



#### Policy Statement

Section 100 of the Children and Families Act 2014 places a statutory duty on schools to make arrangements for supporting pupils at school with medical conditions. The aim is to ensure that all pupils with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

Parents/carers of children with medical conditions are often concerned that their child's health will deteriorate when they attend school. This is because pupils with long-term and complex medical conditions may require ongoing support, medicines or care while at school to help them manage their condition and keep them well. Others may require monitoring and interventions in emergency circumstances. It is also the case that children's health needs may change over time, in ways that cannot always be predicted, sometimes resulting in extended absences.

It is therefore important that parents/carers feel confident that schools will provide effective support for their child's medical condition and that pupils feel safe.

In making decisions about the support we provide, Richard Challoner School will seek to establish relationships with relevant local health services, take advice from healthcare professionals and listen to and value the views of parents/carers and pupils. Pupils with special medical needs have the same right of admission to school as other children and cannot be refused admission, or be excluded from school on medical grounds alone.

The school ensures all staff understand their duty of care to children and young people in the event of an emergency. Regular training and advice is offered to staff, particularly when individual pupils present with a specific medical condition, which requires a precise response, including the administration of medicines/minor treatment. We understand that certain medical conditions are serious and can be potentially life threatening, particularly if ill managed or misunderstood.

This policy is written in line with the requirements of:-

- Children and Families Act 2014
- SEND Code of Practice: 0 to 25 years
- The Special Educational Needs and Disability Regulations 2014
- Managing Medicine in Schools and Early Years Setting 2004
- The Care Standards Act 2000

This policy covers the provision of planned or emergency medicines or treatments to students with known medical conditions. Each Individual Health Care Plan will contain details of each medical condition, specific to that pupil and how this condition will be managed in school. This policy specifically relates to the medical condition and the administration of medicines and does not address the wider issues around their education such as accessing the curriculum.



#### 1. Responsibilities

##### a. Achieving for Children

The Royal Borough of Kingston upon Thames take responsibility to minimise risks to pupils as a result of the administration of medicines and to ensure there are appropriate measures in place regarding the safe storage of medicines, support and training for staff.

AfC, on behalf of Kingston Local Authority, will ensure there is advice and guidance to schools on the necessary local policy and procedures to ensure the safety of pupils when medication is taken or administered during school time. This is included as part of their Safeguarding arrangements.

##### b. Headteacher

The headteacher is responsible for:

- Ensuring the development of the policy and that it is effectively implemented.
- implementing the policy in practice and for developing detailed procedures;
- ensuring that all staff members are aware of the policy for support pupils with medical conditions and understand their role in its implementation .
- ensuring there are enough trained staff to implement the policy and deliver all individual health care plans, including cover arrangements in case of staff absences, contingency and emergency procedures.
- ensuring the school's policies and procedures are communicated to parents;
- ensuring the school's insurance arrangements provide appropriate indemnity for staff against claims for alleged negligence providing they are acting within the remit of their employment;
- ensuring new and temporary staff are aware of any pupil in their class who may need specific medication for a serious medical condition.

##### c. Governing Body

The Governing Body is responsible for ensuring there is a named member of staff to oversee medical conditions in school. Currently, this member of staff is Mrs Jo Morello, Office Manager

##### d. Kingston School Health Team/Service and Kingston Hospital Paediatric Diabetes Service

The Kingston School Health Team and Kingston Hospital Paediatric Diabetes Services are responsible for:

- providing regular training for school staff in managing the most common medical conditions at school:
- training on the use of the Epipen for anaphylaxis by the School Health Team; and
- insulin for diabetes by the Kingston Hospital Paediatric Diabetes Service;



- assisting the school with updating the school's medical conditions policy if required.

Various other Boroughs may provide support where students reside outside Kingston.

#### **e. School staff**

All members of staff have a duty of care towards the pupils at Richard Challoner School. In light of this:

- Any member of staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so.
- Although administering medicines is not part of teachers' professional duties, they must take into account the needs of pupils with medical conditions that they teach.
- School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions.
- Any member of the school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

#### **f. Parents/Carers**

Have a responsibility to the school to ensure that they:

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

#### **g. Pupils with medical conditions**

Are often best placed to provide information about how their condition affects them. They, therefore:

- Should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan.
- Should carry asthma inhalers and EpiPens where necessary and self-administer when appropriate.



- If a pupil refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents/carers should be informed so that alternative options can be considered.
- Other pupils will often be sensitive to the needs of those with medical conditions and should know what to do in general terms, such as informing a teacher immediately, if they think help is needed.

### 2. Non prescribed Medicines

Over the counter medicines are not kept by the school and staff are not permitted to administer any medication to pupils that has not been prescribed by a qualified medical practitioner. Occasionally some items may be taken on educational visits, but parents will be notified in advance and advanced permission to administer this medication must be provided or the medicines will not be given to that pupil.

Arrangements for pupils who require regular Paracetamol (such as for painful periods, etc.) should be dealt with in the same way as prescribed medicines.

The office staff are permitted to keep a supply of paracetamol, which in certain instances, may be given to pupils. The stipulations below, must be followed:

- ONLY paracetamol will be given.
- ONLY the office staff/sixth form administrator will issue paracetamol (for lower school and sixth form respectively), and records must be kept as to the time and dose given.
- The medication will only be given for the early on-set of a cold, for a mild headache or following an injury such as after a painful soft tissue injury – but never following a head injury.
- The paracetamol will only be given after confirming that it hasn't already been given that day (or the last time it was given) and the school staff will only provide 1 dose, in line with recommended dosage for the age of the pupil. If the pupil requires a second dose, then they probably should not be in school, and parents would be contacted for the pupil to go home.
- For pupils in years 7-11 - Parents will be phoned for permission BEFORE the paracetamol is given to the pupil, to ensure it hasn't already been taken and to confirm there are no allergies. If parental permission can't be sought, then the medication must not be given.
- For pupils in the Sixth Form, the sixth form administrator will ask the pupil if any medication has been taken already, or if there are any allergies, before the medication is given. Parents will be called if there is any doubt or if clarification is required.



### 3. Prescribed Medicines

Medicines should only be taken to school when essential; that is where it would be detrimental to a child's health if the medicine were not to be administered during the school day. They will be stored according to the instructions on the packet.

School staff may administer prescription medicines, although there is no statutory or contractual duty for staff to do this. When medicines are brought into school, they will be handed into the office staff for safe storage.

Medicines must be provided in the original packaging (i.e. blister package for tablets) as dispensed by a pharmacist and include the prescriber's instructions. This will include:

- Name of child.
- Name of medicine.
- Dose (in some conditions this may vary on a daily basis).
- Method/Time/Frequency of administration.
- Storage
- Any side effects.
- Expiry date.

### 4. Staff Indemnity

There is no statutory or contractual duty for staff to administer medicines. Consequently, to comply with this policy, schools must secure the services of:

- volunteers from existing teaching or support staff (such as first aiders, SENCO)
- employees with specific contractual duties to undertake this work (such as school nurses).

As the administration of medicines is considered to be an act of "taking reasonable care" of the pupil, staff agreeing to administer medication can be reassured about the protection their employer would provide. Staff are fully indemnified against claims for alleged negligence providing they follow the guidance provided in this document and at relevant training courses. Staff must attend courses as detailed in this guidance in order to ensure they have received an appropriate level of training.

### 5. Training

Training for staff will be of a suitable standard in order to ensure that they are competent to administer medicines safely. First Aid training includes information about a range of conditions, including asthma and epilepsy, and providing initial first aid to people with those conditions where appropriate. First aid training therefore remains an important and complimenting source of information in addition to the training provided by the following organisations:

Epipen – annual training provided through the school health team [Ku19@yourhealthcare.org](mailto:Ku19@yourhealthcare.org)



Insulin – training provided through Kingston Hospital Paediatric Diabetes Team – [pdtd@kingstonhospital.nhs.uk](mailto:pdtd@kingstonhospital.nhs.uk)

Buccal Midazolam – training through PONT (Paediatric Outreach Nursing Team) Kingston Hospital on 020 85546 7711 ext 2327

Refresher training will be organised by the Office Manager each September to ensure that: -  
all staff remain up to date with current practice.

- Incoming pupil needs have been considered and staff have the training to manage these appropriately.

## 6. Medicines Brought into School & Precaution Treatment for Serious Medical Conditions

### a. Diabetes

Changes in the availability of insulin and evidence showing that insulin is much more effective at keeping blood sugar levels normal when it is given along with every meal i.e. breakfast, lunch and evening meal, means that many pupils may now need to have insulin injection in school throughout the day. In light of the recent developments in the treatment of diabetes, schools are encouraged to support children with the administration of insulin and take responsibility for procedures.

Where necessary, pupils will now only use the safer needle devices to prevent sharps injuries to staff.

Appropriate training for school staff is available from the Kingston Hospital Paediatric Diabetes team (PHT), and will be arranged at the beginning of each academic year by the Office Manager. School staff must attend a course organised by the PHT and annual refreshers to ensure they are competent to carry out the administration of insulin.

Training will cover:

- General overview of diabetes
- Monitoring of blood glucose levels
- Practical administration of insulin (including equipment) including the use of safety needles to prevent the risk of sharps injuries
- Treating emergency situations (including hypos)
- Access to healthy and appropriate food



## Medical Conditions in School Policy

Policy Date June 2024

### **b. Asthma**

Pupils at Richard Challoner School are encouraged to keep inhalers with them at all times. Personal inhalers will also be kept in the medical room with access via the office staff.

Parents will be asked to provide a list of medications the pupil receives, noting which ones need to be taken during school hours. Also, medication needed during school activities "off-site" and "off-hours" should be noted and available. All details will be recorded on Bromcom.

Richard Challoner will ensure that there is:

- a specific plan of action for staff in case of an acute episode that may include guidance for monitoring peak flow (in more severe cases);
- information for the staff to be aware of identified triggers that can make asthma worse;
- an emergency procedure and phone numbers for each pupil.

Staff will be first aid trained to recognise when the use of the inhalers is going as expected and when the inhaler is not improving the child's condition quickly enough and emergency action is needed.

### **Spare Emergency Inhaler**

In line with DFE guidance, Richard Challoner School has spare Salbutamol inhalers and spacers for use in an emergency. These spare inhalers will be used by pupils:

- who have been diagnosed with asthma, and prescribed a reliever inhaler;
- OR who have been prescribed a reliever inhaler;
- AND for whom written parental consent for use of the emergency inhaler has been given.

Parents must provide permission for the emergency inhaler to be used, and this will be recorded on the child's individual healthcare plan.

The office manager will be responsible to maintaining the spare inhaler, ensuring the spacers are thoroughly cleaned after use, and ensuring the inhaler is available and in date.

### **c. Allergy and Anaphylaxis**

Treatment of anaphylaxis requires intramuscular adrenaline - an injection of adrenaline into the muscle. The pupil may be prescribed one of two adrenaline injectors, either the EpiPen or the Anapen. There are several pupils at school who carry their own EpiPens, and all details regarding their allergy and emergency plan is recorded on their IHCP and on Bromcom.

School staff will have training to ensure they are able to safely administer treatment and medication to a pupil in an emergency. Training will include:

- signs and symptoms of anaphylaxis;



- emergency procedures, including where and how to administer the pupil's prescribed adrenaline injector.

Richard Challoner will reduce the risk of allergic reactions by:

- Reducing the risk of coming into contact with the allergen (e.g. nuts, eggs,)
- Ensuring no nuts are used in the school catering
- Ensuring kitchen staff are reminded each year of all pupils with food allergies, so ingredients and meals can be planned accordingly
- Writing to parents to remind them not to send nut/nut products into school in lunch boxes or as treats
- Arrangements for educational visits/risk assessments undertaken
- Training so that staff know when and how to administer adrenaline
- Reminding parents to keep a check on expiry dates of EpiPens

#### **Spare EpiPens**

Richard Challoner has 2 spare EpiPens for use in an emergency. The emergency EpiPen should only be used by children:

- who have been diagnosed with a severe allergy, and prescribed an EpiPen of their own;
- AND for whom written parental consent for use of the emergency EpiPen has been given.

This information should be recorded in a child's individual healthcare plan.

#### **d. Epilepsy**

The majority of people with epilepsy take regular medication with the aim of controlling their seizures. Some pupils with difficult to control epilepsy may take several different types of medication. Some pupils will require prescribed emergency medication, such as rectal diazepam or buccal midazolam, which aim to bring them out of the seizure before they have repeated episodes – one after the other. Such medication can only be administered by a trained member of staff.

Any pupils with Epilepsy will have an IHCP to record the key information to manage their condition and provide clarity about what needs to be done and by whom, on a day to day basis as well as in an emergency situation.

Staff training will be provided on a regular basis to ensure staff are competent and confident in managing a pupils needs.





#### 7. Individual Healthcare Plans

Individual Healthcare Plans (IHCPs) will be prepared for pupils with medical conditions to provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed.

IHCPs are also likely to be helpful where medical conditions are long-term and complex and would then include Direct Access Letters (if one has been provided by the healthcare professionals) . However, most children who require medicines everyday for long term conditions during school day will require one.

The named member of staff who has overall responsibility for the IHCP's in school is Mrs Jo Morello.

The IHCP:

- will help to ensure that the School effectively supports pupils with medical conditions.
- will capture the key information and actions that are required to support the pupil effectively.
- will vary in detail from pupil to pupil depending on the complexity of the child's condition and the degree of support needed.
- will provide clarity about what needs to be done, when and by whom.
- are often essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention may be needed.
- are helpful in the majority of other cases, especially where intervention may be needed or where medical conditions are long term and complex.
- should mention if a pupil has, in addition, special educational needs.
- will be easily accessible (via Progresso) to all who need to refer to them, while preserving confidentiality.
- should be taken on all school outings and off-site activities.
- are reviewed annually, or when a child's needs change.

#### Starting at Richard Challoner School

Richard Challoner School should be notified that a pupil has a medical condition which will require support when he/she first joins the school, often at the start of Year 7/ Year 12; or at a later date, if joining as an in-year admission.

If, as part of the transition and induction process, a long term medical need is identified, parents will be asked to complete an Individual Health Care Plan (IHCP) in conjunction with any relevant medical professionals for their child. For a more complex need, the parents will then meet with Mrs Morello (Office Manager), the Year Leader and Senco (if SEND need), to ensure all details and emergency actions are understood.

Copies of reports from medical professionals should be provided to add clarity to the medical need. Arrangements should be in place for the start of the relevant school term.



In cases where a pupil is moving to the School mid-term, every effort will be made to ensure that arrangements are put in place within two weeks.

#### **Pupil receiving a new diagnosis**

The School may be informed by a pupil's parent or carer, that a pupil has a newly diagnosed illness or medical condition which may require support from the school. The parent will be asked to complete an Individual Health Care Plan for their child; if required, a meeting will be arranged with the parents and Mrs Morello (Office Manager), the Year Leader and Senco (if SEND related) to discuss the medical need and arrangements within school.

#### **At the Beginning of Each Academic Year**

Each September, the office staff will review the pupils on roll, and ensure all medication is up to date, and permissions from parents/administration of medicine form completed. They will ensure that any staff training is booked in by the team mentioned in section 6 and all relevant staff trained as required to manage that pupils needs. Training records will be kept.

#### **8. Defibrillators**

Sudden cardiac arrest is when the heart stops beating and can happen to people at any age and without warning. When it does happen, quick action (in the form of early CPR and defibrillation) can help save lives. A defibrillator is a machine used to give an electric shock to restart a patient's heart when they are in cardiac arrest. Richard Challoner has three defibrillators located as follows:

- Outside the PE Office
- Outside the school office
- Inside the Pavilion on the back field

Defibrillators are designed to be easy to use without training; Richard Challoner School will ensure that all staff are aware of the location of the defibrillator and what to do in an emergency situation. Staff members appointed as first aiders should already be trained in the use of CPR.

Monthly checks of the defibrillator are carried out by staff to ensure they read 'OK' and there is at least one bar showing for the battery level symbol.

#### **9. School trips**

All trip leaders, as part of the trip risk assessment, must have due regard for the pupils medical conditions and any medications that must be considered. A medical report will be run from Bromcom which contains all necessary medical information to assist with the planning of the trip. The trip leader must communicate with the office manager on the day before the trip to ensure all medication is collected and taken as required.



### 10. Emergency Procedures

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

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

### 11. Recommended Forms (see Appendices)

Richard Challoner will utilise the following forms to ensure adequate management of medicines:

- Individual Healthcare Plan (Appendix 1)
- Record of Medicines Administered (Appendix 2)
- Staff Training Record (Appendix 3)



#### Appendix 1 Richard Challoner School Individual Healthcare Plan

Child's name

Year and form

Medical diagnosis or condition

Date

**Hospital Contact (if any)**

Name

Phone no.

**G.P.**

Name

Phone no.

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements



Specific support for the pupil's additional needs e.g.: educational, social and emotional needs

Arrangements for school visits/trips etc

Other information



Describe what constitutes an emergency, what signs we should be aware of and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

## Parental Agreement to Administer Medicine

The school will not give your child medicine unless you complete and sign this form.

Date for review to be initiated by	Mrs Jo Morello
Name of child	
Year and Form	
Medical condition or illness	
<b>Medicine</b>	
Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Frequency	
Special precautions/other instructions	



Are there any side effects that the school needs to know about?

Self-administration – y/n

Self-administration with or without supervision - y/n

Procedures to take in an emergency:

**NB: Medicines must be in the original container as dispensed by the pharmacy**

#### Contact Details

Name

--

Daytime telephone no.

--

Relationship to child

--

I understand that I must deliver the medicine personally to Mrs Jo Morello in the School Office

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) \_\_\_\_\_

Date \_\_\_\_\_



**Appendix 2 Administration of Medicines Record**

Time	Name of Student	Medication	Dosage	Staff

**DATE:** \_\_\_\_\_

**Appendix 3 Richard Challoner School Staff Training Record**

Name	
Type of Training Received	
Date of Training Completed	
Training Provided By	

I confirm that \_\_\_\_\_ has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated again in \_\_\_\_\_

**Trainer's signature**

**Date**

**I confirm that I have received the training above.**

**Staff Signature**

**Date**

**Policy Review Date: June 2026  
Review Cycle: Bi Annual**