Supporting Children with Medical Conditions Policy

This policy, provided by Walsall Council and NHS Walsall has been produced to assist schools in developing a policy for supporting pupils with medical conditions, as required the Department for Education statutory guidance.
Bespoke Training & Education have adopted this documentation.

Review Feb 2027

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Introduction

Children and young people with medical conditions are entitled to a full education and have the same rights of admission to school as other children.

This means that no child with a medical condition should be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made.

This document sets out Bespoke Training & Education's policy for supporting pupils with medical conditions. It will be reviewed regularly and will be made readily available to parents and staff.

In implementing our policy, we will follow the statutory guidance set out in the Department for Education's document "Supporting pupils at school with medical conditions". We may also use the template forms provided by the Department for Education:

- Individual healthcare plan
- Parental agreement for setting to administer medicine/medical procedures
- Record of medicine administered to an individual child
- Record of medicine administered to all children
- Staff training record – administration of medicines.
- Contacting emergency services

Policy

We will ensure that pupils with medical conditions, in terms of both physical and mental health, are properly supported so that they have full access to education, including school trips and physical education, and can access and enjoy the same opportunities at school as any other child.

We will ensure that arrangements are in place in school to support pupils with medical conditions. These arrangements should give parents and pupils confidence in our ability to provide effective support for medical conditions in school.

We will consult with our health colleagues, social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported.

Where children with medical conditions may be considered disabled, we will ensure that we comply with our duties set out in the Equality Act 2010.

Where children with medical conditions have a special educational need (SEN) and have a statement, or Education, Health and Care (EHC) plan we will comply with the Special educational needs and disability (SEND) code of practice.

We will ensure that staff are properly trained to provide the support that pupils need.

Policy implementation

Bespoke Training & Education (BT&E).

- Has overall responsibility for implementing this policy implementation.
- Is responsible for ensuring that sufficient staff are suitably trained.
- Will ensure that all relevant staff are made aware of the child's condition. This will include briefing relevant supply teachers.
- Will ensure that arrangements are in place to cover for staff absence or staff turnover. To ensure that someone is always available.
- Will ensure that appropriate risk assessments are in place for school visits, holidays, and other school activities outside of the normal timetable, and that monitoring of individual healthcare plans takes place.

Notification that a pupil has a medical condition

Once we are notified that a pupil has a medical condition, we will ensure that appropriate arrangements (staff training and support) are put in place prior to the start of the relevant school term.

Where pupils have a new diagnosis or join us mid-term we will make every effort to ensure that appropriate arrangements are in place within two weeks.

Where pupils transfer between schools, we will liaise with pupil's previous school to help ensure a smooth transition.

Likewise, where pupils transfer between classes in a setting or when a new teacher starts, liaison will take place to ensure a smooth transition.

Individual healthcare plans

We will liaise with our healthcare colleagues and parents (and if appropriate the pupil) to ensure that, where appropriate, individual healthcare plans are developed to support pupils.

We recognise that responsibility to ensure that healthcare plans are finalized and implemented rests with the school and the parent; however, when additional health care support is required to inform the plan, this will be sought on a case by case basis from relevant health care professionals.

Healthcare plans will be readily accessible to all who need to refer to them, but we will ensure that confidentiality is maintained.

We will ensure that healthcare plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed.

Healthcare plans will consider the following: -

- the medical condition, its triggers, signs, symptoms and treatments;
- the pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues e.g. crowded corridors, travel time between lessons;
- specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
- the level of support needed (some children will be able to take responsibility for their own health needs) including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;
- who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;
- who in the school needs to be aware of the child's condition and the support required;
- arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, e.g. risk assessments;
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and
- what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

Roles and responsibilities

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. The school's ability to provide effective support often depends on working co-operatively with other agencies.

We will ensure that we engage in effective partnership working with healthcare professionals (and, where appropriate, social care professionals), the local authority, parents and pupils.

Key roles and responsibilities are set out below:

The company director or DDSL – has overall responsibility for making sure arrangements to support pupils with medical conditions are in place and that the policy for supporting pupils with

medical conditions is developed and implemented. This includes ensuring pupils with medical conditions are supported to enable their full participation in all aspects of school life and ensuring that staff receive suitable training and are competent to support those children.

The company director or DDSL – is responsible for the policy and its effective implementation with partners. This includes ensuring that all staff are aware of the policy and understand their role in its implementation.

The company director or DDSL will ensure that all staff who need to know are made aware of a child's condition and ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations.

The company director or DDSL has overall responsibility for the development of individual healthcare plans and will contact the relevant healthcare professional in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.

Bespoke staff – any member of Bespoke staff may be asked to provide support to pupils with medical conditions, including administering medicines, although they cannot be required to do so.

Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach.

Bespoke staff will receive appropriate training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. All school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

School nurses (if the Bespoke site has one) – It is not the role of the school nursing service to ensure that the school is taking appropriate steps to support children with medical conditions, but they may support staff on implementing a child's individual healthcare plan, e.g. by providing advice and possibly training. School nurses can liaise with lead clinicians on appropriate support for the child and associated staff training needs.

The **community nursing team** can also be a valuable source of advice and support.

Other healthcare professionals, including GPs and paediatricians – Specialist local health teams may be able to provide support for children with particular conditions (e.g. asthma, diabetes, epilepsy), and should liaise appropriately with school nurses when requested.

Pupils – with medical conditions are often best placed to provide information about how their condition affects them and, wherever possible, will be fully involved in discussions about their medical support needs. They will also be asked to contribute as much as possible to the development of their individual healthcare plan.

Parents – are asked to provide the school with sufficient and up-to-date information about their child's medical needs. In some cases, they will be the first to notify the school that their child has a medical condition. Parents are key partners and will be involved in the development and review of their child's individual healthcare plan. Parents are requested to carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are always contactable.

The local authority – is the commissioner of school nurses for maintained schools and academies. Under Section 10 of the Children Act 2004, local authorities have a duty to promote co-operation between relevant partners such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and NHS England, with a view to improving the wellbeing of children with regard to their physical and mental health, and their education, training and recreation.

The local authority will provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively.

Others – the DfE guidance makes it clear that other health colleagues have a role to co- operate with schools and the local authority in supporting children with medical conditions. The guidance also notes that Ofsted will expect schools to have effective policies in place (see DfE guidance).

Staff training and support

Any member of school staff providing support to a pupil with medical needs will received suitable training, appropriate to the individual healthcare plans of children they support.

Staff must not give prescription medicines or undertake healthcare procedures without appropriate training. However, in some cases, written instructions from the parent or on the medication container dispensed by the pharmacist may be considered sufficient.

In liaison with health colleagues, we have identified three levels of support and associated training, identified by a traffic light system:

	Green – basic training to allow straightforward support, e.g. giving out medication, asthma support, EpiPen, etc.
	Amber – more specialist, bespoke, training for pupils with complex needs. Usually for pupils in special schools, but increasing required in mainstream settings
	Red – care that has to be delivered by trained medical staff

The school nursing service will facilitate training to school staff. A programme of basic (Green level) training is offered on a regular basis, at a central venue, and advertised to local schools. Attendance certificates will be issued. The school will ensure that an

appropriate number of staff attend this training and key points will be shared with all appropriate colleagues.

We will liaise with the school nursing service to ensure that, where necessary to support a child's individual healthcare plan, bespoke (Amber level) training is given to staff. This training may need to be delivered by more specialist nurses.

All training will be refreshed at least every three years; however, there will be an elective yearly refresher for any staff who feel they need more frequent updates.

The child's role in managing their own medical needs

After discussion with parents, children who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be reflected within individual healthcare plans.

Wherever possible, **children will be allowed to carry their own medicines and relevant devices or will be able to access their medicines for self-medication quickly and easily**. Children who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant staff will help to administer medicines and manage procedures for them.

Managing medicines on school premises

The school's policy on medicines in school is:

- Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- No child under 16 will be given prescription or non-prescription medicines without their parent's written consent – except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort will be made to encourage the child or young person to involve their parents while respecting their right to confidentiality.
- Children under 16 will not be given medicine that contains aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, will never be administered without first checking maximum dosages and when the previous dose was taken. Parents will be informed.
- The school will only accept prescribed medicines that are **in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage**. The exception to this is insulin, which must still be in date, but is generally inside an insulin pen or a pump, rather than in its original container.
- **Over the counter medicines** – general sales list or pharmacy only medicines may be sent into school for administration by staff **with consent and agreement from parent/carer ensuring the medication form is completed. Medicines may only be administered on a short-term basis (unless alternative arrangements have been made with the senior leadership team), and will be issued in accordance with the parent's instructions**.
- All medicines will be stored safely. Children will be told where their medicines are at all times and will be able to access them immediately. Where relevant, they will be told who has the key to the storage facility.

- Medicines and devices such as **asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to children and not locked away**. This is particularly important when outside of school premises, e.g. on school trips.
- Pupils requiring adrenaline pens, **must have two**. One is to remain at school and the second would travel with the child between home and school.

- Pupils requiring an inhaler will travel with this between home and school when using home to school transport
- On occasions, emergency anti-histamine medicine may be administered for unknown causes/reasons. In instances such as these, **parents will be contacted and asked to collect their child from school**. Ambulances would be called in emergency situations (any changes in a person's body behind the teeth).
- On occasions, emergency paracetamol may be administered. In instances such as these, **parents will be contacted and verbal permission gained.**
- Where a child has been prescribed a controlled drug, they may legally have it in their possession if they are competent to do so; however, it will be made clear to them that passing it to another child for use is an offence. Monitoring arrangements will be put in place as appropriate. **Otherwise, controlled drugs that have been prescribed for a pupil will be securely stored and only named staff will have access to them; albeit they will be kept easily accessible in an emergency. A record will be kept of any doses used and the amount of the controlled drug held in school.**
- **School staff may administer a controlled drug to the child for whom it has been prescribed**. Staff administering medicines will do so in accordance with the prescriber's instructions. A record of all medicines administered to individual children will be kept, stating what, how and how much was administered, when and by whom. Any side effects of the medication administered will be noted.
- When no longer required, medicines will be returned to the parent to arrange for safe disposal. Sharps boxes will always be used for the disposal of needles and other sharps.

Record keeping

Our schools use Medical Tracker, a cloud-based system for pupil and staff health management. Medical Tracker enables the school to:

- Centralise records so that everything is one place.
- Send timely notifications to nominated family members, including consent for medication to be given, time medication was administered, accident/first aid information and initiate care when applicable.

Parents will be informed by telephone if their child is unwell at school or has had a significant injury in school including all head injuries.

Emergency procedures

We will have a risk management processes and arrangements in place for dealing with emergencies for all school activities wherever they take place, including on school trips within and outside the UK.

Where a child has an individual healthcare plan, it should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. If appropriate, other pupils in the school will be made aware, in general terms, of what to do; for example, informing a teacher immediately if they think help is needed.

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

Day trips, residential visits and sporting activities

We will actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and make reasonable adjustments to allow them to take part. Pupils will always be included; unless evidence from a clinician such as a GP states that, this is not possible.

Our planning arrangements will take account of any adjustments needed to ensure that pupils with medical conditions are included. This requires consultation with parents and pupils and advice from relevant healthcare professional to ensure that pupils can participate safely.

Other matters

With regard to **home-to-school transport**, where appropriate, transport healthcare plans will be put in place for pupils with life-threatening conditions.

With regard to **asthma inhalers** held for emergency use. We **will** hold emergency inhalers in school. We will ensure that staff are trained in use of the inhalers and will follow the Department of Health protocol on their storage and use.

With regard to **adrenaline auto-injectors** held for emergency use. We **will** hold emergency adrenaline auto-injectors in school. We will ensure that staff are trained in use of the injectors and will follow the Department of Health protocol on their storage and use.

With regard to **paracetamol** and **anti-histamine** held for emergency use. We **will** hold emergency paracetamol and anti-histamine in school. We will ensure that verbal permission is gained and parents are informed about any administration.

Unacceptable practice

The school's policy is explicit about what practice is not acceptable. Although staff will use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is not generally acceptable practice to:

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

Liability and indemnity

Staff are assured that when providing support to pupils with medical conditions, they are covered by the school's insurance.

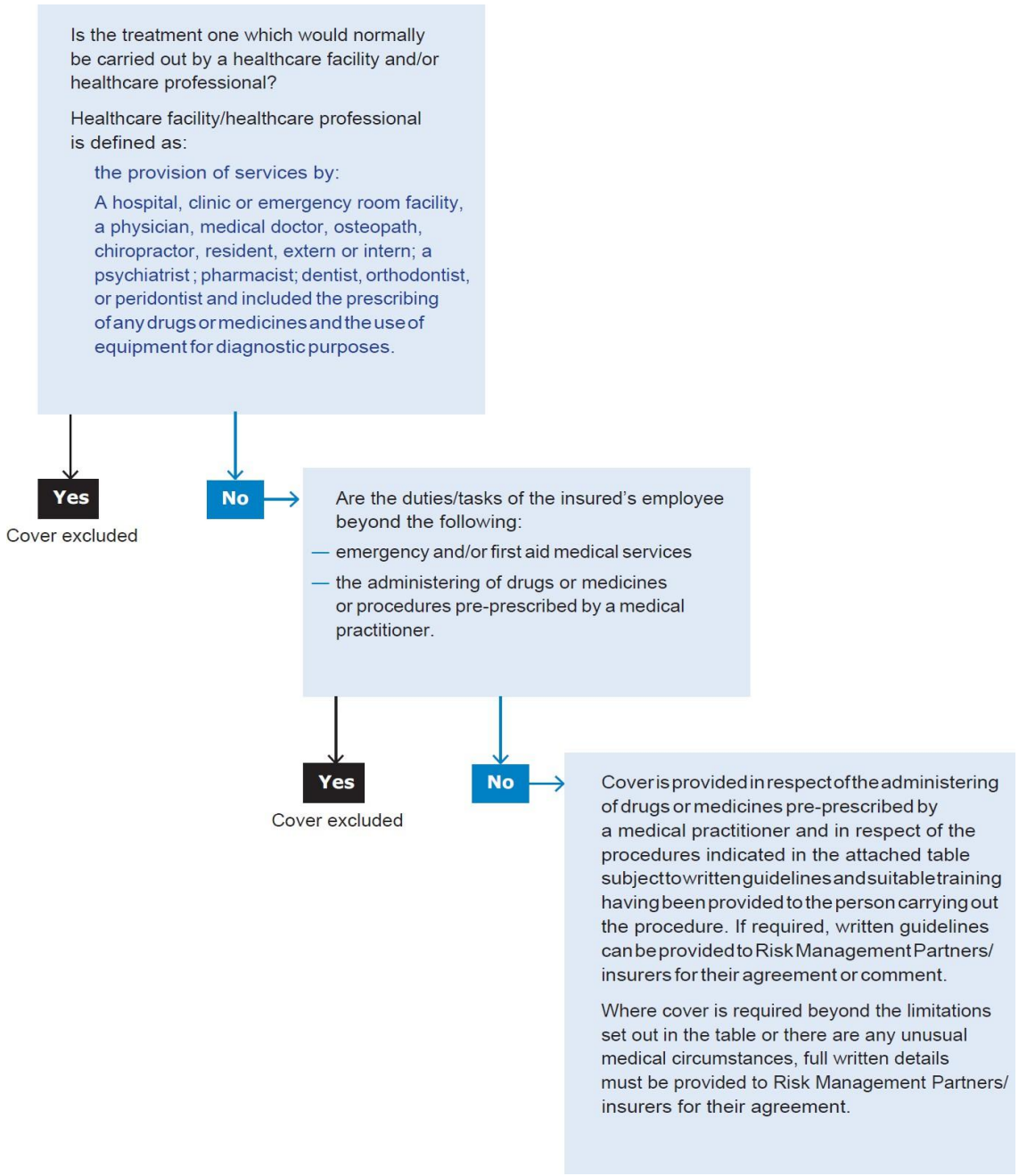
Complaints

Any complaints regarding the school's support to pupils with medical conditions should be made in the first instance to Graham Coffey company director**.** If for whatever reason this does not resolve the issue, parents and pupils may make a formal complaint via the school's complaints procedure.

Appendix 1 – Insurance cover: Medical treatment decision tree

Public Liability insurance does not normally cover medical malpractice. However, our insurers recognise that in delivering services to clients some of our staff will occasionally be asked to carry out tasks previously considered the remit of the 'medical/healthcare professional'. Our Public Liability has therefore been extended to cover a range of treatments given by staff (usually by carers and teachers who are not medical/healthcare professionals i.e. not doctors, nurses, physiotherapists, etc.).

It must be stressed that our insurance cover does not extend to treatments that would be properly carried out by a healthcare professional. The following decision tree should help clarify which treatments are covered. In addition, the RAG rated examples of treatments (Appendix 2) should cover most scenarios encountered in school and other council settings.



Appendix 2 – Examples of treatment (RAG rated)

Procedure	Description	Acceptable to Underwriters	RAG (Standard CP)
Anal Plugs	Plug to prevent bowel movements in incontinent adults or children.	No	
Bathing		Yes - following training and subject to routine visits to service users by senior officer to check for abuse Safe Manual Handling Practice to be followed	
Bladder wash out		No	
Blood Pressure	Taking of BP by automated machine only	Yes – following training and variation from specified limits in Health Care Plan referred to medical staff	SCP
Blood Samples	Glucometer or fingerprick only	Yes – following written Health Care Plan and adherence to manufacturers' guidelines	
Body fluid balance monitoring	Measurement and recording of fluids in and urine out via toilet capture device	Yes – following training and referral of abnormalities to medical staff	SCP
Breathing monitoring	Visual monitoring	Yes – as routine check only	SCP
	Monitoring by machine	Yes – following written Health Care Plan	SCP
Buccal medazolam	Administered by mouth	Yes – following written Health Care Plan	
Catheters	Change bags and cleaning of tube	Yes – following written Health Care Plan	
	Insertion of tube	No	
Colostomy/Stoma care	Change bags	Yes – following written Health Care Plan	
	Cleaning	Yes – following written Health Care Plan	
Contact lens fitting	Insertion of contact lenses	No	
Defibrillators/First aid only	In emergency	Yes – following written Health Care Plan	SCP
Denture cleansing		Yes – following appropriate training and using proprietary cleaner only	
Dressing care (external)	Application	Yes – following written Health Care Plan	
	Replacement	Yes – following written Health Care Plan	
Ear Syringe		No	
Ear/nose drops		Yes	
Enema suppositories		No	
Eye care	For individuals unable to close eyes	Yes – following written Health Care Plan	SCP
Eye drops		Yes	
First Aid	In emergency (including use of defibrillators)	Yes – by employees with valid first aid certificate	
	A tube to be inserted	Yes – by qualified medical staff only	

Procedure	Description	Acceptable to Underwriters	RAG (Standard CP)
Gastrostomy tube Peg feeding (Through the abdominal wall)	Feeding and cleaning	Yes – following written Health Care Plan	
	Reinsertion of gastronomy tube Testing	No – by qualified medical staff only	
Gastrostomy tube Peg feeding with medication		Yes – following written Health Care Plan and in consultation with pharmacist, and prescribed by a medical professional	
Gastrostomy tube Bolus feed via a gastrostomy tube	Using a large syringe or feed bag to provide 'bulk' feed	Yes – following written Health Care Plan	
Gastrostomy tube Pump feeds via a gastrostomy	Pumps are usually used to provide a constant feed – say through the night	Yes – following written Health Care Plan	
Hearing aids	Checking	Yes – following written Health Care Plan	SCP
	Fitting (but not measuring for a hearing aid)	Yes – following written Health Care Plan	SCP
	Replacement (but not measuring for a hearing aid)	Yes – following written Health Care Plan	SCP
Inhalers and nebulisers	Provide assistance to user – both hand held and mechanical	Yes – following written Health Care Plan	SCP
Injections	Assembling syringes and administering intravenously or controlled drugs	No	
	Pre-packaged doses administered on a regular basis*	Yes – see medipens below	
	Carer using judgment to determine frequency and dosage	No	
Manual evacuation	Of the bowel	Yes – but not undertaken by school staff	
Medipens (Epipens & Anapens)	For anaphylactic shock (intramuscular) with a preassembled pre-dose loaded epipen epinephrine or adrenaline/epinephrine.	Yes – following written Health Care Plan	SCP
Mouth toilet	For individuals unable to swallow	Yes	
Nasal Suction	Clearing of the nose via a fitted tube or stent	Yes – following written Health Care Plan. Excluding insertion of tube or stent	
Naso-gastric tube feeding	Tube to be inserted. Carers and staff will be trained on an individual basis for individual child/young person/adult.	No - by qualified acute sector medical staff only so that the tube can be scanned to check for correct insertion.	
	Feeding and cleaning of tube	Yes – following written Health Care Plan	
	Reinsertion Testing	No - by qualified acute sector medical staff only so that the tube can be scanned to check for correct insertion	
Naso-gastric tube Bolus nasogastric feeds	This is where a syringe is used to provide a bulk feed	Yes – following written Health Care Plan	

Procedure	Description	Acceptable to Underwriters	RAG (Standard CP)
Oral medication – prescribed	Antibiotic syrup, tablets etc.	Yes - as prescribed and directed by a medical professional following written Health Care Plan (refer to additional notes below)	
Oral suction – beyond back of mouth	To remove excess secretions from the upper respiratory tract for individuals who are unable to do so independently	No	
Oxygen – administration of	Provide assistance to user	Yes – following written Health Care Plan	
Pessaries		No	
Physiotherapy		Yes – when undertaken by suitably trained staff but excluding treatment by qualified physiotherapists.	
Postural drainage exercise	Drainage exercises for individuals with e.g. cystic fibrosis	Yes – following written Health Care Plan provided under the direction of a physiotherapist	
	Chest drainage involving insertion of tube into lungs	No	
Pressure bandages	Application to assist with positioning of digits	Yes – following written Health Care Plan	
Pulse rate	Finger pressure on wrist only	Yes – following training and variation from specified limits in Health Care Plan referred to medical staff	SCP
Rectal midazolam pre- packaged dose	Tends to be used for individuals suffering from repeated epileptic fits	Yes – following written Health Care Plan and 2 members of staff must be present	
	Emergency situation	Yes – following written Health Care Plan and 2 members of staff must be present	
Rectal diazepam in pre-packaged dose	Tends to be used for individuals suffering from repeated epileptic fits Routine administration	Yes – following written Health Care Plan and 2 members of staff must be present	
	emergency situation	Yes – following written Health Care Plan and 2 members of staff must be present	
Rectal Paraldehyde	Used for individuals suffering from repeated epileptic fits- and cannot use other forms of medication Routine and emergency – needs to be applied by catheter– highly skilled application/ and drug storage	No	
Splints, braces, corsets etc.	Application of appliances	Yes – as directed by a medical professional	
Syringe drivers- Programming of		No	
Suppositories or pessaries Inserting with a pre-packaged doses		No – other than Rectal diazepam and midazolam. See above	

Swabs	External (cleansing of the skin and inside mouth/ nose and taking of	Yes	

Procedure	Description	Acceptable to Underwriters	RAG (Standard CP)
	swabs of external wounds for analysis)		
	Internal(other than oral) invasive	No	
Temperature taking	Via ear only	Yes – following training and variation from specified limits in Health Care Plan referred to medical staff	SCP
Toe nail cutting		Yes – however, if the patient has, diabetes or vascular disease a chiropodist should do this.	
Topical medication and application of patches	Pre-prescribed medication only - Creams lotions etc.	Yes – following training and written Health Care Plan and as prescribed and directed by a medical professional. Excluding 1st application of patches.	SCP
Tracheostomy care	Clean round edge of tube only	Yes – following written Health Care Plan	
	Replacement, suction	No	
	Emergency:	No	
Ventilators	Use of	Yes – following written Health Care Plan	
Venepuncture	A method of collecting blood	No	

Note: if you need to undertake any treatments with a Red RAG rating, you should contact Risk and Insurance, to discuss what the treatment involves – it might be that, in some circumstances, our insurers are able to cover the treatment.

Local Authority Education

Day Schools only (not residential)

Oral medication - prescribed	Antibiotic syrup, tablets etc.	Yes as prescribed and directed by a health care professional (i.e. Doctor) • Adherence to Authorities Medication Policy • Parental consent form completed	Health Care Plans required for the administration of oral medication over a period of 8 days or more
Oral medication as directed and authorized by a parent/Guardian	Paracetamol, antihistamine (i.e. for hay fever etc.)	Yes : • Adherence to Authorities Medication Policy • Parental consent form completed	Health Care Plans required for the administration of oral medication is over a period of 8 days or more

Residential establishments

Oral medication - prescribed	Antibiotic syrup, tablets etc.	Yes as prescribed and directed by a health care professional (i.e. Doctor) Adherence to Authorities Medication Policy	Health Care Plans must be amended to include reference to the oral medication if administration is required for a period of 8 days or more *