternative administrator. Such reactions, however, are rare.

11.2 Disposal of medicines:

A school should not routinely or voluntarily dispose of any prescribed medicine or the container from which it came. The PLG of the CYP for whom the medicine was provided should collect all empty containers, surplus medicines and out-of-date medicines. They should also collect medicines held at the end of each term. If PLGs do not collect all medicines after repeated reminders, they should be taken to a local pharmacy for safe disposal.

On the very rare occasion that the school has to dispose of any of the below items, advice should be sought from the Leeds City Council's Environmental Health Waste Disposal Service before disposal of any items. Pharmaceuticals that are cytostatic or cytotoxic (are defined as any medicinal product that has one or more of the following hazardous properties: Toxic (H6), Carcinogenic (H7), Mutagenic (H11) or Toxic for Reproduction (H10)) are classed as "hazardous Wastes" under Hazardous Waste Regulations 2005 as such disposal must be in accordance with the requisite Regulations.

11.3. Disposal of sharps:

Sharps boxes should always be used for the disposal of needles. Sharps boxes can be obtained by PLGs on prescription from the CYP's GP or paediatrician. Collection and disposal of the boxes should be arranged with Leeds City Council's Environmental Waste Disposal Unit.

12.0 Further Information:

12.1 Please contact the Health, Safety and Wellbeing Team in the first instance who will then signpost you to further advice.