Glade Primary School Administering Medication Policy









Date: September 2023

Review Date: September 2024

Glade Primary School Medical Policy

Equality objective

As a school, we promote the Equality Act 2010, to ensure equal access for all pupils to all aspects of school life. This means that pupils, staff, governors and other stakeholders will promote the fundamental British Values of democracy, the rule of law, individual liberty and the mutual respect and tolerance of those with different faiths and beliefs.

At Glade Primary School the needs of each, individual child comes first. We therefore consider the needs of the children in the care of staff when considering any application for leave.

Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools to make arrangements for supporting pupils at their school with medical conditions. This policy sets out our arrangements.

We aim to ensure that all children with medical conditions in terms of 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.

Glade Primary School works with health professionals and other support services to ensure that children with medical conditions receive a full education. In some cases, this may require flexibility and involve programmes of study that rely on part time attendance at school in combination with alternative provision arranged by the SENDCo/Inclusion Lead or Head Teacher.

Roles & Responsibilities:

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. The school will work cooperatively with other agencies to ensure that the needs of pupils with medical conditions are met effectively.

The Head Teacher:

- has overall responsibility for the implementation of this policy and will ensure that it is implemented with partners.
- will ensure that all staff are aware of this policy and understand their role in its implementation.
- will ensure that new staff are fully informed about this policy.
- will ensure that relevant staff are informed about a child's condition.
- will ensure that sufficient staff are suitably trained and available. (Additional staff will be trained in order to cover staff absence or staff turnover.)
- has overall responsibility for the development of IHCPs.

The SENDCo/Inclusion Lead:

- Will, in liaison with the Medical Officer, identify any training needs necessary during the development or review of IHCPs.
- Will liaise with external agencies to assess staff training needs.
- Will arrange for external professionals to train staff.
- Will support staff in carrying out their role.
- Will liaise with the head teacher to commission training.

The Medical Officer:

- Will review and update IHCPs on an annual basis.
- will update school records and inform school staff of IHCP and list of all identified health needs
- will update photographic identifications of children with IHCP in Key areas around the school, including 1st Aid area.
- will renew 'Assistance needed' cards to all areas and for specific pupils

Staff:

• Must not give prescription medicines or undertake health care procedures without appropriate training.

- Must not administer any medication without written parent permission or an IHCP in place.
- May be asked to provide support to pupils with medical conditions, including the administering of medicines.
- Will receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions.
- Should know what to do and respond accordingly when they become aware that a pupil with medical condition needs help.

Pupils:

- Where possible, should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, any comply with, their IHCP.
- Will be encouraged to take responsibility for managing their own medicines and procedures if, following discussions with their parent/carer, it is agreed that they are competent.
- Who refuse to take medicine or carry out a necessary procedure will not be forced to do so but the procedure in the IHCP should be followed and parent/carer must be informed so that alternative options can be considered.

Parent/Carer:

- Should ensure that their child attends regularly but if the child is unwell, they should be kept at home.
- Should keep any child who is acutely unwell at home
- Should provide the school with sufficient and up to date information about their child's medical condition and any treatment and special care needed at school.
- Should be involved in the development and review of their child's IHCP and will be involved in its drafting.
- Should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.
- 4 Version 1 11.10.23 by Mrs Susan Jones, (Medical Officer) To be reviewed annually by Medical Officer, SLT and Governors

- Should remind the class teacher of the need to take the relevant medicines on all school trips
- Should ensure school is given up to date emergency contact details
- Are responsible to ensure all medications are in date and replace as and when necessary

Managing Medicines on School Premises

- Medicines should be prescribed in dose frequencies, which enable them to be taken outside school hours. We will therefore only administer medicines when absolutely necessary and those that a child requires for long term illnesses. If a parent/carer feels it is necessary for a child to receive medication during the school day, the parent/carer is always welcome to come into school to administer the dosage.
- Children for whom we are likely to agree to administer medicines include children with long term medical needs including diabetes, epilepsy, asthma, severe allergies and occasionally medicines prescribed by GPs that have to be given during the daytime.
- Children will not be given medicines without their parent/carer's written consent.
- If we agree to administer any medicine, the parent/carer must complete Parental consent form.
- Children should not bring any medicine into school with them- this includes cough sweets.
- Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- Children will 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.
- We will only accept medicines that are prescribed by a doctor, 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 may be inside an insulin pen or pump rather than its original container.

- All medicines will be stored in the school office but medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will not be locked away.
- .For Anaphylaxis, it is necessary to have an additional adrenaline pen in school which will be kept securely, in the classroom or near the child, for emergency use.
- On school trips the children should know where their medication is at all times- The carrying medication to be named on risk assessment.
- Medication will be stored in the medical area and staff will have access.
- Staff administering medicines should do so in accordance with the prescriber's instructions.
- When no longer required, medicines will be returned to the parent/carer to arrange for safe disposal.

Managing Medicines on Residential School Trips

During residential school journeys, we will administer medicines prescribed by the GP. We will not administer other medication unless there are exceptional circumstances for the request. Permission must therefore be sought from the Head Teacher well in advance of any trip if any non- prescribed medicine (for example, travel sickness tablets, hay fever medication) is requested to be administered. A 'Medical consent' form will have to be completed and agreement reached from the staff who are being asked to administer this medication. After consultation with The Headteacher, we will administer non-prescription medication such as Calpol or travel sickness pills only on residential school journeys, after completion of a Medical consent form.

Record Keeping

• A record must be kept of all medicines administered to individual children, stating what, how and how much was administered and by whom. Any side effects of the medication should be noted.

Procedure to be followed when notification is received that a pupil has a medical condition

- If a parent/carer or healthcare professional informs the school that the child has been newly diagnosed, or is due to attend new school, or is due to return to school after a long-term absence, or that needs have changed.
- A meeting is arranged between the head teacher, Inclusion Lead or Medical Officer, the parent/carer, child and relevant healthcare professional (or to consider written evidence provided by them) to ascertain the child's medical support needs. A member of staff may be identified to provide support to the child.
- At the meeting a discussion will take place to agree on the need for an IHCP.
- The school will liaise with the healthcare professional in order to develop and write the IHCP.
- The SENDCo/Inclusion Lead will identify any training needs.
- The SENDCo/Inclusion Lead commissions/delivers training and staff are signed off as competent. Review date agreed.
- The IHCP will be signed by the parent/carer and the head teacher.
- The IHCP will be implemented and circulated to relevant staff. A copy will be kept in a central file. A copy will also be kept in the school office and the staffroom
- The IHCP will be reviewed annually or when the condition changes. (Parent/carer or healthcare professional to initiate as soon as changes are needed.)
- In the case of a new diagnosis or children moving to the school mid-term every effort will be made to ensure that arrangements are put in place as soon as possible.

Transition Arrangements

When a child transfers to Glade Primary School the previous setting will be contacted by the SENDCo/Inclusion Lead and a request will be made for any paperwork to be transferred.

7 Version 1 11.10.23 by Mrs Susan Jones, (Medical Officer) To be reviewed annually by Medical Officer, SLT and Governors If a child transfers to another school, the SENDCo/Inclusion Lead will contact the new school to share information about the child. The child's school records will be sent to the receiving school on the child's last day at the school so that documentation is in place for the start of the next term.

Parent/carers are responsible for informing the school about any change to their child's condition.

Individual Healthcare Plans

Individual healthcare plans (IHCPs) can help to ensure that the school effectively supports pupils with medical conditions. They provide clarity about what needs to be done, when and by whom.

Healthcare plans may be initiated, in consultation with parent/carer, by a member of school staff or a healthcare professional involved in providing care to the child. The school, healthcare professional and parent/carer will agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate.

Glade Primary School uses the Redbridge Health Care Protocol Plans which are individualised to meet the needs of each child. This is completed in conjunction with the Medical Officer, parent and School Nurse and child where applicable.

A healthcare plan will be essential in cases where:

- a condition fluctuates
- there is a high risk that emergency intervention will be needed
- Child has a medical condition which is long term and complex

The healthcare plan will be drawn up in partnership between the school, parent/carer and a relevant healthcare professional who can best advice on the particular needs of the child.

Where the child has a special educational need identified in an EHC plan the IHCP will be linked to, or become part of the EHC plan.

When a child returns to school following a period of hospital education or alternative provision the school will work with the local authority to ensure that the IHCP identifies the support the child will need to reintegrate effectively.

8 Version 1 11.10.23 by Mrs Susan Jones, (Medical Officer) To be reviewed annually by Medical Officer, SLT and Governors The IHCP will be made accessible to all staff and professionals who need to refer to it.

The IHCP will be reviewed on an annual basis or earlier if evidence is presented that the child's needs have changed.

Emergency Procedures

If a child needs to be taken to hospital staff will stay with the child until the parent/carer arrives or accompany a child taken to hospital by ambulance.

Day Trips, Residential Trips and Sporting Activities

The school will carry out a risk assessment to take account of any steps needed to ensure that pupils with medical conditions are supported to participate in school trips and visits wherever possible.

The school will consider what reasonable adjustments can be made to enable children with medical needs to participate fully and safely on visits.

The school will consult with parent/carer, and take advice from the relevant healthcare professional to ensure that the child can participate safely.

Unacceptable Practice

It is unacceptable 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 parent/carer 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.
- Penalise children 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 in order to manage their medical condition effectively.

• Prevent children from participating or create unnecessary barriers to children participating in any aspect of school life including school trips.

Insurance Arrangements

Redbridge Health Care Protocol Plans include a staff indemnity clause:

'Our public liability policy covers the school, school governing body, teachers, other employees and volunteers should a claim be made by a pupil who alleges they have sustained injury or damage to property as a result of the negligent provision of medical treatment.

The policy covers the administration or supervision of prescription and non-prescription medication orally, topically or by tube and the application of appliance or dressings. This applies both to straightforward and complex conditions.

We would expect any guidance with the medication to be followed and that those administering the treatment to have received the appropriate training and that this is reviewed on a regular basis'.

Complaints

If parent/carers are dissatisfied with the support provided they should discuss their concerns directly with the school. If this does not resolve the issue, they should make a formal complaint via the school's complaints procedure, which can be found on the school website.

As an accredited Rights Respecting School, we are a community where children's rights are learned, taught, practised, respected, protected and promoted.

This policy has been reviewed in conjunction with the Glade Mental Health and Wellbeing Policy.

At Glade Primary School we aim to promote and protect the mental health and wellbeing of all of stakeholders.