

THE KENN AND KENTON FEDERATION

MEDICAL CONDITIONS POLICY incorporating ADMINISTERING MEDICINES POLICY

Adopted by Governors on 25 February 2021

1. INTRODUCTION AND GENERAL PRINCIPLES

The staff and governors of the Kenn and Kenton Federation are wholly committed to pursuing a policy of inclusive education that welcomes and supports pupils with medical conditions. This policy is designed to support the management of medication and medical care in school and to support individual pupils with medical needs. The policy is drawn up in consultation with a wide range of local key stakeholders within the Federation setting and complies with statutory guidance outlined in the 'Supporting pupils at school with medical conditions' (2014).

2. RATIONALE AND AIMS

To provide a clear policy that is understood and accepted by all staff, parents and children, providing a sound basis for ensuring that children with medical needs receive proper care and support in school, and that for such children attendance is as regular as possible. The policy includes:

- A clear statement of parental responsibilities in respect of medicines
- Roles and responsibilities of staff administering medicines
- Procedures for managing prescription medicines which need to be taken in the school day
- Procedures for managing prescription medicines on outings and trips
- Written permissions from parents for medicines
- Circumstances in which children may take non-prescription medicines
- Assisting children with long term medical needs
- Staff training
- Record keeping
- Safe storage of medicines
- The school's emergency procedures
- Risk assessment and management procedures
- Management of medical conditions

3. RESPONSIBILITIES

a) Parents or guardians have prime responsibility for their child's health and should provide the school with up to date information about their child's medical conditions, treatment and/or any special care needed. If their child has a more complex medical condition, they should work with the school nurse or other health professionals to develop an individual healthcare plan, which will include an agreement on the role of the school in managing any medical needs and potential emergencies. It is the parent/carers responsibility to make sure that their child is well enough to attend school.

b) There is no legal duty which requires Federation staff to administer medication; this is a voluntary role. While teachers have a general professional duty to safeguard the health and safety of their pupils and to act in 'loco parentis', that is, to act as any reasonable parent would,

this does not imply a duty or obligation to administer medication. Staff will have access to information on pupils' medical conditions and actions to take in an emergency. Staff managing the administration of medicines and those who administer medicines will receive appropriate training and support from health professionals.

c) The policy of this Federation is not to administer medication or medical care unless the pupil has a medical condition, which if not managed, could prove detrimental to their health or limit access to education. The head teacher accepts responsibility, in principle, for school staff administering or supervising the taking of prescribed medication or medical care during the school day only where it is absolutely necessary.

4. PRESCRIBED MEDICINES

a) Prescribed medicines should only be brought to school when essential; that is, where it would be detrimental to a child's health if the medicine were not administered during the school day. Medicines prescribed 'three times a day' should be administered "before school, after school and at night". This Federation recognises in extreme cases, and agreed by the head teacher, that staff may administer medication following completion of Form B. However, parents and carers are allowed into school to administer medication if they so desire.

b) Exceptions to this are pupils on health care plans who have individual medical needs requiring emergency medication to treat specific conditions, such as anaphylaxis.

c) This Federation will only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber and are presented in the original container dispensed by a pharmacist and include the pupil's name, prescriber's instructions for administration and dosage.

5. NON-PRESCRIBED MEDICINES

Non-prescribed medicines will be administered with prior written permission from parents in. Staff will check the medicine has previously been administered without adverse effect and Form B/ non-prescribed medicine consent form (annual consents pack) must be completed. Staff will never administer medicines containing aspirin unless prescribed by a doctor. Staff will never administer medication containing ibuprofen to children who are asthmatic.

6. ADMINISTERING MEDICINES

a) This federation recognises no child under 16 should be given medicines without their parent's written consent. Following written consent using Form B, any member of staff administering medicines to a pupil should check:

- The child's name
- Name of medication
- The prescribed dose
- Expiry date
- Written instructions provided by the prescriber on the label or container.

If in doubt about any procedure, staff will not administer the medicine before checking with parents or a health professional before taking further action.

b) A written record must be kept following administration of medicines to pupils, using Form C.

c) If a child refuses to take a medicine, staff will not force them to do so, but will record this on Form C and parents/carers will be notified of the refusal.

7. LONG-TERM MEDICAL NEEDS

Where a pupil has a chronic illness, medical or potentially life threatening condition, the federation will initiate a health care plan (Form A) to meet individual needs and support the pupil. This will be drawn up by healthcare professionals in consultation with the child's parents or guardians and will contain the following information:

- Child's name and photograph
- Definition and details of the condition
- Special requirements e.g. dietary needs, pre-activity precautions
- Treatment and medication
- What action to take/not to take in an emergency
- Who to contact in an emergency
- Staff training where required
- The role the staff can play
- Consent and agreement

8. RECORD KEEPING

a) Parents should tell the school about the medicines their child needs to take and provide details of any changes to the prescription or the support required. Medicines should always be provided in the original container as dispensed by the pharmacist and include the prescriber's instructions. Requests for staff to administer medication should be written on Form B. These should include:

- Name of child
- Name of medicine
- Dose
- Method of administration
- Time/frequency of medication
- Any side effects
- Expiry date

Completed forms should be kept in the class medical folder and referred to when administering medication. Form C must be completed by staff following administration; this should also be kept in the medical folder. If a child refuses medication, this must be recorded on Form C and parents should be notified.

b) Requests for updated medical conditions including asthma are distributed to parents at the beginning of each school year. These are collated by the First Aid coordinator and registered and recorded, in the staffroom and/ or in the school office. All staff have access to this information and actions to take in an emergency.

c) Children with food allergies have their photographs and details displayed in the kitchen to ensure that food products are safe for children (to comply with data protection we will seek parental consent).

d) Updated medical conditions and reviews of policies and practice are monitored and disseminated by the First aid coordinator in liaison with the Head of Teaching and Learning as they are presented.

9. STORING MEDICINES

a) Staff will only store, supervise and administer medicine that has been prescribed for an individual child. Medicines must be stored safely in the pharmacist's original container and clearly labelled with the child's name, the dosage and instructions for administration.

- b) Non-emergency prescribed medication is stored with the consent Form B in the medicine cabinet. Medication requiring refrigeration is stored in the staffroom fridge.
- c) Emergency medications such as Epi-pens and asthma inhalers should be readily available in a clearly labelled container in the class teacher's cupboard/dining hall. Children should know where their medicines are stored; they should not be locked away.
- d) Parents are ultimately responsible for checking expiry dates on their children's medicines and replacing as necessary. The First Aid coordinator will also check medication expiry dates twice a year.

10. DISPOSAL OF MEDICINES

- a) Staff should not dispose of medicines. Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. They should also collect medicines held at the end of each year. Any medicines that have not been collected should be taken to a local pharmacy for safe disposal.
- b) Sharps boxes should always be used for the safe disposal of needles. Parents should obtain these from their child's GP and return to a pharmacy for safe disposal.

11. EMERGENCY PROCEDURES

- a) All staff are aware of procedures when dealing with a medical emergency. These should be supervised by a trained First Aider.
- b) All staff are aware of pupils on a health care plan and understand the need to follow agreed emergency support.
- c) All staff know how to call the emergency services; guidance is displayed on the staff room and school office noticeboard.
- d) In the event of an emergency, every effort will be made to contact a parent so that they may accompany their child to hospital. If this is not possible, a member of staff will accompany the child to hospital by ambulance and stay until the parent arrives. Health care professionals are responsible for any decisions on medical treatment when parents are not available.

12. EDUCATIONAL VISITS

- a) This federation actively encourages children with medical needs to participate in trips and visits. Staff will aim to facilitate reasonable adjustments to enable pupils with medical needs to participate fully and safely on visits. Risk assessments will be used to highlight any potential difficulties and ensure procedures are in place to support pupils. Additional staff/adults will be considered for this purpose.
- b) Prior to an overnight school trip, parents must complete an up-to-date medical questionnaire about pupil's current general health and medication. Prescribed medication will be administered, providing parents have completed Form C. Parents are invited to provide written consent to enable staff to act 'in loco parentis' and administer medicines, as provided by parent\carer, if required.
- c) Accompanying staff will be aware of any medical needs and relevant emergency procedures. A copy of health care plans will be taken on all visits as well as emergency medication that may be required.

13 STAFF TRAINING

- a) The Kenn and Kenton Federation holds training on common medical conditions once a year; this is delivered by the school nurse or relevant health care professionals. A log of staff training is kept and reviewed every 12 months to ensure new staff receive training.

b) Staff training is provided to support the administration of emergency medications such as Epi-pens or insulin. The Federation keeps a register of staff who have undertaken the relevant training. Only staff who have received this training should administer such medications.

c) The Kenn and Kenton Federation has several appointed First Aiders and Paediatric First Aiders. Training is reviewed regularly and updated as required.

14 MEDICAL CONDITIONS

ASTHMA

This Federation recognises that asthma is a widespread, potentially serious, but controllable condition and encourages pupils with asthma to achieve their potential in all aspects of school life.

a) Parents have a duty to inform staff if their child is asthmatic. Preventative inhalers should be provided and labelled with the pupil and class name. These should be kept in an assigned container within the teacher's cupboard and accompany the child if they are educated outside the school premises.

b) Children with asthma must have immediate access to inhalers when they need them and know where they are kept. A spacer device may be required and the pupil may need support to use this.

c) A record sheet to record the frequency of an inhaler use can be found in each class medical folder. This should be completed for all KS1 pupils and for KS2 children where usage exceeds normal daily administration.

d) Parents should be notified when a child has used an inhaler excessively or more regularly than usual.

e) Pupils with asthma are listed in the school medical Register, found in class registers.

f) Leaders of 'after school clubs' are notified on club registers if a member is asthmatic.

HEAD INJURIES

Pupils who sustain a head injury **MUST** be reviewed by a First Aider in school. If a pupil has a visible wound, swelling or adverse reaction, parents will be informed and are welcome to assess their child personally. Where there are no residual effects, the pupil can remain in school whilst being observed. A head injury advice sheet must be completed and the accident reported to the parent via a prompt phone call.

EPILEPSY, ANAPHYLAXIS AND DIABETES (OR OTHER SERIOUS MEDICAL CONDITIONS)

Parents have a duty and responsibility to notify the school if their child has any of these conditions and should provide details of any treatment and support they may require in school. Relevant health care professionals will liaise between parents/guardians and school personnel to ensure staff are aware of, and trained to provide, any relevant or emergency support or treatment. An individual health care plan will usually be compiled, detailing the course of action to be taken.

**POLICY FOR SUPPORTING STUDENTS
WITH MEDICAL CONDITIONS AND FOR THE ADMINISTRATION OF MEDICINE
Kenn and Kenton Federation**

1. The staff of Kenn and Kenton Federation wishes to ensure that students with medical needs receive proper care and support. Our intention is to ensure that students with medical conditions should have full access to education including trips and PE. The governing body will ensure that staff are supported and trained and competent before they take on the responsibility of supporting students with medical conditions.
2. The school's insurance will cover liability relating to the administration of medication.
3. The Executive Headteacher will be responsible for ensuring the following:
 - Procedures to be followed when notification is received that a student will be attending who has a medical condition (including transitional arrangements between schools, re-integration or when students' needs change; arrangements for staff training or support)
 - Procedures to be followed when a student moves to the school mid-term or when a student has a new diagnosis
4. The above procedures will be monitored and reviewed by the Local Governing Board.
5. Where identified as being necessary, Individual Healthcare Plans (IHCP) will be developed between Kenn and Kenton Federation, healthcare professionals and parents so that the steps needed to help a student manage their condition and overcome any potential barriers to getting the most from their education are identified. The IHCP will include:
 - a) The student's medical condition, its triggers, symptoms, medication needs and the level of support needed in an emergency. Also it must include any treatments, time, facilities, equipment, testing and access to food or drink (where it is used to manage their condition), dietary requirements and environmental issues such as crowded corridors and travel time between lessons
 - b) Specific support for the student's education, social and emotional needs, such as how will absences be managed, requirements for extra time to complete exams, use of rest periods or counselling sessions
 - c) Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support from a healthcare professional
 - d) Cover arrangements and who in the school needs to be aware of the student's condition and the support required including supply staff
 - e) Arrangements for written permission from parents for medication
 - f) Arrangements or procedures for school trips or other school activities outside the normal timetable; completion of risk assessments for visits and school activities outside the normal timetable
 - g) The designated individuals to be entrusted with the above information
 - h) Procedures in the event of the student refusing to take medicine or carry out a necessary procedure
6. The Executive Headteacher will have the final decision on whether an Individual Health Care Plan is required.

Students with asthma

7. Kenn and Kenton Federation has decided to hold an emergency inhaler and spacer for the treatment of an asthma attack.
8. The Executive Headteacher will be responsible for ensuring the following:
 - Instructing all staff on the symptoms of an asthma attack
 - Instructing all staff on the existence of this policy
 - Instructing all staff on how to check the asthma register
 - Instructing all staff on how to access the inhaler
 - Making all staff aware of who are the designated staff and how to access their help
9. The Executive Headteacher will be responsible for ensuring that designated staff:
 - Recognise the signs of an asthma attack and when emergency action is necessary
 - Know how to administer inhalers through a spacer
 - Make appropriate records of attacks
10. The School Administrator and the Class Teacher will be responsible for the storage, care and disposal of asthma medication.
11. *The School Administrator* will be responsible for ensuring that there has been written consent from parents for the administration of the emergency inhaler and spacer. The emergency inhaler/spacer will only be available for students who have been diagnosed with asthma and have been prescribed reliever inhaler AND for whom parental consent has been given. This information shall be recorded in the student's IHCP plan.
12. The Class Teacher will be responsible for the supervision of administration of medication and for maintaining the asthma register.
13. The Class Teacher will be responsible for ensuring parents are informed in writing when the emergency inhaler/spacer has been used.

Students with anaphylaxis

14. The Kenn and Kenton Federation has decided to hold an emergency adrenaline auto-injector for the treatment of an anaphylaxis attack for pupils who have been diagnosed with anaphylaxis and prescribed an auto-injector.
15. The Executive Headteacher will be responsible for ensuring the following:
 - Instructing all staff on the symptoms of an anaphylaxis attack
 - Instructing all staff on the existence of this policy
 - Instructing all staff on how to check the pupil medical register
 - Instructing all staff on how to access the auto-injector
 - Making all staff aware of who are the designated staff and how to access their help
16. The Executive Headteacher will be responsible for ensuring that designated staff:
 - Recognise the signs of an anaphylaxis attack and when emergency action is necessary
 - Know how to administer the auto-injectors
 - Make appropriate records of attacks
17. The School Administrator and the Class Teacher will be responsible for the storage, care and disposal of the adrenaline auto-injector.

18. The School Administrator will be responsible for ensuring that there has been written consent from parents for the administration of the emergency auto-injector. The emergency auto-injector will only be available for students who have been diagnosed with anaphylaxis and have been prescribed an auto-injector AND for whom parental consent has been given. This information shall be recorded in the student's IHCP plan.
19. The Class Teacher or person responsible for the class will be responsible for the supervision of administration of medication and for maintaining the pupil medical register. They may delegate this responsibility but are responsible for ensuring that procedures are followed.
20. The Class Teacher or person responsible for the class will be responsible for ensuring parents are informed when the auto-injector has been used. They may delegate this responsibility but are responsible for ensuring that procedures are followed.

THE ADMINISTRATION OF MEDICINE

21. The Executive Headteacher will accept responsibility in principle for members of school staff giving or supervising a student taking prescribed medication during the day, where those members of staff have volunteered to do so.
22. Any parent/carer requesting the administration of medication will be given a copy of this policy.
23. Non-prescription medicines.
 - Prescribed medication will be accepted and administered in the establishment
 - Non-prescription medication will only be accepted and administered in the following circumstances: at head teacher's discretion.
24. Prior written parental consent is required before any medication can be administered.
25. Only reasonable quantities of medication will be accepted (no more than one week's supply).
26. Each item of medication should be delivered in its original dispensed container and handed directly to the Executive Headteacher or the Head of Teaching and Learning, authorised by the Executive Headteacher.
27. Each item of medication should be clearly labelled with the following information:
 - Student's name
 - Name of medication
 - Dosage
 - Frequency of dosage
 - Date of dispensing
 - Storage requirements (if important)
 - Expiry date (if available)
28. The school will not accept items of medication which are in unlabelled containers or not in their original container.
29. Unless otherwise indicated, all medication to be administered in the school will be kept in the medicine cabinet.
30. Where it is appropriate to do so, students will be encouraged to administer their own medication if necessary under staff supervision. Parents/carers will be asked to confirm in writing if they wish their student to carry their medication with them. In the event of a drug which is prescribed but not emergency medicine such as Methylphenidate (Ritalin), students will not be allowed to carry these.

31. It is the responsibility of parents/carers to notify the school if there is a change in medication, a change in dosage requirements, or the discontinuation of a student's need for medication.
32. Staff who volunteer to assist in the administration of invasive medication will receive appropriate training/guidance through arrangements made with the school's Nurse Service. In pre-school settings arrangements will be made through Primary Care Health Visitors.
33. The school will make every effort to continue the administration of medication to a student whilst on activities away from the premises.

AMENDMENT RECORD

Date	Reviewed By	Amendment	Approved by Governors	Date of Next Review
02.02.2021	Amanda Somerwill	Policy review cycle	25.02.2021	Spring 2024 or sooner if required

Template A: individual healthcare plan

Name of school/setting

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Phone no.

Who is responsible for providing support in school

--

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, contraindications, 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

Template B: parental agreement for setting to administer medicine

PARENTAL AGREEMENT TO ADMINISTER PRESCRIPTION OR NON-PRESCRIPTION MEDICINE

Name of School:

Notes to Parent / Guardians

Note 1: This school will only give your child medicine after you have completed and signed this form.

Note 2: All medicines must either be in the original container as dispensed by the pharmacy, with your child's name, its contents, the dosage and the prescribing doctor's name (in the case of prescription medication) or in the original packaging (eg: sealed blister pack) for non-prescribed medicine.

Note 3: This information is requested, in confidence, to ensure that the school is fully aware of the medical needs of your student.

Medication details

Date	
Student's name	
Date of birth	
Group/class/form	
Reason for medication	

Name / type of medicine (as described on the container)	
Expiry date of medication	
How much to give (i.e. dose to be given)	
Time(s) for medication to be given	
Special precautions /other instructions (e.g. to be taken with/before/after food)	
Are there any side effects that the school needs to know about?	
Procedures to take in an emergency	
I understand that I must deliver the medicine personally to [name of staff]	

Number of tablets/quantity to be given	
Time limit – please specify how long your student needs to be taking the medication	_____ day/s _____ week/s
I give permission for my son/daughter to be administered the emergency inhaler held by the school in the event of an emergency	Yes / No/ Not applicable
I give permission for my son/daughter to carry their own asthma inhalers	Yes / No / Not applicable
I give permission for my son/daughter to carry their own asthma inhaler and manage its use	Yes / No / Not applicable
I give permission for my teenage son/daughter to carry their adrenaline auto injector for anaphylaxis (epi pen)	Yes / No / Not applicable
I give permission for my son/daughter to be administered the emergency adrenaline auto-injector held by the school in the event of an emergency	Yes / No / Not applicable
I give permission for my son/daughter to carry and administer their own medication in accordance with the agreement of the school and medical staff	Yes / No / Not applicable

Details of Person Completing the Form:

Name of parent/guardian	
Relationship to student	
Daytime telephone number	
Alternative contact details in the event of an emergency	
Name and phone number of GP	
Agreed review date to be initiated by [named member of staff]	

I confirm that the medicine detailed overleaf has been prescribed by a doctor and that I give my permission for the Principal (or his/her nominee) to administer the medicine to my son/daughter.

I confirm that the medicine detailed is in the original packaging [in the case of non-prescription medication].

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. I also agree that I am responsible for collecting any unused or out of date supplies and that I will dispose of the supplies.

The above information is, to the best of my knowledge, accurate at the time of writing.

Parent's Signature _____ Date _____

(Parent/Guardian/person with parental responsibility)

Template C: record of medicine administered to an individual child

RECORD OF MEDICINES ADMINISTERED

[Name of Academy]

Name of Young Person		Group/Class/Form Tutor group	
Name of medicine		Date medicine provided by parent	
Expiry Date		Quantity Received	Quantity Returned
Fully completed parental consent form received for the admin of this medicine			
Dose and frequency of medicine			

Staff signature _____

Date _____

Signature of Parent _____

Date _____

Log of Medicines Administered

Date	Time given	Dose given	No of pills remaining	Staff Name	Problems/side effects

	Parent informed of use of emergency inhaler?				
	Parent informed of use of emergency AAI				

Template E: staff training record – administration of medicines

Name of school/setting

Name

Type of training received

Date of training completed

Training provided by

Profession and title

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____

Template F: 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.

1. your telephone number
2. your name
3. your location as follows [insert school/setting address]
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone

Template G: model letter inviting parents to contribute to individual healthcare plan development

Dear Parent

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 the each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, 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 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 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 involve [the following people]. 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 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