



## **Policy for Administration of Medication & Medical Needs**

---

The Headteacher takes responsibility in principle for members of staff who volunteer to give or supervise children taking prescribed medicine during the day.

Medicines should only be given by staff authorised to do so following the school's policy on supporting pupils at school with medical conditions, a copy of which is available on s drive and in the policies file in the staff room.

## **Supporting Learners at School with Medical Conditions**

UBHS is committed to ensuring all learners studying here have their medical conditions properly supported so that they have full access to education, including school trips and PE.

Health and social care professionals, learners themselves and parents will be consulted with, to ensure the needs of all learners with medical conditions are effectively supported. See Appendix A for flow chart of developing IHCPs.

### **Aims**

Ensure that learners with medical conditions, both 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
- Achieve their academic potential

Appendix A outlines how a learners needs will be diagnosed and an individual healthcare plan (IHCP) agreed between school SENDCO and AHT (DG) and relevant healthcare professionals. Stages 3, 4 and 5.

The SENDCO is responsible for ensuring that any staff training needs identified from the IHCP are planned, delivered by appropriate professionals and that school staff are recorded as fully competent. Stage 6 and 7. This training will be regularly (at least annually) updated for all relevant staff. Training will be delivered by qualified healthcare professionals.

If staff have any questions/queries or concerns regarding an individual learners IHCP or relevant training they should see AHT (DG) or SENDCO. Training must always be kept up-to-date.

Whole staff CPD will be planned and delivered when necessary, during the staff CPD sessions and SENDCO and AHT (DG) will coordinate this and review at least termly to ensure all learners needs are met. IHCP will be available to staff on paper and electronic form via SENDCO (stage 8)

AHT (DG) will ensure that cover teachers are also informed of IHCP needs when relevant. This will be identified via Absence Coordinator (CLH). IHCP training will form part of new staff induction through the new staff meetings. (AHT: AWK)

Diagnosis of individual learner needs and planning necessary staff training will be completed within two weeks of staff arriving at UBHS.

The UBHS SENDCO will liaise with school Business Manager (JES) to ensure all appropriate risk assessments are undertaken for school visits and/or trips which take place outside of school hours. The EV paperwork and risk assessment will ensure all aspects of the IHCP are met. Staff leading the trip will be fully briefed on IHCP for learners attending the trip/visit.

The IHCP will be reviewed at least annually, or when students' condition changes. This will be coordinated by school SENDCO. All changes will be shared with all relevant staff.

UBHS SENDCO will report annually to the full Governing body on IHCP and learners' progress.

## **Learners with statements**

When a learner has a statement or EHA then the IHCP will be linked to these so that the entire needs of the student are met, including any special educational need.

### **IHCP and what they should include:**

1. the medical condition, its triggers, signs, symptoms and treatments
2. the learners resulting needs, including medication (its side-effects and its storage) and other treatments, dose, time, facilities, equipment, testing, dietary requirements and environmental issues e.g. crowded corridors, travel time between lessons
3. specific support for the learners 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.
4. the level of support needed, (some learners will be able to take responsibility for their own health needs), including in emergencies. If a learner is self-managing their own medication, this should be clearly stated with appropriate arrangements for monitoring
5. who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional
6. who in the school needs to be aware of the learners condition and the support required.
7. Written permission from parents and the headteacher at your school for medication to be administered by a member of staff, or self-administered by individual learners during school hours.
8. separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the learner can participate e.g. risk assessments
9. where confidentiality issues are raised by the parent/ learner, the designated individuals to be entrusted with information about the learners condition
10. what to do in an emergency, including who to contact, and contingency arrangements.

## **Learners role in managing their own medical needs**

Following discussion with parents, learners who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This will be agreed following parental meetings with DG. This arrangement will be clearly stated in the IHCP.

## Managing medicines on school premises

**The governing body should ensure that policies are clear about the procedures to be followed for managing medicines.** Although schools may already have such procedures in place, they should reflect the following details:

1. medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so
2. no learner under 16 should be given prescription or non-prescription medicines without their parent's written consent – except in exceptional circumstances where the medicine has been prescribed to the learner without the knowledge of the parents. In such cases, every effort should be made to encourage the learner or young person to involve their parents while respecting their right to confidentiality
3. a learner under 16 should 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. Parents should be informed
4. where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours
5. school will only accept prescribed medicines that are 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 must still be in date, but will generally be available to school inside an insulin pen or a pump, rather than in its original container.
6. All medicines should be stored safely in the medical room. Learners should know where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenalin pens should be always readily available to learners and not locked away. This is particularly important to consider when on school trips.
7. a learner who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another learner for use is an offence. Monitoring arrangement will be made by SENDCO. School will otherwise keep controlled drugs that have been prescribed for a learner securely stored in a non-portable container and only named staff should have access (medical room). Controlled drugs should be easily accessible in an emergency. A record is kept by medical room staff (C Hobson).
8. a member of staff may administer a controlled drug to the learner for whom it has been prescribed providing they have received specialist training/instruction. School keeps a record of all medicines administered to individual learners, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school will be noted in the medical room medical book.

9. when no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

## **Emergency Procedures**

Please see emergency procedures in staff handbook. For individual learners see their IHCP and seek urgent assistance from AHT (DG) and/or SENDCO . All IHCPs outline emergency procedures for individual students.

If a pupil needs to be taken to hospital, staff should stay with the learner until the parent arrives, or accompany a learner taken to hospital by ambulance. Staff should not take learners to hospital in their own car. Schools need to ensure they understand the local emergency services cover arrangements and that the correct information is provided for navigation systems.

## **Day trips, residential visits and sporting activities**

**Governing bodies should ensure that their arrangements are clear and unambiguous about the need to actively support learners with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.**

Teachers should be aware of how a learners medical condition will impact on their participation, but there should enough flexibility for all learners to participate according to their own abilities. Schools should make arrangements for the inclusion of learners in such activities unless evidence for a clinician such as a GP or consultant states that this is not possible.

## **Unacceptable Practice**

Although school staff should use their discretion and judge each case on its merits, it is not generally acceptable practice to;

1. Prevent learners from easily accessing their inhalers and medication and administering their medication when and where necessary.
2. Assume that every learner with the same condition requires the same treatment.
3. Ignore the views of the learner or their parents.
4. Send learners with medical conditions home frequently or prevent them from staying for normal school activity including lunch.
5. If the learner becomes ill, send them to the school office or medical room unaccompanied.
6. Penalise learners for their attendance record if their absences are related to their medical condition e.g. hospital appointments.
7. Prevent learners from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively.
8. Require parents, or otherwise make them feel obliged to attend school to administer medication or provide medical support to their child, including toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs.

9. Prevent or create unnecessary barriers to learners participating in any aspect of school life, including school trips, e.g. requiring parents to accompany the child

### **Liability and Indemnity**

The school has insurance arrangement made through Kirklees Council.

Additionally insurance arrangements when necessary as identified by individual student IHCP will be made. SENDCO will liaise with UBHS Business Manager (JES) and this will be organised and put in place.

Schools should consider what reasonable adjustments they might make to enable learners with medical needs to participate fully and safely on visits. It is best practice to carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that learners with medical conditions are included. This will require consultation with parents and learners and advice from the school nurse or other healthcare professional who are responsible for ensuring that learners can participate. Please also see Health and Safety Executive (HSE) guidance on school trips.

### **Home to school transport for learners requiring special arrangements**

Where learners have life threatening conditions, specific transport healthcare plans should be carried on vehicles. Emergency procedures outlined in the Healthcare Plan must be adhered to.

### **Complaints**

Parents should make any complaints to school SENDCO and/or AHT (DG) if they are dissatisfied with the support provided for their child. A discussion with key staff should ensure any worries/concerns can be resolved.

If parents/carers are unhappy with any aspect of their child's support after this conversation they should follow the school complaints procedure.

### **Further guidance is available from;**

#### **Ref:**

***DfE guidance on supporting pupils at school with medical needs (Feb 2014)***

## Appendix A

### Process for developing individual healthcare plans for students

