

kisimul

# **EDAC23 | Supporting Pupils with Medical Conditions at Acacia School**

Policy and Procedure

## Document Information

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| <b>A full Change Log can be found at the back of this document</b>                                      |              |

## Equality, Diversity & Inclusion Statement

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## 1. Introduction

### 1.1 Aims

**1.1.1** Pupils, staff and parents/carers understand how our school will support pupils with medical conditions.

**1.1.2** Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, as part of our core principle to promote inclusive education.

## **1.2 Implementation**

**1.2.1** The senior management team will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of pupils' conditions, where appropriate
- Making sure there is scope for a suitable number of trained staff to make arrangements to ensure someone is always available to support pupils with medical conditions
- Developing and monitoring individual care plans for pupils who have medical or health needs

**1.2.2** Headteachers will be responsible for ensuring this policy is implemented effectively in the schools, and will report to the governing body for the schools and group quality committees.

## **1.3 Basis in legislation**

**1.3.1** This policy meets the requirements under Section 100 of the *Children and Families Act 2014*, which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.

**1.3.2** It is also based on the Department for Education (DfE)'s statutory guidance on *Supporting pupils with medical conditions at school*.

## **2. Scope**

This policy applies to all colleagues and learners at Kisimul Group's Acacia School.

## **3. Roles and Responsibilities**

### **3.1 The Chief Executive Officer**

Has overall responsibility for ensuring compliance with national and local standards that are reflected in the organisation's policies.

### **3.2 The Governing Board**

The Headteacher has ultimate responsibility to make arrangements to support pupils with medical conditions. The governing board will hold the Headteachers accountable to ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions. The governing body will ensure that policies, plans, procedures and systems are effectively implemented and that policies and procedures are reviewed regularly and accessible to parents and school staff.

### **3.3 The Headteacher**

Will:

**3.3.1** Make sure all staff are aware of this policy and understand their role in its implementation

**3.3.2** Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations

**3.3.3** Ensure that all staff who need to know are aware of a child's condition

**3.3.4** Ensure that storage and administration of medication is carried out appropriately, and there are systems to check and quality assure practice

**3.3.5** Ensure that individual health plans are updated with appropriate information

**3.3.6** Ensure that emergency medication is accessible and available for those children who require it

**3.3.7** Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

### **3.4 All Colleagues**

**3.4.1** Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any colleague may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.

**3.4.2** Those colleagues who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so. Each school site will risk assess the requirement for numbers of staff who require training, based on local context. This will consider, for example, review of the number of buildings, offsite curriculum activity, and the number of children with complex medical conditions such as epilepsy. Requisite numbers will be agreed with the Group Executive Education Lead on an annual basis, or dynamically as required if the site admits a child with complex health needs. This will be tracked on training records and reported to governors and central group quality committees.

**3.4.3** Teachers will take into account the needs of pupils with medical conditions that they teach. All colleagues will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

### **3.5 Parents/Carers**

Will:

**3.5.1** Provide the school with sufficient and up-to-date information about their child's medical needs.

**3.5.2** Be involved in the development and review of their child's IHP, and may be involved in its drafting.

**3.5.3** Carry out any action they have agreed to as part of the implementation of the IHP, e.g. provide medicines and equipment, and ensure they or another nominated adult are contactable at all times.

### **3.6 Pupils**

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. The school have provision for autistic children who have complex learning needs, and require a high level of support to communicate their needs, and to identify their own self-regulation and presentation. However, every effort should be made to include the young person's feedback using alternative and augmentative communication linked to the young person's communication profile.

## **4. Equal Opportunities**

**4.1.1** Our school 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 prevent them from doing so.

**4.1.2** The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

**4.1.3** 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/carers and any relevant healthcare professionals will be consulted.

## **5. Notification that a Child has a Medical Condition**

**5.1.1** Prior to admission to the school, as part of the assessment process, there will be consideration of health care and medical needs and whether the school has the capacity to support a child's needs, or additional information and/or training is required. Children who are placed in our schools will typically have an EHCP outlining their health needs, and where there is a need for daily medication or emergency medication this will be included in the individual's care plan. Where a young person has emergency protocols this will be outlined in the care plan.

**5.1.2** The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

## **6. Medication Protocols**

There are occasions when children and young people at Kisimul Group's Acacia School have to take medicine during the school day. In order that this is carried out in a safe way,

all colleagues will follow the procedure set out below. This has been written to ensure compliance with Local Authority guidance and the Department for Education *Supporting pupils at school with medical conditions*.

## **7. Administration of Medication**

**7.1.1** Medication should only be administered by a suitably-trained colleague, with a trained witness supporting the checking and administration of the medication to countersign. The persons administering the medication should follow the 6 Rights of Medication Administration:

- Right Patient: Confirm the identity of the patient receiving the medication.
- Right Drug: Verify the medication being administered.
- Right Dosage: Ensure the correct dosage is given.
- Right Route: Check the appropriate route of administration (e.g., oral, intravenous).
- Right Time: Administer the medication at the correct time.
- Right Documentation: Document the administration accurately.

**7.1.2** When medication is being administered, only one young person should be administered medication at a time.

**7.1.3** Medication that is prescribed should be clearly labelled with the child's name, date of birth, date of prescription and a clear expiry date.

**7.1.4** Expiry dates should be regularly checked to ensure medication is in date. Medication which is out of date should not be administered.

**7.1.5** A written record shall be kept using Medication Administration Record sheets which records the date and times of any medication (prescribed or non-prescribed) is administered. The members of staff administering the medication must ensure that the medication has fully and properly been taken by the pupil and if it hasn't been fully taken this should be recorded and parents should be informed. Medical advice should then be sought from the young person's GP or local clinicians to advise on next steps or monitoring required.

**7.1.6** The Medication Administration Record sheet (MAR) should be completed fully and only signed off by the administration and second should be included. This process is to be carried out for all medication given.

**7.1.7** If in doubt about any procedure, staff should not administer the medicines but check with the senior management team, who will arrange for parent/carers to be contacted.

**7.1.8** Written records must be kept each time medicines are given. Staff should complete and sign a record each time they give medicine to a child/young person. Good practice is that two members of staff should sign to verify the information recorded and to check dosage. Good records help demonstrate that staff have exercised a duty of care.

## **8. Storage of Medication**

**8.1.1** In school, all medicines including emergency medications will be stored in a the Medical Room or a locked cabinet.

**8.1.2** Daily medications will be stored the Medical Room in a locked medicine cabinet. The key must be kept securely out of reach.

**8.1.3** For pupils with asthma, their inhalers are to be stored in a locked cabinet in the classroom.

**8.1.4** The temperature of the medication room must be recorded on a twice daily basis to ensure medications are kept at temperatures between 15 to 25 degrees Celsius.

**8.1.5** The temperature of the medication fridges are to be monitored and recorded twice daily to ensure the fridge is working effectively to ensure medication integrity is not compromised. The fridge is to read between 2-8 degrees Celsius.

**8.1.6** Do not store any other items, including food, in the dedicated medicines fridge.

**8.1.7** Staff to ensure they read the medication storage instructions and follow these as appropriate

**8.1.8** Medication not administered in the school day will not be stored in school.

**8.1.9** Emollient creams to be stored away from medications in a separate locked cabinet.

**8.1.10** When leaving the school setting, staff must ensure young people have their inhalers/medication and that this is handed over to a responsible adult. The responsible adult should sign to say they have received the medication.

## **9. Disposal of Medication**

**9.1.1** Staff should not dispose of medicines. Medication is to be returned to either the residential homes or young person's parent.

**9.1.2** As soon as possible, remove any medicines that are no longer required or expired from the medicines cupboard and return these to carers/parents.

**9.1.3** If this is not possible, it should be returned to the dispensing pharmacist. **It should not be thrown away.**

## **10. Controlled Drugs**

**10.1.1** Controlled drugs such as benzodiazepines (which includes diazepam), are controlled by the *Misuse of Drugs Act 1971*. Therefore, it is imperative that controlled drugs are strictly managed between the school and parent/guardians. However, in instances where this is not possible, an agreed arrangement can be put in place whereby the driver/escort of the registered transport can follow the same arrangement as a parent would.

**10.1.2** Controlled drugs should be brought in to school by a parent/guardian/assigned trustworthy adult and handed to the Headteacher or class

teacher. The prescription and amount of medication will be checked and signed in by staff trained in the safe handling and administration of medication on the appropriate MAR sheet.

**10.1.3** Controlled drugs will be stored in a locked, non-portable container, such as a safe, and should be within a locked cupboard, with only specific named staff allowed access to it, who must be trained to handle and administer medication. Each time the drug is administered, it must be recorded, including if the child/young person has refused to take it, and signed by 2 medication trained staff.

**10.1.4** The person administering the controlled drug should monitor that the drug has been taken. Passing a controlled drug to another child is an offence under the *Misuse of Drugs Act 1971*. As with all medicines, any unused medication should be recorded as being returned to the parent/guardian when no longer required, and must be signed out on the MAR sheet – see **Section 9** above.

## **11. Covert Administration of Medication**

In some cases, and only where fully documented, can medication be given covertly. In these cases social workers, parents/guardians and other key professionals will be advised of this. Where relevant, this will also be documented in the care plan.

## **12. Prescribed Medicines**

**12.1.1** Medicines should only be brought to school when essential; that is where it would be detrimental to a child's/young person's health if the medicine were not administered during the school day. We will only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber.

**12.1.2** Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration.

**12.1.3** We will not accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parent/guardian instructions or accept handwritten amendments on bottles.

**12.1.4** Medicines will only be given to children/young adults if we have clear written instructions from professionals. Under no circumstances will medicine be given to children/young person under the age of 18 without parent/guardian consent. Where the young person is over the age of 18, they will have their capacity assessed in relation to administration of medication.

## **13. Non-prescribed Medicines**

**13.1.1** Non-prescribed medicines will not be given in school except under where there is prior agreement and as part of the young person's support plan. This usually applies to short term medications such as paracetamol and other homely remedies, for

which permission would be sought from parents/carers or through medical professional advice.

**13.1.2** Any over-the-counter medication should be clearly labelled with the child's name, date of birth, date the school received the medication and the date in which the medication was opened.

**13.1.3** Where PRN (as and when) medications are administered, Medication Administration Record (MAR) sheets should be completed, recording the time and date of when the medication was administered.

**13.1.4** When PRN (as and when) medication is deemed necessary (e.g. a pupil has a headache and requires paracetamol) the staff team must ensure they liaise with parents to ensure consent is given and that paracetamol has not been administered in the same timeframe, e.g. before school to avoid overdose.

**13.1.5** Where PRN (as and when) medications are administered the class team must ensure that parents are notified and information of the amount of medication and timing of medication is shared.

**13.1.6** The school will not accept items of medication in unlabelled containers.

## **14. Illnesses of Short Duration**

If a child/young person has an illness that is likely to be of short duration, but is fit enough to attend school, school should be informed and the relevant prescribed medications provided and signed in to school appropriately. An example may be where a child/young person is on a course of antibiotics. In these instances, we have a designated room available where pupils can remain if they fall ill during the school day.

## **15. Long-term Conditions**

**15.1.1** If a child/young person has a chronic illness or condition that requires medication then parent/carers would be asked to provide the prescription instructions - for example, where a child/young person has diabetes or asthma and needs medication on a regular basis.

**15.1.2** It is important to have sufficient information about the medical condition of any child with long term medical needs. All colleagues working with a young person should be familiar with the content of the care plan, which outlines processes and management of longer-term health issues.

## **16. Emergency Conditions**

### **16.1 Administration and Storage**

**16.1.1** There are a few instances where medicine is kept in school for use in an emergency; the most likely being for the control of some forms of epilepsy/anaphylaxis.

Allocated staff will complete accredited medication training to administer such medication, under the direction of the **Headteacher**.

**16.1.2** All parent/guardians should be aware that we do not have medical staff on the premises. If a child/young person misses a dose of their prescribed medication and this is likely to have serious consequences, then the child/young person must remain at home until medical advice has been sought and the medical professional has confirmed that the young person is fit to return to school.

**16.1.3** If a child/young person does need to bring medication in to school this should be in the original container in a sealed packet or box, and should be given to the escort, driver or directly to a education support staff member. The name of the child, dose and instructions should be clearly marked on the container.

**16.1.4** In school, individual medication should be kept in original packaging labelled with prescription, the child's/young person's name and instructions for administration. They should then be stored in the locked medication cabinet and signed in and out by staff. The medication administration records (MAR sheets) should be signed and dated accordingly as medication is signed in, or at each administration occurrence.

## **16.2 Buccal Midazolam Emergency Epilepsy Medication**

**16.2.1** All pupils who require Buccal Midazolam must have an epilepsy treatment plan, completed and signed by the GP or Consultant.

**16.2.2** All colleagues supporting young people with Buccal Midazolam prescribed must know the individual's epilepsy treatment plan and ensure protocols are followed appropriately.

**16.2.3** All pupils who require Buccal Midazolam must have it transitioned to the school building with them, where it is to be stored in a locked medication room but accessible by trained staff in the event of administration being deemed necessary.

**16.2.4** Buccal Midazolam brought into school each day should be checked twice daily. Checks are for expiry, amount prescribed, appearance of liquid and that enough doses are available to administer aligned to the Epilepsy treatment plan.

**16.2.5** When young people prescribed Buccal Midazolam leave the school site, they must always have their medication kept with them, supervised by a responsible member of staff.

**16.2.6** Buccal Midazolam must be kept at temperatures between 15-25 degrees Celsius to ensure the medication integrity is not compromised.

## **17. Refusal of Medication**

If pupils refuse to take medication, colleagues should not force them to do so. The school should inform the child's parent/guardians as a matter of urgency. The school should call and ask for advice from NHS direct by calling 111 or contact the emergency services where required.

## 18. Offsite Visits

**18.1.1** We want all pupils to participate in offsite curriculum opportunities. All colleagues supervising visits should be aware of any medical needs and relevant emergency procedures. Where necessary, individual risk assessments should be conducted.

**18.1.2** It should be ensured that a colleague who is trained to administer any specific medication (e.g. epi-pens) accompanies the pupil and that the appropriate medication is taken on the visit. Medicines should be kept in their original containers.

## 19. Emergency Procedures

**19.1.1** Colleagues will follow the school's normal emergency procedures (for example, calling 999). All pupil's care plans will clearly set out what constitutes an emergency and will explain what to do.

**19.1.2** If a pupil needs to be taken to hospital, colleagues will stay with the pupil until the parent/carer arrives, or accompany the pupil to hospital by ambulance.

## 20. Training Requirements

**20.1.1** Colleagues who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so. The **Headteacher** will make sure that there are contingencies for absent staff and to cover offsite activities.

**20.1.2** The training will be identified via risk assessment on the context of the site, for example the number of young people with specific medical conditions.

**20.1.3** This will be reviewed dynamically, for example when there is a new admission to the school site, but at least annually.

**20.1.4** Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- Fulfil the requirements in the care plans
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

**20.1.5** All staff will be made aware of this policy and understand their role in implementing it.

## **21. Linked Documents**

### **21.1 Kisimul Policies**

**21.1.1** EDAC02 Acacia School Safeguarding and Child Protection Policy and Procedure

**21.1.2** EDAC04 Acacia School Attendance Policy and Procedure

**21.1.3** EDAC07 Acacia School Accessibility Policy and Procedure

**21.1.4** EDAC17 Acacia School First Aid Policy and Procedure

**21.1.5** HS01Kisimul Group Health and Safety Policy and Procedure

### **21.2 Legislation**

**21.2.1** Children and Families Act 2014

**21.2.2** Misuse of Drugs Act 1971

### **21.3 Statutory Guidance**

**21.3.1** Supporting pupils at school with medical conditions (DfE, 2014/updated 2017)

## **22. Further Advice**

Advice on medical issues should be sought from colleagues trained in the safe handling and administration of medication, the school's local Integrated Care Board (Lincolnshire ICB), which includes guidance on communicable diseases, or NHS Direct.

## Document Change Log

**The Change Log is a register of all authorised changes made to this document.**

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