

Supporting children and young people with medical conditions



SURREY
COUNTY COUNCIL

This guidance is based on the Department For Education (DFE) [statutory guidance Supporting pupils at school with medical conditions](#) December 2015. The DfE have also provided guidance templates as an aid to schools. These can be accessed by clicking on the above link. They include the following:

- Template A: individual healthcare plan
- Template B: parental agreement for setting to administer medicine
- Template C: record of medicine administered to an individual child
- Template D: record of medicine administered to all children
- Template E: staff training record – administration of medicines
- Template F: contacting emergency services
- Template G: model letter inviting parents to contribute to individual healthcare plan development

The statutory guidance applies to any appropriate authority as defined in section 100 of the children and families act 2014. That means governing bodies in the case of maintained schools, proprietors of academies and management committees of pupil referral units (PRUs). It is also relevant for anyone supporting children with medical conditions.

Appropriate authorities must have regard to the DFE guidance when carrying out their statutory duty to make arrangements to support pupils at school with medical conditions. The guidance also applies to activities taking place off-site as part of normal educational activities.

The advice may therefore appear biased towards schools, although the original working party aimed to make it applicable to other settings who administer medicines to children and young people.

Early years settings should continue to apply the Statutory Framework for the Early Years Foundation Stage [Early years foundation stage statutory framework \(EYFS\) - GOV.UK](#) . SCC's Early Years Educational Effectiveness team have created an Administration of Medication Policy Prompts (January 2021), to help early years settings write a policy for their setting. The policy is available by emailing your Early Years Advisor (see Contacts section) or earlyyearsadvisors@surreycc.gov.uk.

This guidance has been reviewed by Surrey County Council's (SCC) Education and Children's Services teams, in collaboration with Children and Family Health Surrey's nursing and pharmacy teams, Surrey Heartlands Integrated Care Board (ICB) and the trade unions. It replaces all previous versions.

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Introduction

This guidance is intended for all types of settings for the management of medication. However no guidance can be expected to cover or predict every eventuality, therefore settings will need to consider their own particular circumstances.

The purpose of this document is to:

- Define SCC policy, organisation and arrangements for cooperating with parents and health professionals to ensure children and young people's health
- Provide guidance to settings on developing their own policies and procedures which support children and young people's health needs
- Provide settings with general information about the use, handling, storage and disposal of medicines and where to obtain further information and support
- Clarify responsibilities for the medical care of children and young people.

The governing body for a school is responsible for ensuring their school develops a policy for supporting pupils with medical conditions that is reviewed regularly (at least annually) and is readily accessible to parents and school staff. It should include details on how the policy will be implemented effectively, including a named person who has overall responsibility for implementation. In addition, a setting may seek advice from relevant healthcare professionals when developing their policy.

Definitions referred to throughout this guidance¹:

This guidance applies to the following schools in Surrey:

- (a) maintained
- (b) academy
- (c) free
- (d) a pupil referral unit (PRU)

“maintained school” means -

- (a) a community, foundation or voluntary aided school, within the meaning of the School Standards and Framework Act 1998, or
- (b) a community or foundation special school, within the meaning of that Act.

Supporting pupils with medical conditions in education settings: who is responsible?

Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.

Governing bodies² must ensure that arrangements are in place in schools to support pupils and that school leaders consult health and social care professionals, pupils and parents to ensure the needs of children with medical conditions are properly understood and effectively supported. Close co-operation between settings, parents,

¹ Children, Schools and Families Act 2014

² Governing bodies include proprietors in academies and management committees of PRUs

health professionals and other agencies is essential to ensure that any necessary medical interventions during setting activities are undertaken safely and correctly. Settings need to agree and record arrangements to provide appropriate medical support for each child/young person, through discussion with parents and relevant health professions before commencement.

In most circumstances the administration of medicines is the responsibility of parents or guardians, and they should be administered at home. Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to so³.

Legislation

Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions.

In meeting the duty, the governing body, proprietor or management committee must have regard to guidance issued by the Secretary of State under this section. This guidance came into force on 1 September 2014.

The aim is to 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, remain healthy and achieve their academic potential.

The Special educational needs and disability code of practice [SEND code of practice: 0 to 25 years \(GOV.UK\)](#) explains the duties of local authorities, health bodies, schools and colleges to provide for those with special educational needs. For pupils who have medical conditions that require education, health and care plans, compliance with the SEND code of practice will ensure compliance with this guidance with respect to those children.

Parents, guardians and carers

- Parents⁴, as defined in the Education Act 1996, are a child/young person's main carers. They are responsible for making sure that their child is well enough to attend the setting and able to participate in the curriculum as normal. However, General Practitioners (GPs) may advise that child/young people should attend or recommence school / setting while still needing to take medicines. In other cases, to enable child/young people with a chronic illness to lead as normal and happy a life as possible, it may be necessary for them to take prescribed medicines during setting hours.
- Settings cannot plan effective support arrangements unless parents provide sufficient information about their child's medical condition and any treatment or special care needed at the setting, at the admission stage, and keep the setting informed of any new or changing needs. If there are any special religious and/or cultural beliefs, which may affect any medical care that the child/young person needs, particularly in the event of an emergency, it is the responsibility of the parent to inform the setting and confirm this in writing.

³ <https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions>

⁴ The term parents referred to throughout this document also covers guardians and carers

Such information should be kept in the child/young person's personal file at the setting for as long as necessary with updates in consultation with the health nursing team. Parents and setting management need to reach agreement on their role in helping with the child/young person's medical needs. Ideally, the headteacher should seek parental agreement before passing on information about the child/young person's health to other setting staff, but it should be acknowledged that sharing information is important if staff and parents are to ensure the best care for a child/young person.

- Some parents may have difficulty understanding or supporting their child's medical condition themselves. Health services can often provide additional support and assistance in these circumstances.

The role of governing bodies, proprietors and management committees

- In meeting the duty to make arrangements to support pupils with medical conditions, functions can be conferred on a governor, a headteacher, a committee or other member of staff as appropriate.
- The governing body must ensure that arrangements are in place to support pupils with medical conditions. In doing so it should ensure that such children can access and enjoy the same opportunities at school as any other child. It is Surrey County Council policy to maximise inclusion for children and young people with medical needs in as full a range of educational opportunities as possible. To promote this aim, settings should assist parents and health professionals by participating in agreed procedures to administer medicines when necessary and reasonably practical. Consideration may also be given to how children will be reintegrated back into school after periods of absence.
- In making their arrangements, governing bodies should take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others. Governing bodies should therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life.
- The governing body should ensure that its arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school. The arrangements should show an understanding of how medical conditions impact on a child's ability to learn, as well as increase confidence and promote self-care. They should ensure that staff are properly trained to provide the support that pupils need.
- There is no requirement for staff to undertake these responsibilities, unless administering medicines may be included in the contractual duties of some support staff. Consequently, to comply with this policy, settings must secure the services of:
 - Volunteers from existing teaching or support staff
 - Employees with specific contractual duties to undertake this work
 - Other persons as agreed in accordance with this guidance.
- Settings unable to secure compliance with this policy using the people and resources at their disposal should seek assistance. (Useful contacts can be found at the end of this document).

- Governing bodies must ensure that the arrangements they put in place are sufficient to meet their statutory responsibilities and should ensure that policies, plans, procedures and systems are properly and effectively implemented.
- Every setting must have a designated person with responsibility for children/young people with medical conditions. The setting is responsible for ensuring that staff who volunteer to administer medication are properly trained.
- The policy should clearly identify the roles and responsibilities of all those involved in the arrangements they make to support children and young people with medical conditions.

Developing the setting policy

- Governing bodies should ensure that schools develop a policy for supporting pupils with medical conditions. The policy will set out the procedures to be followed when a setting is notified that a child/young person has a medical condition, and the arrangements for how the policy will be implemented, including a named person who has overall responsibility for policy implementation.
- When staff volunteer to give children/young people help with their medical conditions, the headteacher or person in charge of the setting should, where appropriate, agree to their doing this. The designated person is accountable for local decisions about the setting's role in administering medication.
- The headteacher should make sure that all parents are aware of the setting's policy and procedures for dealing with medical conditions. The policy needs to make it clear that parents should keep their children at home if acutely unwell. It should also cover the setting's approach to administering medication.
- For each child/young person with medical conditions, the responsible person will need to agree with the parents exactly what support the setting can provide. Where there is concern about whether the setting can meet a child/young person's needs, or the expectations of the parents appear unreasonable, the headteacher/responsible person can seek further advice from the health care professional, their Area Schools Officer, or SEND Case Officer where applicable; please refer to the contact list at the end of this document.
- The policy should be clear that any member of staff providing support to a child/young person with medical needs will have received suitable training. The policy should specify how training needs are assessed and how and by whom training will be commissioned and provided.

Staff indemnity

- Surrey County Council fully indemnifies all its staff against claims for alleged negligence providing they are acting within the remit of their employment.
- As the administration of medicines is considered to be an act of "taking reasonable care" of a child/young person, staff agreeing to administer

medication can be reassured about the protection their employer would provide. In practice this means that the County Council, not the employee, would meet the cost of damages should a claim for alleged negligence be successful. It is important that managers make this clear before asking staff to volunteer.

- The indemnity above applies to all Surrey LA Schools (including voluntary aided and foundation schools that buy back into Surrey County Council's insurance) and also extends to protect volunteers and others who may be authorised and approved by schools.
- Settings not maintained by Surrey County Council can opt into a risk protection arrangement for indemnity. The [risk protection arrangement \(RPA\)](#) is an alternative to commercial insurance for academy trusts.
- Employers must take out Employers Liability Insurance to provide cover for injury to staff acting within the scope of their employment.
- Staff should take the same care that a reasonable, responsible and careful parent would take in similar circumstances, while they are responsible for the care and control of children/young people. In all circumstances, particularly in emergencies, staff are expected to use their best endeavours. The consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

Individual healthcare plans

- Governing bodies should ensure that the school's policy covers the role of the individual healthcare plan and who is responsible for their development, in supporting pupils at school with medical conditions.
- The setting, healthcare professional and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. Where consensus cannot be reached, the headteacher is best placed to take a final view. A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan is available as an Annex in the [Supporting pupils with medical conditions at school \(GOV.UK\)](#) guidance.
- Individual healthcare plans can help to ensure settings effectively support children with medical conditions. They 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 and are likely to be helpful in most other cases, especially where medical conditions are long-term and complex. However, not all children will require one.
- Plans needs to be reviewed at least annually, or earlier if evidence is presented that needs have changed. They should be developed with the child/young person's best interests in mind, and ensure settings assess and manage the risk to the child/young person's education and wellbeing and minimises disruption.

- The format of individual healthcare plans may vary to enable settings to choose whichever is the most effective for the specific needs of each child/young person. Plans should capture the key information and actions that are required to support the child effectively. The level of detail within a plan will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support. Settings can use the DfE Template A: individual healthcare plan. Another example is available in the further guidance and information section of this document. Where a child has SEN but does not have a statement or EHC plan, their special educational needs should be mentioned in their individual healthcare plan.
- Individual healthcare plans (and their review) may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child. Plans should be drawn up in partnership between the school, parents, and a relevant healthcare professional, e.g. school nurse, specialist or children's community nurse or paediatrician, who can best advise on the particular needs of the child. Pupils should also be involved whenever appropriate. A school's SENCO or senior member of staff is likely to coordinate an IHP.
- When deciding what information should be recorded on an individual healthcare plan, refer to section 14 of the DfE [Supporting pupils with medical conditions at school \(GOV.UK\)](#) guidance.

Prescribed medicines

- Medicines should only be administered in settings when it would be detrimental to a child/young person's health or attendance not to do so. Only prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include the child/young person's name, instructions for administration, dosage and storage can be accepted. The exception to this is Insulin, which must be in date, but is generally provided inside a pen or pump, rather than in its original container.

Non-prescribed medicines

- Settings should set out the circumstances in which non-prescription medicines may be administered. A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor.
- If the setting decides to keep non-prescription medicines, there must be a written protocol in place. This must include the name of the medicine, the circumstances in which it may be administered, records of receipt including quantity, the current quantity stored, administration, monitoring of expiry dates and disposal.
- The parent should consent to the administration of non-prescription medicines in appropriate doses, with written instructions about when the child/young person should take it. The administration protocol must include a check when they had their last dose and ensure the child/young person has not already had the maximum amount in 24 hours; e.g. Paracetamol should not be

administered if taken within the last 4 hours and no more than 4 doses in a 24 hour period.

- Staff must ensure the medicine manufacturer's instructions and warnings are followed.
- A member of staff should supervise the child/young person taking the medication and notify parents in writing on the day it was taken/administered. Administration must be recorded on the appropriate form. Parental consent should be renewed at least annually.

Managing medicines on school premises

- The governing body should ensure the school's policy is clear about the procedures to be followed for managing medicines.
- Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.
- No child under 16 should be given prescription or non-prescription medicines without written consent from the parents, except in exceptional circumstances, where the medicine has been prescribed to the child without the knowledge of the parents⁵.
- A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor.
- All medicines should be stored safely to prevent inappropriate access. Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility. Medicines such as asthma inhalers, blood glucose testing meters and adrenaline pens should always be readily available to children and not locked away. This is particularly important to consider when outside of the setting such as an off-site trip.
- On 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 has allowed schools to buy salbutamol inhalers, without a prescription, for use in emergencies [Emergency asthma inhalers for use in schools \(GOV.UK\)](#).
- On 1st October 2017 this was extended to the use of Adrenaline Auto-Injectors (AAIs) [Using emergency adrenaline auto-injectors in schools \(GOV.UK\)](#).
- Prescribed controlled drugs must be stored securely in a non-portable container and only named staff should have access.
- A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so but passing it to another child for use is an offence. Settings should have a policy in place for dealing with drug misuse. Monitoring arrangements may be necessary.

⁵ Refer to section 21 www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions

- Controlled drugs should be easily accessible in an emergency and records kept of any doses used and the amount held.

Residential settings

- The Children's Homes (England) Regulations 2015 section 23 Medicines⁶ place a responsibility on the registered person to make arrangements for the handling, recording, safekeeping, safe administration and disposal of medicines received into the children's home.
- In particular the registered person must ensure that:
 - (a) medicines kept in the home are stored in a secure place so as to prevent any child from having unsupervised access to them;
 - (b) medicine which is prescribed for a child is administered as prescribed to the child for whom it is prescribed and to no other child; and
 - (c) a record is kept of the administration of medicine to each child.
- The above paragraph does not apply to medicine which:
 - (a) is stored by the child for whom it is provided in such a way that other persons are prevented from using it; and
 - (b) may be safely self-administered by that child
- All staff must receive appropriate training prior to administering and managing medication.
- Residential schools may have additional requirements for record keeping and storage.

Carriage of medicines

- Medicines should be brought to the setting by the parent or other responsible adult and handed to a named member of staff. All medicines should be stored securely.
- Parents must bring in any equipment required to administer the medicine e.g. medicine spoons, oral syringes, syringes for injections, sharps waste containers.
- Transport providers must ensure medicines are stored safely and available in the event of an emergency.
- In respect of the carriage of oxygen a risk assessment must be completed by a competent individual. This may be supported by the specialist nursing teams.

Storage of medicines in settings

- All medicines should be stored safely in accordance with the manufacturer's storage recommendations. Children/young people should know where their medicines are kept and be able to access them immediately. The key must be

⁶ <https://www.legislation.gov.uk/uksi/2015/541/regulation/23/made>

readily available to appropriate named members of staff to ensure access in case of emergency.

- Medicines that require refrigeration, should be stored in a dedicated locked medicine refrigerator, or the refrigerator is sited in a secure location to compensate for the impracticability of locking it. If this is not possible, medicines should be kept in a locked box in the refrigerator. Refrigerators should be between 2 and 8 degrees C, with temperatures routinely monitored.
- Advice on safe storage, temperatures, light, life span etc, can be obtained from Community Retail Pharmacists (local chemists).
- Prescribed medicines must be kept in the container supplied and labelled by the pharmacist which states:
 1. Name of the child/young person
 2. Name of the medicine
 3. Strength
 4. Formulation
 5. Dose/frequency of administration
 6. Instructions for administration
 7. Date of dispensing
 8. Cautionary advice
 9. Quantity of the medicine
 10. Expiry date (if short dated)

This is normal pharmacy procedure when issuing all medicines.

- Non prescribed medicines must be kept in the manufacturer's original container which contains the manufacturer's instructions for use and any warnings.
- It should be made clear to parents/guardians that they will be responsible for ensuring medicines they supply for use in schools are in date and do not exceed their expiry date.
- Instructions regarding any specific requirements for the disposal of equipment/waste product, e.g. syringes, gloves, should be kept with the medication and equipment. When no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.
- Under no circumstances should any medicine be transferred into another container for keeping/storage.

Arrangements for administering medicines in settings

- Staff may administer a controlled drug to the child/young person for whom it has been prescribed.
- Staff administering prescribed medicines should do so in accordance with the prescriber's instructions.
- Settings should keep a record of all medicines administered to individual children, stating what, how and how much, when and by whom. Any side effects of the medication should be noted. In addition, for controlled drugs a record of the amount held should be kept.

- Staff must not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any individual healthcare plan). Healthcare professionals, including the school nurse, can provide confirmation of the proficiency of staff in a medical procedure, or administering medicines.
- 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 unless it is within their contract of employment.
- Unless it is an emergency, medicines must be administered in a location where privacy and confidentiality of the child/young person may be maintained. Facilities should be available if the child/young person needs to rest and recover.
- Medicines must be administered and documented for one child/young person at a time and completed before the next child/young person is seen. Staff must wash their hands before and after administering medicines.
- Before administering a medicine, staff must check:
 - The identity of the child/young person
 - The written parental consent form for administration of the medicine(s)
 - That the written instructions received from the parent and the medicines administration record match the instructions on the pharmacy dispensed label of the medicine container i.e. name of the medicine, formulation, strength and dose instructions. For non-prescribed medicines or if the school has a protocol for non-prescribed medicines, the manufacturer's information must be followed as there will be no pharmacy label.
 - The name on the pharmacy dispensed label matches the name of the child/young person
 - Any additional or cautionary information on the label or manufacturer's information which may affect the times of administration, e.g. an hour before food, swallow whole do not chew, or may cause drowsiness.
 - The medicine administration record to ensure the medicine is due at that time and it has not already been administered
 - The medicine is in date and is not past its expiry date. The expiry date of the medicine (if one is documented on the medicine container or the pharmacy dispensed label). Some medicines once their container is opened will have a shortened expiry date from the date it was opened. If this is the case the manufacturer's information or pharmacy label will state this. For these medicines the date opened and the shortened expiry date, calculated from the pharmacy or manufacturer's information, must be written on the label. It must be written as 'date opened' and 'expiry date' to distinguish the two dates.
 - All the necessary equipment required to administer the medicine is available e.g. medicine spoon, oral syringe, injecting syringe. This equipment should be stored securely.
- If there are concerns or doubts about any of the details listed above the member of staff must not administer the medicine. They must check with the child/young person's parent or a health professional before taking further

action. All advice and actions must be documented, signed and dated and stored securely in line with the settings record administration policy.

- Staff involved with the administration of medicines should be alert to any excessive requests for medication by children/young people or by parents on their behalf. In any cases of doubt advice may be obtained from health professionals.
- The medicine formulation must not be interfered with prior to administration (e.g. crushing a tablet) unless there are written instructions on the pharmacy label and information provided from the parent/health professional. This advice and information must be documented.
- Immediately after the medicine has been administered the appropriate written records must be completed, signed and dated.
- If for any reason the medicine is not administered at the times stated on the medicine administration record the reason for non-administration must be recorded, signed and dated. Parents must be informed as soon as possible on the same day.

The child/young person's role in managing their own medical needs

- Settings should ensure their policy includes arrangements for children/young people who are competent to manage their own health needs and medicines.
- After discussion with parents, children/young people who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected within individual healthcare plans and where appropriate a risk assessment.
- Between the child/young person, their parents and the setting a written agreement should include whether administration of the medicine requires supervision. In addition to parental consent, medical advice with regard to self-administration by the child/young person should be available and noted in the agreement. However, it cannot be taken as an alternative to parental consent. A suitable location for administering the medicine should be made available where a child/young person requests it.
- Where possible, children/young people should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily. They may still require an appropriate level of supervision.
- If a child/young person refuses to take medicines, they must not be forced to do so, but this must be documented and agreed procedures followed. The procedures may either be set out in the policy or in an individual healthcare plan. Parents must be informed of the refusal as soon as possible on the same day, so alternative options can be considered. If the refusal to take the medicine could result or does result in an emergency, then the emergency procedure for the setting must be followed.

Record keeping

- Governing bodies should ensure that written records are kept of all medicines administered to children. Records offer protection to staff and children and provide evidence that agreed procedures have been followed.
- A new consent form must be completed if a new medicine is to be administered, or if there are changes to the existing medicine(s) e.g. different dose, strength, times. A verbal message is not acceptable. A new supply of correctly labelled medicine must be provided by the parent.
- In exceptional circumstances where members of staff return medicines to a community retail pharmacy (local chemist) for disposal, details of the medicine, the quantity returned and the name of the pharmacy must be recorded. This must be signed (and names printed) and dated by the member of staff and if possible, by the pharmacist.
- All early years settings must keep written records of all medicines administered to children and make sure that parents sign the record book when collecting the child to acknowledge any entry. In addition, early years settings and residential settings may have additional requirements for record keeping and the appropriate guidance for these settings must be followed. See Contacts section for details of SCC's Early Years Educational Effectiveness team.

Disposal of medicines

- Setting staff should not normally dispose of medicines, including controlled drugs when no longer needed, but should return to parents. Parents are responsible for disposal of expired medicines or those no longer required. However, in exceptional cases where this may not be possible, settings are advised to take them to a local pharmacy for disposal. Community retail pharmacies will not receive sharps for disposal. Records must be made.
- Used Auto Adrenaline Injector (AAI) devices can be given to ambulance paramedics on arrival, or disposed of in a [pre-ordered sharps bin](#) for collection by the local council.

Misuse of medication

- Settings should have a policy in place for dealing with drug misuse. Misuse of a Controlled Drug, such as passing it to another child, is an offence.

Intimate or invasive treatment

- In some settings, staff are understandably reluctant to volunteer to administer intimate or invasive treatment because of the nature of the treatment, or fears about accusations of abuse. It would be appropriate for parents to ask their child's consultant whether a different treatment, which is less intimate or invasive, could be used. Parents and the responsible person must respect such concerns and should not put undue pressure on staff to assist in treatment. Wherever possible schools of secondary age children/young people should arrange for two adults, one acting in the capacity of chaperone, who should be the same gender as the child/young person, to be present for the administration of intimate or invasive treatment – this will often ease

practical administration of treatment as well as minimise the potential for accusations of abuse. Staff should protect the dignity of the child/young person as far as possible.

Training of staff

- Governing bodies should ensure that the school's policy sets out clearly how staff will be supported in carrying out their role to support pupils with medical conditions, and how this will be reviewed. This should specify how training needs are assessed, and how and by whom training will be commissioned and provided.
- Any member of staff providing support to a child/young person with medical needs should have received suitable training.
- The relevant healthcare professional normally leads on identifying and agreeing with the setting the type and level of training required, and how it can be obtained. The setting is responsible for ensuring training remains up to date.
- Training should be sufficient to ensure that staff are competent and have confidence in their ability to support children/young people with medical conditions. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

Day trips, residential visits and sporting activities

- Governing bodies should ensure that their arrangements are clear and unambiguous 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.
- Settings should be aware of how a child/young person's medical condition will impact on their participation, whilst allowing for enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments, unless evidence from a clinician such as a GP states otherwise.
- National guidance is available from the Outdoor Education Advisor Panel⁷ section 4.4d Planning and preparation – Medication. Additionally, schools can refer to the HSE guidance on school trips⁸ and the DFE guidance on educational visits⁹. Further advice can be obtained from the Strategic Risk Management Outdoor Education Advisor (see contacts section at the end of this document).
- Settings should carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that medical conditions are included. This will require consultation with parents, the child/young person and advice from relevant healthcare professionals.

⁷ <https://oeapng.info/>

⁸ <http://www.hse.gov.uk/services/education/school-trips.htm>

⁹ <https://www.gov.uk/government/publications/health-and-safety-on-educational-visits/health-and-safety-on-educational-visits>

- It is helpful to have one copy of the parental consent form in the language of the country visited. Where a child/young person requires and has a particular medical action plan, this should be available in the host language. This is particularly important if children/young people stay with host families during an exchange visit.
- Parents should be requested to check what rules apply to taking their child's medicine out of the UK, and into the country the child is going to or passing through. Different countries have different rules and regulations about the types of medicine they allow to be taken into their country and the maximum quantity that can be taken in. Some medicines available over the counter in the UK may be controlled in other countries.

Young people on work experience

- The headteacher should ensure that the placement is suitable for a young person with a particular medical condition and that relevant medical information is shared with employers.

Medic alert – bracelets/necklaces

- Medic alert bracelets/necklaces are worn to alert others of a specific medical condition in case of an emergency. As these items can be a source of potential injury in games or practical activities, consideration should be given, in appropriate circumstances, to their temporary removal and safe keeping by the person in charge of the activity. In such cases staff will need to be alerted to the significance of these bracelets/necklaces and be clear whom they belong to when taking charge of them.

Emergency procedures

- As part of general risk management processes all settings should have arrangements in place for dealing with emergency situations, including on trips in and outside the UK.
- All staff should know how to call the emergency services and who is responsible for carrying out emergency procedures in the event of need.
- Medical information should be shared with school transport providers for home-to-school-transport arranged by the local authority, especially in respect of emergency situations and pupils with life-threatening conditions.
- A member of staff should always accompany a child/young person taken to hospital by ambulance and should stay until the parent arrives. Health professionals are responsible for any decisions on medical treatment when parents are not available.
- Normally when a child/young person becomes unwell at a setting, (other than minor cuts or bruises), settings will arrange for them to be looked after in a quiet, comfortable place and arrange for the parent to collect them as soon as possible. It will then be the responsibility of the parent to accompany the child/young person to their GP surgery or hospital outpatient department as appropriate.
- In some situations, it may be necessary for professional medical care to be sought immediately, e.g. suspected fractures, all eye injuries, serious head

injuries, acute illness or other serious medical conditions (after using pre-loaded adrenaline injection) that will not respond to first aid treatment. Settings must have clear procedures for summoning an ambulance in such cases and for communication with parents.

- Headteachers should ensure they have clear guidance for staff should they be asked to transport children/young people in their own vehicles. Consent is generally not required for any lifesaving emergency treatment given in Accident and Emergency Departments. However, awareness is required for any religious/cultural wishes i.e. blood transfusions, which should be communicated to the medical staff for due consideration. In the absence of the parents to give their expressed consent for any other non-life threatening (but nevertheless urgent) medical treatment, the medical staff will carry out any procedures as deemed appropriate. The member of staff accompanying the child/young person cannot give consent for any medical treatment, as he/she does not have parental responsibility for the child/young person.
- Headteachers and managers must realise that medical emergencies, whether illness or injury, make significant emotional demands upon those involved. It is important that support is available to them. This might include a sympathetic listener and time to compose themselves.
- Some children/young people suffer from chronic medical conditions, which may require urgent action to prevent a possible life-threatening situation from developing. Specially appointed support staff may not be available to carry out these tasks. Where there are other willing staff they may do so, exercising their duty of care.
- Settings should ensure they have contingency plans in case the normal routine for treatment breaks down, e.g. the trained staff members are absent. This should be included in the individual healthcare plan for the child/young person and is likely to include calling for an ambulance.

Unacceptable practice

Settings should ensure that their policy is explicit about what practice is not acceptable.

Further advice is available in the DfE guidance [Supporting pupils with medical conditions at school \(GOV.UK\)](#).

Complaints

The policy should set out how complaints may be made and will be handled concerning the support provided to children/young people with medical conditions. Should parents or children/young people be dissatisfied with the support provided they should discuss their concerns directly with the setting.

Safeguarding

Section 175 of the Education Act 2002 provides that governing bodies of maintained schools must make arrangements for ensuring that their functions relating to the conduct of the school are exercised with a view to safeguarding and promoting the welfare of children who are pupils at the school.

In the event of any safeguarding concerns, please refer to the establishments safeguarding children's policy and the [Surrey Safeguarding Children Partnership \(surreyscp.org.uk\)](https://surreyscp.org.uk) website.

For other safeguarding legislation, please refer to the Department for Education statutory guidance [Supporting pupils with medical conditions at school \(GOV.UK\)](https://www.gov.uk/guidance/supporting-pupils-with-medical-conditions-at-school)

Further guidance and information

[Supporting pupils with medical conditions at school \(GOV.UK\)](#) Department for Education statutory guidance, templates and links to other departmental guidance and advice.

[Supporting pupils with medical conditions: links to other useful resources - GOV.UK \(www.gov.uk\)](#)

[Health Conditions in Schools Alliance \(medicalconditionsatschool.org.uk\)](#) includes an example school medical conditions policy, a guide and template for an individual healthcare plan, other forms for record keeping, and information on specific health conditions.

[Health Care Plan – SEND Advice Surrey](#)

[Governance handbook and competency framework - GOV.UK \(www.gov.uk\)](#)

[Health protection in schools and other childcare facilities \(GOV.UK\)](#) UK Health Security Agency guide for staff on managing cases of infectious diseases in education and childcare settings.

[First aid in schools – \(GOV.UK\)](#)

[Early years foundation stage statutory framework \(EYFS\) \(GOV.UK\) Department for Education](#)

[Graduated response early years | Surrey Local Offer](#)

[Surrey Local Offer](#)

[Education for children with health needs who cannot attend school - GOV.UK \(www.gov.uk\)](#)

[Health professionals - Healthy Surrey](#)

Contacts Section

NHS health contacts

Children and Family Health Surrey (Surrey wide 0-19) including school nursing

[Children and Family Health Surrey](#) is the Surrey-wide NHS community health service for children and young people from birth up to 19 years of age and their parents and carers. Services are provided as a single service under one contract by CSH Surrey, First Community Health and Care, and Surrey and Borders Partnership NHS

One Stop is the centralised referral and triage service for specialist children's services and accepts referrals from health, education and social care professionals.

Professionals can contact the 0-19 Surrey wide services by calling the advice line:
Tel: 01883 340 922

Referrals can be made online through the [Surrey and Borders Partnership referrals portal](#)

[The school nursing team](#) work across Surrey to promote physical health and emotional wellbeing in schools and the community.

They provide support to young people who have specific medical needs and provide relevant training for staff to help manage these needs.

Teams and contact details are available from the school nursing pages under Teams and contact details.

Parents and carers can contact the [school nurse team's Advice line](#)

[School nursing \(specialist schools\) :: Children and Family Health Surrey \(childrenshealthsurrey.nhs.uk\)](#)

Surrey County Council contacts

Special Educational Needs and Disabilities information, advice and support (SEND)

[SEND Advice Surrey:](#)

Tel No: 01737 737300

Email: sendadvice@surreycc.gov.uk

Graduated Response Early Years (SEND)

[Graduated response early years | Surrey Local Offer](#)

- **North East:** SectorNE@surreycc.gov.uk
- **North West:** SectorNW@surreycc.gov.uk
- **South East:** SectorSE@surreycc.gov.uk
- **South West:** SectorSW@surreycc.gov.uk

[Early Support Service](#)

School Relationships and Support Service

Email: School.relationships@surreycc.gov.uk

Area Schools Office Support

North East Area Schools Office, Epsom & Ewell, Elmbridge, Spelthorne
Tel: 01372 833412

North West Area Schools Office, Runnymede, Woking, Surrey Heath
Tel: 01483 518106

South East Area Schools Office, Mole Valley, Reigate & Banstead, Tandridge
Tel: 01737 737960

South West Area Schools Office, Guildford, Waverley
Tel: 01483 517835

Strategic Risk Management (SRM): srm.hands@surreycc.gov.uk

SRM Outdoor Education Advisor: paul.bowen@surreycc.gov.uk

[Surrey Children's Single Point of Access \(C-SPA\)](#)

The C-SPA provides information, advice and guidance to people who work with children in Surrey. Concerns for a child or young person can be emailed to cspa@surreycc.gov.uk.

[Learners' Single Point of Access \(L-SPA\) | Surrey Local Offer](#)

The Learners' Single Point of Access (L-SPA) offers help and support if you have a concern about the development and/or learning needs of a child in Surrey.

Useful numbers and websites

Communicable Diseases

[UK Health Security Agency - GOV.UK \(www.gov.uk\)](https://www.gov.uk) for information and advice on [Health Protection in schools and other childcare facilities](#) which covers communicable or infectious diseases.

Information is also available on wider health protection issues, regional centres and health protection teams [Find your local health protection team in England - GOV.UK \(www.gov.uk\)](#)

Asthma / Allergies

[Allergy UK](#)

Helpline: 01322 619898

Allergy UK School Allergy Action Group (SAAG)

Website: [School Allergy Action Group | Allergy UK | National Charity](#)

[The Anaphylaxis Campaign](#)

[Asthma UK](#)

Helpline 0300 222 5800 (Mon-Fri 9am to 5pm)

Diabetes

[Diabetes UK](#)

Helpline: 0345 123 2399 (Mon-Fri 9am to 6pm)

Epilepsy

[Epilepsy Action](#)

Helpline: 0808 800 5050

[Epilepsy Society](#)

Helpline: 01494 601 400

Meningitis

[Meningitis Research Foundation](#)

Freefone helpline 0808 800 3344

[Meningitis Trust](#)

Helpline: 0808 800 3344

Skin Conditions

[National Eczema Society](#)

Helpline: 0800 448 0818 (Mon-Fri 10am to 4pm)

[Psoriasis Association](#)

Tel: 01604 251 620

Other conditions

[Shine for Spina Bifida and Hydrocephalus](#)

[Cystic Fibrosis Trust](#)

Useful Organisations

[Council for Disabled Children](#)

[Contact - the charity for families with disabled children](#)

[Equality and Human Rights Commission](#)

Tel: 0808 800 0082

[Hyperactive Children's Support Group](#)

[MENCAP](#)

[e-Bug](#) for free teaching resources to support infection prevention and controls.

[ERIC](#) for children's bowel and bladder health