



# **Supporting those with Medical Conditions**

(including EYFS)

<b>Policy reviewed, approved and adopted</b>	<b>October 2023</b>
<b>Version</b>	<b>2.0</b>
<b>Review frequency</b>	<b>Annually</b>
<b>Date of next review</b>	<b>October 2024</b>
<b>Responsible Officer</b>	<b>H&amp;S Lead</b>

<b>Index</b>	<b>Section</b>
Introduction	1
Roles and Responsibilities	2
IHCP Procedures	3
Colleague Training and Support	4
Managing Medicines	5
Storage of Medication	6
Colleagues with Medical Conditions	7
Adrenaline Auto-Injectors (for anaphylaxis)	8
Inhalers	9
Covert Medication	10
Emergency Procedures / DNAR	11
Pain Relief Medication	12
Errors in the administration of medication	13
Missed or delayed administration of medication	14
Unacceptable Practice	15

## **1 Introduction**

The purpose of this policy and its implementation is to ensure that the Ascent Board of Trustees have arrangements in place to support all young people across the Trust with medical conditions in a way which enables them to play a full and active role in Academy life, including Academy trips and physical education. This includes ensuring that colleagues are adequately trained and capable of supporting young people with medical conditions and that the relevant support, advice and guidance is given to parents/carers of young people with medical conditions.

This policy should be read in conjunction with the following Trust policies and with individual academy procedures as appropriate:

- First Aid policy
- Health and Safety policy
- Infection Control policy
- External Visits.

This policy will be regularly reviewed and amendments can only be made following the approval of the Board of Trustees

This policy applies to the Trust and to all individual academies. This policy should be read by all colleagues.

Instances of non-compliance with this policy will be reviewed by the Heads of Academy and may be reported to the CEO, LADO and the Health and Safety Executive.

We wish to remind everybody involved with the Trust that should any persons have concerns relating to the implementation or adherence of our policies that they should raise these concerns with Line Management, or, if they wish to do so by following the Whistleblowing or Complaints procedures.

## **2 Roles and Responsibilities**

Trustees will

- Ensure each academy is compliant with this policy
- Ensure suitable colleague numbers are trained and competent before taking on their roles.

The Head of each academy is the 'appointed person' but may discharge some of their appointed duty responsibilities to another appropriate person. In addition, they will

- Ensure all colleagues (including agency and volunteers) are aware of the policy
- Ensure there are sufficient colleague numbers trained to ensure a smooth day to day running of the academy
- Have overall responsibility for the creation and updating of IHCP's.

The Deputy Head Teacher (Pastoral) will

- Ensure that the training requirements for relevant colleagues are fulfilled
- Ensure accurate records are kept of all first aid related training, including certification dates and that copies of certification are available for scrutiny
- Ensure that training has given first aiders sufficient understanding, confidence and expertise to fulfil their role
- Monitor the issuing and recording of medication
- Liaise with the school nursing teams or other healthcare professionals to source appropriate advice, guidance and training for medical conditions

- Liaise directly with the Trust H&S Lead.

Teachers and other colleagues in charge of young people will

- Comply with this policy
- Be aware of how to support young people with medical conditions and administer medication if appropriately trained
- Ensure that a young people dignity is protected in regards to medication and medical conditions
- Document and record medical incidences and the issuing of medication, as relevant, where necessary
- Liaise with parents/carers in regards to a young people medical conditions and support in the writing of IHCP's
- Request appropriate training from the Deputy Head (Pastoral) if they feel it is required to support young people within their care
- Ensure appropriate provisions are in place for offsite activities

Parents/carers

- It is the responsibility of parents to keep academies up to date in regards to medical conditions
- Support school colleagues in the writing of IHCP's
- Work with academy colleagues to ensure adequate supplies of medication are available on site at all times and that safeguarding procedures are followed in the transportation of medication to and from academies.

Appropriately trained colleagues will

- Attend relevant training and refresher courses
- Issue medication as directed by IHCP's and/or care plans
- If necessary, ensure that an ambulance or other medical help is called
- Keep accurate records and log incidents as necessary on Evolve
- Liaise directly with the Trust H&S Lead in regards any incidents.

### **3 IHCP Procedures**

When an academy is notified that a new pupil has a medical condition requiring an IHCP procedures to support this medical condition and colleagues adequately trained should be in place before the start of term.

Where a current student of an academy has a new diagnosis or condition, or a child transfers into the academy mid-term, arrangements for an IHCP should be in place within 2 weeks. Where specialist advice and support is needed around a diagnosis or condition and this is going to extend beyond the 2 weeks an interim working IHCP should be put in place based upon the information that is known to the academy. Once specialist support and guidance is received then IHCPs can be updated and finalised.

Should a student be awaiting formal diagnosis or their medical condition is unclear then interim support measures can be put in place providing suitable medical evidence can be supplied and in conjunction with parents/carers.

IHCP's should be reviewed on at least an annual basis. It may be necessary to update these early should a young people medical needs have changed. They should always be developed with the child's best interests in mind and ensure that the Academy assesses and manages risks to the child's education, health and social wellbeing, and minimises disruption to the learning.

The format of the IHCP may vary between Academies and the level of detail within plans will depend on the complexity of the child's condition and degree of support needed. Plans should be drawn up in partnership between the Academy, parents, and a relevant healthcare professional, with pupil involvement where appropriate. IHCPs should be accessible to all who need to refer to them, whilst preserving confidentiality.

#### **4 Colleague training and support**

The Deputy Head of Academy (Pastoral) is responsible for coordinating the academies continuing professional development (CPD) and will schedule both whole school training and individual training as required. Colleagues who are not adequately trained, or feel they require more training, should report this to the DHT.

Training will be identified during the development or review of the IHCP. A first-aid certificate **does not** constitute appropriate training in supporting children with medical conditions.

Colleagues who are to administer nonemergency medication (i.e., regular ongoing medication such) must hold a valid certificate of competence. This must be achieved via a face-to-face course over at least 1 day which is accredited via the RQF. These certificates must be renewed at least every three years.

There is no requirement for colleagues to hold a managing medication certificate if they are issuing emergency medication (such as those used to treat seizures), however, training and competence must have been signed off by a professional approved to deliver such training – for example a school nurse. Because many of these courses are now delivered remotely the competency can be signed off by a member of the Senior Leadership Team who is on the call and able to take a register of attendees.

#### **5 Managing Medicines**

Medicines can only be administered in the Academy when it would be detrimental to a child's health or Academy attendance not to do so. Where possible medicines should be prescribed in dose frequencies which enable them to be taken at home. Medication will only be accepted in its prescribed packaging, clearly identifying student name, date of birth, prescribed drug, dosage and times to be administered.

Medication coming into the Academy must be handed to a medication trained colleague who will check its contents, record it and then take it to the medical room to store it securely. This must be done by a parent or carer. In exceptional circumstances medication may be brought in by a taxi driver or escort after agreement from the Deputy Head Pastoral. Where this is the case the medication must arrive in a locked container which only the parent/carer and school have access to.

When medication is sent into the academy/home via transport, rather than being handed in by parents / carers, this must be sent in a secure container which is locked using a padlock / combination lock. Parents / carers and academy colleagues will have access to the key / combination, but transport colleagues will not. This is to ensure that no medication becomes missing during the transition to / from school. The exceptions to this will be:

- any medications which are for emergency use and need to be accessed by transport colleagues e.g., epi-pens/epilepsy emergency medication.
- on the first day that a medication is required to prevent potential negative impact on attendance and to support parents/carers who do not have readily available access to their own transport.

- Where possible parents should ensure this is in a sealed container such as an envelope which has been sealed. This is so that academy staff can be assured it has not been tampered with.
- Parents / carers must inform the academy of the quantity of medication being sent in so that this can be cross checked with what arrives at the academy.

Controlled drugs must be always in a locked box/bag.

The designated colleagues must only accept prescribed medicines that are:

- In date
- Labelled with the young people name, administration dosages and times of administration
- 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 is generally inside an insulin pen or a pump, rather than in its original container.

The expiry date of all medication must be checked and logged. Two colleagues must sign medication in. One of these must be a medication trained colleagues. When signing medication in the quantity of medicine received must be checked. For liquid medication this can be an estimate (e.g. ½ a bottle). Written records of all medication received, or sent home, must be kept. These records must be completed in pen and not pencil.

Medicines no longer required must be collected by parents/carers. If this does not happen they will be sent to a local pharmacy for safe disposal.

No medication (other than inhalers) is to remain in academies during the Christmas, Easter or Summer holidays. Academy colleagues should ensure these are collected on the last day of term and returned on the first day back. Should any not be collected it must be disposed of safely.

Where young people have medication which is required to help them regulate and access learning (such as Ritalin) or is necessary in an emergency (such as seizures) these must be available onsite at all times. Where this is not the case young people must stay at home until the medication is available.

No child 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 child without the knowledge of the parents.

A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor.

Appropriately trained colleagues may administer medication to the child for whom it has been prescribed. This will do so in accordance with the prescriber's instructions and cannot alter this (for example without the prescribers label saying to crush a tablet colleagues are unable to do so). The academy will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. This must always be witnessed and countersigned by a second person who assumes equal responsibility for stock checks and balances including the amount of drug administered and remaining amount held.

Where this is a controlled drug this must be recorded in the 'controlled drug book' and the medication stored in a none-moveable container. For none controlled medication this should

be recorded on the appropriate medication record sheets. Any side effects of the medication to be administered at the Academy should be noted.

Due to the risk of mis dosing colleagues are not permitted to split medication (e.g. cutting a tablet in half). Where this is clinically necessary this must be done by a pharmacist before being signed into the Academy.

## **6 Storage of Medication**

All medicines must be stored safely, locked in the medical room. Medication taken on an educational trip, including controlled medicines must be transported and kept in a locked container and administered by a colleagues qualified to administer medication.

Ideally the medical room should have restricted access to only those who require such access.

The room which stores medicine should ideally be located inside the main body of the building with no external windows/skylights, especially if it contains controlled drugs. Where this is not practical due consideration to security measures must be given. Due to temperature sensitivities of some medication the medical room must be monitored and kept cool.

Within the medical room there must be a lockable fridge pulled in and ready for use if needed. The temperature of this must be checked daily if it is used and weekly if not in use. These records must be kept. The fridge must not be used for any other use except medication.

Young people who take emergency medication for conditions such as anaphylaxis, asthma or epilepsy) should have easy access to this medication. Therefore, they should be stored safely within the class and transported around with the student if necessary (e.g. to PE). Where this is the case medication should be stored safely so that other young people cannot accidentally take it. This is particularly important when outside of the Academy e.g., on visits.

Colleagues with medical conditions must ensure that medication is not accessible to young people either by locking it in a secure container within a classroom or a colleague locker. Under no circumstances should medication be kept in handbags or coat pockets etc.

Where colleagues may need urgent access to medication for conditions such as diabetes, asthma or angina etc. such medication should be stored in a secure container within the classroom out of reach of young people.

## **7 Colleagues with Medical Conditions**

Under Health and Safety regulations colleagues have a legal obligation to keep both themselves and others safe. This means that should a colleague have a medical condition which *could* impact their day-to-day performance they must make a Senior member of staff aware so that support and risk assessments can be put in place.

Colleagues with medical conditions need to consider the following in regards their day-to-day performance:

- The impact of medication and possible side effects
- How a medical condition can impact them on a 'bad' day
- Possible long term side effects or consequences of such conditions
- Any medication needing to be taken.

It is colleagues responsibility to ensure that any changes to conditions or medication are shared with the appropriate Senior leader.

## **8 Adrenaline Auto-Injectors (for anaphylaxis)**

Adrenaline auto-injectors (AAI) (often known by the brand name Epi-Pen) are available to schools to purchase without a prescription, for emergency use with those who have anaphylaxis but their own device is not available or not working (e.g. because it is broken, or out-of-date) or have not yet been diagnosed with anaphylaxis and are having their first reaction to an allergen.

**An anaphylactic reaction always requires an emergency response.**

Any AAI's held by a school should be considered a spare / back-up device and not a replacement for a person's own AAI. Current guidance from the Medicines and Healthcare Products Regulatory Agency (MHRA) is that anyone prescribed an AAI should always carry two of the devices. This guidance does not supersede this advice from the MHRA,<sup>1</sup> and any spare AAI's held by a school should be in addition to those already prescribed to a pupil.

AAI emergency medication must only be administered by colleagues with current AAI training delivered either as a standalone session or as part of a first aid course.

Pupil's should have their own reliever inhaler at school to treat symptoms and for use in the event of an asthma attack. If they are able to manage their asthma themselves they should keep their inhaler on them, and if not, it should be easily accessible to them.

## **9 Inhalers**

Salbutamol (reliever) inhalers are available to purchase by schools, if they wish, for use in emergencies. This will be for any pupil with asthma, or who has been prescribed an inhaler as reliever medication. The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty). It should not be classed as a replacement for parent/carer supplied inhalers.

Written consent must be obtained for use of these emergency inhalers. This can be completed as part of the IHCP process.

## **10 Covert Medication**

Covert medication is where medication is disguised in food or drink before administration to a person and is not permitted without written direction from a doctor or consultant.

Medication which is given in a food, for example a tablet in a yoghurt, because a student cannot swallow it without/does not like the taste, for example is not classed as covert administration. This is because they are aware of the medication being taken and the food/drink is used to help with administration rather than with the intention to hide it. However, if this is not listed on the prescription label advice should be sought from the pharmacist to ensure it is appropriate to mix the specific medication in the proposed food/drink to ensure the delivery method will not alter the uptake, dosing or efficacy of the medication.

Where covert medication is required this should be under the direction of a GP/consultant or pharmacist and documented on a young people IHCP.



## **11 Emergency Procedures / DNAR**

Individual healthcare plans (IHCPs) must clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant colleagues are aware of emergency symptoms and procedures. Other young people should also know what to do in general terms, such as informing colleagues immediately if they think help is needed.

If a child needs to be taken to hospital, colleagues will accompany the child and stay with them until the parent/carer arrives.

If a child has a 'Do not attempt to resuscitate' (DNAR) plan, the plan must be kept with the child at all times. The Head of Academy must be informed of such plans. The DNAR plan must be handed to the ambulance crew should an emergency arise. Should the written DNAR not be available then CPR must be administered should the need arise.

## **12 Pain Relief Medication**

Some young people may have medication for pain relief and as such this may be on an 'as necessary' basis. Where this is the case medication should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed of the administration of medication by the designated colleague member.

Due to changes in prescription dispensing standard pain relief medication (e.g. paracetamol and in exceptional cases ibuprofen) may be issued based without the need for a prescription and in standard packaging. Where this is the case an IHCP should be in place to detail what should be issued and when as well as the reasons as to why it is required during the school day. Extreme caution needs to be taken when issuing medication which is not as prescribed to ensure that parents/carers are aware of the issuing of it and have confirmed none have been issued within the previous 4 (or 6 for younger students) hours.

At no point may aspirin be issued to young people under 16 without it being prescribed.

While on a residential pain relief medication may be issued by appropriately trained colleagues should it be required (from a school's own stock) as long as written permission has been given by a parent/guardian.

## **13 Errors in the administration of medication**

The Ascent Academies' Trust expects colleagues to report any errors openly, honestly and promptly with the safety of the young people being the paramount concern. This should be done verbally to the Deputy Head Pastoral and electronically via Evolve.

Whenever an error is reported a comprehensive assessment shall take place. It shall consider in full the context and circumstances surrounding the incident. Lessons learned will be disseminated to improve the knowledge base of colleagues and improve practice.

## **14 Missed or delayed administration of medication**

Delayed and omitted doses of medicines pose a threat to the wellbeing of our young people and should be avoided wherever possible. A 'Missed Dose' is a scheduled dose of a medication that a student does not receive. A delayed dose is a dose of a medication given in excess of 2 hours of the scheduled time. In both instances colleagues should report this directly to the Head of Academy or most senior member of colleagues on site. Medical advice and support must be sought as soon as possible, and parents informed. The priority

should always be to assess the young people' condition and take necessary actions to reduce risks.

The missed or delayed medication should be logged by the colleagues involved on Evolve.

## **15 Unacceptable Practice**

Ascent Academy colleagues will use their discretion and judge each case on its merits with reference to the child's IHCP. It is not regarded acceptable practice to:

- prevent children from easily accessing their inhalers or medication or administer medication when and where necessary;
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents; or ignore medical evidence or opinion (although the Academy may challenge this);
- send children with medical conditions home frequently for reasons associated with their condition or prevent them from staying for normal Academy activities, including lunch, unless this is specified in their IHCP;
- send ill young people to the Academy office or medical room unaccompanied or with someone unsuitable;
- penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments;
- prevent young people from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively as per their IHCP;
- require parents, or otherwise make them feel obliged to attend the Academy to administer medication or provide medical support to their child, including with toileting issues.
- prevent children from participating or create unnecessary barriers to children participating in any aspect of Academy life, including trips or visits, where it is appropriate and would not cause the child harm.
- not informing of parents/carers when pain relieving medication has been issued.

Should any colleague have concerns regarding unacceptable practice this should be reported via the [Confidential Reporting Procedure \(Whistle Blowing\)](#).