Supporting Students with Medical Needs Policy



Approved: July 2023

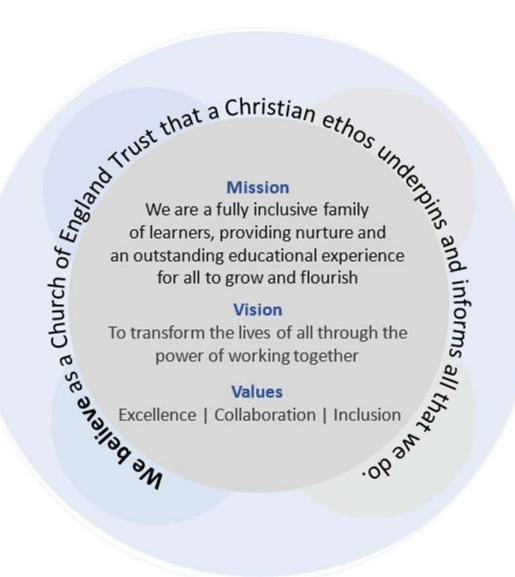
Review date: July 2024

Responsible Officers: Inclusion Director

Trust Ethos, Mission, Vision and Values



The Trust believes in the transformational power of education for each individual and that this is enhanced through collaborative working between the academies.



Working together, transforming lives

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Where the word 'Trust' is used in this document it refers to Archway Learning Trust.

Where the word 'Advisory Board' is used it refers to the Academy Advisory Board (AAB) of an individual academy within the Trust.

Where appropriate the AABs of individual academies will publish details of the procedures and practices to implement Trust policies.

The term 'Trust Executive Leadership Team' (ELT) is comprised of the Chief Executive Officer, Deputy Chief Executive Officer, Chief Finance Officer, Chief Operations Officer, Chief Corporate Services Officer, Chief People Officer and Director of Education.

Where the word 'users' is used it refers to staff, future staff issued with ICT access and/or hardware, AAB members, volunteers and regular visitors.

Where the phrase 'Senior Leader' is used, this refers to Principals, Headteachers and local Academy Senior Leadership Team (SLT).

Where the phrase 'Principal' is used, this also refers to Headteachers.

Related Policies and Procedures

- Safeguarding and Child Protection Policy
- Attendance Policy
- ALT Complaints Policy
- ALT Behaviour Policy

1. Policy Statement and Principles

1.1 Policy aims and principles

The academy wishes to ensure that students with medical conditions and specific medication needs receive appropriate care and support at the academy. We also aim to ensure that students with medical conditions are able to participate fully in all aspects of academy life.

The principal will accept responsibility in principle for members of the academy staff giving or supervising students taking prescribed medication during the academy day.

The academy will treat any medical information about a student as confidential and it will only be shared on a need to know basis to ensure that the student receives the most appropriate care and support during their time at the academy.

Please note that parents should keep their children at home if acutely unwell or infectious.

Key definitions used within this policy:

- 'Medication' is defined as any prescribed over the counter medicine
- 'Prescription medication' is defined as any drug or device prescribed by a doctor
- 'Home remedies' is defined to mean any medication that can be purchased over the counter in a pharmacy or herbal supplier that is designed to alleviate discomfort from illness.

This policy is consistent with all other policies adopted by ALT and is written in line with current legislation and guidance.

1.2 Complaints

All complaints are dealt with under the **ALT Complaints Policy**.

Complaints should be made in writing and will follow the ALT complaint procedures and set timescales. The handling of complaints may be delegated to an appropriate person.

1.3 Monitoring and review

This policy will be reviewed every two years or in the following circumstances:

- changes in legislation and / or government guidance
- as a result of any other significant change or event
- in the event that the policy is determined not to be effective

If there are urgent concerns these should be raised to the Director of Safeguarding in the first instance for them to determine whether a review of the policy is required in advance of the review date.

2. Roles and Responsibilities

The principal is accountable for the safety and wellbeing of their pupils and thus responsible for ensuring adequate oversight and systems management for the administration of medicines at the academy. The principal must determine who in their academy holds oversight and how the auditing of this system is reported back to the Principal and the AAB.

3. Supporting Students

The academy will work with parents and medical professionals to enable the best possible support for students. Parents are responsible for providing the academy with comprehensive information regarding the student's condition and medication. Once the academy has received information about a student with a medical condition, all relevant members of staff will be made aware of this. The academy will agree a specific procedure with the parents and the student once it is notified that a student has a medical condition, including any transitional arrangements between schools. For new students, arrangements will be in place at the start of term and for a new diagnosis or for students starting mid-term, within two weeks.

We understand that students with the same condition may require different treatment and support, therefore it is our policy to involve the student (if applicable) and their parents when making support arrangements for an individual. The aim is to ensure that all children with medical conditions, in terms of both 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.

The academy aims to be an inclusive environment and will therefore endeavour to obtain good attendance from all students, including those with medical needs. We will not send students home frequently or prevent them from taking part in activities at the academy where possible. Staff will make reasonable adjustments to include students with medical conditions in lessons and in circumstances where this is not possible the academy will inform the student and parents of any alternative arrangements that will be put in place. The academy will do everything possible to support the attendance of students with medical needs. Where absences relate to their diagnosed condition, students will not be penalised.

The academy will conduct risk assessments for school visits another school activities outside of the normal timetable, taking into account any medical condition a student may have.

Medical evidence and opinion will never be ignored and there may be times where the academy requires to contact medical professionals directly. The academy will always request authorisation for contacting medical professionals unless the academy considers that disclosing this information would be detrimental to the student.

3.1 Long term or complex medical conditions

For each student with long term or complex medication needs the academy will ensure that an Individual Health and Care Plan (IHCP) is drawn up (template attached to this policy), in conjunction with the appropriate health professionals. This may involve a meeting with the parents and student to discuss arrangements for how the academy can support the student whilst in education.

Individual Health and Care Plan (IHCP)

IHCPs will be easily accessible whilst preserving confidentiality. The IHCP will be monitored and reviewed at least annually or when a student's medical circumstances change, whichever is sooner.

Where a student has an Education, Health and Care Plan (EHCP), the IHCP will be linked to it or become part of it.

Where a student is returning from a period of hospital education or alternative provision or home tuition, we will work with the LA and education provider to ensure that the IHCP identifies the support the student needs to reintegrate.

3.2 Training

The Principal will ensure that relevant members of staff receive training on the Supporting Students with Medical Conditions Policy as part of their new starter induction and will receive regular and ongoing training as part of their development.

All staff will receive briefings on identification of signs and symptoms of illness (with special attention given to the illnesses that have been identified to the academy for that academic year) and where to accompany the student to in these cases.

Staff must always ensure that a student is accompanied if required lest they should need additional support on the way due to fainting or vomiting etc.

If a student has a specific medical need that requires one or more staff members to undertake additional training this will be identified on their IHCP.

The Academy Manager will keep a list of all training undertaken and a list of staff members qualified to undertake responsibilities.

3.3 Emergencies

Medical emergencies will be dealt with under the national emergency procedures (999) unless an IHCP is in place and this amends the emergency procedures for a student.

If a student needs to be taken to hospital, a member of staff will remain with the student until a parent or known carer arrives. This must be recorded on the relevant first aid system.

All staff will be made aware of the procedures to be followed in the event of an emergency. Students will be informed in general terms of what to do in an emergency i.e. telling a member of staff.

3.4 Defibrillators

The academy has an automated external defibrillator (AED).

All staff members and pupils are aware of the AED's location and what to do in an emergency.

No training is needed to use the AED, as voice and/or visual prompts guide the rescuer through the entire process from when the device is first switched on or opened; however, first aiders are trained in cardiopulmonary resuscitation (CPR), as this is an essential part of first-aid and AED use.

4. Process for administering medication

4.1 Medication administration within the academy

Where possible, it is preferable for medicines to be prescribed in frequencies that allow the student to take them outside of academy hours. If this is not possible, the following policy will apply.

Each item of medication must be delivered to the main reception by the parent / carer. Medications provided by other individuals, and passing medication to another student will not be permitted on academy premises and if found will be dealt with under the Behaviour Policy.

We will only accept and administer medication that is in date.

Medication must be provided in a secure and labelled container as originally dispensed. Medication will only be accepted if the academy has received a completed medication administration form (available from the academy or attached to this policy) and each item of medication must be clearly labelled with the following information:

- Student's Name
- Name of medication
- Dosage (how much and for how long)
- Frequency of administration
- Date of dispensing
- Storage requirements (if important)
- Expiry date
- Amount of medication provided please note that the academy will only accept a maximum
 of four weeks supply or until the end of the current term, whichever is sooner

Medicines which do not meet these criteria will not be administered.

It is the responsibility of the parents to renew medication when supplies are running low, to ensure that the medication supplied is within its expiry date and to notify the academy in writing if the student's need for medication has ceased.

The academy may request additional information (such as doctor's note or prescription slip) prior to administering medication. This will only be done in rare situations where the academy believes that this is a reasonable request. Renewed authorisation or additional information may also be requested where medication is taken for a prolonged period without diagnosis, this will ensure that the correct medication and dosage are still being administered by the academy.

The academy will not make changes to dosages on parental instructions alone. For prescription medication, a doctor's note or new prescription slip will be required and for non-prescribed medication any administration request must be within the recommended guide appropriate for the type of medication and age of the child.

4.2 Medication administration outside of the Academy

Where the student travels on academy transport with an escort, parents should ensure the escort has written instructions relating to any medication sent with the student, including medication for administration during respite care.

The academy will make every effort to continue the administration of medication to a student whilst on trips away from the academy premises, even if additional arrangements might be required. However, there may be occasions when it may not be possible to include a student on a trip if appropriate supervision cannot be guaranteed, or alternative arrangements would not be reasonable for the academy to provide.

If the student is on a trip when medication is required, the student or an authorised member of staff will carry the medication. Parents and students will be informed of the process for taking medication whilst on the trip in advance. This will be recorded through the evolve system.

4.3 Administering the medication

Students will never be prevented from accessing their prescribed medication; however, medications will only be administered at the academy if it would be detrimental to the student not to do so.

If a controlled drug is required to be administered, this will only be done so by a qualified staff member who is fully trained in administering a particular type of drug.

Where it is appropriate to do so, students will be allowed to administer their own medication for example a Ventolin inhaler may be carried by the student. Parents will be asked to confirm in writing if they wish their child to carry their medication with them in the academy. This would be assessed by the academy depending on the type of medication (and potential consequences if misadministered) and the competency of the child to self-administer.

In some cases, it may be a child is given permission to self-administer the medication under supervision from a staff member to safeguard against accidental overdose. In these cases, the medication will be appropriately stored by the academy who will allow the student access as needed. The monitoring of this will be recorded.

If a student refuses to take medicines, staff will not force them to do so, and will inform the parents of the refusal, as a matter of urgency, on the same day. If a refusal to take medicines results in an emergency, the academy's emergency procedures will be followed. Any refusal to take medication will be recorded.

If a student does not take the medication expected to be taken on a day or for a period, then the reason for this will be recorded. Reasons could include: student absence; parents collecting the student to administer medication themselves; student not turning up for medication where this is the arrangement.

The academy cannot be held responsible for side effects which occur from any medication taken. Any side effects suffered by the student will be noted and the academy first aid or emergency procedures will be implemented when necessary.

4.4 Storage of medication

Medication will be kept in a secure place, out of the reach of students. Unless otherwise indicated all medication to be administered in the academy will be kept in a locked medicine cabinet.

Students will be informed of where their medicines are always and can access them immediately (accompanied by authorised academy staff). Where relevant, the Student will be aware of who holds the key to the medicine cabinet. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will be always readily available to students when needed and stored in a centrally accessible and known location.

Only authorised academy staff will have access to where medication is stored. No student will be left unaccompanied where medication is accessible.

4.5 Disposal of medication

Academy staff will not dispose of any medicines

Medicines which are in use and in date should be collected by the parent / carer at the end of each term. Date expired medicines, those no longer required for treatment or when too much medicine

has been provided will be returned immediately to the parent for transfer to a community pharmacist for safe disposal.

4.6 Record Keeping

The academy will keep records of:

- The medication store
- The quantity
- When the medication has been administered
- Reasons for medication not being administered when medication was expected to be taken
- Any medication returned to parents / carers and the reason

Medication records will be made available for parents on request.

4.7 Unacceptable practice

- The academy will never:
- Assume that students with the same condition require the same treatment.
- Prevent students from easily accessing their inhalers and medication.
- Ignore the views of the pupil and/or their parents/carers.
- Ignore medical evidence or opinion.
- Send students home frequently for reasons associated with their medical condition, or prevent them from taking part in activities at school, including lunch times, unless this is specified in their IHC plan.
- Send an unwell student to the medical room or school office alone or with an unsuitable escort.
- Penalise students with medical conditions for their attendance record, where the absences relate to their condition.
- Make parents/carers feel obliged or forced to attend school to administer medication or
 provide medical support, including for toilet issues. The school will ensure that no
 parent/carer is made to feel that they must give up working because the school is failing to
 support their child's needs.

Create barriers to children participating in school life, including school trips.

Refuse to allow pupils to eat, drink or use the toilet when they need to manage their condition.

5. Home Remedies

We do not accept or administer home remedies.

Medication Administration Form

The Academy will not administer medicine unless you complete and sign this form.

Name of student:			Group / class /	form:	
Date of birth:			Date form sub	mitted:	
Name of parent:			Parents signate consent:	ure /	
Medical condition / illness:	:				
Medicine/s: Please continue signed	e on another sh	eet if you req	uire more space -	- this must l	oe attached and
Name and type of medicine	Amount provided	Dosage timing	, method and	Date dispense	Expiry date
	•				
Special precautions / othe	r instructions:				
Are there any side effects	to the medica	ition/s that th	e academy need	ls to know	about?
Self-administration: (delet	e as appropria	te) Yes / N	lo		
			Т	o be compl	eted by the academy:
Medicatio	n start date:				
Medicatio	on end date:				
Review to be	initiated by:				
Agreed	review date:				
Academy Manager Accep	tance Signatui	re:			
	Date:				

Individual Health Care Plan

To be completed for each student with long term or complex medication and that the Medical Administration Form is attached.

Name of student:		Date of birth:	
Group / class / form / teacher:		Student address:	
			ı
Date plan drawn up:		Date to be reviewed:	
Contact information: Please con	nplete with the details of	f <u>two</u> primary contacts	s for student
Name			
Address			
Daytime number			
Evening number			
Relationship			
Medical contact information: Pl	ease complete with the c	details of medical cont	acts
Contact	GP	Clinic / hosp	ital contact
Name			
Address			
Phone number			
Medical condition / illness and re and give details of student's symp environmental issues etc.			

Daily care requirements: i.e. sport lunchtime arrangements for academy trips etc.	
Note down separate arrangements or procedures required for school trips or other school activioutside of the normal school timetable that will ensure the child can participate, e.g. separate ris assessment if necessary	
Specific support and level of support required: For student's educational, social and emotioneds.	ional
Who is responsible for providing support in the academy (and cover arrangements who are unavailable): Who in the academy needs to be aware of the student's condition:	en they
Emergency information: Describe what constitutes an emergency for the student, and action taken if this occurs.	on to be
Follow up care:	
Who is responsible in an emergency (and cover arrangements when they are unavailab State if different on off-site activities.	le):
Medical Administering	
Written consent received from Parents for pupil to self-administer during school hours	
Written consent received from Parents for [Member of Staff] to administer medicine to [name of student] during school hours	
Written consent received from Principal for pupil to self-administer during school hours	
Written consent received from Principal for [Member of Staff] to administer medicine to [name of student] during school hours	

Other information: [e.g. where confidentiality issues are raised by the parent/child, the designated ndividuals to be entrusted with information about the child's condition.						
Staff training needed / und	Staff training needed / undertaken: Who, what, when?					
Signed: Da						
Parent / Carer						
Student (if appropriate)						
Principal						
SENCO						
GP						

Individual Health Care Plan (IHCP)

Name of school	
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	
Family Contact Information	
Name	
Relationship to child	
Phone no.	
Name	
Relationship to child	
Phone no.	
Hospital Contact	
Name	
Phone no.	
G.P.	
Name	
Phone no.	
Who is responsible for providing support in	1.
school	2.

	of administration, when to be taken, side effects, contra-indication	ns,
istered by/self-administered	with/without supervision	
Medication		
Dose		
Method of administration		
Side effects		
Administered by self	(Yes/ No)	
Supervised	(Yes/ No)	
Medication		
Dose		
Method of administration		
Side effects		
Administered by self		
Supervised	(Yes/ No)	
care requirements		
Diet		
Diet		
Diet Timetable		
Diet Timetable Activities		
Diet Timetable Activities Other requirements		
Diet Timetable Activities Other requirements	ease give details)	
Diet Timetable Activities Other requirements	ease give details)	
Diet Timetable Activities Other requirements	ease give details)	
Diet Timetable Activities Other requirements	ease give details)	
Diet Timetable Activities Other requirements	ease give details)	
Diet Timetable Activities Other requirements	ease give details)	
Diet Timetable Activities Other requirements Special educational needs (Ple	ease give details)	
Diet Timetable Activities Other requirements	ease give details)	
Diet Timetable Activities Other requirements Special educational needs (Ple	ease give details)	
Diet Timetable Activities Other requirements Special educational needs (Ple		
Diet Timetable Activities Other requirements Special educational needs (Ple		

Medical needs

Other information							
Describe what con	Describe what constitutes an emergency, and the action to take if this occurs						
Who is responsible	e in an emergency (state if differen	t for off-site activities)					
1.							
2.							
Plan developed wi	th						
1.							
2.							
3.							
4.							
Chaff training							
Staff training							
Name	Date delivered by whom/signed	Review					

Reference

Adapted from:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/349437/Supporting_pupils_with_medical_conditions - templates.docx

Parental Consent Form

Administration of medication

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy supporting staff to safely administer medicine.

Date for review to be initiated by This should be annual or when medical needs change	
Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	
Medicine	
Name/type of medicine (as described on the container) Route/method of administration	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – Y/N	
Procedures to take in an emergency	
NB: Medicines must be in the original containe	r as dispensed by the pharmacy
Contact Details	
Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to the following members of staff	[agreed member of staff]
administering medicine in accordance with the so there is any change in dosage or frequency of the	ledge, accurate at the time of writing and I give consent to school/setting s hool/setting policy. I will inform the school/setting immediately, in writing, medication or if the medicine is stopped. Medication should be in date, astructions for administration, dosage and storage. I understand that I shou hool holds for my child.
Signature(s)	Date
Reference	

Adapted from:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/349437/Supporting_pupils_with_medical_conditions - templates.docx

Record of medicine administered to an individual child

Name of child	
Date of Birth	
Date medicine provided by parent	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	
If stored in fridge/fridge, temperature at time of administration	
Staff signature	
Signature of parent	
Or child if self-consenting	

Date	Time Given	Dose given	Method of administration	Name of member of staff	Staff initials

Adapted from:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/349437/Supporting_pupils_with_medical_conditions - templates.docx

'spot check' for managing pupils with medical conditions, including administration of medicine

	B	N	
School	Date	Name of SG lead	
	Date	Mairie di 30 leau	

Managing Specific Medical Needs

Question	Process	Findings from spot check	Actions	Update
Who is the named person responsible for managing pupils with medical conditions, including allergies and/or pupils needing medicine?				
Is the policy for managing pupils with medical conditions and administration of medicines in use? Has it been fully personalised to reflect the school's processes?				
Does the school generate a list of pupils with medical needs, including those who need medicine? Is the list up to date?				
Are staff informed of those children in their class and across the school who have a medical need?				
Can staff accurately identify which children in their class needs medication?				
Are contracted caterers made aware of any food allergies or intolerances? How are the children identified by relevant staff?				
How is the school informed of any new/existing child with an existing/new medical condition? How is this received, and where is it logged?				

Does the medical information we hold on a child match up with the admissions form/any updates from parents? Is this		
on Arbor?		
What training has been received by		
staff to manage specific medical needs?		
How often is this updated?		
How do you assess the confidence and		
competence of staff providing the care?		
How is cover arranged for staff		
breaks/absence?		
How are supply staff, or school staff		
unfamiliar with the children, informed		
of children with medical needs, incl		
requirements for admin of medicine?		
What arrangements are in place to cover school trips and after school		
clubs?		
Does each child with medical needs		
have an individual health care plan?		
What template(s) are used?		
Does each care plan state clearly and		
specifically what symptoms are, and		
what response, including admin of medicine, is required?		
Are plans created with parents and		
children? How are other professionals		
involved in creating and managing		
Health Care plans?		

How are plans shared with key staff members?		
Are they regularly reviewed and updated?		

Administration of Medicine

Question	Process	Findings From Spot Check	Actions Required	Update
Does each child requiring medicine				
have a parental consent form to				
administer it?				
Is medicine stored with original				
packaging and pharmacy label?				
What is the system for managing				
What is the system for managing expiry dates of medicines?				
Are medicines labelled and stored				
separately per child?				
How are medicines (incl controlled				
substances) securely stored?				
Are emergency medicines quickly				
available? How is staff cover				
arranged to ensure a trained adult				
will be available to administer				
emergency medicine?				

How is medicine that needs to be		
administered at a specific time		
managed?		
What training has been received by		
staff to administer specific		
medicines? How often is this		
updated?		
Who oversees the administration of		
medicines? How are they covered in		
the event of absence?		
How is the administration		
recorded? Is the dose, time and		
date given included?		
How is it assessed and managed		
that a child provides self- care and		
administration?		
In the event of admin of painkillers		
or routine anti-allergy medicine, is		
consent gained and recorded from		
parents to confirm this is safe?		
Are medicines returned home when		
no longer required or have expired?		