

## **Supporting Pupils with Medical Needs and Administrating Medicines Policy:**

### 1. Key roles and responsibilities

#### 1.1. The M.A.T is responsible for:

- 1.1.1. Promoting cooperation between relevant partners and stakeholders regarding supporting pupils with medical conditions.
- 1.1.2. Providing support, advice and guidance to schools and their staff.
- 1.1.3. Making alternative arrangements for the education of pupils who need to be out of school for fifteen days or more due to a medical condition.

#### 1.2. The Governing Body is responsible for:

- 1.2.1. The overall implementation of the Supporting Pupils with Medical Conditions Policy and procedures of The Albany School
- 1.2.2. Ensuring that the Supporting Pupils with Medical Conditions Policy, as written, does not discriminate on any grounds including, but not limited to: ethnicity/national origin, culture, religion, gender, disability or sexual orientation.
- 1.2.3. Handling complaints regarding this policy as outlined in the school's Complaints Policy.
- 1.2.4. Ensuring that all pupils with medical conditions are able to participate fully in all aspects of school life.
- 1.2.5. Ensuring that relevant training provided by the LA is delivered to staff members who take on responsibility to support children with medical conditions.
- 1.2.6. Guaranteeing that information and teaching support materials regarding supporting pupils with medical conditions are available to members of staff with responsibilities under this policy.
- 1.2.7. Keeping written records of any and all medicines administered to individual pupils and across the school population.
- 1.2.8. Ensuring the level of insurance in place reflects the level of risk.

### 1.3. The Headteacher

#### is responsible for:

- 1.3.1. The day-to-day implementation and management of the Supporting Pupils with Medical Conditions Policy and procedures of The Albany School
- 1.3.2. Ensuring the policy is developed effectively with partner agencies.
- 1.3.3. Making staff aware of this policy.
- 1.3.4. Liaising with healthcare professionals regarding the training required for staff.
- 1.3.5. Making staff who need to know aware of a child's medical condition.
- 1.3.6. Developing Individual Healthcare Plans (IHCPs).
- 1.3.7. Ensuring a sufficient number of trained members of staff are available to implement the policy and deliver IHCPs in normal, contingency and emergency situations.
- 1.3.8. If necessary, facilitating the recruitment of a member of staff for the purpose of delivering the promises made in this policy.
- 1.3.9. Ensuring the correct level of insurance is in place for teachers who support pupils in line with this policy.
- 1.3.10. Contacting the school nursing service in the case of any child who has a medical condition.

#### 1.4. Staff members are responsible for:

- 1.4.1. Taking appropriate steps to support children with medical conditions.
- 1.4.2. Where necessary, making reasonable adjustments to include pupils with medical conditions into lessons.
- 1.4.3. Administering medication, if they have agreed to undertake that responsibility.
- 1.4.4. Undertaking training to achieve the necessary competency for supporting pupils with medical conditions, if they have agreed to undertake that responsibility.

1.4.5. Familiarising themselves with procedures detailing how to respond when they become aware that a pupil with a medical condition needs help.

1.4.6. Kelly O'Brien is responsible for administering injections.

**The School Nurse is responsible for:**

1.4.7. Notifying the school when a child has been identified with requiring support in school due to a medical condition.

1.4.8. Liaising locally with lead clinicians on appropriate support.

**1.5. Parents and carers are responsible for:**

1.5.1. Keeping the school informed about any changes to their child/children's health.

1.5.2. Completing a parental agreement for school to administer medicine form before bringing medication into school.

1.5.3. Providing the school with the medication their child requires and keeping it up to date.

1.5.4. Collecting any leftover medicine at the end of the course or year.

1.5.5. Discussing medications with their child/children prior to requesting that a staff member administers the medication.

1.5.6. Where necessary, developing an [Individual Healthcare Plan](#) (IHCP) for their child in collaboration with the Executive Principal, other staff members and healthcare professionals.

## 2. Definitions

2.1. "Medication" is defined as any prescribed or over the counter medicine.

2.2. "Prescription medication" is defined as any drug or device prescribed by a doctor.

2.3. A "staff member" is defined as any member of staff employed at The Albany School, including teachers.

## 3. Training of staff

3.1. Teachers and support staff will receive training on the Supporting Pupils with Medical Conditions Policy as part of their new starter induction.

3.2. Teachers and support staff will receive regular and ongoing training as part of their development.

3.3. Teachers and support staff who undertake responsibilities under this policy will receive the following training externally:

- Epilepsy Training
- First Aid Training
- EpiPen Training
- Mental First Aid

3.4. The clinical lead for this training is Kelly O'Brien.

3.5. No staff member may administer prescription medicines or undertake any healthcare procedures without undergoing training specific to the responsibility, including administering

3.6. No staff member may administer drugs by injection unless they have received training in this responsibility

3.7. The school will keep a record of training undertaken and a list of teachers qualified to undertake responsibilities under this policy.

#### 4. The role of the child

4.1. Children who are competent will be encouraged to take responsibility for managing their own medicines and procedures.

4.2. Where possible, pupils will be allowed to carry their own medicines and devices. Where this is not possible, their medicines will be located in an easily accessible location.

4.3. If pupils refuse to take medication or to carry out a necessary procedure, parents will be informed so that alternative options can be explored.

4.4. Where appropriate, pupils will be encouraged to take their own medication under the supervision of a teacher.

#### 5. Individual Healthcare Plans (IHCPs)

5.1. Where necessary, an Individual Healthcare Plan (IHCP) will be developed in collaboration with the pupil, parents/carers, Headteacher, Special Educational Needs Coordinator (SENCO) and medical professionals.

5.2. IHCPs will be easily accessible whilst preserving confidentiality.

5.3. IHCPs will be reviewed at least annually or when a child's medical circumstances change, whichever is sooner.

5.4. Where a pupil has an Education, Health and Care plan or special needs statement, the IHCP will be linked to it or become part of it.

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

## 6. Medicines

6.1. Where possible, it is preferable for medicines to be prescribed in frequencies that allow the pupil to take them outside of school hours.

6.2. If this is not possible, prior to staff members administering any medication, the parents/carers of the child must complete and sign a [parental agreement for a school to administer medicine](#) form.

6.3. No child will be given any prescription or non-prescription medicines without written parental consent except in exceptional circumstances.

6.4. Where a pupil is prescribed medication without their parents'/carers' knowledge, every effort will be made to encourage the pupil to involve their parents while respecting their right to confidentiality.

6.5. No child under 16 years of age will be given medication containing aspirin without a doctor's prescription.

6.6. Medicines MUST be in date, labelled, and provided in the original container (except in the case of insulin which may come in a pen or pump) with dosage instructions. Medicines which do not meet these criteria will not be administered.

6.7. A maximum of four weeks supply of the medication may be provided to the school at one time.

#### 6.8. Controlled drugs

may only be taken on school premises by the individual to whom they have been prescribed. Passing such drugs to others is an offence which will be dealt with under our Drug and Alcohol Policy.

6.9. Medications will be stored in the Medical Room.

6.10. Any medications left over at the end of the course will be returned to the child's parents.

6.11. Written records will be kept of any medication administered to children.

6.12. Pupils will never be prevented from accessing their medication.

6.13. The Albany School cannot be held responsible for side effects that occur when medication is taken correctly.

### 7. Emergencies

7.1. Medical emergencies will be dealt with under the school's emergency procedures.

7.2. Where an Individual Healthcare Plan (IHCP) is in place, it should detail:

- What constitutes an emergency.
- What to do in an emergency.

7.3. Pupils will be informed in general terms of what to do in an emergency such as telling a teacher.

7.4. If a pupil needs to be taken to hospital, a member of staff will remain with the child until their parents arrive.

### 8. Avoiding unacceptable practice

8.1. The Albany School understands that the following behaviour is unacceptable:

- Assuming that pupils with the same condition require the same treatment.
- Ignoring the views of the pupil and/or their parents.
- Ignoring medical evidence or opinion.
- Sending pupils home frequently or preventing them from taking part in activities at school

- Sending the

pupil to the medical room or school office alone if they become ill.

- Penalising pupils with medical conditions for their attendance record where the absences relate to their condition.
- Making parents feel obliged or forcing parents to attend school to administer medication or provide medical support, including toilet issues.
- Creating barriers to children participating in school life, including school trips.
- Refusing to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.
- Allowing pupils to leave the school site on their own once identified as ill.

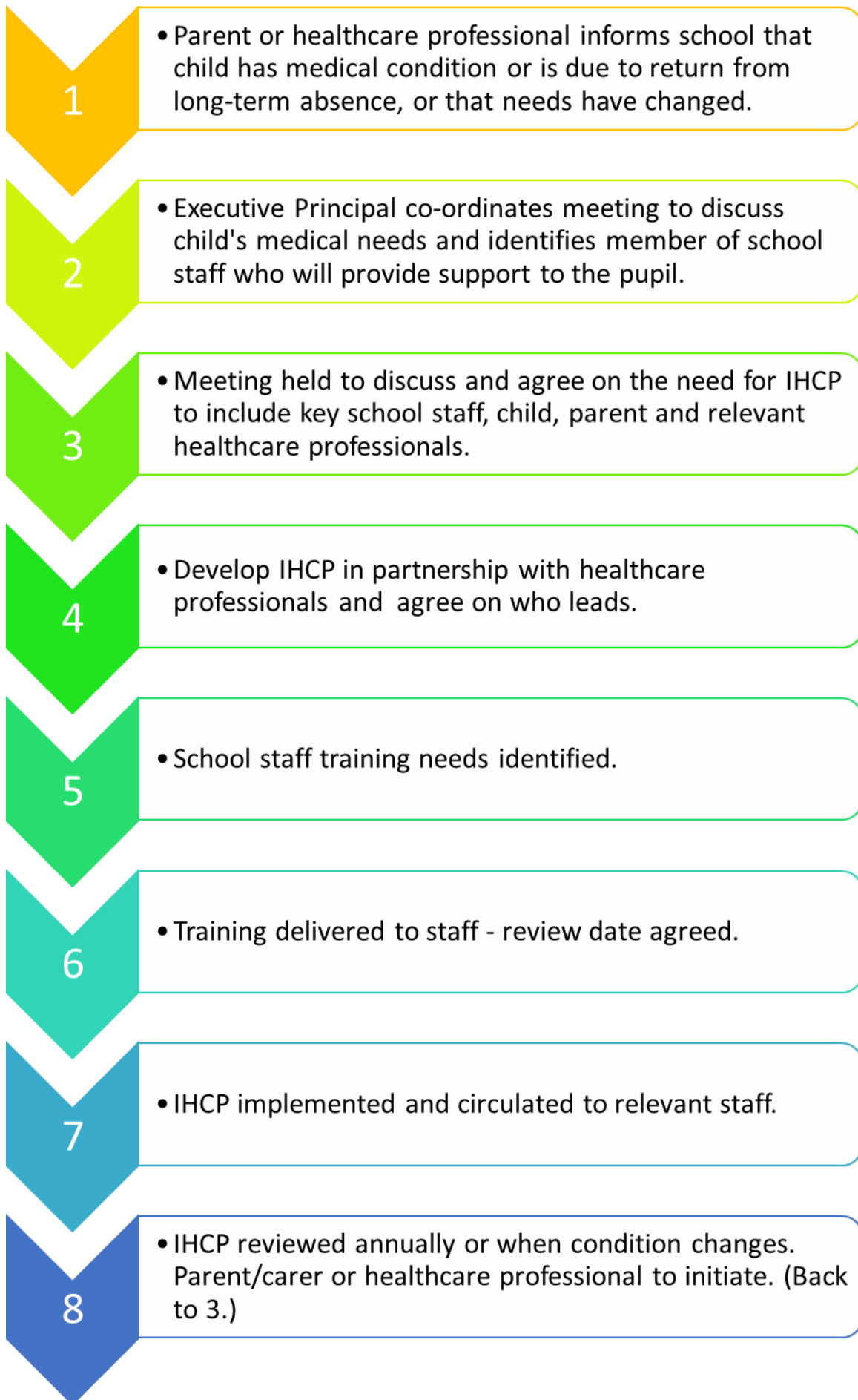
## 9. Insurance

- 9.1. Teachers who undertake responsibilities within this policy are covered by the school's insurance.
- 9.2. The school has Risk Protection Arrangements with Gallagher Bassett through the DFE
- 9.3. Full written insurance policy documents are available to be viewed by members of staff who are providing support to pupils with medical conditions. Those who wish to see the documents should contact the Business Manager.

## 10. Complaints

- 10.1. The details of how to make a complaint can be found in the Complaints Policy.

## Appendix 1 - Individual healthcare plan implementation procedure





**HEALTH CARE FOR PUPILS IN PRE-SCHOOL/  
MAINSTREAM SETTINGS  
CARE PLANNING DOCUMENT**

|          |        |
|----------|--------|
| Name:    | D.O.B: |
| Address: |        |
| School:  |        |

|                    |
|--------------------|
| Medical diagnosis: |
|--------------------|

|                                     |
|-------------------------------------|
| Key health implications for school: |
|-------------------------------------|

|                               |
|-------------------------------|
| Parent/Carer contact details: |
| Name:                         |
| Address: As above             |
| Tel Nos:      Home:           |
| Mobile:                       |
| Drawn up by:                  |
| Julie Borg- School nurse      |
| Kelly O'Brien- First Aider    |
| Mother                        |
| Date:                         |
| Review Date: Annual           |



To be completed by Parent(s)/Carer(s)

**CONTACT DETAILS**

|                                  |                      |
|----------------------------------|----------------------|
| Named School Nurse<br>Julie Borg | Tel No: 01708 576500 |
|----------------------------------|----------------------|

|     |         |
|-----|---------|
| G.P | Tel No: |
|-----|---------|

|                    |         |
|--------------------|---------|
| Paediatrician:     | Tel No: |
| Hospital No: ..... |         |

|  |               |
|--|---------------|
| Social Worker/<br>Children with Disabilities<br>Team ..... | Tel No: ..... |
|--|---------------|

|                               |               |
|-------------------------------|---------------|
| Other relevant professionals: |               |
| Name:                         | Tel No:       |
| Name: .....                   | Tel No: ..... |

To be completed by SENCO

|              |               |
|--------------|---------------|
| SENCO: ..... | Tel No: ..... |
|--------------|---------------|

|                                    |               |
|------------------------------------|---------------|
| Educational<br>Psychologist: ..... | Tel No: ..... |
|------------------------------------|---------------|

|   |                         |
|---|-------------------------|
| Support staff in school: <i>(To be completed by school)</i> |                         |
| Name(s) .....   |                         |
| Other staff:  |                         |
| <input type="checkbox"/>                                    | MDA                     |
| <input type="checkbox"/>                                    | TA                      |
| <input type="checkbox"/>                                    | Medical/Welfare Officer |

Appendix 3 - Parental agreement for a school to administer medicine template

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

**The Albany School medicine administering form**

|                                    |  |
|------------------------------------|--|
| Date for review to be initiated by |  |
| Name of child                      |  |
| Date of birth                      |  |
| Tutor group                        |  |
| Medical condition or illness       |  |

**Medicine**

|   |  |
|---|--|
| Name/type of medicine<br><i>(as described on the container)</i>         |  |
| 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 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 |  |

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.

Signature(s) \_\_\_\_\_

Date \_\_\_\_\_



**Appendix 4      The Albany School Record of medicine administered to an individual child**

|                                  |  |
|----------------------------------|--|
| Name of child                    |  |
| Date medicine provided by parent |  |
| Tutor group                      |  |
| Quantity received                |  |
| Name and strength of medicine    |  |
| Expiry date                      |  |
| Quantity returned                |  |
| Dose and frequency of medicine   |  |

Staff signature \_\_\_\_\_

Signature of parent \_\_\_\_\_

|                         |  |  |  |
|-------------------------|--|--|--|
| Date                    |  |  |  |
| Time given              |  |  |  |
| Dose given              |  |  |  |
| Name of member of staff |  |  |  |
| Staff initials          |  |  |  |

|                         |  |  |  |
|-------------------------|--|--|--|
| Date                    |  |  |  |
| Time given              |  |  |  |
| Dose given              |  |  |  |
| Name of member of staff |  |  |  |
| Staff initials          |  |  |  |

|                         |  |  |  |
|-------------------------|--|--|--|
| Date                    |  |  |  |
| Time given              |  |  |  |
| Dose given              |  |  |  |
| Name of member of staff |  |  |  |
| Staff initials          |  |  |  |

|      |  |  |  |
|------|--|--|--|
| Date |  |  |  |
|------|--|--|--|



Time given

Dose given

Name of member of staff

Staff initials

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Date

Time given

Dose given

Name of member of staff

Staff initials

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Date

Time given

Dose given

Name of member of staff

Staff initials

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Date

Time given

Dose given

Name of member of staff

Staff initials

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Date

Time given

Dose given

Name of member of staff

Staff initials

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Date

Time given

Dose given

Name of member of staff

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**HORNCHURCH**  
HIGH SCHOOL  
EXCELLENCE FOR ALL

Staff initials

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

Appendix 5 - Record of medicine administered to all children

To be completed by the School Nurse and/or Health Visitor

NOTE: Written information from the parents/carers and/or health professionals (e.g. leaflet) can replace this sheet.

| <b>CARE ISSUE</b> | <b>ACTION</b> | <b>BY<br/>WHEN/WHO</b> |
|-------------------|---------------|------------------------|
|                   |               |                        |
|                   |               |                        |
|                   |               |                        |
|                   |               |                        |
|                   |               |                        |



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|  |  |  |

Further information available at [www.anaphylaxis.org.uk](http://www.anaphylaxis.org.uk)



**TRAINING FOR.....(Condition/Procedure)**

School staff trained:

| Name | Designation | Trained by | Date of training |
|------|-------------|------------|------------------|
|      |             |            |                  |

Training involved:

- Consultation with parents
- Demonstration of procedure
- Video
- Leaflet
- Training by manufacturer

If more than one procedure, please complete a separate sheet for each training.

Signature of key staff: .....

.....

Date:

.....

## Appendix 7 - Contacting emergency services

**Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.**

**Speak clearly and slowly and be ready to repeat information if asked.**

- Your telephone number – **01708 441537**
- Your name.
- Your location as follows: **The Albany School , Broadstone Road , Hornchurch , RM124AJ**
- The exact location of the patient within the school.
- The name of the child and a brief description of their symptoms.
- The best entrance to use and state that the crew will be met and taken to the patient.

Put a completed copy of this form by the phone.

Dear Parent,

RE: DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership with the school, parents/carers, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will include add details of team. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I or add name of other staff lead would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely,