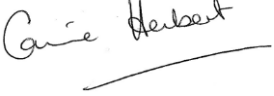




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1. Purpose

This policy aims to ensure that:

- students, staff and parents¹ understand how our Centre will support students with medical conditions;
- students with medical conditions are properly supported to allow them to access the same provision as other students, including school trips and sporting activities.;
- staff and parents understand how medication will be administered if needed while at the Centre.

The Local Governing Body ("LGB") will implement this policy by:

- making sure sufficient staff are suitably trained;
- making staff aware of students' conditions, where appropriate;
- making sure there are cover arrangements to ensure someone is always available to support students with medical conditions;
- ensuring the development and monitoring of individual healthcare plans (IHPs).

The named person with responsibility for implementing this policy is Louise Fisher.

2. Legislation and statutory responsibilities

This policy 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 students at their school with medical conditions.

It is also based on the Department for Education (DfE)'s statutory guidance on [supporting students with medical conditions at school](#).

3. Roles and responsibilities

3.1 The local governing body

The LGB has ultimate responsibility to make arrangements to support students with medical conditions. It will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

3.2 The Headteacher

The Headteacher will:

- make sure all staff are aware of this policy and understand their role in its implementation;

¹ Wherever the term "parent" is used in the policy, it means any person with parental responsibility for the young person.

- ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations;
- ensure that all staff who need to know are aware of a student's condition;
- take overall responsibility for the development of IHPs;
- make sure that Centre staff are appropriately insured and aware that they are insured to support students in this way;
- Ensure that systems are in place for obtaining information about a student's medical needs and that this information is kept up to date.

3.3 Staff

Supporting students 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 students with medical conditions, although they will not be required to do so. This includes the administration of medicines.

Those staff who take on the responsibility to support students with medical conditions will receive sufficient and suitable training and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of students with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a student with a medical condition needs help.

3.4 Parents

Parents will:

- provide the Centre with sufficient and up-to-date information about their child's medical needs;
- be involved in the development and review of their child's IHP and may be involved in its drafting;
- carry out any action they have agreed to as part of the implementation of the IHP, e.g. provide medicines and equipment, and ensure they or another nominated adult are contactable at all times.

3.5 Students

Students with medical conditions will often be best placed to provide information about how their condition affects them. Students should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

3.6 Commissioners and healthcare professionals

The commissioners will notify the Centre when a student has been identified as having a medical condition that will require support in school. This will be before the student starts at the Centre, wherever possible. They may also support staff to implement a child's IHP.

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Healthcare professionals, such as GPs and pediatricians, will liaise with the Head of Centre and notify them of any students identified as having a medical condition. They may also provide advice on developing IHPs.

4. Equal opportunities

We are clear about the need to actively support students with medical conditions to participate in Centre trips and visits, or in sporting activities, and not prevent them from doing so.

The Centre will consider what reasonable adjustments need to be made to enable these students to participate fully and safely on Centre trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that students with medical conditions are included. In doing so, students, their parents and any relevant healthcare professionals will be consulted.

5. Being notified that a child has a medical condition

When the Centre is notified that a student has a medical condition, the process outlined below will be followed to decide whether the student requires an IHP.

The Centre will make every effort to ensure that arrangements are put into place within two weeks, or by the beginning of the relevant term for students who are new to our Centre.

See Appendix 1.

6. Individual healthcare plans (IHPs)

The Head of Centre has overall responsibility for the development of IHPs for students with medical conditions.

Plans will be reviewed at least annually, or earlier if there is evidence that the student's needs have changed.

Plans will be developed with the student's best interests in mind and will set out:

- what needs to be done;
- when;
- by whom.

Not all students with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the Head of Centre will make the final decision.

Plans will be drawn up in partnership with the Centre, parents and a relevant healthcare professional who can best advise on the student's specific needs. The student will be involved wherever appropriate.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a student has special educational needs (SEN) but does not have an EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The LGB and the Head of Centre will consider the following when deciding what information to record on IHPs:

- the medical condition, its triggers, signs, symptoms and treatments;
- 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 sessions;
- specific support for the student's educational, social and emotional needs, e.g. how absences will be managed, requirements for extra time to complete exams, use of rest periods, counselling sessions;
- the level of support needed, including in emergencies. If a student is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring.
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the student's medical condition from a healthcare professional, and cover arrangements for when they are unavailable.
- who in the Centre needs to be aware of the student's condition and the support required;
- arrangements for written permission from parents and the Head of Centre for medication to be administered by a member of staff, or self-administered by the student during school hours;
- separate arrangements or procedures required for trips or other Centre activities outside of the normal Centre timetable that will ensure the student can participate, e.g. risk assessments;
- where confidentiality issues are raised by the parent/carer or student, the designated individuals to be entrusted with information about the student's condition;
- what to do in an emergency, including who to contact and contingency arrangements.

7. Managing medicines

Prescription and non-prescription medicines will only be administered at the Centre:

- when it would be detrimental to the student's health or school attendance not to do so, **and**
- where we have parents' written consent.

The only exception to this is where the medicine has been prescribed to the student without the knowledge of the parents.

Students under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

Anyone giving a student any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents will always be informed.

The Centre will only accept prescribed medicines that are:

- in-date;
- labelled
- provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage.

The Centre will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

The parent may provide one or more full strips of tablets so that the packaging, child's name and dose, name of drug and expiry date are clearly seen. A clinic or GP letter regarding the dose might also be received.

All medicines will be stored safely. Students will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to students and not locked away.

Medicines will be returned to parents to arrange for safe disposal when no longer required.

7.1 Controlled drugs

Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments, such as morphine or methadone.

A student who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another student to use. All other controlled drugs are kept in a secure cupboard in the office and only named staff have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

7.2 Students managing their own needs

Students who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents and it will be reflected in their IHPs.

Students will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a student to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHP and inform parents so that an alternative option can be considered, if necessary.

7.3 Administration

Under good practice, only prescribed drugs should be administered within the school day. However, with the permission of the Head of Centre, where required, students to receive Paracetamol only with the written consent of the parents. This consent must be renewed on an annual basis and copy of the consent stored with the recording log. All medication must be in its original container either as prescribed or bought over the counter. No decanted medication may be given.

Those administering medication should ensure that medication being administered is being given to the **right student** at the **right time** on the **right date** in accordance with the

prescription in the **right dosage** before the **expiry date**, by the **right route**, e.g. orally, topically, by eye drops or by Epipen; and **finally** that the medication has been swallowed (or appropriately taken).

If there is any doubt, then the person administering the medication should check with another trained colleague or seek the advice of the parent/carer.

It is important that staff administering medication understand the significance of dose timings, how to use eye drops, patches, inhalers, creams etc. Where additional training is required, the Head of Centre will seek to organise the appropriate courses. All staff should have a basic understanding of dosage instructions, and basic hygiene when administering medicines, and this will be included in the designated training. Administration of non-prescription drugs such as Paracetamol may only be administered with the written consent of the parent/carer. To ensure doses are appropriately spaced (i.e., at least four hours apart, no Paracetamol will be administered to a student prior to four hours after the start of the school day, unless it has been demonstrated in writing by the parent/carer that no medication was administered on that morning. The student should not be given a second dose within the school day without the permission of the parent/carer or unless it is prescribed. Monitoring of the individual requests from students for Paracetamol should be undertaken, and where deemed to be frequent, further discussions should take place with the parent. A recommendation to seek medical advice should be given.

7.4 Unacceptable practice

Centre staff should use their discretion and judge each case individually with reference to the student's IHP, but it is generally not acceptable to:

- prevent students from easily accessing their inhalers and medication, and administering their medication when and where necessary;
- assume that every student with the same condition requires the same treatment;
- ignore the views of the student or their parents;
- ignore medical evidence or opinion (although this may be challenged);
- send students with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal Centre activities, including lunch, unless this is specified in their IHPs;
- if the student becomes ill, send them to the office or medical room unaccompanied or with someone unsuitable;
- penalise students for their attendance record if their absences are related to their medical condition, e.g. hospital appointments;
- prevent students from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- require parents, or otherwise make them feel obliged, to attend the Centre to administer medication or provide medical support to their student, including with toileting issues. No parent/carer should have to give up working because the Centre is failing to support their child's medical needs.
- prevent students from participating, or create unnecessary barriers to students participating in any aspect of the Centre's life, including trips, e.g. by requiring parents to accompany their child;
- administer, or ask students to administer, medicine in the toilet.

8. Emergency procedures

Staff will follow the Centre's normal emergency procedures (for example, calling 999). All students' IHPs will clearly set out what constitutes an emergency and will explain what to do.

If a student needs to be taken to hospital, staff will stay with the student until the parent/carer arrives, or accompany the student to hospital by ambulance.

9. Training

Staff who are responsible for supporting students with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHPs. Staff who provide support to students with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the Head of Centre. Training will be kept up to date.

Training will:

- be sufficient to ensure that staff are competent and have confidence in their ability to support the students;
- fulfil the requirements in the IHPs;
- help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

10. Record keeping

The LGB will ensure that written records are kept of all medicine administered to students for as long as these students are at the Centre. Parents will be informed if their student has been unwell at the Centre. IHPs are kept in a readily accessible place of which all staff are aware.

11. Complaints

Parents with a complaint about the Centre's actions in regard to their child's medical condition should discuss these directly with the Head of Centre in the first instance. If the Head of Centre cannot resolve the matter, they will direct parents to the Centre's complaints procedure.

12. Monitoring arrangements

This policy will be reviewed and approved by the LGB annually.

13. Other RBET and RBET-Norfolk policies to be read in conjunction with this one

- PSHEE
- Student wellbeing
- Safeguarding, Child Protection and Prevent
- First Aid
- Disability and Discrimination
- Data Protection Policy

Procedure flowchart

