



## **Supporting Children with Medical Conditions Policy**

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**Newbury Academy Trust**

March 2018

## **Supporting Children with Medical Conditions Policy**

### **1. Introduction**

- 1.1. "Academy", "Academy Trust" all refer to Newbury Academy Trust, Love Lane, Newbury, Berkshire, RG14 2DU. School refers to one of the three schools within the Newbury Academy Trust, Trinity School, Love Lane, Newbury, Berkshire, RG14 2DU; Fir Tree School, Fir Tree Lane, Newbury, Berkshire, RG14 2RA; Speenhamland School, Pelican Lane, Newbury, Berkshire, RG14 1NU.
- 1.2. The term Governor refers to both Full Governing Body Trustees and Local Governing Body Governors.
- 1.3. Where this Policy states 'School Nurse', this also refers to the First Aider in charge.

### **2. Aims**

- 2.1. Children with medical conditions should be properly supported so that they have full access to education, including school trips and physical education. The Trust will ensure arrangements are in place in school to support children with medical conditions, including the appropriate use of risk assessments and the development, implementation and review of healthcare plans with the support of the school nursing service. School, parents, the child and healthcare professionals will work closely together to ensure that the needs of students with medical conditions are met.

### **3. Rationale**

- 3.1. The prime responsibility for a child's healthcare lies with the parent who is responsible for the child's medical care and medication and should supply the school with information. The school has regard for the DFE 'Supporting Pupils at School with Medical Conditions', April 2014. This policy outlines Speenhamland School's approach to meeting the requirements of this guidance.
- 3.2. Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- 3.3. No pupil should 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.
- 3.4. Pupils should never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed.
- 3.5. Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.
- 3.6. Schools should 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 will generally be available to schools inside an insulin pen or a pump, rather than in its original container.

- 3.7. All medicines should be stored safely in the designated secure place. Children should know 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 should be always readily available to children. This is particularly important to consider when outside of school premises, eg on school trips.
- 3.8. Where the medication is life preserving, it should be in school in order for the child to attend.

#### **4. Training and Staff Awareness**

- 4.1. Our School's have a number of trained first aiders, and there is a Trust School Nurse based at Trinity. Lists of First Aiders are published and regularly updated they are displayed throughout the school in various places including the Health and Safety Board in staffroom. There is a rota of first aiders on duty each break time.
- 4.2. The relevant staff will be made aware of each child's medical condition and needs.
  - Key staff will be regularly trained in supporting individual pupils with specific medical conditions such as diabetes, epilepsy and severe allergies.
  - When cover arrangements are made in the case of staff absence or turnover the cover supervisor will ensure needs are met.
  - Risk assessments should be undertaken for activities off site, taking into account individual needs.

#### **5. Individual Healthcare Plans**

- 5.1. Where the child has a long term and complex medical condition(s), they should have an individual healthcare plan (IHC) providing clear guidance on what needs to be done, when and by whom. The school nurse team, parent or carer, school staff, Trust Nurse and healthcare professionals collaborate to develop the plan. It is vital that the IHC reflects up to date medical knowledge about the child (input from healthcare professionals) and agreement should be reached as to who is responsible for leading on writing it. These should be reviewed annually. Not all children with medical conditions need an IHC. The IHC could be part of a larger care plan.

#### **6. Responsibility for all stakeholders**

##### **6.1. Responsibility of Governors**

- To ensure pupils with medical conditions are supported to participate fully in school life.
- To ensure staff are appropriately trained and competent.
- To ensure that written records are kept of all medicines administered to children.

## **6.2. Responsibility of the Headteacher**

- Ensure implementation of the policy.
- Ensure relevant staff are informed about medical conditions and trained.
- Ensure appropriate levels of insurance.
- Overall responsibility for liaison with the school nursing service.

## **6.3. Responsibility of the TiC of the Keevil Unit**

- Responsibility for developing Individual Health Care (IHC) plans, with medical professionals where appropriate. For pupils with an EHC/Statement, there should be a link between the two documents.
- Liaise with the school nursing team to ensure the school has the correct information and support in place for the pupil. Wherever possible, they should do this before the child starts school.
- Ensure the safe storage of medicine for pupils
- Check that medicines are not out of date – regular liaison with parents to ensure medicine is in date and dosage is still relevant.
- Ensure that School Nurse Team are informed of new children to the school needing Care Plans.
- Update Pupil Files – with up-to-date copies of Medical Care Plans (as part of the care plan)

## **6.4. Responsibility of Class Teachers**

- Take into account the medical needs of children they teach.
- Support pupils following guidelines from the Individual Healthcare Plan.
- Attend training as required in supporting pupils with medical conditions.
- Inform parents if a pupil becomes ill at school.

## **6.5. Responsibility of Administrative Support**

- Ensure that medication taken from a parent is accompanied by a completed

medical consent form (appendix 1)

- Ensure the safe storage of medicine in school (non-unit).
- Ensure that Class Teachers are informed of allergies and medical needs of pupils in their class.
- Ensure that photographs of children with allergies, plus brief description of allergy is displayed in suitable areas around the school eg Staff Room, School Office, kitchen.
- Ensure administration of medicine is recorded appropriately.
- Inform lunchtime staff of children with food allergies.

#### **6.6. Responsibility of Pupils**

- To describe how a condition affects them, if appropriate.
- To be sensitive to the needs of others.
- To be involved as much as possible in decisions and plans affecting them.
- To be encouraged to self-administer medication (with support) where appropriate to develop independence.

#### **6.7. Responsibility of the SENCo**

- To liaise with staff as necessary on medical support, relating to mainstream pupils.
- To ensure appropriate training takes place as necessary.
- To ensure curriculum and classroom adaptation are in place as necessary to support medical needs.
- To ensure all relevant staff are aware of a child's medical needs.

#### **6.8. Responsibility of Parents**

- To provide the school with up to date information.
- To provide school with correct labelled medication, which is in date.
- To attend clinic appointments as appropriate.
- To be involved in the development and review of IHCs.
- To carry out action they have agreed to implement as part of the IHC.

## **7. Administration of Medicines**

7.1. Under certain circumstances it may be a requirement to administer a non-prescription medication on a short term basis, eg. Paracetamol. Regardless of the type of medication, the following should be followed:

- There should be a signed consent given by a parent or carer (appendix 1).
- Staff administering medicines should do so in accordance with the prescriber's instructions.
- Staff administering medication must complete safety checks;
  - Pupil's name
  - Expiry date
  - Written instructions on package
- An individual pupil log should be completed (Appendix 2) by named staff administering the medication. Any side effects of the medication to be administered at school should be noted.
- A whole school log should be completed and kept centrally. The Keevill Unit will keep a separate log. (Appendix 3)
- When no longer required, medicines should be returned to the parent to arrange for safe disposal.
- Sharps boxes should always be used for the disposal of needles and other sharps.

## **8. Pupils who manage their own medicines**

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

8.2. Some children can be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily (an example would be those in Key Stage 2 with type one diabetes). 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 should help to administer medicines and manage procedures for them. If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents should be informed so that alternative options can be considered.

## 9. Emergency Procedures

- 9.1. As part of general risk management processes, schools should have arrangements in place for dealing with emergencies for all school activities wherever they take place, including on school trips within and outside the UK. These should be reflected in offsite activity forms. Where a child has an Individual Healthcare Plan, this 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. 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.
- 9.2. If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance.

<b>Authorised by</b>	Resolution of the Board of Trustees
<b>Date</b>	14 <sup>th</sup> March 2018
<b>Effective Date of the Policy</b>	14 <sup>th</sup> March 2018
<b>Effective Date for Review</b>	March 2020

### Appendices

Appendix 1 Medical Consent Form

Appendix 2 Medicine Log (Pupil, what, how much, when, signature, side effects)

Appendix 3 Whole School Medication Log



# Medication Form

## Request for medication to be administered at school

I request that ..... (Full name of child)

Class.....

Be given the following medication:

Medicines	
Date Dispensed:	
Expiry Date:	
Dosage and Method:	
Timing:	
Self-Administration:	YES/NO
Notes:	

Please tick:

- The above medication has been prescribed by the family doctor.
- It is clearly labelled indicating contents, dosage and child's name in **Full**

**I understand that the medicine must be delivered personally to the School Office and accept that it is a service, which the school is not obliged to undertake.**

• Signed..... Date.....

**NOTE: school staff cannot administer aspirin, Ibuprofen or products containing Ibuprofen such as children's Nurofen to pupils unless prescribed by a doctor.**

**Note:** Medication will not be accepted by the school unless this form is completed and signed by the parent or legal guardian of the child and that the administration of the medicine is agreed by the school office. The Governors and Headteacher reserve the right to withdraw this service.





