# St Louis Catholic Academy, Newmarket
# Part of Our Lady of Walsingham Catholic Multi Academy Trust

*Christ at the Centre: Children at the Heart*
*Loving to Learn: Learning to Love*

# Administration of Medicines and Supporting Pupils with Medical Needs Policy 2021-2024

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| Approved by the Committee/Governing Body | 28-4-2021 |
| Signature of Chair of Governors | Kathleen Das and Charles Dore |
| Signature of CEO OLOW |  |
| Review date | April 2024 |

MISSION STATEMENT

Our school strives to be a living Christian Community which values and nurtures each individual through a sound education and encourages responsible attitudes towards our changing world.

St Louis believes it is important that parents/carers of pupils with medical conditions feel confident that the school provides effective support for their child's medical condition, and that pupils feel safe in the school environment.

Long-term absences as a result of medical conditions can affect educational attainment, impact integration with peers, and affect wellbeing and emotional health.

Some pupils with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. The school has a duty to comply with the Act in all such cases. This policy should be read in conjunction with the school Safeguarding Policy.

**1. Legal Framework**

1.1. This policy has due regard to legislation including, but not limited to, the following:

- The Children and Families Act 2014
- The Education Act 2002
- The Education Act 1996 (as amended)
- The Children Act 1989
- The National Health Service Act 2006 (as amended)
- The Equality Act 2010
- The Health and Safety at Work etc. Act 1974
- The Misuse of Drugs Act 1971
- The Medicines Act 1968
- The School Premises (England) Regulations 2012 (as amended)
- The Special Educational Needs and Disability Regulations 2014 (as amended)
- The Human Medicines (Amendment) Regulations 2017

1.2. This policy has due regard to the following guidance:

- DfE (2015) 'Special educational needs and disability code of practice: 0-25 years'
- DfE (2000) 'Guidance on first aid for schools'
- Ofsted (2015) 'The common inspection framework: education, skills and earlyyears'
- Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'
- DfE (2015) 'Supporting pupils at school with medical conditions'

**Key points** are:

- Pupils at school with medical conditions should be properly supported so that they have full access to education, including learning visits off site and physical education.
- Governing bodies must ensure that arrangements are in place in schools to support pupils at school with medical conditions.
- Governing bodies should ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are properly understood and effectively supported.

**This policy may be superseded by a child's EHC plan or Individual Care Plan, or may be used in conjunction with them.**

## 2. The role of the governing board

2.1. The governing board:

- Is legally responsible for fulfilling its statutory duties under legislation.
- Ensures that arrangements are in place to support pupils with medical conditions.
- Ensures that pupils with medical conditions can access and enjoy the same opportunitiesas any other pupil at the school.
- Ensures that, following long-term or frequent absence, pupils with medical conditions are reintegrated effectively.
- Ensures that the focus is on the needs of each pupil and what support is required to support their individual needs.
- Instils confidence in parents/carers and pupils in the school's ability to provide effective support.
- Ensures that all members of staff are properly trained to provide the necessary supportand are able to access information and other teaching support materials as needed.
- Ensures that no prospective pupil is denied admission to the school because arrangements for their medical condition have not been made.
- Ensures that pupils' health is not put at unnecessary risk. As a result, the board holds theright to not accept a pupil into school at times where it would be detrimental to the health of that pupil or others to do so, such as where the child has an infectious disease.
- Ensures that policies, plans, procedures and systems are properly and effectively implemented.

## 3. The role of the Head of School

3.1. The head of school:

- Ensures that this policy is effectively implemented with stakeholders.
- Ensures that all staff are aware of this policy and understand their role in its implementation.
- Ensures that a sufficient number of staff are trained and available to implement this policy and deliver against all individual healthcare plans (IHPs), including in emergency situations.
- Considers recruitment needs for the specific purpose of ensuring pupils with medical conditions are properly supported.
- Has overall responsibility for the development and signing of IHPs.
- Ensures that staff are appropriately insured and aware of the insurance arrangements.
- Contacts the school nursing service where a pupil with a medical condition requires support that has not yet been identified.

## 4. The role of parents/carers

4.1. Parents/carers:

- Notify the school if their child has a medical condition.
- Provide the school with sufficient and up-to-date information about their child's medical needs.
- Are involved in the development and review of their child's IHP.

- Sign and carry out any agreed actions contained in the IHP.
- Ensure that they, or another nominated adult, are contactable at all times.

**5. The role of pupils**

5.1. Pupils:

- Are fully involved in discussions about their medical support needs.
- Contribute to the development of their IHP.
- Are sensitive to the needs of pupils with medical conditions.

**6. The role of school staff**

6.1. School staff:

- May be asked to provide support to pupils with medical conditions, including the administering of medicines, but are not required to do so.
- Take into account the needs of pupils with medical conditions in their lessons when deciding whether or not to volunteer to administer medication.
- Receive sufficient training and achieve the required level of competency before taking responsibility for supporting pupils with medical conditions.
- Know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.
- Maintain records based on information received from parents and review annually
- As a school, our office team generally volunteer to administer medication, with specific restrictions.

**7. Notification procedure**

7.1. When the school is notified that a pupil has a medical condition that requires support in school,the school nurse informs the head of school. Following this, the school begins to arrange a meeting with parents/carers, healthcare professionals and the pupil, with a view to discussingthe necessity of an IHP

7.2. The school does not wait for a formal diagnosis before providing support to pupils. Where a pupil's medical condition is unclear, or where there is a difference of opinion concerning what support is required, a judgement is made by the head of school based on all available evidence (including medical evidence and consultation with parents/carers).

7.3. For a pupil starting at the school in a September uptake, arrangements are in place prior to their introduction and informed by their previous institution.

7.4. Where a pupil joins the school mid-term or a new diagnosis is received, arrangements are put in place following conversation with parents.

- Covered under the school's insurance arrangements.

## 8. Individual healthcare plans (IHPs)

8.1. The school, healthcare professionals and parent/carer(s) agree, based on evidence, whether an IHP is required for a pupil, or whether it would be inappropriate or disproportionate to their level of need. If no consensus can be reached, the head of school makes the final decision.

8.2. The school, parent/carer(s) and a relevant healthcare professional work in partnership to create and review IHPs. Where appropriate, the pupil is also involved in the process.

8.3. IHPs include the following information: (see appendix)

- The medical condition, along with its triggers, symptoms, signs and treatments.
- The pupil's needs, including medication (dosages, side effects and storage), other treatments, facilities, equipment, access to food and drink (where this is used to manage a condition), dietary requirements and environmental issues.
- The support needed for the pupil's educational, social and emotional needs.
- The level of support needed, including in emergencies.
- Whether a child can self-manage their medication.
- Who will provide the necessary support, including details of the expectations of the role and the training needs required, as well as who will confirm the supporting staff member's proficiency to carry out the role effectively.
- Who needs to be made aware of the pupil's condition and the support required.
- Arrangements for obtaining written permission from parents/carers and the head of school for medicine to be administered by school staff or self-administered by the pupil.
- Separate arrangements or procedures required during school trips and activities.
- Where confidentiality issues are raised by the parent/carer(s) or pupil, the designated individual to be entrusted with information about the pupil's medical condition.
- What to do in an emergency, including contact details and contingency arrangements.

8.4. Where a pupil has an emergency healthcare plan prepared by their lead clinician, this is used to inform the IHP.

8.5. IHPs are easily accessible to those who need to refer to them, but confidentiality is preserved.

8.6. IHPs are reviewed on at least an annual basis, or when a child's medical circumstances change, whichever is sooner.

8.7. Where a pupil has an EHC plan, the IHP is linked to it or becomes part of it.

8.8. Where a child has SEND but does not have a statement or EHC plan, their SEND should bementioned in their IHP.

## 9. Adrenaline auto-injectors (AAIs)

9.1. Where a pupil has been prescribed an AAI, this will be written into their IHP.

9.2. For pupils who have prescribed AAI devices, these are stored in a suitably safe and central location: the school office.

9.3. All staff members will be trained in how to administer an AAI, and the sequence of events tofollow when doing so. AAIs will only be administered by those staff members whose training is up to date.

9.4. Where a pupil appears to be having a severe allergic reaction, the emergency services will be contacted even if an AAI device has already been administered.

9.5. In the event that an AAI is used, the pupil's parents/carers will be notified that an AAI has been administered.

9.6. Where any AAIs are used, the following information will be recorded on the AAI Record:

- Where and when the reaction took place
- How much medication was given and by whom

9.7. AAIs will not be reused and will be disposed of according to manufacturer's guidelines following use.

9.8. In the event of a school learning visit, pupils at risk of anaphylaxis will have their own AAI with them.

**10. Managing Medicines - Short-term medical needs**

10.1. Medicines should normally be administered at home and only taken into school when absolutely necessary (where it would be detrimental to the child's health, or would greatly impact on a child's school attendance, if the medicine were not taken during the school day).

10.2. **The school will only accept:**

- medicines prescribed by a medical practitioner;
- medicines that are in date;
- medicines that need to be administered in excess of 3 times per day;
- medicines in their original container, as dispensed by a pharmacist;
- containers with labelling identifying the child by name and with original instructions for administration, dosage and storage.

10.3. **The school will not routinely accept or administer:**

- Medicines that are to be administered 3 times per day (unless the child is attending after school club and will not return home immediately after the end of school, or attending a residential visit).
- Piriton/Cetrizine, unless in the event of allergic reaction, where this is explicitly listed on a pupil's Care Plan or as advised by emergency medical professionals.
- Paracetamol/Ibuprofen.

10.4. On accepting medication, the parent must sign a form disclosing all details and giving permission for the medication to be administered by a named person (usually our office staff,or visit leaders in the event of residential or educational visits).

10.5. Medicines should be kept in a locked cupboard (except where storage in a fridge is required).Medicines are only accessed by office staff or visit leaders (in the event of educational and residential visits).

10.6. When administering, the named adult must complete the administration of medication record, showing the date and time and details/dosage of the medication. This must be counter-signed by another adult. In the case of the child being allowed to administer their own medication, this must again be added to the record and counter-signed by another adult.

**The exception to the above, is in the case of asthma inhalers. These are kept in the classroom of the pupil. Parents will inform the school as to whether the pupil can self-administer or if the pupil requires aided administration.**

10.7. Under no circumstances should a parent send a child to school with any medicines, e.g. throat sweets/tablets, without informing the school. These could cause a hazard to the child or to another child if found and swallowed.

10.8. Parents are welcome to come into school to administer medicines themselves that the school refuses to administer, for reasons given above.

## 11. Process for the Administration of Medicines duringresidential visits – all medical needs

11.1. For the purpose of residential visits, there will be a named visit leader with responsibility for the administration of medicines and care of children as above (unless the parent of the pupil is also accompanying the visit and it is deemed more suitable for the parent to administer the medication).

11.2. Parents will be asked to complete a form and may be required to meet with the named staff to ensure that staff are aware of all medical requirements. In the case of higher levels of care e.g. intimate care, the named member of staff will also meet with the school nurse, or other recognised medical advisor to ensure that they are trained in dealing with the level of care required.

## Individual Healthcare Plan

| | |
|---|---|
| Child's name: | |
| Group/class/form: | |
| Date of birth: | |
| Child's address: | |
| Medical diagnosis or condition: | |
| Date: | |
| Review date: | |

**Family contact information**

| | |
|---|---|
| Name: | |
| Phone number (work): | |
| (home): | |
| (mobile): | |
| Name: | |
| Relationship to child: | |
| Phone number (work): | |
| (home): | |
| (mobile): | |

**Clinic/hospital contact**

| | |
|---|---|
| Name: | |
| Phone number: | |

**Child's GP**

| | |
|---|---|
| Name: | |
| Phone number: | |

| | |
|---|---|
| Who is responsible for providing supportin 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 it should 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:

Other Information:

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

Responsible person in an emergency (state if different for off-site activities):

Plan developed with:

Staff training needed/undertaken – who, what, when:

Form copied to:

**EQUALITY IMPACT ASSESSMENT for SCHOOL POLICIES**

| | | Yes / No | Comments |
|---|---|---|---|
| 1. | Does the Policy/Guidance affect one group less or more favourably than another on the basis of: | | |
| | Age (for policies affecting staff) | N/A | |
| | Disability | N | |
| | Sex | N | |
| | Gender reassignment | N | |
| | Pregnancy/maternity | N | |
| | Race (which includes colour, nationality and ethnic or national origins) | N | |
| | Sexual orientation | N | |
| | Religion or belief | N | |
| | Marriage / civil partnership | N | |
| 2. | Is there any evidence that some groups are affected differently? | N | |
| 3. | If we have identified potential discrimination are any exceptions reasonable, legal and justifiable? | N | |
| 4. | Is the impact of the policy/guidance likely to be negative? | N | |
| 5. | If so, can the impact be avoided? | N | |
| 6. | What alternatives are there to achieving the policy/guidance without the impact? | N | |
| 7. | Can we reduce the impact by taking different action? | N | |