

Inspire - Enable - Achieve




The Vale Federation Supporting Pupils with Medical Needs Policy

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Signed:

 Principal

Date 5th January 2026

David J Pearce Chair of Governors Date 5th January 2026

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1. INTRODUCTION

- The Governing Body of The Vale Federation – Booker Park & Stocklake Park Schools will ensure that all children 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. To help achieve this, the school has adopted the Department for Education policy on “Supporting Pupils at School with Medical Conditions’, which was issued under Section 100 of the Children and Families Act 2014.
- The aim of this policy is to ensure that the parents of children with medical conditions feel confident that the school will provide effective support and that children feel safe and have the opportunity to strive to reach their full potential.
- Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. The school will comply with their duties under the Act to make reasonable adjustments to support pupils with disabilities.
- Some children with medical conditions may also have special educational needs (SEN) and may have an Education, Health and Care (EHC) Plan which brings together health and social care needs as well as the provision for their special educational needs. Where the child has a special educational need identified in a statement or EHC plan, the individual healthcare plan will be linked to or become part of that statement or EHC plan. The Healthcare Plan will be developed with the child’s best interests in mind to ensure that the risks to the child’s education, health and social wellbeing are managed, and minimises disruption, for children with medical conditions.
- Supporting a child with a medical condition during school hours is not the sole responsibility of one person. The school will work collaboratively with parents, pupils, healthcare professionals (and, where appropriate, social care professionals) and local authorities to ensure that needs of pupils with medical conditions are met effectively.

2. LEGAL FRAMEWORK

This policy has due regard to all relevant legislation and guidance including, but not limited to, the following:

- Children and Families Act 2014
- Education Act 2002
- Education 1996 (as amended)

- Children Act 1989
- National Health Service Act 2006 (as amended)
- Equality Act 2010
- Health and Safety at Work etc Act 1974
- Misuse of Drugs Act 1971
- Medicines Act 1968
- The School Premises (England) Regulations 2012 (as amended)
- The Special Educational Needs and Disability Regulations 2014 (as amended)
- The Human Medicines (Amendment) Regulations 2017
- The Food Information (Amendment) (England) Regulations 2019 (Natasha's Law)
- DfE 'Special education needs and disability code of practice: 0-25 years'
- DfE 'School Admissions Code'
- DfE 'Supporting pupils at school with medical conditions'
- DfE 'First aid in schools, early years and further education'
- Department of Health 'Guidance on the use of adrenaline auto-injectors in schools'

This policy operates in conjunction with the following school policies:

- Administering Medication policy
- Special Educational Needs and Disabilities (SEND) Policy
- Complaints Procedures policy
- Pupil Equality, Equity, Diversity and Inclusion Policy
- Admissions Policy

3. ROLES AND RESPONSIBILITIES

The Governing Board will be responsible for:

- Reviewing this policy alongside the Principal and School Nurse(s)
- Ensuring that this policy is readily accessible to parents and school staff

- Fulfilling its statutory duties under legislation
- Ensuring that arrangements are in place to support pupils with medical conditions
- Ensuring that pupils with medical conditions can access and enjoy the same opportunities as any other pupil at the school
- Working with the Local Authority (LA), health professionals, commissioners and support services to ensure that pupils with medical conditions receive a full education
- Ensuring that, following long-term or frequent absence, pupils with medical conditions are reintegrated effectively
- Ensuring that the focus is on the needs of each pupil and what support is required to support their individual needs
- Instilling confidence in parents and pupils in the school's ability to provide effective support
- Ensuring that all members of staff are properly trained to provide the necessary support and are able to access information and other teaching support materials as needed
- Ensuring that no prospective pupils are denied admission to the school because arrangements for their medical conditions have not been made
- Ensuring that pupils' health is not put at unnecessary risk. As a result, the board holds the right to not accept a pupil into school at times where it would be detrimental to the health of that pupil or others to do so, such as where the child has an infectious disease
- Ensuring that policies, plans, procedures and systems are properly and effectively implemented
- Ensuring that the school's policy clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support pupils and sets out the procedures to be followed whenever a school is notified that a pupil has a medical condition
- Ensuring that the school's policy covers the role of individual healthcare plans, and who is responsible for their development, in supporting pupils at school with medical conditions.
- Ensuring that plans are reviewed at least annually, or earlier if evidence is presented that the child's needs have changed.

The Principal will be responsible for:

- Reviewing this policy alongside the Governing Board and School Nurse(s)
- The overall implementation of this policy
- Ensuring that this policy is effectively implemented with stakeholders
- Ensuring that all staff are aware of this policy and understand their role in its implementation
- Ensuring that all staff who need to know are aware of the child's condition
- Ensuring that a sufficient number of staff are trained and available to implement this policy and deliver against all healthcare plans (HCPs), including in emergency situations
- Considering recruitment needs for the specific purpose of ensuring pupils with medical conditions are properly supported
- Having overall responsibility for the development of HCPs
- Ensuring that staff are appropriately insured and aware of the insurance arrangements
- Contacting the school nurse where a pupil with a medical condition requires support that has not yet been identified

Parents will be responsible for:

- Notifying the school if their child has a medical condition
- Providing the school with sufficient and up-to-date information about their child's medical needs
- Being involved in the development and review of their child's HCP
- Carrying out any agreed actions contained in the HCP
- Ensuring that they, or another nominated adult, are contactable at all times.

Pupils will be responsible for:

- Being full involved in discussions about their medical support needs, where applicable and if appropriate
- Contributing to the development of their HCP, if they have one, where applicable
- Being sensitive to the needs of pupils with medical conditions

School staff will be responsible for:

- Providing support to pupils with medical conditions, where requested, including the administering of medicines, but are not required to do so
- Taking into account the needs of pupils with medical conditions in their lessons when deciding whether or not to volunteer to administer medication
- Receiving sufficient training and achieve the required level of competency before taking responsibility for supporting pupils with medical conditions
- Knowing what to do and responding accordingly when they become aware that a pupil with a medical condition needs help.

The school nurse will be responsible for:

- Reviewing this policy alongside the Governing Board and Principal
- Notifying the school at the earliest opportunity when a pupil has been identified as having a medical condition which requires support in school
- Supporting staff to implement HCPs and providing advice and training
- Liaising with lead clinicians locally on appropriate support for pupils with medical conditions

Clinical commissioning groups (CCGs) will be responsible for:

- Ensuring that commissioning is responsive to pupils' needs, and that health services are able to cooperate with schools supporting pupils with medical conditions
- Making joint commissioning arrangements for EHC provision for pupils with SEND
- Being responsive to LAs and schools looking to improve links between health services and schools

- Providing clinical support for pupils who have long-term conditions and disabilities
- Ensuring that commissioning arrangements provide the necessary ongoing support essential to ensuring the safety of vulnerable pupils

Other healthcare professionals, including GPs and paediatricians, are responsible for:

- Notifying the school nurse when a child has been identified as having a medical condition that will require support at school
- Providing advice on developing HCPs
- Providing support in the school for children with particular conditions, e.g. asthma, diabetes and epilepsy, where required.

Providers of health services are responsible for cooperating with the school, including ensuring communication takes place, liaising with the school nurse and other healthcare professionals, and participating in local outreach training

The LA will be responsible for:

- Promoting cooperation between relevant partners
- Making joint commissioning arrangements for EHC provision for pupils with SEND
- Providing support, advice, guidance, and suitable training for school staff, ensuring that HCPs can be effectively delivered
- Working with the school to ensure that pupils with medical conditions can attend school full-time

4. EQUAL OPPORTUNITIES

The schools will adhere to the legal responsibilities under the Equality Act 2010 and will not unlawfully discriminate against any pupils. Our schools are clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

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

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

5. NOTIFICATION PROCEDURE

When the school is notified that a pupil has a medical condition that requires support in school, the school nurse will inform the Head of School. Following this, the school will arrange a meeting with parents, healthcare professionals and the pupil, with a view to discussing the necessity of a HCP, outlined in detail in the HCPs section of this policy.

The school will not wait for a formal diagnosis before providing support to pupils. Where a pupil's medical condition is unclear, or where there is a difference of opinion concerning what support is required, a judgement will be made by the Head of School based on all available evidence, including medical evidence and consultation with parents.

For a pupil starting at the school in a September uptake, arrangements will be put in place prior to their introduction and informed by their previous institution. Where a pupil joins the school mid-term or a new diagnosis is received, arrangements will be put in place within two weeks.

6. STAFF TRAINING AND SUPPORT

Any staff member providing support to a pupil with medical conditions will receive suitable training. Staff will not undertake healthcare procedures or administer medication without appropriate training. Training needs will be assessed by the school nurse through the development and review of HCPs, on a yearly basis for all school staff, and when a new staff arrives. The school nurse will confirm the proficiency of staff in performing medical procedures or providing medication. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

A first-aid certificate will not constitute appropriate training for supporting pupils with medical conditions.

Through training, staff will have the requisite competency and confidence to support pupils with medical conditions and fulfil the requirements set out in HCPs. Staff will understand the medical conditions they are asked to support, their implications, and any preventative measures that must be taken.

Whole-school awareness training will be carried out on a regular basis for all staff, and included in the induction of new staff members.

The school nurse will identify suitable training opportunities that ensure all medical conditions affecting pupils in the school are fully understood, and that staff can recognise difficulties and act quickly in emergency situations.

7. INDIVIDUAL HEALTHCARE PLANS (HCPs)

The school, healthcare professionals and parents agree, based on evidence, whether an HCP will be required for a pupil, or whether it would be inappropriate or disproportionate to their level of need. If no consensus can be reached, the Head of School will make the final decision.

The school, parents and a relevant healthcare professional will work in partnership to create and review HCPs. Where appropriate, the pupil will also be involved in the process.

HCPs will include the following information:

- The medical condition, along with its triggers, symptoms, signs and treatments
- The pupil's needs, including medication (dosages, side effects and storage), other treatments, facilities, equipment, access to food and drink (where this is used to manage a condition), dietary requirements, and environmental issues
- The support needed for the pupil's educational, social and emotional needs
- The level of support needed, included in emergencies
- Whether a child can self-manage their medication
- Who will provide the necessary support, including details of the expectations of the role and the training needs required, as well as who will confirm the supporting staff member's proficiency to carry out the role effectively
- Cover arrangements for when the named supporting staff member is unavailable
- Who needs to be made aware of the pupil's condition and the support required
- Arrangements for obtaining written permission from parents and the Head of School for medicine to be administered by school staff or self-administered by the pupil
- Separate arrangements or procedures required during school trips and activities
- Where confidentiality issues are raised by the parents or pupil, the designated individual to be entrusted with information about the pupil's medical condition
- What to do in an emergency, including contact details and contingency arrangements

Where a pupil has an emergency healthcare plan prepared by their lead clinician, this will be used to inform the HCP.

The HCP will be developed with the child's best interests in mind. In preparing the HCP, the school will assess and manage risks to the child's education, health and social wellbeing, and minimise disruption.

HCPs will be easily accessible to those who need to refer to them, but confidentiality will be preserved.

Where a child is returning from a period of hospital education, alternative provision or home tuition, the school will work with the LA and education provider to ensure that their HCP identifies the support the child will need to reintegrate.

All HCPs will be reviewed at least annually, or earlier if evidence is presented that the child's needs have changed.

8. THE PUPIL'S ROLE IN MANAGING THEIR OWN MEDICAL NEEDS

- After discussion with parents, pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. Parents will be asked to complete and sign a consent form to acknowledge that their child is mature and responsible to manage their own medication. This information will be recorded in the Healthcare Plan.
- If a pupil has a 1-1 carer/nurse that comes from an agency to support during the day there will be an agreement between Professionals involved to who supports with the pupil's medication if required during the school day. This will be documented in the Healthcare Plan
- Parents should be aware that if their child holds their own medication then school staff will not be recording the doses self-administered;
- If it is not appropriate for a child to self-manage, then relevant staff will help to administer medicines and manage procedures for them; a record of administration will be made.
- If a pupil refuses to take medicine or carry out a necessary procedure, staff will not force them to do so but will contact the parents and follow the procedure agreed in the individual healthcare plan.
- Parents will be contacted where a pupil is seen to be using their asthma inhaler more frequently than usual as this may indicate their condition is not well controlled.

9. MANAGING MEDICINES ON SCHOOL PREMISES

In accordance with the school's Administering Medication Policy, medicines will only be administered at school when it would be detrimental to a pupil's health or school attendance not to do so.

Pupils under 16 years old will not be given prescription or non-prescription medicines without their parents' written consent, except where the medicine has been prescribed to the pupil without the parents' knowledge. In such cases, the school will encourage the pupil to involve their parents, whilst respecting their right confidentiality.

Non-prescription medicines may be administered in the following situations:

- When it would be detrimental to the pupil's health not to do so
- When instructed by a medical professional

No pupil under the age of 16 will be given medicine containing aspirin unless prescribed by a doctor. Pain relief medicines will not be administered without first checking when the previous dose was taken, and the maximum dosage allowed.

Parents will be informed any time medication is administered that is not agreed in an HCP.

The school will only accept medicines that are in-date, labelled, in their original container, and contain instructions for administration, dosage and storage. The only exception to this is insulin, which must still be in-date, but is available in an insulin pen or pump, rather than its original container.

All medicines will be stored safely. Medication will be stored in lockable cabinets located in each classroom. Pupils will be informed, where relevant, where their medicines are at all times and will be able to access them immediately, whether in school or attending a school trip or residential visit. Where relevant, pupils will be informed of who holds the key/combination number to the relevant storage facility. When medicines are no longer required, they will be returned to parents for safe disposal.

The school may store certain temperature-sensitive medications in a dedicated, locked refrigerator maintained between 2°C and 8°C. Staff must check and record the refrigerator temperature daily. If the medication is taken off-site each day, staff are required to sign the medication in and out on the Medication Administration Record (MAR) sheet.

When no longer required, medicines will be returned to the parent to arrange for safe disposal. Sharps boxes will be used for the disposal of needles and other sharps.

- Emergency medication will remain unlocked in compliance with Dfe guidelines. Medication must be easily accessible while kept out of children's reach.

- Each student's medication will be stored in an individual orange bag, which will then be placed inside a red bag hanging on a designated hook in the classroom, positioned out of children's reach at Booker Park. At Stocklake Park the orange bag is within a clear plastic box out of the reach of students.
- Emergency medication will stay with the student throughout the school day.
- Medication will transition home and back to school daily in its orange bag.
- Staff are required to sign the emergency medication in and out each day.

If a student's emergency medication is not provided on their arrival to school, The Class teacher will immediately notify the parent or guardian. The parent or guardian must either collect the student or deliver the medication within one hour.

Controlled drugs will be stored in a non-portable container and only named staff members will have access; however, these drugs can be easily accessed in an emergency. A record will be kept of the amount of controlled drugs held and any doses administered. Staff may administer a controlled drug to a pupil for whom it has been prescribed, in accordance with the prescriber's instructions.

Oxygen will be stored in a locked, fire-resistant cabinet, and rooms containing these cabinets will be clearly marked with oxygen signage. The local Fire service reviews storage annually.

The SSN will need to be notified of any students that require oxygen. SSN offer and deliver advice and guidance for staff who are required to support students with oxygen. SSN to provide every child that requires oxygen at school has an oxygen care plan. Each pupil in school will have their own HOOF prescription. The school will hold asthma inhalers for emergency use. The inhalers will be stored in the medical room, and their use will be recorded. Inhalers will be used in line with the school's Asthma Policy.

Records will be kept of all medicines administered to individual pupils, stating what, how and how much medicine was administered, when, and by whom. A record of side effects presented will also be held.

Non-prescription medicines

The schools are aware that pupils may, at some point, suffer from minor illnesses and ailments of a short-term nature, and that in these circumstances, health professionals are likely to advise parents to purchase over the counter medicines, for example, paracetamol and antihistamines.

The school works on the premise that parents have the prime responsibility for their child's health and should provide schools and settings with detailed information about their child's medical condition as and when any illness or ailment arises.

To support full attendance the school will consider making arrangements to facilitate the administration of non-prescription medicines following parental request and consent.

Pupils and parents will not be expected to obtain a prescription for over-the-counter medicines as this could impact on their attendance and adversely affect the availability of appointments with local health services due to the imposition of non-urgent appointments being made.

If a pupil is deemed too unwell to be in school, they will be advised to stay at home or parents will be contacted and asked to take them home.

When making arrangements for the administration of non-prescription medicines the school will exercise the same level of care and caution, following the same processes, protocols and procedures as those in place for the administration of prescription medicines.

The school will also ensure that the following requirements are met when agreeing to administer non-prescription medicines.

- Non-prescription medicines will not be administered for longer than is recommended. For example, most pain relief medicines, such as ibuprofen and paracetamol, will be recommended for three days use before medical advice should be sought. Aspirin will not be administered unless prescribed.
- Parents will be asked to bring the medicine in, on at the least first occasion, to enable the appropriate paperwork to be signed by the parent and for a check to be made of the medication details.
- Non-prescription medicines must be supplied in their original container, have instructions for administration, dosage and storage, and be in date. The name of the child can be written on the container by an adult if this helps with identification.
- Only authorised staff who are sufficiently trained will be able to administer non-prescription medicines.

Paracetamol

The school is aware that paracetamol is a common painkiller that is often used by adults and children to treat headaches, stomach ache, earache, cold symptoms, and to bring down a high temperature; however, it also understands that it can be dangerous if appropriate guidelines are not followed and recommended dosages are exceeded.

The school is aware that paracetamol for children is available as a syrup from the age of 2 months; and tablets (including soluble tablets) from the age of 6 years, both of which come in a range of strengths.

The school understands that children need to take a lower dose than adults, depending on their age. The school will ensure that authorised staff are fully trained and aware of the [NHS](#)

[advice](#) on how and when to give paracetamol to children, as well as the recommended dosages and strength.

Staff will always check instructions carefully every time they administer any medicine, whether prescribed or not, including paracetamol.

The school will ensure that they have sufficient members of staff who are appropriately trained to manage medicines and health needs as part of their duties.

The written consent of parents will be required in order to administer paracetamol to pupils.

[\[Stocklake Park School only\]](#)

To reduce the risk of pupils carrying medicine and avoid confusion over what can be administered, the school will keep its own stock of 250mg paracetamol liquid.

The school is aware of the NHS recommended dosages for secondary aged pupils as set out below:

- 10 to 11 years: 500mg – maximum four times in 24 hours
- 12 to 15 years: 750mg – maximum four times in 24 hours

The written consent of parents will be required to administer paracetamol to pupils. A 'permission to administer paracetamol section' will be included in the **Pupil Information Form**. This form will be completed as part of the pupil admission process, updated annually and kept in the **school office**. **A paper copy will also be kept in the class and held by the school nurse.**

For pupil's health and safety the school will only administer one dose, regardless of age, within the school day and will ensure staff adhere to the following protocols:

- The school will hold a supply of **250mg** paracetamol securely in the nurses office.
- Before giving paracetamol, affected pupils will be encouraged to get some fresh air, and have a drink or something to eat. Paracetamol will only be considered if these actions do not work.
- Parents and carers will be contacted by phone before any paracetamol is given to obtain verbal consent and to confirm whether any medicines have been taken before attending school
- Following consent, paracetamol may be administered by authorised members of staff in the event of a headache, toothache, period pain or any type of mild to moderate pain.
- Paracetamol will not be issue without prior written consent, **and** verbal consent from parent **on the day**. If verbal consent cannot be obtained, then paracetamol **will not** be given.
- When a pupil is given medicine, the authorised member of staff will witness the pupil taking the paracetamol and make a record of it. This record will include:

- Pupil's name
 - The name of the medicine
 - Dose given
 - Date and time of administration
 - Signature of the person administering
- Only standard paracetamol will be given, not combination medicines which may contain other drugs
 - Pupils will only be given **one dose** of paracetamol during the school day; this will only be given to pupils **after 12:30pm**, or where a minimum of four hours has elapsed since the pupil arrived in school that day
 - If paracetamol does not alleviate symptoms, the pupil's parents will be contacted again
 - Paracetamol will not be given following a head injury, or where a pupil has taken paracetamol containing medicine within the last four hours
 - Pupils who frequently require paracetamol will be asked to provide their own supply which will be kept securely labelled in the school office; parents will be contacted by the office staff in these circumstances
 - If a pupil has a minor injury whilst at school their condition will be triaged by a First Aider; whereupon appropriate pain relief may be given by an authorised member of staff (who may or may not be the First Aider) following consultation and consent from parents.

10. ALLERGENS, ANAPHYLAXIS AND ADRENALINE AUTO-INJECTORS (AAIs)

Parents are required to provide the school with up-to-date information relating to their children's allergies, as well as the necessary action to be taken in the event of an allergic reaction, such as any medication required.

The Principal and Catering team will ensure that all pre-packed foods for direct sale (PPDS) made on the school site meet the requirements of Natasha's Law, i.e. the product displays the name of the food and a full, up-to-date ingredients list with allergens emphasised, e.g. in bold, italics or a different colour.

The catering team will also work with any external catering providers to ensure all requirements are met and that PPDS is labelled in line with Natasha's Law. Further information relating to how the school operates in line with Natasha's Law can be found in the Whole School Food Policy.

Staff members receive appropriate training and support relevant to their level of responsibility, in order to assist pupils with managing their allergies.

The administration of adrenaline auto-injectors (AAIs) and the treatment of anaphylaxis will be carried out in accordance with the school's Allergen and Anaphylaxis Policy. Where a pupil has been prescribed an AAI, this will be written into their IHP.

A Register of Adrenaline Auto-Injectors (AAIs) will be kept of all the pupils who have been prescribed an AAI to use in the event of anaphylaxis. A copy of this will be held in each classroom for easy access in the event of an allergic reaction and will be checked as part of initiating the emergency response.

Designated staff members will be trained on how to administer an AAI, and the sequence of events to follow when doing so. AAIs will only be administered by these staff members.

In the event of anaphylaxis, a designated staff member will be contacted via a **two-way radio**. Where there is any delay in contacting designated staff members, or where delay could cause a fatality, the nearest staff member will administer the AAI. If necessary, other staff members may assist the designated staff members with administering AAIs, e.g. if the pupil needs restraining.

The school will keep a spare AAI for use in the event of an emergency, which will be checked on a **monthly** basis to ensure that it remains in date, and which will be replaced before the expiry date. The spare AAI will be stored in Reception, ensuring that it is protected from direct sunlight and extreme temperatures. The spare AAI will only be administered to pupils at risk of anaphylaxis and where written parental consent has been gained. Where a pupil's prescribed AAI cannot be administered correctly and without delay, the spare will be used. Where a pupil who does not have a prescribed AAI appears to be having a severe allergic reaction, the emergency services will be contacted and advice sought as to whether administration of the spare AAI is appropriate.

Where a pupil is, or appears to be, having a severe allergic reaction, the emergency services will be contacted even if an AAI device has already been administered.

In the event that an AAI is used, the pupil's parents will be notified that an AAI has been administered and informed whether this was the pupil's or the school's device. Where any AAIs are used, the following information will be recorded on the Adrenaline Auto-Injector (AAI) Record:

- Where and when the reaction took place
- How much medication was given and by whom

[Booker Park School only] For children under the age of 6, a dose of 150 micrograms of adrenaline will be used.

For children aged 6-12 years, a dose of 300 micrograms of adrenaline will be used.

[Stocklake Park School only] For children aged over 12, a dose of 300 or 500 micrograms of adrenaline will be used.

AAIs will not be reused and will be disposed of according to manufacturer's guidelines following use.

In the event of a school trip, pupils at risk of anaphylaxis will have their own AAI with them and the school will give consideration to taking the spare AAI in case of an emergency.

Further information relating to the school's policies and procedures addressing allergens and anaphylaxis can be found in the Allergen and Anaphylaxis Policy.

11.RECORD KEEPING

Written records will be kept of all medicines administered to pupils. Proper record keeping will protect both staff and pupils, and provide evidence that agreed procedures have been followed. Appropriate forms for record keeping can be found in Appendix D and Appendix E.

12.DISPOSAL OF MEDICINES

- Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. The return of such medicines to parents will be recorded;
- Parents should also collect medicines held at the end of the summer term. If parents do not collect all medicines, they will be taken to a local pharmacy for safe disposal;
- Sharp boxes will always be used for the disposal of needles.

13.MEDICATION ERRORS

- Medication errors can happen to anyone. If parents report an error staff should report to the school nurse who can discuss what has been done and ensure it is recorded on CPOMS.
- If an error happens in school, the Medication Error Procedure (Pages 29 to 32) should be followed.
- Any errors in administration of medication by trained school staff should be reported to the school nurse immediately who will make a clinical decision if the child requires to attend emergency services for review.

- If the school nurse is unavailable, then staff should alert the Head of School or Principal in their absence. They will call 111 for advice.
- The parents must be informed as soon as possible regardless if the pupil is safe.
- The school nurse should ensure senior management of the school are aware of the incident and discuss next steps.
- A Medication error form should be completed and uploaded on CPOMS with a record of what agreed change would happen to prevent this from recurring again.

14.EMERGENCY PROCEDURES

Medical emergencies will be dealt with under the school's emergency procedures.

Where an HCP is in place, it should detail:

- What constitutes an emergency
- What to do in an emergency

Pupils will be informed in general terms of what to do in an emergency, e.g. telling a Teacher.

If a pupil needs to be taken to hospital, a member of staff will remain with the pupil until their parents arrive. When transporting pupils with medical conditions to medical facilities, staff members will be informed of the correct postcode and address for use in navigation systems.

15.DAY TRIPS, RESIDENTIAL VISITS AND SPORTING ACTIVITIES

Pupils with medical conditions will be supported to participate in school trips, sporting activities and residential visits.

Prior to an activity taking place, the school will conduct a risk assessment to identify what reasonable adjustments should be taken to enable pupils with medical conditions to participate. In addition to a risk assessment, advice will be sought from pupils, parents and relevant medical professionals. The school will arrange for adjustments to be made for all pupils to participate, except where evidence from a clinician, e.g. a GP, indicates that this is not possible.

16.UNACCEPTABLE PRACTICE

The school will not:

- Assume that pupils with the same condition require the same treatment.
- Prevent pupils from easily accessing their inhalers and medication.
- Ignore the views of the pupil or their parents.
- Ignore medical evidence or opinion.
- Send pupils home frequently for reasons associated with their medical condition, or prevent them from taking part in activities at school, including lunch times, unless this is specified in their IHP.
- Send an unwell pupil to the medical room or school office alone or with an unsuitable escort.
- Penalise pupils with medical conditions for their attendance record, where the absences relate to their condition.
- Make parents feel obliged or forced to visit the school to administer medication or provide medical support, including for toilet issues. The school will ensure that no parent is made to feel that they have to give up working because the school is unable to support their child's needs.
- Create barriers to pupils participating in school life, including school trips.
- Refuse to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.

17.LIABILITY AND INDEMNITY

The governing board will ensure that appropriate insurance is in place to cover staff providing support to pupils with medical conditions.

The school holds an insurance policy with Risk Protection Arrangement (RPA) covering liability relating to the administration of medication. The policy has the following requirements:

All staff providing such support will be provided with access to the insurance policies.

In the event of a claim alleging negligence by a member of staff, civil actions are most likely to be brought against the school, not the individual.

18.COMPLAINTS

Parents or pupils wishing to make a complaint concerning the support provided to pupils with medical conditions are required to speak to the school in the first instance. If they are not satisfied with the school's response, they may make a formal complaint via the school's complaints procedures, as outlined in the Complaints Procedures Policy. If the issue remains unresolved, the complainant has the right to make a formal complaint to the DfE.

Parents and pupils are free to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

19.HOME-TO-SCHOOL TRANSPORT

Arranging home-to-school transport for pupils with medical conditions is the responsibility of the LA. Where appropriate, the school will share relevant information to allow the LA to develop appropriate transport plans for pupils with life-threatening conditions.

20.DEFIBRILLATORS

The schools have a **Mediana HeartOn A15** automated external defibrillator (AED). The AED will be stored in the Hydrotherapy Pool corridor at Booker Park School and in the main entrance at Stocklake Park School.

All staff members and pupils will be made aware of the AED's location and what to do in an emergency. A risk assessment regarding the storage and use of AEDs at the school will be carried out and reviewed **annually**.

No training will be needed to use the AED, as voice and/or visual prompts guide the rescuer through the entire process from when the device is first switched on or opened; however, staff members will be trained in cardiopulmonary resuscitation (CPR), as this is an essential part of first-aid and AED use.

The emergency services will always be called where an AED is used or requires using.

[Booker Park School only] Where possible, AEDs will be used in paediatric mode or with paediatric pads for pupils under the age of eight.

Maintenance checks will be undertaken on AEDs on a monthly basis by the Facilities and Estates Team, who will also keep an up-to-date record of all checks and maintenance work.

21. SCHOOL PROCEDURES FOR MANAGING MEDICINES

- 1 Medicines should be handed to school staff by parents/carers, pupils or taxi drivers. A member of staff will ask the parent to sign the relevant consent form or check the form downloaded from the school's website.
- 2 The trained person will check that the
 - medicine is in its original container as dispensed by a pharmacy and details match those on the form;
 - label clearly states the child's
 - first and last name
 - name of medicine
 - dose required
 - method of administration
 - time/frequency of administration
 - patient information leaflet is present to identify any side effects;
 - medication is in date
- 3 The trained person will log the medicine in the signing in/out sheet and store the medicine appropriately
 - Medicines requiring refrigeration will be kept in the fridge in a clean storage container
 - A daily temperature of the fridge will be taken and recorded.
- 4 The trained person should inform the school nurse to create a Medication Administration Record (MAR)
 - The School Nurse will ensure that the trained person has a folder which contains the MAR, consent sheet and signing in/out record, as well as a Controlled stock count sheet for controlled drugs and an analgesia timeframe chart if required.
- 5 The trained person will administer medication at the appropriate time. A second person will always witness the procedure below.
- 6 The following procedure will be followed:
 - The pupil will be asked to state their name if they can – this is checked against the label on the bottle, consent form and record sheet. If the pupil can not identify themselves, trained person will always have a witness to confirm the pupil's identity.
 - The name of the medicine will be checked against the consent form and record sheet.

- The time, dosage and method of administration will be checked against the consent form and record sheet.
 - The expiry date will be checked and read out.
 - The medicine is administered.
 - The record sheet is signed by the designated person and the witness
 - Any possible side effects will be noted.
 - The medicine is returned to appropriate storage.
- 7 If a child refuses to take their medicine, staff will not force them to do so. Staff will record the incident and follow agreed procedures (which are set out in the pupil's Healthcare Plan) and contact parents. If a refusal results in an emergency, the emergency procedures detailed in the Healthcare Plan will be followed.
- 8 If the trained person has concerns about a procedure or a medication that they are being asked to administer they will not administer the medicine, but check with the parents or a health professional before taking further action.
- 9 At the end of the day pupil's prescribed anti-biotic medication (three/four doses a day) is sent home in the child's book bag or handed to the Passenger Assistant or Parent if collecting child from school.
- 10 Medicines should be handed to school staff by parents/carers, pupils or taxi drivers. A member of staff will ask the parent to sign the relevant consent form or check the form downloaded from the school's website.
- 11 The trained person will check that the
- medicine is in its original container as dispensed by a pharmacy and details match those on the form;
 - label clearly states the child's
 - first and last name
 - name of medicine
 - dose required
 - method of administration
 - time/frequency of administration
 - patient information leaflet is present to identify any side effects;
 - medication is in date
- 12 The trained person will log the medicine in the signing in/out sheet and store the medicine appropriately
- Medicines requiring refrigeration will be kept in the fridge in a clean storage container
 - A daily temperature of the fridge will be taken and recorded.

- 13 The trained person should inform the school nurse to create a Medication Administration Record (MAR)
- The School Nurse will ensure that the trained person has a folder which contains the MAR, consent sheet and signing in/out record, as well as a Controlled stock count sheet for controlled drugs and an analgesia timeframe chart if required.
- 14 The trained person will administer medication at the appropriate time. A second person will always witness the procedure below.
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 - The name of the medicine will be checked against the consent form and record sheet.
 - The time, dosage and method of administration will be checked against the consent form and record sheet.
 - The expiry date will be checked and read out.
 - The medicine is administered.
 - The record sheet is signed by the designated person and the witness
 - Any possible side effects will be noted.
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- 18 At the end of the day pupil's prescribed anti-biotic medication (three/four doses a day) is sent home in the child's book bag or handed to the Passenger Assistant or Parent if collecting child from school.

Other Medical Procedures

Enteral Feeding

Parents/carers must supply SSN with an unopened, in-date replacement button to be stored securely in the Nurse's Room **(in Booker Park spare buttons stored in classroom cupboards)**.

Only staff who have received enteral feeding training and have been formally signed off as competent may feed pupils.

SSN will arrange annual refresher training and training for new staff as required.

If a gastrostomy tube becomes dislodged while the pupil is in school, staff may keep the site open using the pupil's own En-plug. SSN must be contacted immediately so they can replace the tube. Staff may remain with the pupil to assist and support but must not undertake the replacement procedure.

Tracheostomy Care

Changing a tracheostomy tube requires specialised training.

In emergency situations, some staff may be trained to assist; however, the procedure should normally be carried out by the school nurse or the child's allocated 1:1 care provider where possible.

Suction Machines / Secretion Management

SSN must be informed of any pupils who require secretion management.

SSN will review the pupil's needs and issue a secretion management care plan for use in school, including clear guidance and procedures.

Oropharyngeal suctioning is not to be performed by SSN or school staff. Private carers will be signed off OP suctioning by private physiotherapist funded from the ICB.

Parents/carers must supply the child's suction machine and ensure:

The PAT test is in date. The equipment is in full working order at all times, and supply the suction catheters for the pupil.

Nasogastric Tube Feeding

Pupils with nasogastric tubes will be under the care of the Children's Community Nursing Team.

A multidisciplinary approach is required for all pupils with nasogastric tubes.

Pupils with a nasogastric tube must not start school until a safe feeding plan has been agreed by Senior Leaders.

Note: School staff are not permitted to feed pupils via nasogastric tubes.

Seizure Management – Buccolam Administration

If a seizure lasts longer than five minutes, a single dose of Buccolam should be administered in line with the pupil's care plan.

Parents/carers must be contacted to collect the child from school.

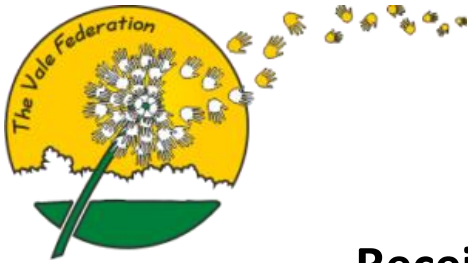
The pupil must not attend school for 24 hours following administration of Buccolam.

If the seizure has not stopped within 10 minutes of administering the first dose, an ambulance must be called.

The empty syringe/tube must be provided to attending healthcare professionals to confirm the dose administered.

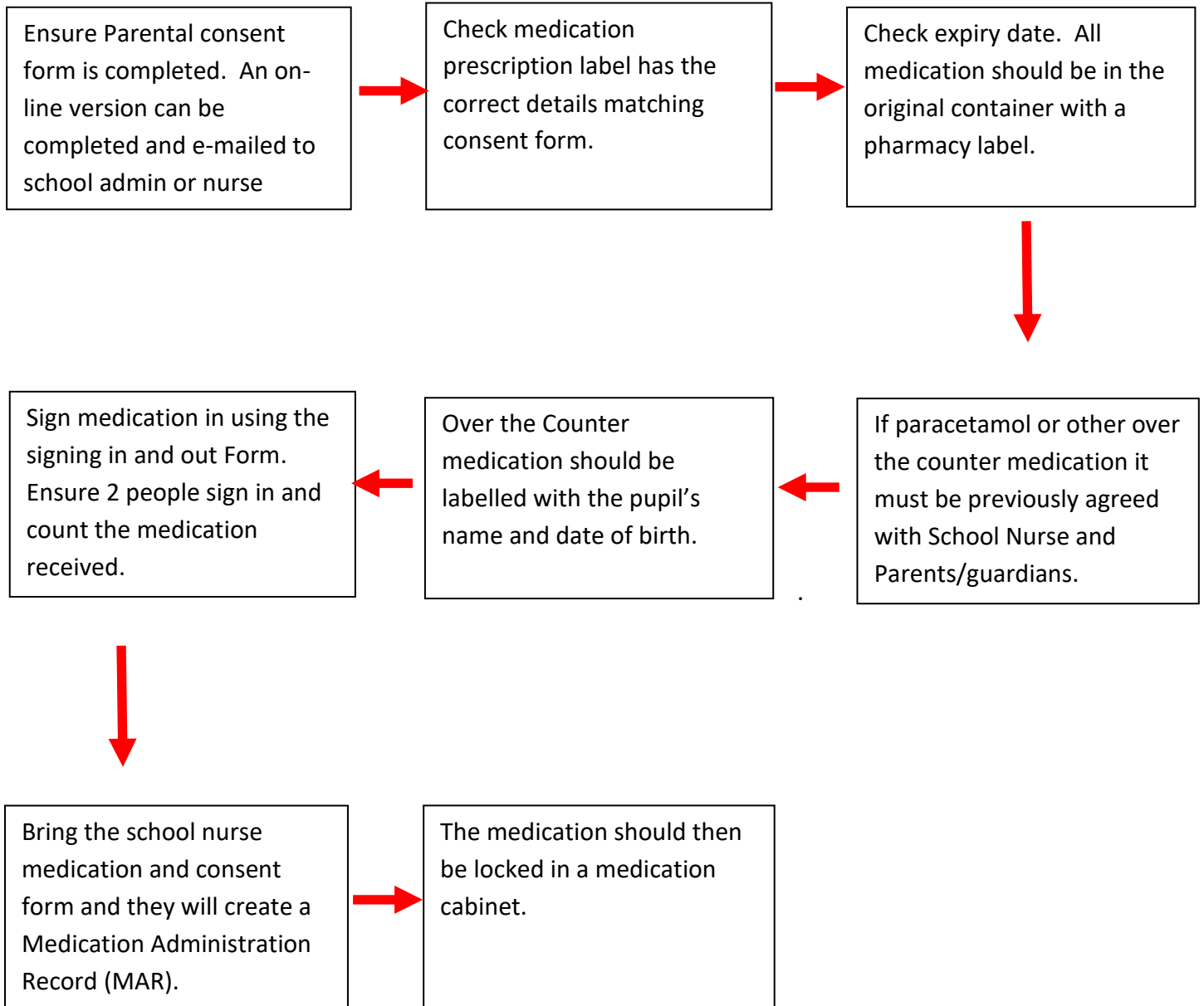
Individual care plans may provide alternative guidance depending on the pupil's medical circumstances.

In general, a second dose should not be administered within a 24-hour period unless clearly authorised by a specialist and documented in the school care plan.



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Receiving Medication Flowchart:

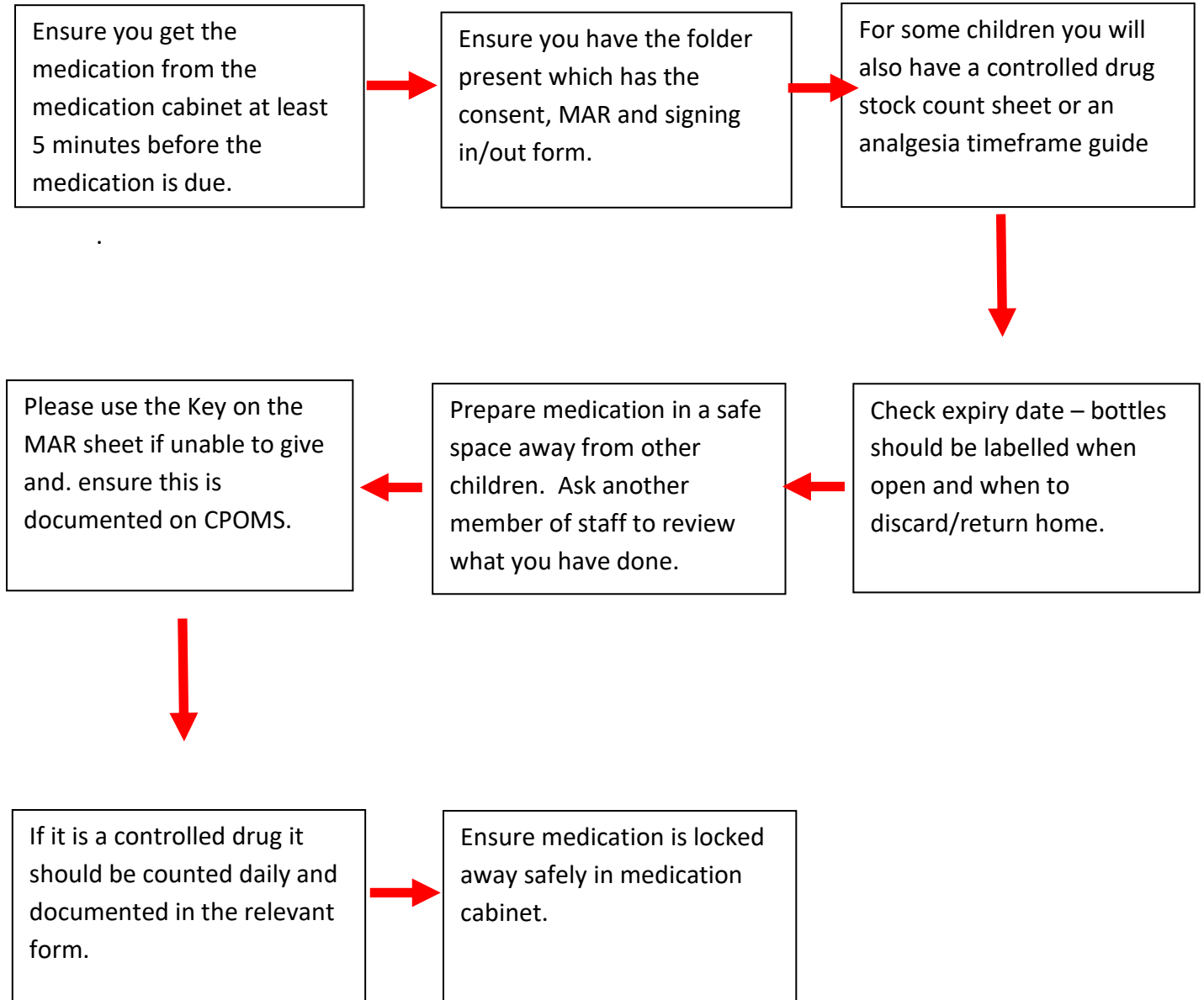


Medication can only be given by staff that have been trained and signed off as competent by the school nurse. If you are unsure, please ask the school nurse or admin as they have a copy of all trained staff.



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Adminstrating Medication Flowchart:



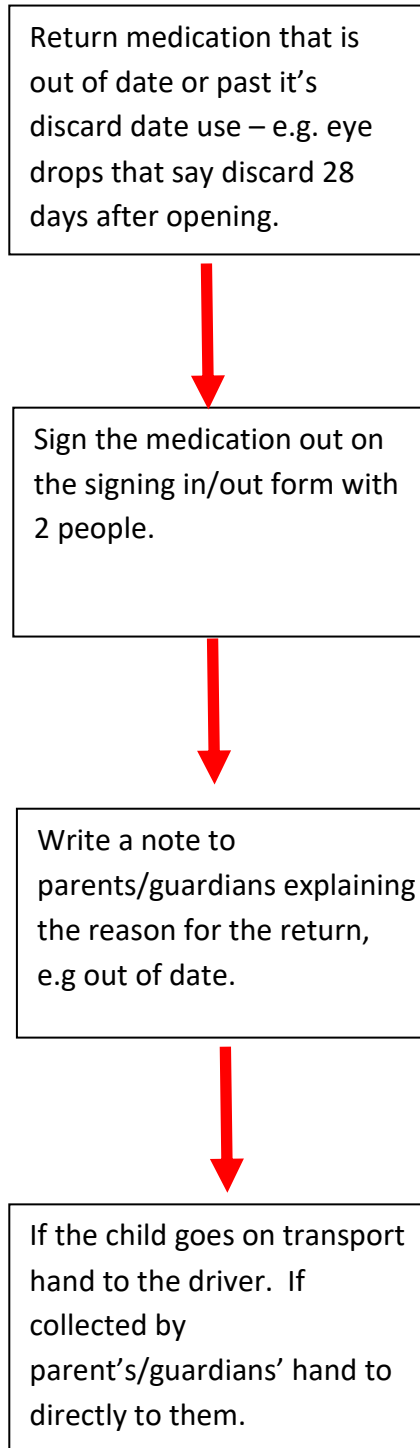
If you have any concerns speak to the school nurse before giving the medication.

If you make an error, follow the medication error procedure.



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Returning Medication Flowchart:



All medication should be returned home at the end of Summer Term.



Medication Consent for School Administration

Student's Name.....

Date of Birth.....

Medication Name	Strength in mg or mg/ml	Dose to be given	Time	Route *	Reason for giving this medication/ what condition is it used to treat	Has your child had this medication before? Yes/No	Consent for student to self-administer. Yes/No

Any Known Allergies:.....

*Route – this means if the medication is to be given orally or via a gastrostomy or NG tube if the child has one.

If bottled medication is opened, date of opening must be clearly written on the side of the bottle or box

I give consent for school staff to administer medication in school.

I confirm that the medication has been administered without adverse effect to the student in the past and will inform the school immediately if this changes:

Sign & Print:

Date:



Student Medication signing in and out form

Use this form for signing medication in and out of school at the beginning and end of each school year.

Student name: Date of Birth:

Date signed in	Medication	Dose	Expiry Date	BN or LOT number matches on box and bottle/tablet strip.	No. of tablets/ amount of liquid bought in.	Signed in and checked by 2 people		Date signed out	No. of tablets/ amount of liquid sent home.	Signed in and out and checked by 2 people		Comments
						Sign 1	Sign 2			Sign 1	Sign 2	

Record of Administration of Medication to Children attending The Vale Federation Special Schools

Name..... Date of Birth

Any Known Allergies.....

All medication requires a Parental Consent Form – these are completed yearly, or with any medication change.



If not present do not give and contact parents/ school nurse to discuss.

Name of Medication And strength	Route to be given i.e. oral	Time Due	Dose to give in mg, mg/ml or puffs	If liquid medication date bottle opened and expiry date once opened	DATE / / /		DATE / / /		DATE / / /		DATE / / /		DATE / / /	
					Time Given	X 2 Initials	Time Given	X 2 Initials	Time Given	X 2 Initials	Time Given	X 2 Initials	Time Given	X 2 Initials

SIGNED..... DATE.....

CHECKED BY..... DATE.....

KEY: A- pupil Absent

M - Missed

R – pupil Refused

V - Vomited

****CPOMs any Refused, vomited or missed****

Right child; Right medication; Right dose; Right time; Right route.

Daily Stock Count of Controlled Medication to Children attending The Vale Federation Special Schools

Name..... Date of Birth

Amount Signed in..... Date signed in.....



Name of Medication And strength	Format – liquid/ tablets	Time Due	Dose to give in mg, mg/ml or puffs	DATE / / /		DATE / / /		DATE / / /		DATE / / /		DATE / / /	
				Amount	X 2 Initials	Amount	X 2 Initials	Amount	X 2 Initials	Amount	X 2 Initials	Amount	X 2 Initials

SIGNED..... DATE..... CHECKED BY..... DATE.....



Analgesia Timeframe Chart

How soon can I give the next dose of Paracetamol/Calpol?

Before the first dose is given in school, you must have evidence of when the previous dose was given or wait 4 hours before giving

Paracetamol can be administered 4 – 6 hourly. Maximum 4 prescribed doses in 24 hours.

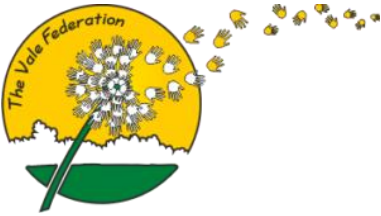
When was the last dose given?	I can give the next dose at:
7 am	11 am
07.15 am	11.15 am
07.30 am	11.30 am
07.45 am	11.45 am
8 am	12 pm
08.15 am	12.15 pm
08.30 am	12.30 pm
08.45 am	12.45 pm
9 am	1 pm
09.15am	1.15 pm
09.30am	1.30 pm
09.45 am	1.45 pm
10 am	2 pm
10.15am	2.15 pm
10.30 am	2.30 pm
10.45 am	2.45 pm
11 am	3 pm
11.15 am	3.15 pm
11.30 am	3.30 pm
11.45 am	3.45 pm
12 pm	4 pm

How soon can I give the next dose of Ibuprofen?

Before the first dose is given in school, you must have evidence of when the previous dose was given or wait 6-8 hours before giving

Ibuprofen can be administered 6-8 hourly. Maximum 3 prescribed doses per day

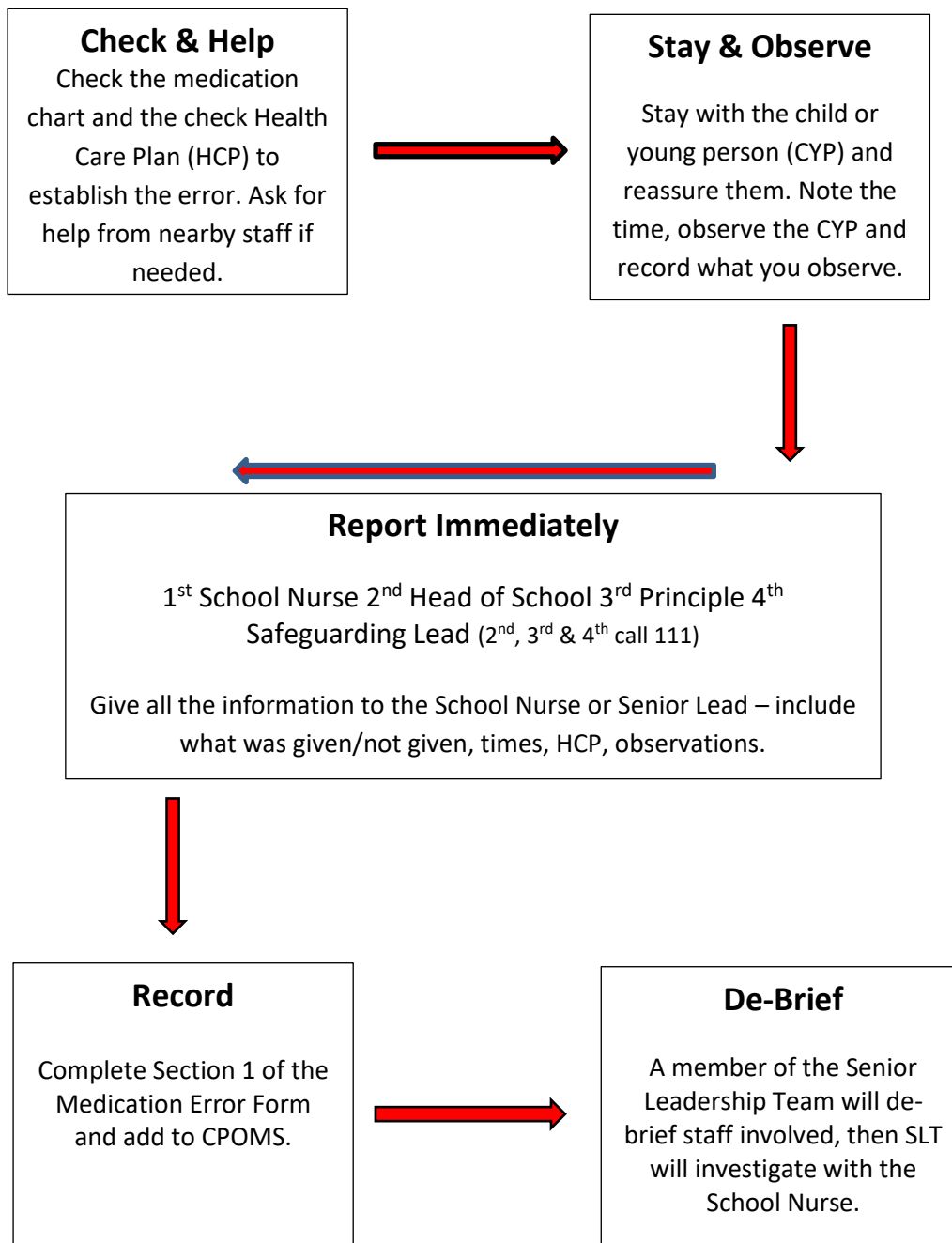
When was the last dose given?	I can give the next dose at:
7 am	1 pm
07.15 am	1.15 pm
07.30 am	1.30 pm
07.45 am	1.45 pm
8 am	2pm
08.15 am	2.15 pm
08.30 am	2.30 pm
08.45 am	2.45 pm
9am	3 pm
09.15 am	3.15 pm
09.30 am	<i>Home from school</i>
09.45 am	
10 am	
10.15 am	
10.30 am	
10.45 am	
11 am	
11.15am	
11.30 am	
11.45.am	



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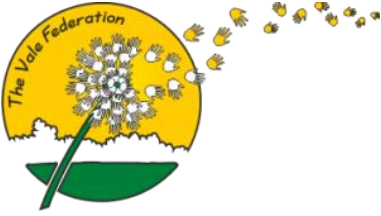
Medication Errors Flowchart

If the Child or Young Person is non-responsive or is experiencing adverse effects call 999 immediately



KEY: CYP – child and young person

Medication Error Forms are saved on the drive and paper copies will be in the School Nurses Office



The Vale Federation Procedure

What is a medication error?

The National Patient Safety Agency defines a medication error as an error in the process of prescribing, dispensing, preparing, administering, monitoring or providing medicine advice, regardless of whether any harm has occurred.

Errors may result in an incident or where averted they can be classified as a 'near miss'.

Examples of errors can include the following:

1. Omissions – any prescribed dose not given
2. Wrong dose given, too much or too little
3. Extra dose given
4. Giving a CYP medication meant for another CYP
5. Wrong dose interval
6. Wrong administration route – giving of a medicine by a different route or in a different form from that prescribed
7. Giving of a medication to which the CYP has a known allergy
8. Giving of a medication past its expiry date to a CYP
9. Giving of a medication which does not match Batch/Lott number to the box
10. Dispensing too much medication and throwing it away.

Senior Leadership Team

A member of the Senior Leadership Team at School or the School Nurse will need to call a health care provider, i.e. their pharmacist (*the number for the dispensing pharmacy will be on the prescription label*), 111 or their GP.

You need to know:

- a. The full name of the CYP, date of birth and their address
- b. The name and dose of the medication taken in error
- c. The CYP's age and approximate weight, if possible
- d. The name and dose of any other medication the student receives, if possible

Parents/Carers

The Senior Leadership at School or the School Nurse will contact the parents/carers of the CYP.

The Vale Federation has an open door policy, please speak to the School Nurse or the Senior Leadership Team if you have concerns about any of the above errors. We all want the best for the children and young people and we all want you to feel supported.

KEY: CYP – child and young person

Medication Error Forms are saved on the drive and paper copies will be in the School Nurses Office



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MEDICATION ERROR AND INCIDENT REPORT

First Section to be completed by the member of staff who was involved with the Error

SECTION 1										
Student Name:		D.O.B:		Date of Error:		Time of Error:				
Name of Medication: Include strength										
Type of Medication (please ✓)	Tablet/Capsule	Liquid	Ointment /Cream				Other			
MEDICATION ADMINISTRATION ERROR / INCIDENT - please ✓										
(A) Wrong Dose/ Too much	(B) Wrong Medication Given	(C) Wrong route into the body	(D) Wrong Time	(E) Wrong Student	(F) Missed Medication	(G) Missed Signature	(H) <u>Unidentified</u> medicines found	(I) Adverse reaction to medicine	(J) Medication out of date	(K) Expiry/Bath Lot numbers don't match
(L) Other	Please describe									
Full Name of Adult who made the Medication Error:							Job Title:			
Full Name of Adult who witnessed the Medication Error:							Job Title:			
<i>Description of incident - describe fully the circumstances surrounding the incident, before, during, after</i>										
Name, job title & signature of person completing SECTION 1:							Date:		Time:	

SECTION 2			
The section below is to be completed by the Lead Person (A member of the SLT or School Nurse)			
Name of person completing Investigation:		Job Title:	
Investigative Action Taken:			
Was the Pharmacist, or NHS 111 called? Yes / No (if no why not?)			
Summarise the findings of investigation and action required to prevent occurrence:			
Has a Safeguarding referral been made to the DSL/Governors/County? Yes/No (if no why not?)		Was the Commissioning Authority or OFSTED informed? Yes/No (if no why not?)	
Reminder's:	Added to CPOMS? Sections signed? All details above added with comments or N/A added with reason?		
Lead Person Name		Sign:	Date:
Head of School Name		Sign:	Date: