

**SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY**

**(Including Managing Medication Procedures)**

**Date Published: September 2016**

**Version: V1**

**Author: A Ives**

**Date shared 29.9.16**

**with Governors:**

**Review Date: September 2018**

**Date shared with Staff: 29.9.16**

**Aim**

Linden Road Academy aims to ensure that students with medical conditions receive appropriate care and support at school. All students have an entitlement to a full time curriculum or as much as their medical condition allows.

**Scope**

This policy has been developed in line with the Department for Education’s statutory guidance released in April 2014 – “Supporting students at school with medical conditions” under a statutory duty form section 100 of the Children and Families Act 2014. The statutory duty came into force on 1st September 2014

The school will have regard to the statutory guidance issued. We take account of it, carefully consider it and ensure compliance to it.

Ofsted places a clear emphasis on meeting the needs of students with SEN and Disabilities, also including those students with medical conditions.

This policy also complies with Schools Admissions Code 2012.

**Key Principles**

* Students at school with medical conditions will be properly supported so that they have full access to education, including school trips and physical education.
* The Governing Body ensures that arrangements are in place in schools to support students at school with medical conditions.
* The Governing Body ensures that academy’s Senior Leadership Team and other professionals consult health and social care professionals, students and parents to ensure that the needs of children with medical conditions are effectively supported.
* For children with SEND, this guidance should be read in conjunction with the Academy SEND Policy.

**Role of the Governing Body**

The governing body;

* will ensure that arrangements are in place to support students with medical conditions. In doing so they will ensure that such children can access and enjoy the same opportunities at school as any other child.
* ensures that the focus of arrangements is on the needs of each individual child and how their medical condition impacts on their school life so that the full range of medical conditions including those that require support at school, affect quality of life and/or may be life-threatening will be catered for.
* Make sure that the school’s arrangements give both parents and students confidence in the school’s ability to provide effective support for medical conditions in school. ensure that staff are properly trained to provide the support that students need.
* Ensure access to a full time education at the academy, unless this would not be in student’s best interests because of their health needs, after discussion with parents and other professionals.
* Ensure that statutory obligations are met in line with their Safeguarding Duties.

**The Principal is responsible for:**

* Ensuring the policy is developed effectively with partner agencies and then making staff aware of this policy.
* The day-to-day implementation and management of this policy.
* Liaising with healthcare professionals regarding the training required for staff.
* Identifying staff who need to be aware of a child’s medical condition.
* Developing Individual Healthcare Plans (IHPs). Where practicable incorporated in to EHC Plans.
* Ensuring a sufficient number of trained members of staff are available to implement the policy and deliver IHPs in normal, contingency and emergency situations.
* Ensuring the correct level of insurance is in place for teachers who support students in line with this policy.
* Continuous two-way liaison with school nurses and school in the case of any child who has or develops an identified medical condition.
* Ensuring confidentiality and data protection
* Assigning appropriate accommodation for medical treatment/ care

**Staff members are responsible for:**

* Taking appropriate steps to support children with medical conditions and familiarising themselves with procedures which detail how to respond when they become aware that a student with a medical condition needs help. *A first-aid certificate is not sufficient*.
* Knowing where controlled drugs are stored and where the key is held.
* Taking account of the needs of students with medical conditions in lessons.
* Undertaking training to achieve the necessary competency for supporting students with medical conditions, with particular specialist training if they have agreed to undertake a medication responsibility.
* Allowing inhalers, adrenalin pens and blood glucose testers to be held in an accessible location, following DfE guidance.

**Parents and carers are responsible for:**

* Keeping the school informed about any new medical condition or changes to their child/children’s health.
* Providing written documentation of medical needs from medical practitioners.
* Participating in the development and regular reviews of their child’s IHP.
* Completing a parental consent form to administer medicine or treatment before bringing medication into academy.
* Providing the academy with the medication their child requires and keeping it up to date including collecting leftover medicine.
* Carrying out actions assigned to them in the IHP with particular emphasis on, they or a nominated adult, being contactable at all times.

**Students are responsible for:**

* Providing information on how their medical condition affects them.
* Contributing to their IHP
* Complying with the IHP and self-managing their medication or health needs including carrying medicines or devices, if judged competent to do so by a healthcare professional and agreed by parents.

**Training of staff:**

* Newly appointed teachers, supply or agency staff and support staff will receive training on the ‘Supporting Students with Medical Conditions’ Policy as part of their induction.
* The clinical lead for each training area/session will be named on each IHP.
* No staff member may administer prescription medicines or undertake any healthcare procedures without undergoing training specific to the condition and signed off as competent.
* The Academy will keep a record of medical conditions supported, training undertaken and a list of teachers qualified to undertake responsibilities under this policy. They will notify Health & Safety DCC, and Risk, Insurance & Governance Manager, DCC.
* There must be sufficient members of staff who will manage medicines. This may involve participation in appropriate training.
* Any member of staff who agrees to accept responsibility for administering prescribed medicines to a child does so voluntarily and will have appropriate training and guidance if necessary. They will also be made aware of possible side effects of the medicines, and what to do if they occur.
* Teachers’/academy staff conditions of service do not include any legal or contractual obligation to administer medicine or to supervise a pupil taking medicines. **Agreement to do so is voluntary***.*
* All staff should be aware of the likelihood of an emergency arising and what action to take if one occurs.
* At different times of the day other staff, such as lunchtime supervisors, may be responsible for children. They will also be provided with appropriate training and advice if necessary.

**Medical conditions register /list:**

* During admission interview we ask about pre-existing medical conditions prior to the student starting
* Parents are able to contact the academy at any point as soon as a condition develops or is diagnosed. We operate an open door policy. This is through Miss S. Burns the SENDCO or Miss L Mees, Pastoral Manager.
* We have a medical needs register which is, updated and reviewed at least termly by the SENDCO.
* Students on the list are identified in each class file so teaching staff are able to make reasonable adjustments to teaching and care.
* Volunteers and support staff also have access on a need to know basis.
* The progress, attainment and well-being of all students on the medical conditions register is considered at our six-weekly Quality of Provision meetings to inform changes to provision if necessary. Outcomes are discussed and shared with parents.
* All data sharing protocols are adhered to protect confidentiality.
* For students on the medical conditions list, multi professional meetings are undertaken at key transition points meetings to enable parents, academy and health professionals to prepare IHP and train staff if appropriate.

**Individual Healthcare Plans (IHPs):**

* When a student has complex medical needs an Individual Healthcare Plan (IHP) will be developed in collaboration with the student, parents/carers, Principal, Special Educational Needs Coordinator (SENDCO) and medical professionals.
* IHPs for conditions with potential life-threatening implications will be displayed in the Staffroom for ease of access of all professionals and volunteers. Parental agreement must be sought if a child’s image is used.
* For all other conditions IHPS will be available in the Class File which is held in the stockroom of each classroom.
* IHPs will be reviewed at least annually or when a child’s medical circumstances change, whichever is sooner.
* Where a student has an Education, Health and Care plan or special needs statement, the IHP will be linked to it or become part of it.
* Prior to students re-integrating after a period of hospital education, alternative provision or home tuition, collaboration between the provider and academy is undertaken to ensure smooth transition.
* When developing an IHP we 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 and dining areas;
* specific support for the pupil’s educational, social and emotional needs – e.g., managing absence, additional time in tests, use of rest periods or additional support in catching up with lessons, counselling sessions;
* the level of support needed, 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;

**Transport arrangements**

* Where a student with an IHP is allocated school transport we will liaise closely with Tameside Transport Team who will arrange for the driver and/or escort to participate in the IHP meeting. A copy of the IHP will be copied to the Transport team and kept on the student record.
* The IHP must be passed to the current operator for use by the driver /escort and the Transport team will ensure that the information is supplied when a change of operator takes place.

**Education Health Needs (EHN) referrals**

All students of compulsory academy age who because of illness, lasting 15 days or more, would not otherwise receive a suitable full-time education are provided for under the Tameside local authority’s duty to arrange educational provision for such students.

**Medicines**

These will be managed in line with Linden Road Academy’s Management of Medicine Policy 2016

E**mergencies**

* Medical emergencies will be dealt with under the academy’s Emergency Procedures Policy which is communicated to all relevant staff so they are aware of signs and symptoms.
* Students will be informed in general terms of what to do in an emergency such as telling a teacher.
* If a student needs to be taken to hospital, a member of staff will remain with the child until their parents arrive.

**Day trips, residential visits and sporting activities**

* Flexible arrangements are made to ensure students with medical conditions can participate in academy trips, residentials, sports activities and not prevent them from doing so unless a clinician states it is not possible.
* Risk assessments for such activities will be undertaken by Mr. P Greaves, Health and Safety Lead in line with the Enquire Learning Trust H&S Policy. risk assessments should be undertaken, in line with H&S executive guidance on academy trips, in order to plan for including students with medical conditions. Consultation with parents, healthcare professionals etc. on trips and visits will be separate to the normal day to day IHP requirements for the academy day.

**Managing Medicines in School**

This policy sets out the steps that Linden Road Academy will take to ensure full access to learning for all children who have medical needs when attending academy. It has been devised in light of the DfES guidance *Managing Medicines in Schools and Early Years Settings* issued March 2005.

**Managing prescription medicines that need to be taken during the academy day.**

* Parents/carers must provide full written information about their child’s medical needs.
* Short-term prescription requirements must only be brought to academy if it is detrimental to the child’s health not to have the medicine during the academy day*.* Where possible it is the responsibility of parents/carers to arrange the timing of medication so that it is not necessary for it to be administered during the academy day.
* The academy will only administer medicines that have been **prescribed** by a doctor, dentist, nurse prescriber or pharmacist prescriber.
* Medicines must always be provided in the original container as dispensed by a pharmacist and should include the prescriber’s instructions for administration. In all cases this should include:
* Name of child
* Name of medicine
* Dose
* Method of administration
* Time/frequency of administration
* Any side effects
* Expiry date
* The academy will **not** accept medicines that have been taken out of the container as originally dispensed, nor make changes to prescribed dosage.
* Some medicines prescribed for children (e.g. methylphenidate, known as Ritalin) are controlled by the Misuse of Drugs Act. Members of staff are authorised to administer a controlled drug, in accordance with the prescriber’s instructions.
* For the safety of others, all controlled drugs will be stored securely in the academy office.
* All medicine will be collected by the parents/carers or nominated responsible adult when no longer required. It is the responsibility of the parents/carers to dispose of the medicine in a safe manner.
* The academy will **not administer** medicines that have **not** been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber.

**Procedures for managing prescription medicines on visits and during other activities**

The academy will make reasonable adjustments to enable children with medical needs to participate fully and safely on visits and during other activities.

* Where necessary, planning arrangements for visits and other activities will be made in consultation with the parents/carers. Further advice may be sought from the academy health service or, with permission from the parents/carers, from the child’s GP or specialist nurse.
* Where appropriate, a specific risk assessment will be completed before the visit or other activity takes place.
* The academy will support children wherever possible in participating in physical activities and extra-curricular sport. Any restriction on a child’s ability to participate in PE will be recorded on his/her Health Care Plan.
* Some children may need to take precautionary measures before or during exercise, and may need access, for example, to asthma inhalers. Staff supervising activities must be made aware of relevant medical conditions and will consider the need for a specific risk assessment to be made.

**The roles and responsibilities of staff managing medicines, and for administering or supervising the administration**

**of medicines**

* The administration of medicines will include arrangements for storage, record keeping and supervision.
* Wherever possible the child will self-administer his/her medicine under supervision
* Close co-operation between the academy, parents/carers, health professionals and other agencies will help provide a suitably supportive environment for children with medical needs.
* It is important that the arrangements for a child’s medical needs are clearly defined.
* The Principal to ensures all staff are informed of the arrangements that have been made to administer medicine to a child. This includes sharing the arrangements with any temporary staff.
* A minimum of two people will supervise the administration of medicine to a child except for self-administered asthma inhalers.
* If a child refuses to take medicine, staff will not force him/her to do so. Staff will record the incident and inform the parents/carers on the same day. If refusal to take the medicine results in an emergency, the academy’s normal emergency procedures will be followed.
* If in doubt about a procedure, staff will not administer the medicine and will check with the parents/carers or a health professional before taking further action.

**Record keeping**

* The parents/carers will tell the academy about the medicines that their child needs to take and provide details of any changes to the prescription or the support required. However, staff will make sure that this information is the same as that provided by the prescriber. Any change in prescription should be supported by new directions on the packaging of the medicine.
* **Medical Indemnity Form** will be used to request the administration of medicine by academy staff. Consent forms should be delivered personally by the consenting parents/carers. Staff must check that any details provided by parents/carers, or in particular cases by a paediatrician or specialist nurse, are consistent with the instructions on the container.
* **Request for a child to carry his/her own medicine form** should be used for students who are able to administer medicines themselves.
* It is the responsibility of the parents/carers to monitor when further supplies of medicine are needed in the academy.
* **A Record of Medicine Administered** must be kept of the medicine given to a pupil except for self-administered asthma inhalers. This record must be signed by the member of staff administering the medicine and countersigned by another member of staff witnessing the procedure and dosage.

**Safe storage of medicines**

* Only medicines that have been prescribed for an individual child will be stored, supervised and administered.
* Medicines will be stored strictly in accordance with product instructions paying particular note to temperature and in the original container in which dispensed.
* Mrs J. Boyle, Office administrator is the named contact and will ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine, the method and frequency of administration, the time of administration, any side effects and the expiry date.
* Where a child needs two or more prescribed medicines, each will be in its original container.
* Any medicines that have been transferred from an original container will not be accepted. Medicines must not be transferred out of the original container whilst in academy.
* Except for medicines such as asthma inhalers and adrenaline pens, all medicines will be kept securely in the academy office.
* Children will be informed where their own medicines are stored and how the medicine will be administered.
* Medicines that need to be refrigerated will be kept in a refrigerator that is not accessible to children.

**Disposal of Medicines**

* Staff will not dispose of medicines. The parents/carers are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal.
* Parents/carers are responsible for collecting medicines held at the end of each term.

**Hygiene and Infection Control**

* All staff are made aware of the precautions for avoiding infection and basic hygiene procedures.
* Staff have access to protective disposable gloves if appropriate.

**Risk assessment and management procedures**

This policy operates within the context of the Enquire Learning Trust’s Health and Safety Policy 2016 and will:

* ensure that risks to the health of others are properly controlled;
* provide, where necessary, individual risk assessments for pupils or groups with medical needs; and raise awareness of the health and safety issues relating to dangerous substances and infection.

**Unacceptable practice**

* Preventing children from easily accessing medication and administering their medication when and where necessary.
* Assuming that students with the same condition require the same treatment.
* Ignoring the views of the student, their parents and/or ignoring medical evidence or opinion.
* Sending students home frequently or preventing them from taking part in activities.
* Leaving the student unaccompanied at any stage when they are ill.
* Penalising students with medical conditions for their attendance record where the absences relate to their condition.
* Refusing to allow students to eat, drink or use the toilet when they need to in order to manage their condition

**Insurance**

* Teachers who undertake responsibilities within this policy are assured by the Principal that are covered by the Enquire Learning Trust and academy’s insurance.
* Full written insurance policy documents are available to be viewed by members of staff who are providing support to students with medical conditions. Those who wish to see the documents should may access them via Mrs J. Hernon, Academy Business Manager

**Complaints**

Details of how to raise complaints are available in the Enquire Learning Trust Complaints Procedures available on the school website www.lindenroadacademy.co.uk

**Related Policies**

* Health and Safety Policy 2016, Enquire Learning Trust
* Child Protection and Safeguarding Policy 2016
* Educational Visits Policy
* SEND Policy 2016
* Asthma Policy 2016
* Emergency Procedures Policy (including medical emergencies)

**APPENDICES**

**Appendix 1** – Individual Healthcare Plan for pro forma.

**Appendix 2** – Medical Indemnity Form.

**Appendix 3** - Parental/Carer request for child to carry his/her own asthma medicine form.

Appendix 4 - Record of medicine administered form.

**Individual Healthcare Plan Template**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Child’s name |  | | | |
| Class |  | | | |
| Date of birth |  |  |  |  |
| Child’s address |  | | | |
| Medical diagnosis or condition |  | | | |
| Date |  |  |  |  |
| Review date |  |  |  |  |
| **Family Contact Information** |  | | | |
| Name |  | | | |
| Phone no. (home) |  | | | |
| (mobile) |  | | | |
| (work) |  | | | |
| Email |  | | | |
| Name |  | | | |
| Relationship to child |  | | | |
| Phone no. (home) |  | | | |
| (mobile) |  | | | |
| (work) |  | | | |
| Email |  | | | |
| **Clinic/Hospital Contact** |  | | | |
| Name |  | | | |
| Phone no. and email |  | | | |
| **G.P.** |  | | | |
| Name and address |  | | | |
| Phone no. and email |  | | | |

|  |  |
| --- | --- |
| Who is responsible for providing support in school |  |

Describe medical needs and give details of child’s symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

|  |
| --- |
|  |

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

|  |
| --- |
|  |

Daily care requirements

|  |
| --- |
|  |

Specific support for the pupil’s educational, social and emotional needs

|  |
| --- |
|  |

Arrangements for school visits/trips etc.

|  |
| --- |
|  |

Other information

|  |
| --- |
|  |

Describe what constitutes an emergency, and the action to take if this occurs

|  |
| --- |
|  |

Who is responsible in an emergency *(state if different for off-site activities)*

|  |
| --- |
|  |

Plan developed with

|  |
| --- |
|  |

Staff training needed/undertaken – who, what, when

|  |
| --- |
|  |

I confirm that I have agreed this Individual Healthcare Plan (IHP) and undertake to keep the academy updated on my child’s medical condition

|  |  |
| --- | --- |
| **Name of parent/carer:** |  |
| **Signature of parent/carer:** |  |
| **Date:** |  |
| **Signature of Academy Representative:** |  |

**A copy of this completed form will be given to the parent/carer another will be retained by academy additional copies will be given to …………………………………………………. (name other professionals) for their records.**

**Completed copy given to the parent/carer on ……………………………………… (date)**

**By……………………………………………………………….. (name & signature)**

**MEDICAL INDEMNITY FORM**

CHILD’S NAME ………………………………… YEAR …………………

DATE ………………………………………………….

My child has been prescribed a course of medication by the GP/ hospital. I would like the academy’s

designated member(s) of staff to administer.......................................……………………………………………………… to

my child, as the child’s doctor has stated that he/she needs this for his/her condition. The dosage should

be …………………………………………………………………………………………………………………………………………………………

to be administered …………………………………………………….………………..(e.g. twice a day, at lunch time etc.)

I accept that the member of staff acts in “loco parentis” and will act in a responsible manner concerning the administration of this drug.

Signed …………………………………………….. Parent/Carer

**Request for a child to carry his/her own medicine**

This form must be completed by the parent/carer.

My child has been prescribed an inhaler for their asthma condition by the GP/hospital.

|  |  |
| --- | --- |
| **Child’s name:** |  |
| **Class:** |  |
| **Address:** |  |
| **Name of medicine:** |  |
| **Dosage required:** |  |
| **When to be administered:** |  |
| **Procedures to be taken in an emergency:** |  |

**Contact information:**

|  |  |
| --- | --- |
| **Name:** |  |
| **Phone numbers:** | Home: email:  Mobile:  Work: |
| **Relationship to child:** |  |

I would like my child to keep his/her medicine with him/her to use as required.

I understand that it is my responsibility to check the condition of my child’s inhaler and to replace/replenish it when necessary.

**Signed………………………………………………. Parent/Guardian**

**Date…………………………………………………..**

**RECORD OF MEDICINE ADMINISTERED**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Date | Time | Child’s Name | Medicine | Amount Administered | Administered by (Signature) | Checked by |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |