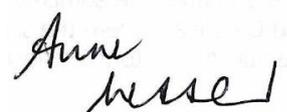


**Medicines and Supporting Pupils
 with Medical Conditions Policy**

INSPIRING BELIEF
 in God and one another



ST RICHARD'S
 SCHOOL

| | |
|---------------------------------|--|
| DATE APPROVED BY THE LAT | September 2020 |
| DATE APPROVED BY THE LAC | October 2020 |
| REVIEW DATE | September 2022 |
| Signed Headteacher |  |
| Signed Chair of LAC |  |

Vision Statement

Our schools aspire to provide 'excellence and equity in a Christian context', where every child is valued as a unique individual treasured by a loving God. 'I have inscribed you on the palms of my hands.' Isaiah 49.v16.

Our aim is that every child will have the opportunity to flourish and develop into a rounded adult who can live life to the full. 'I have come that they may have life and may have it in all its fullness'. John 10.v10.

Our schools are places where all are welcome and where we practise kindness and hospitality on a daily basis.

Our vision and our values are clearly displayed and while it is not a requirement that a child and their family have to be practising Christians we do expect all parts of the community, children, staff, parents and carers to support the values that we hold dear.

In our school, we demonstrate how we support this vision through our values, which are Friendship, Endurance, Trust and Hope and summarised in the school's own vision statement: Inspiring belief in God and in one another.

The vision of St Richard's CE Primary School is for a thriving and outstanding school where children and adults, working with the local community, have the opportunity to become the best they can be.

Inspiring belief...

- in ourselves – through progression and fulfilment
 - in each other – through motivation and teamwork
 - in the children – through showing them their potential
 - in the parents – through building trust by results
 - in God to all – through our whole lives
-
- We believe in looking out for everyone
We put safety first and we do all we can to ensure that all needs are met.
 - We believe in working together
We act like a family who support and motivate one another.
 - We believe in aiming for the best
We do all we can to ensure the highest quality in every area – our children deserve nothing less.
 - We believe in looking to the future
We are positive and seek opportunities to grow and improve, overcoming obstacles to achieve our goals.

We live out our values and vision through our key policies e.g. The LAT Behaviour policy is supported through the values described in the rewards and sanctions section of the policy demonstrating the importance of dignity and forgiveness.

The school admissions policy decided by the Local Academy Committee shows our inclusivity and the importance we place on service to our local community.

The breadth of the curriculum and the creative projects which we enjoy are key to providing opportunities for children to experience life in 'all its fullness', so that alongside learning and wisdom they also experience joy and delight in learning.

Care for the individual and their needs is crucial and the school's policies regarding inclusion and SEND are constant reminders that each of us is known to God and our names are 'inscribed on the palms of His hands'.

LAT HR policies are common in all schools and are created to ensure that individuals are treated fairly and with dignity. All HR policies have been scrutinised by the various unions to ensure that they contain acceptable procedures.

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1. Introduction

- 1.1. The LDBS Academies Trust and the LDBS Academies Trust 2 (herein collectively referred to as the "Trust") is committed to ensuring that it makes arrangements to support pupils with medical conditions who are attending its schools.
- 1.2. Pupils with special educational needs ("SEN") have the same right of admission to Trust schools as other children and cannot be refused admission to, or be excluded from the Trust schools on medical grounds alone.
- 1.3. The Trust expects all school staff to remain aware of their duties, on and off site, to act in the place of the parent and take swift action when necessary to ensure that pupils with medical conditions are supported and allowed to access the same education as other pupils. This may include the need to administer medicine when prescribed by a doctor.
- 1.4. However, the prime responsibility for a pupil's health lies with the parent, who is responsible for the pupil's medication and who should ensure that the school is supplied with the relevant medicine and medical information to discharge its duties.
- 1.5. This policy is reviewed once every two years. All new guidance or changes in legislation will be implemented earlier than the review date, if required. This policy should also be made readily accessible to parents / carers and school staff.

2. Legislation and statutory responsibilities

- 2.1. This policy meets the requires under the section 100 of the Children and Families Act 2014, which places a duty on the Trust to make arrangements for supporting pupils at its schools with medical conditions.
- 2.2. This policy is based on the statutory guidance released by the Department for Education ("DfE"), 'Supporting pupils at school with medical condition' (December 2015).
- 2.3. This policy complies with the Trust's funding agreements and articles of association.

3. Roles and responsibilities

- 3.1. The Trust delegates the responsibility for the successful administering and implementation of this policy to the (Executive) Headteacher, who will be held accountable for compliance with this policy by the Local Academy Committee ("LAC").
- 3.2. The (Executive) Headteacher will:
 - (a) make sure that staff are aware of this policy and understand their role in its implementation.

- (b) ensure that there are sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans ("IHPs"), including contingency and emergency situations.
 - (c) Take overall responsibility and development of IHPs.
 - (d) Make sure that the school staff are appropriately insured and aware that they are insured to support pupils in this way.
 - (e) Alert the school nurse when a pupil's medical needs are brought to attention.
 - (f) Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept confidential.
- 3.3. The Head of School / Deputy Headteacher will be responsible for briefing supply teachers; ensuring risk assessments for school visits and other school activities outside of the normal timetable are completed; and, for the monitoring compliance with IHPs, where appropriate.
- 3.4. Supporting pupils with medical conditions during school hours is not the sole responsibility of one staff member. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes administration of medicines.
- 3.5. The (Executive) Headteacher will ensure that all new staff are given proper induction and made aware of the arrangements and guidelines set out in this policy.
- 3.6. The parents will provide the school with sufficient an up-to-date information about their child's medical needs. The parents will be involved in the development and review of their child's IHP and may also be involved in its drafting. The parents will also carry out any action that they have agreed to as part of the implementation of the IHP.
- 3.7. Pupils with medical conditions may often be best placed to provide information about how their condition affects them. Where possible, pupils should be involved in discussions about their medical support needs and contribute to the development of their IHPs.

4. Definitions of medical conditions

- 4.1. Medical needs can be broadly summarised as 'short-term' or 'long-term' needs.
- 4.2. 'Short-term' medical needs are those which affect a pupil's ability to participate in school activities because they are on a course of medication.
- 4.3. 'Long-term' medical needs are those which affect or limits a pupil's ability to access education and requires extra care and support, these can be deemed to be special educational needs.

5. Equal opportunities

- 5.1. The Trust is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities and not prevented from doing so.
- 5.2. The school will consider what reasonable adjustments need to be made to enable pupils with medical conditions to participate fully and safely on school trips, visits and sporting activities.
- 5.3. Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents, and any relevant healthcare professional will be consulted.

6. Individual Healthcare Plans

- 6.1. The (Executive) Headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. All IHPs should be reviewed at least annually.
- 6.2. IHPs will be linked to, or become part of, any statement of special educational needs ("SEN"), or education health care plan ("EHCP"). Refer to the Special Educational Needs & Disability Policy and SEN legislation for further information.
- 6.3. IHPs will be written and reviewed by the Special Educational Needs & Disability Coordinator ("SENDCo"), but it will be responsibility of all staff supporting the pupil to ensure that the IHP is followed. The class teacher will be responsible for the pupil's development and ensuring that their medical conditions are supported at school.
- 6.4. IHPs will help ensure that the school effectively supports pupils with medical conditions and provides clarity about (1) what needs to be done, (2) when it needs to be done, and (3) by whom it must be done. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. They are likely to be helpful in the majority of cases, especially where medical conditions are long-term and complex. However, not all children will require one.
- 6.5. It will be agreed with an healthcare professional and parents when an IHP would be inappropriate. If consensus cannot be reached, the (Executive) Headteacher is best placed to take a final view. A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan is provided in Annex A.
- 6.6. IHPs will be drawn up in partnership with the school, parents, and a relevant healthcare professional, such as the school nurse, specialist or a paediatrician, who can best advise on a pupil's specific needs. The pupil will be involved, wherever possible.

- 6.7. IHPs will be linked to, or become part of, any statement of SEN or EHCP. If a pupil has SEN but does not have a statement or EHCP, the SEN will be mentioned in the IHP.
- 6.8. The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The LAC, (Executive) Headteacher and the SENDCo will consider the following when deciding what information to record on IHPs:
 - 6.8.1. The medical condition, its triggers, signs, symptoms and treatments;
 - 6.8.2. The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons;
 - 6.8.3. Specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
 - 6.8.4. The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring;
 - 6.8.5. Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable;
 - 6.8.6. Who in the school needs to be aware of the pupil's condition and the support required;
 - 6.8.7. Arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
 - 6.8.8. Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments;
 - 6.8.9. Where confidentiality issues are raised by the parent / pupil, the designated individuals to be entrusted with information about the pupil's condition; and
 - 6.8.10. What to do in an emergency, including who to contact, and contingency arrangements.

7. The pupil's role in managing their own medical needs

- 7.1. If it is deemed, after discussion with the parents / carers, that a pupil is competent to manage their own health needs and medicines, the school will encourage them to take responsibility for managing their own medicines and procedures. This will be reflected within the IHP.
- 7.2. Where possible, pupils should be allowed to carry their own medicines and / or relevant medical devices; and / or should be able to access their medicines for self-medication quickly and easily. All medication will be stored [*schools to insert location*] to ensure that the safeguarding of other pupils is not compromised.
- 7.3. The school also recognises that pupils who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If a pupil is not able to self-medicate then relevant staff should help to administer medicines and manage procedures for them.
- 7.4. If a pupil refuses to take medicine or carry out a necessary procedure, staff should not force them to do so but instead follow the procedure agreed in the pupil's IHP. Parents / carers should be informed, outside of the review, so that alternative options can be considered.

8. Managing medicines

- 8.1. Medicines should only be administered at the school when it would be detrimental to a child's health or school attendance not to do so
- 8.2. No child under 16 should be given prescription or non-prescription medicines without their Parents' / Carers' written consent
- 8.3. We will not administer non-prescription medicines to a child; if a Parent / Carer wishes a child to have the non-prescription medicine administered during the school day, they will need to come to the school to administer it to their child with the exception of medicines listed in 8.4.
- 8.4. The school will only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist, and that include instructions for administration, dosage and storage. The exceptions to this are:
 - (1) Insulin, which must still be in date, but will generally be available inside an insulin pen or a pump rather than in its original container; and
 - (2) Non-prescription allergy medication.
- 8.5. All medicines will be stored safely in insert location. Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who can help them access their medicines.
- 8.6. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away;

these will be stored in the insert location where both first aiders and the child know how to access them.

- 8.6.1. If a child requires an asthma inhaler, it is crucial that they have an in-date inhaler in the school at all times. Depending on the age of the pupil, best practice would be that they retain their inhaler or epi-pen with them, with a spare kept centrally.
- 8.7. During school trips, the first aid trained member of staff / member of staff in charge of first aid will carry all medical devices and medicines required. Although in some cases, following consultation with Parents / Carers, pupils and the relevant healthcare professional pupils may be allowed to carry their own medical devices, such as inhalers, when on school trips.
- 8.8. Staff administering medicines should do so in accordance with the prescriber's instructions. The school will keep a record of all medicines administered to individual children, stating what, how, and how much was administered, when and by whom.
- 8.9. Any side effects of the medication to be administered at the school should be noted. Annex C and Annex D outline these procedures. Written records are kept of all medicines administered to children. These records offer protection to staff and children and provide evidence that agreed procedures have been followed.
- 8.10. When no longer required, medicines should be returned to the Parent / Carer to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

9. Unacceptable practice

- 9.1. Although staff should use their discretion and judge each case on its merits with reference to the pupil's IHP, it is not generally acceptable practice to:
 - 9.1.1. Prevent pupil's from easily accessing their inhalers and medication and administering their medication when and where necessary;
 - 9.1.2. Assume that every pupil with the same condition requires the same treatment;
 - 9.1.3. Ignore the views of the pupil or their parents / carers, or ignore medical evidence or opinion (although this may be challenged);
 - 9.1.4. Send pupil's with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
 - 9.1.5. If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
 - 9.1.6. Penalise children for their attendance record if their absences are related to their medical condition (e.g. hospital appointments);

- 9.1.7. Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively.
- 9.1.8. Require parents / carers, or otherwise make them feel obliged, to attend the school to administer prescribed medication or provide medical support to their child, including with toileting issues. No parent / carer should have to give up working because the school is failing to support their child's medical needs; and
- 9.1.9 Prevent pupil's from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents / carers to accompany the child.

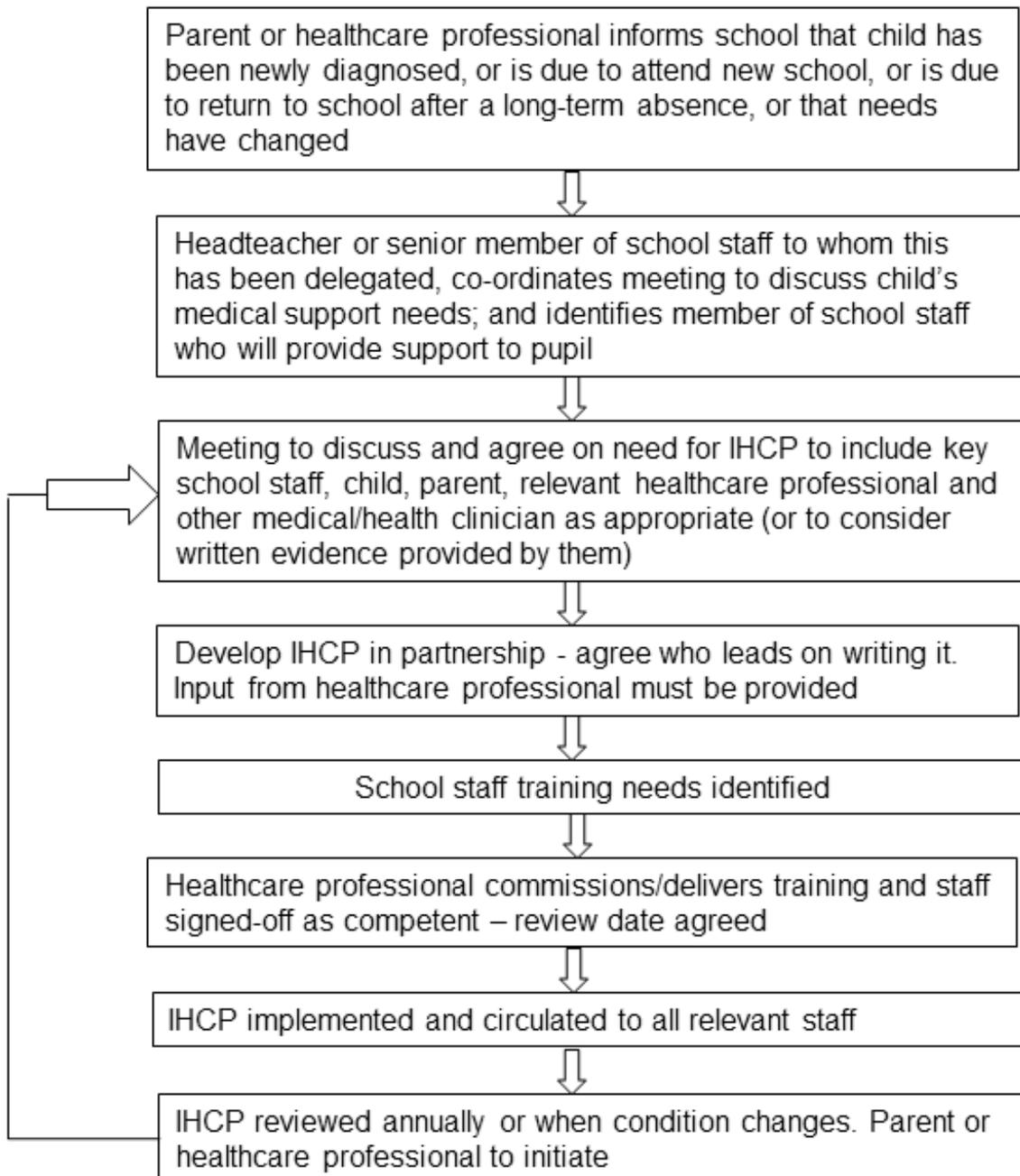
10. Emergency procedures

- 10.1. Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do in case of an emergency.
- 10.2. If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives, or accompany the pupil to hospital by ambulance.

11. Complaints

- 11.1. Should parents / carers or pupils be dissatisfied with the support provided, they should discuss their concerns directly with the school.
- 11.2. If for whatever reason this does not resolve the issue, they may make a formal complaint via the Trust's Complaints Procedure.

Annex A: Model process for developing an IHP



Annex B: Health portion of an IHP

| | |
|---------------------------------------|--|
| Child's Name | |
| Class | |
| Date of Birth | |
| Address | |
| Medical Diagnosis or Condition | |
| Date | |
| Review Date | |

| | |
|---------------------------------|--|
| Name of parent / carer 1 | |
| Contact Numbers | Work: Home: Mobile: |
| Relationship to pupil | |
| Name of parent / carer 2 | |
| Contact Numbers | Work: Home: |

| | |
|------------------------------|----------------|
| | Mobile: |
| Relationship to pupil | |

| | |
|--|--|
| Name clinic / hospital administering care | |
| Contact number for hospital / clinic | |
| Name General Practitioner ("GP") administering care | |
| Contact number for GP | |

| |
|--|
| Describe the medical needs and give details of the pupil's symptoms, triggers, signs, treatments, facilities, equipment, devices or environmental issues, etc. |
| |

| |
|---|
| Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by <i>[insert name of individual]</i> / self-administered with / without supervision |
| |

| |
|-------------------------|
| Daily care requirements |
| |

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|--|
| Specific support for the pupil's educational, social and emotional needs |
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| Arrangements for school visits / trips, etc. |
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|-------------------|
| Other information |
|-------------------|

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|--|
| Describe what constitutes an emergency and the action to take if this occurs |
| |

| |
|---|
| Who is responsible in an emergency (state if differs for off-site activities) |
| |

| |
|---|
| Staff training needed/undertaken – who, what, where, when |
| |

| |
|--|
| Describe what constitutes an emergency and the action to take if this occurs |
| |

| | |
|---------------------|--------|
| Plan developed with | Signed |
| | |
| Form copied to | |

Annex C: Primary record of medicine(s) administered to a pupil

| | |
|--|--|
| Pupil's Name | |
| Class | |
| Date medicine provided by parent / carer | |
| Quantity received | |
| Name and strength of medicine | |
| Expiry date | |
| Quantity returned | |
| Dose and frequency of medicine | |

| | |
|------------------------------|--|
| Staff member's signature | |
| Parent's / carer's signature | |

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

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

Annex E: Parental agreement for setting to administer medicine

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.

Date for review to be initiated by

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

Name of school

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|--|
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|--|

Name of child

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

Date of birth

| |
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| |
|--|

Class

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

Medical condition or illness

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

Medicine

Name / type of medicine

(as described on the container)

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

Expiry date

| |
|--|
| |
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Dosage and method

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

Timing

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

Special precautions / other instructions

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

Are there any side effects that the school needs to know about?

| |
|--|
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|--|

Self-administration – Y / N

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| |
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Procedures to take in an emergency

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| |
|--|

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 staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____

Date _____

Annex F: Model letter inviting parents to contribute to the EHC or IHC development

Dear Parent / Carer,

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN / EDUCATION HEALTH AND CARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition / Special Educational Needs / etc. (*delete as appropriate*). I enclose a copy of the school's policy for supporting pupils with medical conditions / SEND for your information.

A central requirement of the policy is for an EHC / IHC plan to be prepared, setting out what support the pupil needs and how this will be provided. These plans are developed in partnership between the school, parents, pupils, and the relevant professionals who can advise on the 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 EHC / IHC 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 / SEND impacts on 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 plan has been scheduled for dd / mm / yyyy. 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 involve [the following people].

Please let us know if you would like us to invite another medical practitioner, 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 plan template and return it, together with any relevant evidence, for consideration at the meeting. I / [or another member of staff involved in plan development or pupil support] would be happy for you contact me / [them] by email or to speak by phone if this would be helpful.

Yours sincerely,