LOCKINGTON CE VC PRIMARY SCHOOL



Supporting Pupils with Medical Conditions & Administration of Medicines Policy

Effective Date:	Summer 2023
Date Reviewed:	Spring 2024
Date Due for Review:	Spring 2027
Contact Officer:	Joanne Reid
Contact Number:	01430 810240
Approved by & date:	Governing Body

Contents

I. Aims	. 2
2. Legislation and statutory responsibilities	. 2
3. Roles and responsibilities	. 4
4. Equal opportunities	. 5
5. Being notified that a child has a medical condition	. 5
S. Individual healthcare plans	. 5
7. Managing and administering medicines	. 6
3. Emergency procedures	. 8
9. Training	. 8
10. Record keeping	. 8
I1. Liability and indemnity	. 8
12. Complaints1	10
13. Monitoring arrangements1	10
14. Links to other policies1	10
Appendix 1: Being notified a child has a medical condition1	11

1. Aims

This policy aims to ensure that:

- > Pupils, staff and parents understand how our school will support pupils with medical conditions
- > Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities
- > Staff and parents/carers have clear guidance on the administration of medicines

The governing board will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of pupils' conditions, where appropriate
- ➤ Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- > Providing supply teachers with appropriate information about the policy and relevant pupils
- Developing and monitoring individual healthcare plans (IHCPs)
- > Ensuring that procedures are understood and implemented

The named person with responsibility for implementing this policy is Mrs J Cattle.

2. Legislation and statutory responsibilities

This policy meets the requirements under section 100 of the children and families act 2014, which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the department for education's (DfE) statutory guidance on supporting pupils with medical conditions at school.

3. Roles and responsibilities

3.1 The Governing Body

The Governing body has ultimate responsibility to make arrangements to support pupils with medical conditions. The governing body will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

3.2 The Head teacher

The Head teacher will:

- ➤ Make sure all staff are aware of this policy and understand their role in its implementation
- > Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPS), including in contingency and emergency situations
- > Ensure that all staff who need to know are aware of a child's condition
- Take overall responsibility for the development of IHPS
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- > Ensure the school nursing service is contacted in the case of any pupil 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
- ➤ Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date
- > Ensure that all staff are aware of the procedures in place for the administration of prescribed medications and that there are designated, trained staff members in place

3.3 Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines. Staff are not legally required to administer or supervise a child when taking medicine.

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

For staff following documented procedures, they should be fully covered by the Local Authority's insurance cover should a parent/carer complain.

Staff who have completed training and who are authorised to administer prescribed medicines are: Mrs J Reid in the school office and Mrs D Goldfinkle who is our Senior Lunchtime Supervisor.

3.4 Parents*

Parents will:

- > Provide the school with sufficient and up-to-date information about their child's medical needs
- > Be involved in the development and review of their child's IHP and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHP, e.g. Provide medicines and equipment, and ensure they or another nominated adult are contactable at all times
- > Ensure that all prescribed medications are given to and collected from the school office
- > Ensure that they have completed and signed a form with written permission to administer a prescribed medication
- *The term 'parent' implies any person or body with parental responsibility such as foster parent, carer, guardian or local authority.

3.5 Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPS. They are also expected to comply with their IHPS.

3.6 School nurses and other healthcare professionals

Our school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible. They may also support staff to implement a child's IHP.

Healthcare professionals, such as GPs and paediatricians, will liaise with the school's nurses and notify them of any pupils identified as having a medical condition. They may also provide advice on developing IHPS.

4. Equal opportunities

Our school is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so. The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

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

5. Being notified that a child has a medical condition

When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHP.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

See appendix 1.

6. Individual Healthcare Plans (IHPS)

The Head teacher has overall responsibility for the development of IHPS for pupils with medical conditions. Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

Plans will be developed with the pupil's best interests in mind and will set out:

- > What needs to be done
- **>** When
- > By whom

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the Head teacher will make the final decision.

Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

IHPS will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil has SEN but does not have an EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing board, the Head teacher and the Admin & Finance Officer, will consider the following when deciding what information to record on IHPS:

- ➤ 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, including in emergencies. If a pupil is self-managing their medication, this will 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 pupil'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 pupil's condition and the support required
- Arrangements for written permission from parents and the Head teacher 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 pupil can participate, e.g. Risk assessments

- ➤ Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition
- > What to do in an emergency, including who to contact, and contingency arrangements

7. Managing and administering medicines

7.1 Prescribed medications

Prescription medicines will only be administered at school:

- > When it would be detrimental to the pupil's health or school attendance not to do so and
- > Where we have parents' written consent

The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents.

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

It is expected that parents/carers will normally administer medication to their children at home:

- > Prescribed medication requiring 3 times per day should be administered before school, after school and before bedtime, unless otherwise stated on the medical instructions from the GP. This means that medication requiring 3 times per day will not be administered at school. It will only be reviewed on a case-by-case basis.
- Prescribed medication requiring 4 times per day should be administered before school, at lunch time, after school and before bedtime. The school will administer only one of the required doses.

No medication will be administered without prior written permission from the parents/carers. A 'Policy for Administering of Medicines in School' form will need to be completed at the school office. All prescribed medicines must be brought to the school office where they will be stored securely.

The school will only accept prescribed medicines that are:

- > In-date
- **>** Labelled
- > Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage.

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

All medicines will be stored safely. Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.

7.2 Non-prescribed medications

Over the counter/un-prescribed medication will not be administered by school staff. However, in exceptional circumstances we may be able to administer non-prescribed medications on a short term basis. Parents are asked to seek GP advice if more than short-term administration is required. Liquid Paracetamol in pre-measured pouches can be administered with permission from the Head teacher.

Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents/carers will always be informed if any medication is administered and parents/carers must ensure that staff are aware of any previous doses administered to the child prior to coming in to school.

All medicines must be handed in to the school office and collected from the school office. Medicines will be returned to parents to arrange for safe disposal when no longer required.

7.3 Refusal to take medications

If a child refuses to take their medication, staff will not force them to do so. Parents/carers will be informed as soon as possible. Refusal to take medication will be recorded and dated on the record sheet. Reasons for refusal to take medications must also be recorded as well as the action then taken by the administrator.

7.4 Intimate or invasive treatment

This will only take place at the discretion of the Head teacher and Governors, with written permission from the parents/carers and only under exceptional circumstances. Cases will be agreed and reviewed on an individual basis. Training will be given to members of staff involved where necessary and all such treatment will be recorded.

7.5 School Trips

To ensure that as far as possible, all children have access to all activities and areas of school life, a thorough risk assessment will be undertaken to ensure the safety of all children and staff. No decision about a child with medical needs attending/not attending a school trip will be taken without prior consultation with the parents/carers.

Residential trips and visits off site:

- > Sufficient essential medicines and appropriate IHPS will be taken and controlled by the member of staff supervising the trip;
- ➤ If it is felt that additional supervision is required during activities e.g. swimming, the school/setting may request and expect the assistance of the parent/carer.

7.6 Controlled drugs

<u>Controlled drugs</u> are prescription medicines that are controlled under the <u>misuse of drugs</u> <u>regulations 2001</u>.

All controlled drugs are kept in a secure cupboard in the school office and only named staff have access. These staff are: Mrs J Reid and Mrs D Goldfinkle.

Controlled drugs will be kept securely but will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

Parents/carers are asked to collect all medications/equipment at the end of the school term, and to provide new and in-date medication at the start of each term.

7.7 Pupils managing their own needs

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents and it will be reflected in their IHP.

Pupils will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHP and inform parents so that an alternative option can be considered, if necessary.

7.8 Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable to:

- > Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents
- Ignore medical evidence or opinion (although this may be challenged)
- > Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPS
- If the pupil becomes ill, send them to the school office unaccompanied or with someone unsuitable
- > Penalise pupils 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 pupil, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. By requiring parents to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

8. Emergency procedures

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

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

9. Training

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHPS. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed. The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the Head teacher. Training will be kept up to date.

Training will:

- ➤ Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- > Fulfil the requirements in the IHPS
- ➤ Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive information and instruction so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

10. Record keeping

The governing board will ensure that written records are kept of all medicine administered to pupils for as long as these pupils are at the school. Parents will be informed if their pupil has been unwell at school.

IHPS are kept in a readily accessible place which all staff are aware of.

11. Liability and indemnity

The governing body will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

Our insurance cover does not cover medical diagnosis or the prescribing of medication. Some examples of the treatments that would be covered under the public liability policy are:

- > Use of epipens
- > Use of defibrillators
- Injections
- ➤ Refitting of gastronomy/peg/tracheotomy tubes
- Dispensing of prescribed and non-prescribed medications
- > Application of appliances such as splints etc.
- > Oral and topical medication
- > Occupational health activity

Staff administering such treatments/first aid will have received the appropriate training and they will follow any directions given by medical professionals.

The Head teacher is responsible for ensuring that the adequate insurance cover is in place for staff acting within the scope of their employment. Local authority maintained schools which opt into the liability cover arranged via the East Riding of Yorkshire Council have cover in place

that meets the Department for Education's requirements. Academy schools must ensure that their insurance policy provides adequate protection for the liabilities involved with medical needs. Maintained schools that arrange their insurance through the Department for Education's Risk Protection Arrangement must also ensure adequate cover is in place.

The insurance policy covers the administration or supervision of prescription and nonprescription medication orally, topically, by injection or by tube, the application of appliances or dressings and basic medical treatment, such as re-fitting a gastronomy tube/peg or tracheotomy tube. This applies to both straight forward and complex conditions. It is important to note that the policy does not cover prescribing of medication.

Individual establishments must ensure that they have suitably trained staff to carry out the activity and that appropriate care plans are in place.

It is important that insurance cover I known to be in place and made explicit to staff, so that they are reassured about their personal and professional liability. Head teachers should support staff to use their best endeavours at all times, particularly in emergencies. In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

12. Complaints

Parents with a complaint about the school's actions in regard to their child's medical condition should discuss these directly with the Head teacher in the first instance. If the Head teacher cannot resolve the matter, they will direct parents to the school's complaints procedure.

13. Monitoring arrangements

This policy will be reviewed and approved by the governing board every 3 years.

Person responsible: Head teacher

Date approved by full governing body: 28.02.2024

Date for next review: Autumn 2026

Signed:

(Head teacher) 28.02.2024 (Date)

Signed:

(Chair of Governors)

28.02.2024 (Date)

14. Links to other policies

This policy links to the following policies:

- > Accessibility plan
- ➤ Complaints
- > Equality information and objectives
- > First aid
- > Health and safety
- Safeguarding
- > Special educational needs information report and policy

Appendix I: Being notified a child has a medical condition Parent or healthcare professional tells the school that the child: Healthcare professionals commission or deliver training and sign off school staff as 'competent' with an agreed Has a new diagnosis review date Is due to attend a new school . Is due to return to school after a long-term absence Has needs which have changed Implement the IHP and circulate it to all relevant staff The headteacher or other relevant senior member of staff co-ordinates a meeting to discuss the child's needs and identifies a member of staff to support the pupil Review the IHP annually or when the child's condition changes. Parents or healthcare professionals will initiate Hold a meeting with the following people to discuss and agree on the need for an IHP: Key school staff
The child Parents · Any relevant healthcare professionals Develop an IHP with input from a healthcare professional

Identify school staff training needs