

# Supporting Pupils with Medical Needs and Administration of Medicines Policy

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Heathermount School is owned and operated by Cavendish Education.

This policy is one of a series of school policies that, taken together, are designed to form a comprehensive statement of the school's aspiration to provide an outstanding education for each of its students and of the mechanisms and procedures in place to achieve this. Accordingly, this policy should be read alongside these policies. In particular, it should be read in conjunction with the policies covering equality and diversity, Health and Safety, safeguarding and child protection.

All of these policies have been written, not simply to meet statutory and other requirements, but to enable and evidence the work that the whole school is undertaking to ensure the implementation of its core value of building confidence and preparing students for life. While this current policy document may be referred to elsewhere in Heathermount School documentation, including particulars of employment, it is non-contractual.

In the school's policies, unless the specific context requires otherwise, the word "parent" is used in terms of Section 576 of the Education Act 1996, which states that a 'parent', in relation to a child or young person, includes any person who is not a biological parent but who has parental responsibility, or who has care of the child. Department for Education guidance Understanding and dealing with issues relating to parental responsibility considers a 'parent' to include:

- all biological parents, whether they are married or not
- any person who, although not a biological parent, has parental responsibility for a child or young person - this could be an adoptive parent, a step-parent, guardian or other relative
- any person who, although not a biological parent and does not have parental responsibility, has care of a child or young person.
- A person typically has care of a child or young person if they are the person with whom the child lives, either full or part time and who looks after the child, irrespective of what their biological or legal relationship is with the child.

The school employs the services of the following consulting companies to ensure regulatory compliance and the implementation of best practice:

- Peninsula BrightHR
- Peninsula BusinessSafe (Health and Safety)
- Atlantic Data (DBS)
- Educare (online CPD)

Heathermount School is committed to safeguarding and promoting the welfare of children and young people and expects all staff, volunteers, pupils and visitors to share this commitment.

All outcomes generated by this document must take account of and seek to contribute to safeguarding and promoting the welfare of children and young people at Heathermount School.

The policy documents of Heathermount School are revised and published periodically in good faith. They are inevitably subject to revision. On occasions a significant revision, although promulgated in school separately, may have to take effect between the re-publication of a set of policy documents. Care should therefore be taken to ensure, by consultation with the Senior Leadership Team, that the details of any policy document are still effectively current at a particular moment.

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## **1. Introduction**

- 1.1. The purpose of this policy is to ensure that there is a plan in place to support pupils with medical conditions and that employees are aware of their responsibilities and that relevant staff understand the administration of medicine arrangements.
- 1.2. Section 100 of The Children and Families Act 2014 places a duty on Heathermount School to decide for supporting students at their premises with medical conditions. The Department of Education have produced statutory guidance 'Supporting Pupils with Medical Conditions' and we will have regard to this guidance when meeting this requirement.
- 1.3. We will endeavour to ensure that pupils with medical conditions are properly supported so that they have full access to education, including school trips and physical education. The aim is to ensure that all pupils with medical conditions, in terms of both their 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.
- 1.4. It is our policy to ensure that all medical information will be treated confidentially by the Headteacher and staff. All administration of medicines is arranged and managed in accordance with the Supporting Pupils with Medical Needs document. All staff have a duty of care to follow and co-operate with the requirements of this policy.
- 1.5. Where pupils have a disability, the requirement of the Equality Act 2010 will apply.
- 1.6. We recognise that medical conditions may impact social and emotional development as well as having educational implications.

## **2. Key Roles & Responsibilities**

- 2.1. The governing body is responsible for ensuring that sufficient staff have received suitable training and are competent before they take on responsibility to support pupils with medical conditions. Heathermount School will monitor the effectiveness of this policy.
- 2.2. The head teacher is responsible for ensuring that:
  - all staff are aware of the policy and understand their role in its implementation
  - all staff who need to know are aware of the pupil's medical condition
  - enough staff are suitably trained
  - healthcare plans are developed
  - school staff are appropriately insured

School staff may be asked to support pupils with medical conditions, first aid trained staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

### **3. Identifying children with medical and health conditions**

- 3.1. We will aim to identify pupils with medical needs on entry to the school by working in partnership with parents/carers. A medical data sheet will be issued to all parents/carers to obtain information required regarding all diagnosed medical needs. This will ensure that we have appropriate arrangements in place prior to the pupil commencing at the school to support them accordingly. This may require the student to be issued with a Medical Action Plan.

### **4. Recording medicines and medical action plans**

- 4.1. At Heathermount School, medication required for controlled drugs are indicated in the pupils Behaviour and Risk Assessment (BARA) documents. Further details regarding quantities and administration are recorded on the school MIS system and in the administration of controlled drugs folder, kept in the medical room.
- 4.2. Pupils who have been identified as having an additional medical or health condition will require a Medical Action Plan.
- 4.3. The safeguarding, pastoral and admission lead is responsible for the development of a Medical Action plan in conjunction with the parents/carers, the child, and any relevant health professionals as appropriate for all pupils with a declared medical condition. The plan must be in place prior to the pupil's arrival. Medical Action Plans will be held on the Alpha Student files.
- 4.4. Where a formal diagnosis is awaited or is unclear, we will plan to implement arrangements to support the child, based on the current evidence available for their condition. We will ensure that every effort is made to involve some formal medical evidence and consultation with the parents.
- 4.5. The first aid leads can be any people who are on the school's first aid poster, these named people can have any type of first aid qualification. The named people for first aid should be trained in first aid with a in date certificate. Expectations of these people are to ensure they have had experience of administering medication and supporting pupils with medical needs in the past for a fair amount of time.

### **5. Staff Training**

- 5.1. All new staff will be inducted on the policy when they join the school through the school's induction procedure. All staff who need to be trained in administering any medications in schools will be provided with awareness training on the school's policy for supporting pupils with medical conditions. This will include what their role is in implementing the policy and this will be fully explained when they start with the school during the induction.
- 5.2. When a review of this policy takes place and changes are made training will be carried out, this awareness training will be provided to staff by a first aider/medication trained staff member. We will retain evidence that staff have been provided the relevant awareness training on the policy by retaining a signature sheet.
- 5.3. Staff who are authorised to administer medication in schools including all first aiders will complete the online Educare Administration of Medication in Schools Level 2 training course.

- 5.4. Any training undertaken will form part of the overall training plan for the school and refresher awareness training for the policy will be scheduled at appropriate intervals agreed with SLT.
- 5.5. If indicated, specific training is arranged for relevant staff to meet the medical/health conditions needs of the child.

## **6. Managing Medicines on School Premises**

- 6.1. The administration of medicines is the overall responsibility of the parents/carers.
- 6.2. Where clinically possible we will encourage parents to ask for medicines to be prescribed in dose frequencies which enable them to be taken outside of school hours.
- 6.3. However, the Headteacher is responsible for ensuring children are supported with their medication needs whilst on site, therefore this may include managing medicines where it would be detrimental to a child's health or school attendance not to do so and agreed with parents.
- 6.4. On occasions where a child refuses to take their medication, the parents will be informed immediately by telephone and email.
- 6.5. If a child continually refuses to take their medication whilst at school, the school will work with the parents/carers and other medical professionals to ensure that the child is not being adversely affected and that this is not significantly impacting on their school attendance or behavioural responses whilst in school. Should there be deemed an adverse effect or impact then the school will work with the family and medical professionals to address this, and this may require a referral to local Safeguarding.
- 6.6. For all medication the name of the child, dose, expiry, and shelf-life dates will be checked before any medicines are administered.
- 6.7. We 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, their dosage and storage.
- 6.8. Insulin is the exception, which must still be in date but will generally be available to schools inside an insulin pen or a pump, rather than its original container.
- 6.9. Children who can use their own inhalers themselves are encouraged to carry it with them. If the child is too young or immature to take personal responsibility for their inhaler, staff should make sure that it is stored in a safe but readily accessible place, and clearly marked with the child's name.

When administering aspirin or medicine containing Ibuprofen staff will ensure they follow the label for the age range provide on the box when given to any child under 16 years old unless prescribed by a doctor.

All other pain relief medicine will not be administered without first checking maximum dosages and when previously taken. We will always inform parents via email/telephone.

Any homeopathic remedies to be administered will require a letter of consent from the child's doctor and will be administered at the discretion of the Head teacher.

Emergency medicines will be stored in a safe location but not locked away to ensure they are easily accessible in the case of an emergency.

Types of emergency medicines include:

- Injections of adrenaline for acute allergic reactions.
- Inhalers for asthmatics.
- Injections of Glucagon for diabetic hypoglycaemia.

## **7. Administration of controlled drugs**

- 7.1. Controlled drugs will be securely stored in a locked cabinet which only named staff will have access to. A record will be kept of any doses used and the amount of the controlled drug held in school. When administering controlled drugs medication, they must be countersigned by another member of staff who must be present on administering the control drugs.
- 7.2. It should be noted that when administering any medication, the process should not be delayed to another person during the process.

## **8. Storage**

- 8.1. All medication other than emergency medication will be stored safely in a locked cabinet, where the hinges cannot be easily tampered with and cannot be easily removed from the premises. The door to the room where the cabinet is stored is also locked.
- 8.2. Where medicines need to be refrigerated, they will be stored in a refrigerator kept in the medical room in a clearly labelled airtight container. There must be restricted access to the refrigerator holding medicines which is padlocked. The key is held in the main key press in the admin office.
- 8.3. Children will be made aware of where their medicines are always, and they will be able to access them immediately where appropriate. Where relevant they should know who holds the key to the storage facility.
- 8.4. Medicines such as asthma inhalers, blood glucose testing meters and auto injector pens will always be readily available to children and not locked away. We will also ensure that they are readily available when outside of the school premises or on school trips and copies of medical action plans will be taken off site to ensure appropriate procedures are followed. This will be the responsibility of a nominated member of trip lead/First aider.
- 8.5. Storage of medication whilst off site will be maintained at steady temperature and secure. There will be an appropriately trained staff member present to administer day to day and emergency medication and copies of medical action plans will be taken off site to ensure appropriate procedures are followed. This will be in a designated medical storage bag designed to keep medicines at the appropriate temperature.

## **9. Disposal**

- 9.1. It is the responsibility of the parents/carers to dispose of their child's medicines.
- 9.2. It is our policy to return any medicines that are no longer required including those where the date has expired to the parents/carers. Parents/carers will be informed of this when the initial agreements are made to administer medicines. Medication returned to parent/carers will be documented on the tracking medication form.
- 9.3. Sharps boxes will be in place for the disposal of needles. Collection and disposal of these will be arranged locally through PHS who will remove them from site.

## **10. Medical Accommodation**

The medical room will be used for administration/treatment purposes of all control drugs and the school medication stock.

## **11. Record Keeping**

A record of what has been administered including how much, when and by whom, will be recorded on a 'record of prescribed medicines' form and the form will be kept on file in the medical room. Any possible side effects of the medication will also be noted and reported to the parent/carers via email.

A monthly stock check will be carried out on audit and countersigned by the Head Teacher.

## **12. Emergency Procedures**

Where a child has a medical action plan, this will clearly define what constitutes an emergency and provide a process to follow. All relevant staff will be made aware of the emergency symptoms and procedures. We will ensure where possible that other children in the school know what to do in the event of an emergency i.e., informing a teacher immediately if they are concerned about the health of another child.

Where a child is required to be taken to hospital, a member of staff will stay with the child until their parent arrives, this includes accompanying them to hospital by ambulance if necessary (taking any relevant medical information, care plans etc that the school holds).

## **13. Day Trips/Off Site Activities**

The trip lead will ensure that teachers are aware of how a child's medical condition will impact on their participation in any off-site activity or day trip but will ensure that there is enough flexibility for all children to participate according to their own abilities within reasonable adjustments.

We will consider what reasonable adjustments we might make to enable children with medical needs to participate fully and safely on visits. Group leaders will carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included and this will be verified by a member of SLT. SLT will consult with parents and pupils and gain advice from the relevant healthcare professional to ensure that pupils can participate safely.

## **14. Asthma**



The school will keep an asthma inhaler for emergency use. The arrangements for the supply, storage, care, and disposal of the inhaler and spacers will be in line with Department of Health guidance and the school's policy on supporting pupils with medical conditions. Such arrangements include:

- Maintaining a register of children in the school that have been diagnosed with asthma or prescribed a reliever inhaler.
- Ensuring that the emergency inhaler is only used by children with asthma with written parental consent for its use.
- Providing appropriate support and training for staff in the use of the emergency inhaler. Keeping a record of use of the emergency inhaler and informing parents or carers that their child has used the emergency inhaler.
- If appropriate, a spacer will be used, and the inhaler will be cleaned thoroughly after each use.

### **15. Unacceptable Practice**

Staff are expected to use their discretion and judge each child's Medical Action Plan on its merits, 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 Medical Action Plan.
- If the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable.
- Sanction families 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 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 such as participating in any aspect of school life, including school trips e.g., by requiring parents to accompany the child.

### **16. Liability and Indemnity**

Staff at the school are indemnified under the insurance arrangements provided by Cavendish Education.

### **17. Complaints**

Should parents or children be dissatisfied with the support provided they can discuss their concerns directly with the Headteacher. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaint procedure.