

Aspley Guise Lower School

Growing Together, Aiming High



Administering Medication/ Supporting Medical Conditions

Date Ratified: March 2020
Review Date: March 2022

Rationale

Aspley Guise Lower School is welcoming and supportive of pupils with medical conditions. It provides children with medical conditions with the same opportunities and access to activities (both school based and out-of-school) as other pupils. No child will be denied admission or prevented from taking up a place in this school because arrangements for their medical condition have not been made. The school recognises its duties as detailed in Section 100 of the Children and Families Act 2014. (Other related legislation is referenced in DfE guidance p21). Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. Where this is the case, this school complies with its duties under that Act. Some may also have special educational needs (SEN) and may have a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with SEN, this policy should be read in conjunction with the Special educational needs and disability (SEND) code of practice.

To ensure this we will:

- Listen to the views of pupils and parents/carers.
- Ensure pupils and parents/carers feel confident in the care they receive from this school and that the level of that care meets their needs.
- Understand the medical conditions of pupils and that they may be serious, adversely affect a child's quality of life and impact on their ability and confidence
- Ensure all staff understand their duty of care to children and young people and know what to do in the event of an emergency.
- Focus on the needs of each individual child.

Staff Training

Children with medical conditions that are complex, long-term or where there is a high risk that emergency intervention/ medical professionals will be required at this school have an individual healthcare plan (IHP), which explains what help they need in an emergency. The IHP will accompany a pupil should they need to attend hospital. Parental permission will be sought and recorded in the IHP for sharing the IHP within emergency care settings.

Staff providing support to a pupil will have received suitable training and ongoing support to ensure that they have confidence to provide the necessary support and that they fulfil the requirements set out in the pupil's IHP. This should be provided by the specialist nurse/school nurse/other suitably qualified healthcare professional and/or parent/carer. The specialist nurse/school nurse/other suitably qualified healthcare professional will confirm their competence and this school keeps an up to date record of all training undertaken and by whom.

Staff, including temporary or supply staff should be aware of the content of this policy, know what action to take in an emergency and receive updates at least yearly. School nurses will provide regular training for common conditions e.g. asthma, allergies, epilepsy and diabetes.¹

All staff will receive regular EpiPen updates every year.

All staff will get First aid training every three years.

A minimum of two members of staff will receive statutory Paediatric First Aid training.

¹ For pupils requiring insulin injections/insulin via pumps or blood glucose monitoring in schools the Paediatric Diabetes Team will provide this level of training and education.

If a pupil needs to attend hospital, a member of staff (preferably known to the pupil) will stay with them until a parent/carer arrives, or accompany a child taken to hospital by ambulance. They will not take pupils to hospital in their own car.

We will not insist a member of staff administer medication where the member of staff feels the lack the appropriate medical training or they are uncomfortable with the administering. In such cases, they may ask another member of staff to do it.

Guidance on providing care and support and administering medication at school.

This school understands the importance of medication being taken and care received as detailed in the pupil's IHP. Medication will only be administered when it would be detrimental to a child's health or school attendance not to do so.

If appropriate, we will ensure that there are sufficient members of staff who have been trained to administer the medication and meet the care needs of an individual child. This includes escort staff for home to school transport if necessary. This school will ensure that there are sufficient numbers of staff trained to cover any absences, staff turnover and other contingencies.

We will not give medication (prescription or non-prescription) to a child under 16 without a parent's written consent except in exceptional circumstances, and every effort will be made to encourage the pupil to involve their parent/carer, while respecting their confidentiality.

When administering medication, for example pain relief, this school will check the maximum dosage and when the previous dose was given. Parents/carers will be informed.

Parents/carers at this school understand that they should let the school know immediately if their child's needs change.

If a pupil misuses their medication or anyone else's, their parent/carer is informed as soon as possible and the school's disciplinary procedures are followed.

Accepting children "under the weather" and Over The Counter Medication

The school recognises that there is a grey area between children who are clearly unwell and should be at home recovering and those who are fit and well and should be at school.

There are occasions when a child may have been unwell and are well on the road to recovery and wish to be back at school.

On such occasions, the school and parents should consider these safeguarding questions:

- Does the child appear well enough to learn?
- Where is the best place for the child to be today?
- If the school admitted the child, is there a chance they would be infecting anyone else?

If the answers to these questions lead to the decision that the child should be in school and some supporting over the counter medication (OTC) will enable this, the school will admit the child with the supporting OTC medication. This is with parent instruction via the school's required form (Appendix 3). In line with safeguarding procedures and our duty of care, we require parent instruction be compliant with the manufacturers guidelines.

If the school has concerns that the guidelines are not being followed, the school reserves the right to refuse administration.

Storage of medication and equipment

We will ensure that all staff understand what constitutes an emergency for an individual child and make sure that emergency medication/equipment, eg asthma inhalers, epi-pens etc are readily available wherever the child is in the school and on off-site activities, and are not locked away.

Pupils may carry their own medication/equipment, or they should know exactly where to access it. Those pupils deemed competent to carry their own medication/equipment with them will be identified and recorded through the pupil's IHP in agreement with parents/carers.

Pupils can carry controlled drugs if they are deemed competent to do so, otherwise this school will store controlled drugs securely in a non-portable container, with only named staff having access. Staff can administer a controlled drug to a pupil once they have had specialist training as appropriate.

We will ensure that all medication is stored safely, and that pupils with medical conditions know where they are at all times and have access to them immediately. Under no circumstances will medication be stored in first aid boxes.

We will only accept medication that is in date, labelled and in its original container including prescribing instructions for administration. The exception to this is insulin, which though must still be in date, will generally be supplied in an insulin injector pen or a pump.

If required, we will dispose of needles and other sharps in line with local policies. If required, sharps boxes will be kept securely at school and will accompany a child on off-site visits. They are collected and disposed of in line with local authority procedures.

Medicines should - subject to the exceptions below - be stored in the school office or in a labelled airtight box in a refrigerator with restricted access.

Medicines should be stored in their original containers, clearly labelled with the name of the pupil, the name and dose of the drug, the frequency of administration, any likely side effects, and the expiry date. Parents are responsible for ensuring that this information is provided either before or at the time the medicine is given to the school.

Asthma inhalers and Epipens will also be stored in the school office. In certain critical circumstances, these may also be kept in the relevant child's classroom.

In all cases the office staff will check:

- Name of child
- Name of medicine
- Dosage
- Written instructions provided by prescriber
- Expiry date

Record keeping

As part of our admissions process and annual data collection exercise parents/carers are asked if their child has any medical conditions. These procedures also cover transitional arrangements between schools.

We use an IHP to record the support an individual pupil needs around their medical condition. The IHP is developed with the pupil (where appropriate), parent/carer, designated named member of school staff, specialist nurse (where appropriate) and relevant healthcare services. Where a child has SEN but does not have a statement or EHC plan, their special educational needs are mentioned in their IHP.

IHPs are regularly reviewed, at least every year or whenever the pupil's needs change. The pupil (where appropriate) parents/carers, specialist nurse (where appropriate) and relevant healthcare services hold a copy of the IHP. Other school staff are made aware of and have access to the IHP for the pupils in their care.

We ensure that the pupil's confidentiality is protected, seeking permission from parents/carers before sharing any medical information with any other party.

Accurate records are kept of all medication administered, including the dose, time, date and supervising staff.

On and Off-Site Provision

This school is committed to providing a physical environment accessible to pupils with medical conditions and pupils are consulted to ensure this accessibility. This school is also committed to an accessible physical environment for out-of-school activities. We endeavour to ensure, as far as practically possible and taking into account Risk Assessments and Health and Safety considerations, the needs of pupils with medical conditions are adequately considered to facilitate their involvement in structured and unstructured activities, extended school activities and residential visits. If possible, we will ensure that a trained member of staff is available to accompany a pupil with a medical condition on an off-site visit, including overnight stays.

Staff are aware of the potential social problems that pupils with medical conditions may experience and use this knowledge, alongside the school's anti bullying policy, to help prevent and deal with any problems. Where appropriate, we use opportunities such as PSHE and science lessons to raise awareness of medical conditions to help promote a positive environment. We understand the importance of all pupils taking part in off site visits and physical activity and that all relevant staff make reasonable and appropriate adjustments to such activities in order they are accessible to all pupils. This includes out-of-school clubs and team sports. Risk assessments will be conducted as part of the planning process to take account of any additional controls required for individual pupil needs.

We understand that all relevant staff are aware that pupils should not be forced to take part in activities if they are unwell. They should also be aware of pupils who have been advised to avoid/take special precautions during activity, and the potential triggers for a pupil's medical condition when exercising and how to minimise these.

If going on a day school trip, children prone to travel sickness should take travel sickness tablets prior to coming to school.

When going on a residential visit, travel sickness tablets, epipens and inhalers and any other medicines should be handed to a teacher at the beginning of the trip, with signed permission and an explanatory note from a parent or carer.

Staff understand that frequent absences, or symptoms, such as limited concentration and frequent tiredness, may be due to a pupil's medical condition.

Administering First Aid

Staff at Aspley Guise receive regular (3-yearly) updates on emergency first aid. Acting in loco parentis, we will administer first aid as per our training in the best interests of the child. Where there is uncertainty as to follow up actions that should be taken, as much as possible we will seek the views of the parent/carer. However, as a matter of safeguarding, where there is a belief that professional assistance is required, we will contact the appropriate authorities.

First Aid that is administered will be recorded on our "Impero-Edaware" system and an automated email will be sent to the parent/carer to inform them of the issue and how this was resolved.

Children complaining of being unwell where there are no clear symptoms

There are occasions when a child reports that they are "unwell". For children who do not have a specific medical condition identified with the family that requires action, the causes of this may be:

- Anxiety
- stomach-aches resulting from eating a meal too quickly
- dehydration
- tiredness

If, in the opinion of the member of staff following an initial conversation, the child's symptoms are related to one of the above rather than being an illness that requires the child to go home, the school will follow this procedure:

- The child will be encouraged to go to the toilet.
- The child will be asked to have a small drink of water.
- The child may be sent to the office for a wheaty-bag (hot compress)
- The child may sit outside the office for a period of quiet
- A second opinion may be sought.

The Recuperation Hour

From the time the child makes the initial complaint, a period of 1 hour ("The Recuperation Hour") may elapse before the school contacts the parents. This is to give sufficient time for the child to recover and return to their learning. If at the end of "The Golden Hour", the child is still stating that they are unwell, despite no further symptoms, the school will make a call home.

If, in the opinion of the office staff or senior leaders, the child is clearly unwell, is not in a position to engage with the learning process and is unlikely to recover, then a call will be made sooner.

Monitoring of Triggers and Reviewing the Policy

We are committed to identifying and reducing triggers both at school and on out-of-school visits. School staff have been given training and written information on medical conditions which includes avoiding/reducing exposure to common triggers.

The IHP details an individual pupil's triggers and details how to make sure the pupil remains safe throughout the whole school day and on out-of-school activities. Risk assessments are carried out on all out-of-school activities, taking into account the needs of pupils with medical needs.

We will review all medical emergencies and incidents to see how they could have been avoided, and make changes to school policy according to these reviews.

In evaluating the policy, this school seeks feedback from key stakeholders including pupils, parents/carers, school nurses, specialist nurses and other relevant healthcare professionals,

school staff, local emergency care services and governors. The views of pupils with medical conditions are central to the evaluation process.

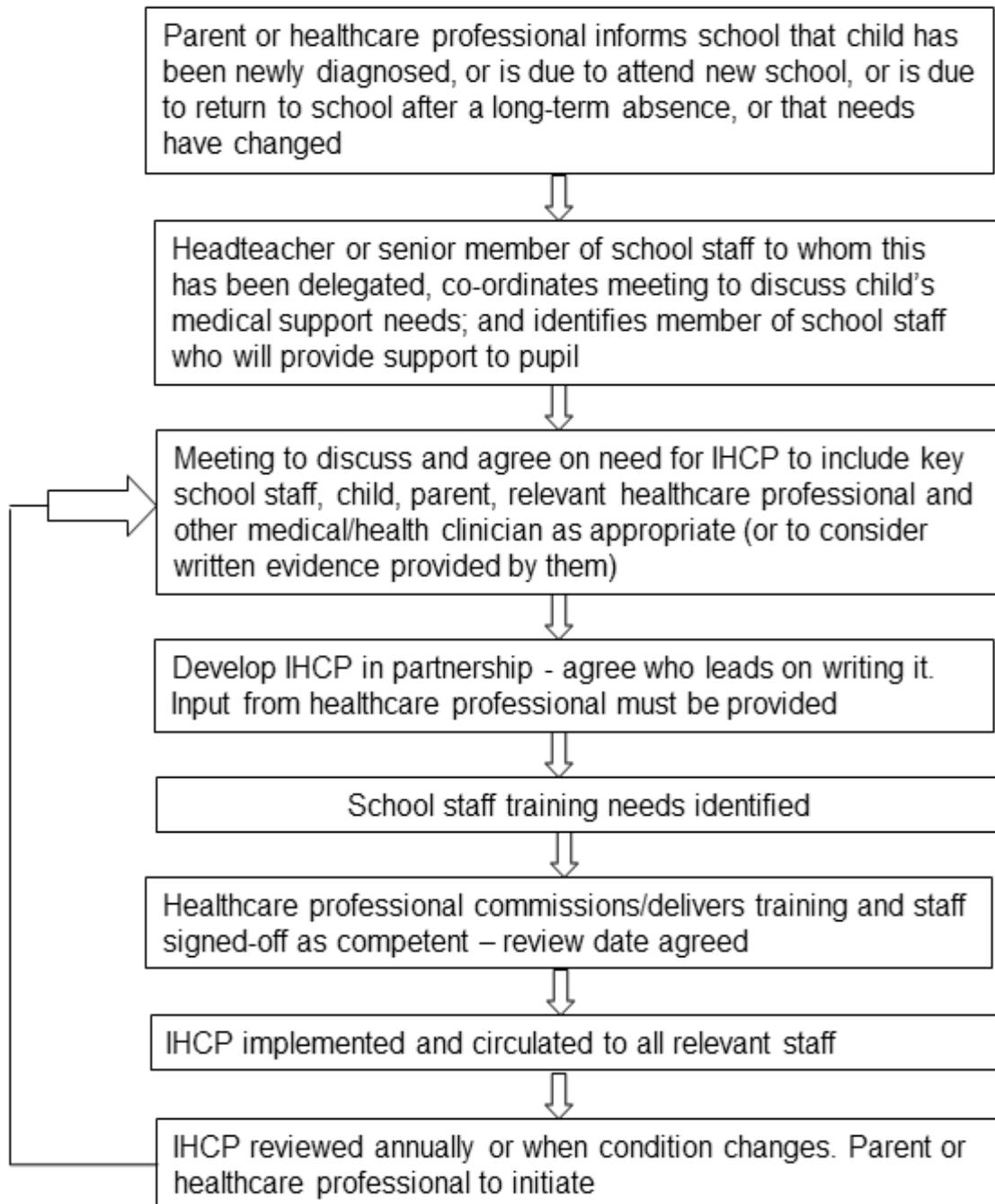
Should parents and pupils be dissatisfied with the support provided they should discuss these concerns to the Headteacher.

Administration of non-prescription medicines

Medication is not to be given without written permission from the parents of the child concerned (see attached **Parental agreement for school/setting to administer medicine Form**). However, Staff will administer prescribed medicines under certain exceptional circumstances. i.e. Where to not do so would put the child at greater risk.

If not administered at home prior to coming to school, sun screen should be self applied by children. This activity can be supervised by an adult.

Appendix 1
Model process for developing individual healthcare plans



Appendix 2: Individual Healthcare Plan (IHP)

Name of school/setting	Aspley Guise Lower School
Child's name	
Group/class/form	
Date of birth	
Medical diagnosis or condition	
Date	
Review date	

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	

Who is responsible for providing support in school	
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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

Form copied to

Appendix 3: Parental/Carer agreement for setting to administer medicine

Aspley Guise Lower School

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

Date for review to be initiated by	
Name of school/setting	Aspley Guise Lower School
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
If medication is an inhaler, is a spacer provided?	Y/N
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	
Keep in Fridge	Y/N
Procedures to take in an emergency	
Where is the medicine to be kept overnight?	Retained in school/taken home each day

NB: Medicines must be in the original container 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	[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

In consideration for the Headteacher or the school staff agreeing to give medication to my/our above named child during school hours, I/We agree to indemnify the Headteacher, the school staff and the Local Education Authority against all claims. Costs, actions and demands whatsoever resulting from the administration of the medicine unless such claims, costs, actions or demands result out of the negligence of the Headteacher, the school staff or the Local Education Authority.

If more than one medicine is to be given a separate form should be completed for each.

Parent's signature: _____ Print Name: _____

If more than one medicine is to be given a separate form should be completed for each one.

Date: _____

Staff signature: _____

Date								
Time given								
Signed								

Appendix 4: Medical Form Continuation Sheet

Name of Child:

DATE													
TIME GIVEN													
SIGN													

DATE													
TIME GIVEN													
SIGN													

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