



# LANGSTONE ACADEMIES



## Medicines and Supporting Pupils with Medical Conditions Policy

<b>Status &amp; Review Cycle:</b>	Statutory Annual
<b>Date Reviewed:</b>	September 2022
<b>Next Review Date:</b>	September 2023

### RATIONAL

The school has a duty under section 100 of the Children and Families Act 2014 to make arrangements for supporting pupils at school with medical conditions. The governing body will ensure that arrangements are in place to support pupils with medical conditions, in doing so they should ensure that such children can access and enjoy the opportunities at school as any other child. The governing body will 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 will ensure that their arrangements give parents and pupils confidence in the school's ability to learn, as well as increase the student's confidence and promote self-care. They will ensure that staff are properly trained to provide the support that pupils need.

### PURPOSE

Children 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. However, in line with their safeguarding responsibilities, governors do not have to accept a child in school at times where it would be detrimental to the health of that child or others to do so.

### GENERAL GUIDELINES

When a school is notified that a pupil has a medical condition procedures are put in place to cover transitional arrangements between schools and arrangements for any staff training or support. Schools do not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear or where there is a difference of opinion, judgments will be needed about what support to provide based on the available evidence.

### INDIVIDUAL HEALTHCARE PLANS (IHP)

- Individual healthcare plans (IHP) will help to ensure that schools effectively support pupils with medical conditions. They provide clarity about what needs to be done, when and by whom. (a flow chart is at Annex A)
- Plans will be drawn up in partnership between school, parents, and a relevant healthcare professional, e.g. school or specialist nurse. Pupils will also be involved whenever appropriate.
- Plans will be reviewed at least annually or earlier if evidence is presented that the child's needs have changed.
- Where the child has a special educational need identified in a statement or EHC plan, the IHP should be linked to or become part of that statement or EHC plan.

Points considered when developing an IHP

- The medical condition, its triggers, signs, symptoms and treatments
- Pupils needs, including medication, facilities, equipment and environment issues e.g. crowded corridors

- Specific support for the pupil's educational, social and emotional needs, e.g. 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). 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, or delegated person, 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 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
- What to do in an emergency, including whom to contact and contingency arrangements
- Support and arrangements for children unable to attend school due to a health need - these children will be supported using the remote learning plan/ policy

These protocols must also be placed in the First Aid Room and the Staff Room, ensuring that the child's details and information are made confidential.

#### **First Point of Contact** - Sian Fletcher (Infant Site) Analiese Campbell (Junior Site Emergency First Aider)

- To ensure that all protocols have been received for all new pupils and are able to be managed by school staff.
- If necessary, ensure that a meeting is arranged with the Home School Family Support Worker (where appropriate), SENCO and Class Teacher before the child is registered at the school.
- Responsible for ensuring that the child's protocol has the child's photograph on it.
- Pass the paperwork to the Class Teacher/s, Teaching Assistants and any relevant staff including all Emergency First Aiders.
- Place protocol in the designated areas for staff reference.
- Ensure that the second Point of Contact is given copies of the protocol and any updates post review.
- The protocol must have a review date on it and this must be reviewed a month before this date.

#### **Second Point of Contact** - Yvonne Hodgson (Infant Site Emergency First Aider) Emma Lamb (Junior Site SENCO)

- Ensure that the protocol is placed in the relevant designated areas in a confidential manner.
- Must be informed of **ALL** medical episodes involving a child with an IHP.

### **ROLES AND RESPONSIBILITIES**

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. School will work in partnership with healthcare professionals, social care professionals, local authorities, parents and pupils.

It is expected that in normal circumstances the child requiring medication will be known to the member of staff administering it. There should be a mechanism in place which enables staff administering medication to positively identify the child at the time of administration e.g. by confirming with the child where possible their name, date of birth and/or comparing with a recent photo attached to the medication administration record / consent form. There must be a check that the name of the child, the name on the medication and the name on the consent form are the same.

When the child is not known or cannot give his or her details then a second check with a member of staff who does know the child and comparison with a recent photo or some other way of checking identity should be implemented.

As a general guideline before administering medication to a child the staff member should:

- Wash their hands

- Ensure that a drink is available if appropriate (some tablets can irritate and damage the throat and oesophagus if administered without a drink)
- Check the label on the medication
- Check the name of child
- Check that there is written consent from a parent/carer
- Check that the medication name and strength and dose instructions match the details on the consent form
- Check that the name on the medication label is that of the child being given the medication
- Check that the medication to be given is in date
- Check that the child has not already been given the medication
- Check the route of administration (e.g. by mouth, into ear/eye, rubbed on the skin)
- Check for any special instructions

If there are any concerns about giving a medication to a child, then the member of staff must not administer the medication but should check with the parent/carer or a health professional, documenting any action taken.

### **Governing Body**

The governing body will ensure arrangements exist to support pupils with medical conditions in school and ensure that a policy is developed and implemented. The governing body will ensure that sufficient staff have received suitable training and are competent before they take on the responsibility to support children with medical conditions.

### **Headteacher**

The Headteacher will ensure that

- The school's policy is developed and effectively implemented with partners
- All staff are aware of the policy and understand their role in its implementation
- All staff who need to know are aware of the child's condition
- There are sufficient trained staff available to implement the policy and deliver against all IHPs including contingency and emergency situations

### **School staff**

- May be asked to provide support to pupils with medical conditions including the administering of medicines - please see section on '**MANAGING MEDICINES ON SCHOOL PREMISES**'
- Receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions

### **School Nurse**

Every school has access to school nursing services. They are responsible for:

- Notifying the school when a child has been identified as having a medical condition which will require support in school
- Support staff on implementing a child's IHP
- Provide advice and liaise with lead clinicians on appropriate support for the child and associated staff training needs

### **Other healthcare professionals, including GPs and paediatricians**

- They should notify the school nurse when a child has been identified as having a medical condition that will require support at school
- Specialist local health teams may be able to provide support in school for children with particular conditions (e.g. asthma, diabetes, epilepsy)

### **Children**

- Will be fully involved in discussions about their medical support needs and contribute and comply with their IHP as appropriate

### **Parents**

- Will provide the school with sufficient and up-to-date information about their child's medical needs
- Will be involved in the development and review of the child's IHP
- Will provide medicines and equipment and ensure they or another nominated adult are contactable at all times

### **Local Authorities**

The Local Authority should provide support, advice and guidance to support pupils with medical conditions to attend full time. Where pupils would not receive a suitable education at Langstone Academies because of their health needs, the Local Authority has a duty to make other arrangements.

### **Providers of health services**

Providers of health services should provide valuable support, information, advice and guidance.

## **STAFF TRAINING**

- The relevant healthcare professional will normally lead on identifying and agreeing with the school the type and level of training required, and how this can be obtained. However school may choose to arrange training and will ensure this remains up to date
- Training will be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions. This includes an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

**Staff will not give prescription medicines or undertake healthcare procedures without appropriate training - the training will be updated to reflect any IHP.** A first aid certificate does not constitute appropriate training in supporting children with medical conditions.

## **THE CHILD'S ROLE IN MANAGING THEIR OWN MEDICAL NEEDS**

- The governing body will ensure that arrangements are made for children who are competent to manage their own health needs and medicines. This should be reflected within their IHP
- Children should not be allowed to carry their own medicines and relevant devices. They should be supervised when medicines are administered or where they are able to self-medicate. It is not appropriate for a child to self-manage and relevant staff should help to administer medicines and manage procedures for them.
- If a child refuses to take medicine or carry out a necessary procedure, staff will not force them to do so. Parents should be informed immediately when medication has not been administered for this reason

## **MANAGING MEDICINES ON SCHOOL PREMISES**

- Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so
- No child will be given prescription or non-prescription medicines without their parent's written consent. Medicines should always be provided in the original container as dispensed by the pharmacist and include the prescription label giving instructions for administration. The school will never accept medicines that have been taken out of the containers as originally dispensed nor make changes to dosages on parental instructions.
- Administration of Medicines Forms are available from the school offices.
- Children who have a history of pain; e.g. migraines may keep medication in school but parents will always be contacted before this is given to their child.
- School will only accept 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 will generally be available inside an insulin pen or pump rather than in its original container)

- All medicines will be stored safely and securely with the child's name and class on the medication. Only staff will have access. Children will be informed of where their medicine is and be able to access them immediately. Consideration of this will be taken when outside of school premises, e.g. on school trips
- School will keep a record of all medicines administered to individual children. The member of staff will, after checking the parent's consent form, record the child's name, what medication and dosage is to be administered and when. Any side effects will be noted. If in doubt, staff will check with parents or a health professional before taking further action.
- School staff may administer a controlled drug to whom it has been prescribed, in accordance with the prescriber's instructions.
- When no longer required, medicines will be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps
- It is parents' responsibility to provide the school with information about the medicines their child needs to take. These details should show:
  1. The name of the child
  2. The name of the medicine
  3. The dose to be taken
  4. The method of administration
  5. The time/frequency of administration
  6. Any side-effects
  7. Expiry DateThese details **must** be the same as those of the prescriber.
- In accordance with guidance from the DfES (1448-2005DCL-EN) medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available and will not be locked away.

## **LONG-TERM MEDICAL NEEDS**

It is important for the school to have sufficient information about a child with a long term medical need as this, or the medication they take may impact upon the way they function and learn. A medical diagnosis or a disability does not necessarily imply SEN.

Parents of children (with or without a disability), who also have a long term medical need before admission, or who develop one whilst at the school need to discuss this with the school so that special arrangements can be made. This will include writing an Education Health Care Plan (from September 2014) with the involvement of parents and relevant health care professionals.

## **SELF-MANAGEMENT**

As good practice, the school will support children of an appropriate age and maturity in working towards self-management of their condition. This should be discussed with parents when writing/reviewing the Education Health Care Plan (EHC) and parental permission recorded. Where children are becoming self-managing, staff will follow the same procedures as for the administration of medicines but will supervise the taking of medicines. (e.g. diabetes). If a child refuses to take medicine the school will not force the child but will contact the parents.

## **EMERGENCY PROCEDURES**

When a child is ill, it is the school's practice to contact parents first; however, in an emergency, the school will contact the emergency services and then contact parents.

If it is necessary to request an ambulance the member of staff will give the following information to the emergency services

- School telephone number Infant: 02392 832642 Junior: 023 92 824138
- School address (Langstone Infant Academy, Stride Avenue, Copnor, Portsmouth) (Langstone Junior Academy, Lakeside Avenue, Copnor, Portsmouth)
- Their own name
- The name of the child and symptoms/medical condition (if known)
- The entrance for the ambulance crew to access the site
- Where a child has an IHP, this will clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school should know what to do in general terms, such as 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 to hospital in an ambulance

## **DAY TRIPS, RESIDENTIAL VISITS AND SPORTING ACTIVITIES**

The governing body will ensure that their arrangements are clear and unambiguous about the need to support pupils with medical conditions to participate in school trips and visits or in sporting activities and not prevent them from doing so. School will make arrangements for the inclusion of pupils in such activities with any adjustments required unless evidence from a clinician states that this is not possible.

A risk assessment will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. A member of staff, the child's parent or a suitable volunteer will be made aware of relevant procedures for the child and will accompany that child.

Arrangements for taking any necessary medicines i.e. asthma pumps, epipens etc. will also be taken into consideration.

## **CONFIDENTIALITY**

All staff will treat medical information confidentially. The school will agree with parents who will have access to records and/or information in the best interest of the child's health and safety.

## **POINTS TO CONSIDER**

- School will not prevent children from accessing their inhalers and medication
- School does not assume that every child with the same condition requires the same treatment
- School will not send children with medical conditions home frequently or prevent them from staying for normal activities, unless this is specified in their IHP
- If a child becomes ill, they will not be sent to the school office or medical room unaccompanied or with someone unsuitable
- School will not penalise the attendance record of the child if their absences are related to their medical condition, e.g. hospital appointments
- School will not prevent children from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively

## **LIABILITY AND INDEMNITY**

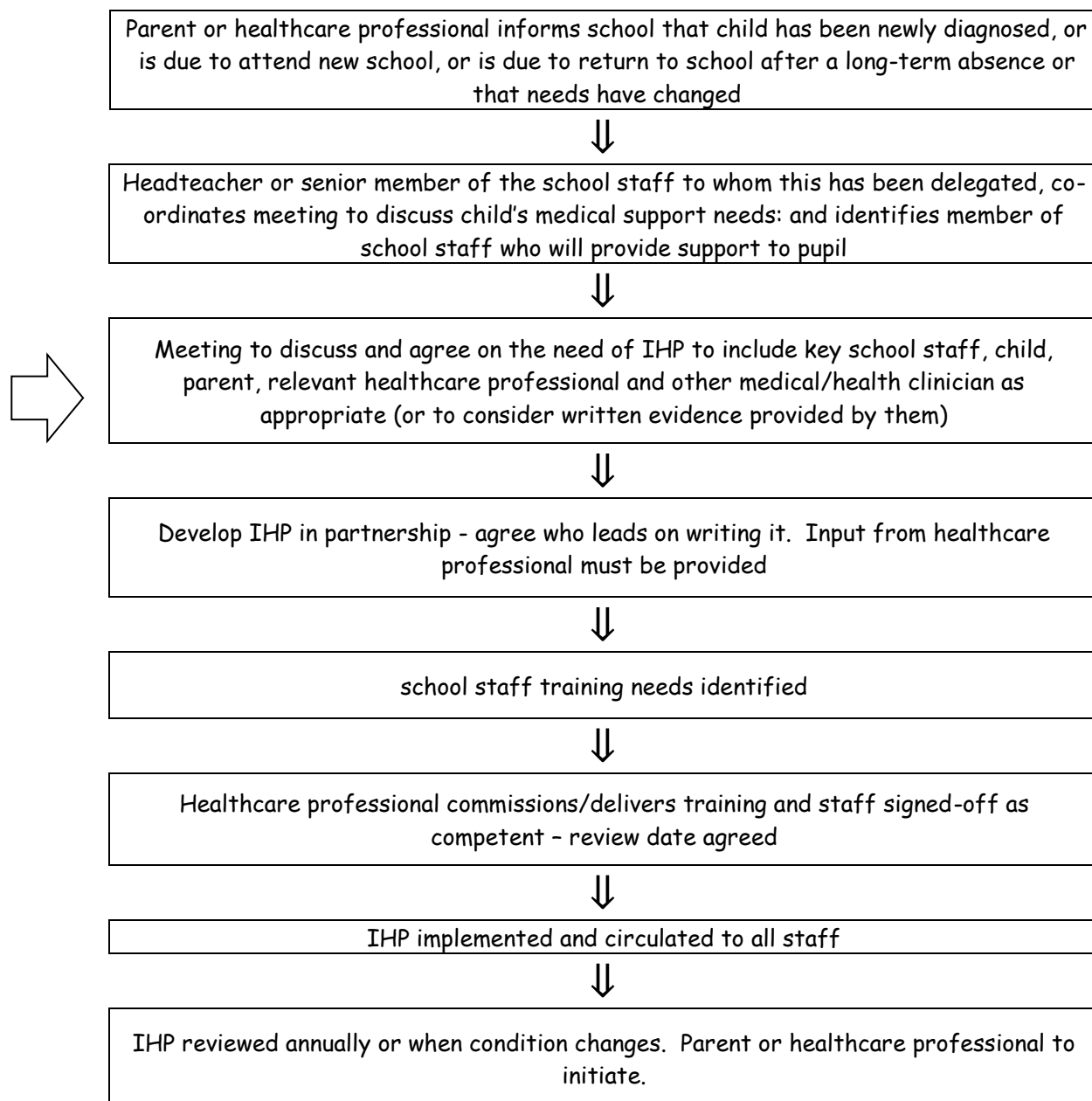
The school has an insurance policy that provides liability cover relating to the administration of medication.

Any parents of pupils dissatisfied with the support provided should discuss their concerns directly with the school. If this cannot be resolved parents may make a formal complaint via the school complaints procedure

The Headteacher will have overall responsibility for the implementation of this policy.

The Headteacher and Inclusions Leader (SENCOs) will ensure that sufficient staff are suitably trained, cover arrangements are in place, supply teachers are briefed and IHPs are monitored.

## Model process for developing individual healthcare plans





## Parental agreement for school to administer medicine

### Administration of Medicines/Treatment Form of Consent

Child's Name \_\_\_\_\_ Child's Class \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Parent/Carer Contact Telephone Numbers:

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Name of GP: \_\_\_\_\_ Tel. No. \_\_\_\_\_

Please tick the appropriate box below:-

☐

My child will be responsible for the self-administration of medicines as directed below.

☐

In exceptional circumstances, I agree to members of staff administering medicines/providing treatment to my child as directed below or in the case of an emergency as staff consider necessary.

Signed: \_\_\_\_\_ (Parent/Guardian) Date: \_\_\_\_\_

Name of Medicine	Dosage	Frequency/Times	Expiry Date of Medicine
<b>Date/s the above medications/treatment is to be administered:</b>			
<b>Any other special instructions:</b>			
<b>Allergies:</b>			

Does the child need to take the medicine home after school?

YES / NO

## Annex C

## Record of medicine administered to all children

LANGSTONE INFANT / JUNIOR ACADEMY (Delete as appropriate)

[illegible]