

LANCASTER ROYAL GRAMMAR SCHOOL

POLICY STATEMENT

Number 34

Date Approved June 2025

**SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY**

1.0 **DEFINITIONS**

- 1.1 For the purpose of this policy a child, young person, pupil or student is referred to as a 'child' or a 'pupil' and they are normally under 18 years of age.
- 1.2 Wherever the term 'parent' is used this includes any person with parental authority over the child concerned e.g. carers, legal guardians etc.

2.0 **AIMS**

- 2.1 This policy is based on the statutory Department for Education (DfE) guidance 'Supporting pupils at school with medical conditions: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England', December 2015 <https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>. This coincides with the application of section 100 of the Children and Families Act 2014 which came into force on 1 September 2014.
- 2.2 We believe that all children with medical conditions, in terms of both physical and mental health, should be supported so that they can play a full and active role in school life, remain healthy and achieve their academic potential including access to school trips and physical education (PE).
- 2.3 We are committed to ensuring that effective support for a child's medical condition is provided and that they feel safe by putting in place suitable arrangements and procedures to manage their needs.
- 2.4 We understand that children's health needs may change. This may result in extended periods of absence and our arrangements take this into account. We will consider advice from healthcare professionals and listen to the views of parents and pupils.
- 2.5 We appreciate that some children with medical conditions may be disabled and their needs must be met under the Equality Act 2010. Some children may also have special educational needs or disabilities (SEND) and may have a Statement of Special Educational Needs or an Education, Health and Care (EHC) plan.
- 2.6 This policy should be read in conjunction with:
- Accessibility plan
  - Child protection and Safeguarding policy
  - Equality policy
  - First Aid policy
  - Health & Safety policy
  - SEND policy
  - Trips and Visits policy
  - Pastoral Care Policy

## 3.0 ROLES AND RESPONSIBILITY

### 3.1 The Governing Body

3.1.1 The governing body is responsible for fulfilling the statutory duty to make arrangements to support pupils with medical conditions in Lancaster Royal grammar School. It is the responsibility of the governing body to ensure that:

- no child with a medical condition will be denied admission because arrangements to manage their medical condition have not been made. At the same time, in line with safeguarding duties, the governing body will ensure that no pupil's health is put at unnecessary risk, for example, from infectious diseases;
- there is effective cooperative working with others including healthcare professionals, social care professionals (as appropriate), local authorities, parents and pupils as outlined in this policy;
- sufficient staff have received suitable training and are competent before they take on duties to support children with medical conditions;
- staff who provide such support are able to access information and other materials as needed;
- funding arrangements support proper implementation of this policy e.g. for training etc.

### 3.2 The Head Teacher

3.2.1 The Head teacher has overall responsibility for this policy in association with the Deputy Head (Pastoral), the School Nurse and the SENCO. The Head teacher will ensure that:

- all staff are aware of this policy and understand their role in its implementation;
- all staff and other adults who need to know are aware of a child's medical condition including supply staff, peripatetic teachers, coaches etc.;
- where a child needs one, an IHCP is developed, implemented, monitored and reviewed;
- sufficient trained staff are available to implement the policy and deliver against all IHCPs, including in contingency and emergency situations;
- staff are aware that they are insured to support pupils with medical conditions;
- the School Nurse is made aware of any child who has a medical condition that may require support at school or in the boarding house;
- children at risk of reaching the threshold for missing education due to health needs are identified and effective collaborative working with partners (such as the Local Authority or alternative education providers) aims to ensure a good education for them;
- risk assessments take into account the need to support pupils with medical conditions as appropriate e.g. educational visits, activities outside the normal timetable etc.
- an audit of record keeping will be undertaken every half term with the Deputy Head (Pastoral) to ensure that this complies with the guidance set out in this policy.

### 3.3 The School Nurse

The School Nurse is responsible for:

- notifying school staff when a child has been identified as having a medical condition which will require support. They will liaise with other healthcare professionals and, where possible, will do this before a child starts at school.
- supporting and monitoring pupils with medical conditions through the development of an IHCP (Section 4.3), supporting staff with implementing an IHCP, ensuring that medical record keeping is accurate and provide advice/training as appropriate.
- liaising with clinicians, a child's General Practitioner (GP) or other healthcare services on the appropriate support for a child and the associated staff training needs to inform the development and implementation of an IHCP.
- ensuring that the boarding house is made aware of any medications administered to boarding pupils during the school day by providing the pupil with an administration of medication slip and calling the boarding house before the end of the school day.
- ensuring that boarding pupils are registered with a local GP and that the GP arranges for any required booster vaccinations or immunisation.

### 3.4 Senior Housemasters

The Senior Housemasters are responsible for:

- notifying boarding staff when a boarding pupil has been identified with a medical condition. They will involve liaising with other healthcare professionals including the School Nurse.
- providing guidance to boarding staff on implementing a child's IHCP and speaking with the School Nurse or other healthcare professionals to seek clarification as necessary.
- ensuring boarding staff are suitably trained to support boarding pupils with medical conditions. This will include updates at staff meetings, training sessions, new staff induction and will be an appraisal objective for boarding staff where necessary.
- ensuring only competent boarding staff undertake the administration of medicines, including regular reviews during a member of staff's probationary period and periodically thereafter.
- ensuring that the School Nurse is aware of any non-prescription medicines administered to pupils in the boarding house by telephoning duty staff in medical centre when out of hours or informing sister at the earliest convenience. Such medicines are also recorded in the boarding house.

### 3.5 School Staff

3.5.1 Staff may be asked to help provide support to pupils with medical conditions. While administering medicines is not part of teachers' professional duties, all teachers must take into account the needs of pupils with medical conditions that they teach. They must be aware of the medical information available on the School Network and speak to the Nurse in the School if they require further information.

3.5.2 Educational visit leaders and staff involved in extracurricular activities must be aware of all pupils with medical needs and make appropriate arrangements which may require individual risk assessments where necessary.

3.5.3 The Deputy Head (Pastoral) will identify staff training needs linked to this policy.

3.5.4 Staff will receive appropriate training to achieve the necessary level of competency before they support pupils with medical conditions. However, all staff must know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

3.5.5 If the School Nurse is absent the administration of medicine will be overseen by the boarding matron on duty. If there is any cause for concern we would activate the emergency procedures which might include taking a pupil directly to the Lancaster Royal Infirmary.

### **3.6 Pupils**

3.6.1 We will seek the views of pupils about their medical support needs at a level appropriate to their age and maturity. They should contribute to the development of an IHCP, if necessary, with a view to developing their long term capability to manage their condition effectively.

### **3.7 Parents**

3.7.1 Parents may be the first to notify the school that their child has a medical condition. They must provide sufficient and up-to-date information and will be asked to assist in compiling an IHCP, if one is required.

3.7.2 Parents must carry out any action they agreed in the IHCP e.g. provide any medicine and equipment and ensure that they or another nominated adult are contactable at all times.

3.7.3 Meetings will only be arranged with the School Nurse if a pupil's medical conditions are complex and more information is required. Apart from that the School Nurse can be contacted by telephone/email and is available on induction days.

3.7.4 Parents will be asked to review the IHCP when a change occurs to their child's medical condition or requirements. IHCP forms will be resent to all parents at the end of each academic year for review and to be up-dated.

3.7.5 Parents must be contactable at all times and must ensure that the school/boarding house has their current home, work and mobile telephone numbers. In addition the boarding house requires guardians home, work and mobile telephone numbers.

## **4.0 ARRANGEMENTS AND PROCEDURES**

### **4.1 Notification that a pupil has a medical condition**

4.1.1 Parents must keep children who are unwell or infectious at home.

4.1.2 A pupil who becomes unwell at school, during a trip/visit or on a sporting activity will initially be treated by the Medical Centre staff. Parents will be notified and may be requested to collect the pupil from school or alternative arrangements will be agreed.

4.1.3 The health of boarding pupils will be monitored by the boarding house. If a boarding pupil becomes unwell during the school day the Nurse in the School will follow the medical referral procedure for boarding pupils.

4.1.4 Boarding pupils who are unwell will be cared for by house Matrons under the supervision of the School Nurse, staying in their dorm if appropriate, or in the sick bays in the Medical Centre. Parents or guardians will be notified and may be requested to collect the pupil. If a parent or guardian cannot be contacted or cannot collect the pupil, the pupil will be looked after by the house Matrons and medical centre staff who may take them to the GP.

4.1.5 Notification that a pupil has a medical condition must be made at the earliest opportunity to the School Nurse.

4.1.6 Notifications may come from a parent or a medical practitioner/GP. The school requests that parents seek a medical diagnosis if they are in any doubt about their child's symptoms.

4.1.7 All notifications will be recorded on a pupil's medical record. This will include:

- who made the notification;
- the date;
- whether the notification was made with or without a diagnosis by a medical practitioner/GP;
- the symptoms/evidence presented;
- any treatment/medication that has been given or prescribed;
- who else in the school/boarding house will need to be informed.

4.1.8 Following notification the School Nurse will discuss with the appropriate Senior Housemaster (boarding pupils) and the SENCO if appropriate to decide the next steps. This will include whether an IHCP is required (section 4.3). If we have any concerns about the validity of the information provided we will contact the child's GP or another appropriate medical professional.

4.1.9 The school does not need to wait for a formal diagnosis before providing support to a pupil but judgements will need to be made about the support provided. This will involve some form of medical evidence and consultation with the pupil and parent.

## 4.2 **School attendance and re-integration.**

4.2.1 School attendance is closely monitored by the Data Manager and if a child is absent from school due to a medical condition for an extended period the school will contact parents to discuss academic and emotional support. We will try to ensure that, as far as possible, the absent child can access the curriculum that they would have in school.

4.2.2 The Local Authority has a duty to make other arrangements, such as home and hospital education, when it becomes clear that a child will be away from school for 15 days or more (whether consecutive or cumulative across the school year) due to their health needs. The Data Manager will notify the Local Authority if this becomes the case.

4.2.3 Regular school communication will continue with a pupil's family regardless of the period of absence.

4.2.4 Following a period of home or hospital education or alternative provision we will establish an individually tailored re-integration plan to enable a successful return to school. This may involve the Local Authority, the School nurse, other children's services and the provision of any extra support a child might need to access and fill the gaps that may have arisen from their absence.

4.2.5 We will ensure that transitional procedures are in place to support children with medical conditions who change school or attend alternative educational provision.

## 4.3 **Individual Healthcare Plans (IHCP)**

4.3.1 An IHCP is a working document to ensure we effectively support a pupil with a medical condition. It details what needs to be done, when and by whom.

4.3.2 An IHCP will be initiated by the School Nurse in consultation with parents and the pupil.

4.3.3 An IHCP will be put in place if a child's medical condition fluctuates, is long-term, complex or if there is a high risk that emergency intervention will be required. The level of detail will depend on the complexity of the medical condition and the support the child needs. Not all children will require an IHCP.

4.3.4 Where a child has SEND but does not have an EHC Plan, their special educational needs will be mentioned in their IHCP. Where a child has SEND identified in an EHC Plan, the IHCP will be linked to or become part of the EHC Plan.

4.3.5 IHCPs will be reviewed annually or earlier if a child's needs change.

4.3.6 In general, an IHCP will cover:

- the medical condition, its triggers, signs, symptoms and treatments;
- the pupil's needs, including medicine (dose, side-effects and storage) and other treatments, facilities e.g. the need for privacy, equipment, testing, access to food/drink (where this is used to manage their medical condition), dietary requirements and environmental issues e.g. travel time between lessons etc.
- specific support for the pupil's educational, social and emotional needs - for example, how absence will be managed, extra time in exams, rest periods or additional support to catch up with lessons, counselling sessions etc;
- the level of support needed - some children can take responsibility for their health needs and this is encouraged. If a child is self-managing their medicine, this will be stated with appropriate arrangements for monitoring;
- who will provide this support, their training needs, confirmation of their proficiency to provide support for the child's medical condition from a relevant healthcare professional (where necessary) and cover arrangements for when they are unavailable;
- who in the school needs to be aware of the child's condition and the support required;
- medication requirements; where to find them, who will keep them. Dosage and timings.
- any separate arrangements or procedures required for school trips or other activities outside of the normal school timetable that will ensure the child can participate e.g. risk assessments;
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information will be reminded that information is to be treated sensitively and on a need to know basis only. The school nurse will give advice and supervision should they be required.
- what to do in an emergency, including who to contact, and contingency arrangements. If a child has an emergency health care plan prepared by a clinician it will be used to inform their IHCP.

4.3.7 The School Nurse will hold a copy of IHCPs for pupils in school. The Senior Housemasters will hold a copy of IHCPs for boarding pupils in the boarding house offices.

- IHCPs can be accessed by staff on the school secure IT system under SEN (Irgs-store). 2. CARE PLANS and on the school MIS
- A list of pupils subject to an IHCP is displayed in the school staff room and supplied to all staff at the beginning of the school year.

## 5.0 **MANAGING MEDICINES**

Medicines will be administered in the school/boarding house only when it would be detrimental to a child's health or school attendance not to do so.

### 5.1 **Prescription medicines**

5.1.1 Parents will be informed should their child (under 16) be prescribed a prescription medicine. Sometimes there may be exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort will be made to encourage the child concerned to involve their parents while respecting the child's right to confidentiality.

5.1.2 Prescription medicines must be delivered by a parent or with parental consent by a pupil, to the medical centre staff.

5.1.3 Only prescription medicines that are in-date, clearly labelled (in English), provided in the original container as dispensed by a pharmacist with instructions for administration, dosage and storage will be accepted. Any prescription medicines that do not comply with these criteria will be logged and retained until a parent can collect

it. Labels must contain the following information:

- Pupil's name and date of birth
- Name of medication
- Dose and frequency
- Full administration instructions
- Storage requirements
- Date of dispensing
- Expiry date

5.1.4 Multiple containers must be individually labelled. Where items have an inner container (e.g. eye drops) a label should be applied to this as well as the outer container. If a label becomes detached, damaged or illegible the medicine will be returned to parents (day pupils) or a pharmacist (boarding pupils) for disposal.

5.1.5 An exception to this is insulin which must be in date, but will generally be made available inside an insulin pen or a pump, rather than its original container. This may be the case for other emergency medicines such as a reliever inhaler for the treatment of an asthma attack or adrenalin for the treatment of anaphylaxis. This will be made clear in the IHCP.

5.1.6 When a boarding pupil requires medical treatment parents will be informed at the earliest convenient opportunity. Boarding staff must ensure that clinical practitioners write full instructions on any prescription given. This must include criteria for an 'as required' medicine, including dose, frequency and maximum daily dose.

5.1.7 Only a reasonable quantity of medicine should be supplied (up to four weeks for day pupils and half a term for boarding pupils). Parents are responsible for renewing medication for day pupils when supplies are running low and ensuring that medication supplied is within its expiry date.

5.1.8 If a prescribed medicine is supplied to a boarding pupil which is different to that received in the past, boarding staff must check with the pharmacist before administering the medication.

5.1.9 The school/boarding house will not change the dosage or frequency of a prescribed medicine or alter any information on the labels. If a doctor changes the dosage or frequency of a prescribed medicine they must provide written authorisation and the container must be re-labelled by a pharmacist.

5.1.10 Parents are responsible to notify the school in writing if a pupil's need for medication has ceased.

## 5.2 **Storage of medicines**

5.2.1 Medicine must be stored safely, in its original container and in accordance with its storage instructions. Children must know where their medicine is kept and be able to access it quickly if needed. They must know who holds the key to any locked storage facility.

5.2.2 Medicines will be held by the School Nurse in the medical centre or occasionally in a locked medicine/first aid cabinet in the boarding house surgery unless the agreed procedure is for a pupil to have them on their person e.g. medication for life-threatening situations, asthma inhalers or if a boarding pupil is deemed to be Gillick competent to manage their own medication requirements.

5.2.3 The School Nurses assessment to allow medication to be kept on the person will also include type of medication, side effects and potential risks if harmful in larger quantities.

5.2.4 An 'administration of medicines Form' is completed along with the pupil if agreed that he may keep his own medication.

5.2.5 Medicines will be stored in secure designated areas:

- A locked medicine cabinets or refrigerator in the Medical Centre.
- Locked in a boarding pupil's personal drawer (if self-administering).
- Kept secure in locked cabinet in boarding duty rooms if needed to be kept

5.2.6 Medicines can be kept in refrigerators containing food but must be in clearly labelled in airtight containers. Access to a refrigerator holding medicines is restricted

5.2.7 The temperature of refrigerators is monitored on a daily basis. If a temperature is recorded outside the normal range (2-8°C) the school Nurse or covering staff Nurse in the house must seek medical advice regarding any medicines being stored.

5.2.8 Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens must be available to children and not locked away. This will be considered as part of the risk assessment process for educational visits.

### 5.3 **Pupils managing their own medical conditions**

5.3.1 Following agreement with parents, children who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be reflected in the IHCP.

This may require an appropriate level of supervision, such as regular checks, to ensure a schedule is being adhered to.

5.3.2 To facilitate this children will be allowed to carry their own medicines and relevant devices where possible, or will be able to access them for self-medication quickly and easily.

### 5.4 **Staff administration of medicine**

5.4.1 If it is not appropriate for a child to self-manage, a relevant member of staff will help to administer medicines and manage procedures for them.

5.4.2 Medicines will be administered in accordance with the instructions stated. Crushing tablets or opening capsules to aid administration will be avoided - advice about alternative formulations can be sought from a GP. Prescription medicines will not be administered to anyone other than the pupil named on the label.

5.4.3 If a child refuses to take medicine or carry out a necessary procedure staff will not force them to do so. Staff will then follow the procedure agreed in the IHCP and inform parents. This may trigger a review of the IHCP. If refusal to take medicine results in an emergency, the school's emergency procedures will be followed.

5.4.4 If an administration error is made medical advice must be sought immediately. The pupil's parents and GP (even if advice is initially sought elsewhere) must be informed. An Incident Form must also be completed to enable a review into how the error occurred to take place.

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

5.5.1 Staff leading such activities must check on the school network for information about the medical needs and relevant emergency procedures for the students involved. They must consult with the School Nurse regarding any additional medical information or specific guidance required.

5.5.2 Every effort will be made to ensure that all children can participate according to their abilities and with any reasonable adjustments. This may include changing a less accessible venue for one that is more so but can still achieve the same educational aims and objectives.

5.5.3 A pupil will only be excluded from an activity if the Head teacher considers, based on the evidence, that no reasonable adjustment can make it safe for them or evidence from a clinician which states that an activity is not possible for that child.

5.5.4 Risk assessments for trips, visits and sporting activities must consider arrangements and controls required to support a pupil with a medical condition. These will make reference to the IHCP and may require consultation with parents and pupils, advice from a relevant healthcare professional and an additional individual risk assessment.

## 5.6 Disposal of medicines

- 5.6.1 Prescription medicines for day pupils must be collected by a parent at the end of each half term. Prescription medicines for boarding pupils must be given to a parent or to the pupil at the end of each half term.
- 5.6.2 The School Nurse will not dispose of prescription medicines. Date expired prescription medicines or those no longer required for treatment will be returned to a parent for transfer to a pharmacist for safe disposal.
- 5.6.3 Boarding staff will transfer date expired medicines or those no longer required for treatment for boarding pupils to the school nurse for safe disposal.
- 5.6.4 Sharps bins for individual pupils who require to safely dispose of sharps, should be supplied on prescription from their GP.
- 5.6.5 A sharps box is used for the disposal of needles and other sharps. This is found in the Medical Centre. The School Nurse will ensure that they are safely disposed of.

## 5.7 Controlled drugs

- 5.7.1 The supply, possession and administration of some medicines, e.g. methylphenidate (Ritalin), are strictly controlled by the Misuse of Drugs Act 1971 (amended 2010) and its associated regulations. These are referred to as 'controlled drugs'.
- 5.7.2 Controlled drugs should be brought into school on a daily basis by parents. The details and quantity handed over must be recorded. This must be signed by the parent and the receiving member of staff. If a daily delivery is not possible supplies must be limited to one week unless there are exceptional circumstances. If controlled drugs are delivered to school by a third party they must be received in a security sealed container/bag.
- 5.7.3 A child who has been prescribed a controlled drug may legally have it in their possession, if they are competent to do so, otherwise we will securely store controlled drugs in a non-portable container with the child's photograph attached. They will be easily accessible in an emergency. Monitoring arrangements will be agreed in the IHCP.
- 5.7.4 Staff may administer a controlled drug to a child for whom it has been prescribed. A record will be kept in the same way as for the administration of other medicines.

## 5.8 Non-prescription medicines

- 5.8.1 Parents are requested to provide written consent at enrolment so that non-prescription medicines, such as paracetamol, or other 'homely remedies', can be administered. These are outlined in the Non-prescription Medication Policy as referred to in the Medicines Policy.
- 5.8.2 Children under the age of 16 will not be given medicine containing aspirin unless it is prescribed by a doctor.
- 5.8.3 Non-prescription medicines will not be administered without first checking the maximum dose and when the previous dose was taken. Every effort will be made to contact day pupils' parents prior to administration to check this and to inform them that medication is being given.
- 5.8.4 In exceptional circumstances non-prescription medicines may be administered (or self-administered) without parental consent, for example, anti-histamines to relieve allergy symptoms on an educational trip or visit.
- 5.8.5 Non-prescription medicines will not be administered for more than 48 hours without obtaining medical advice.
- 5.8.6 Non-prescription medicines will only be accepted if they are in-date, in their original container and have full administration instructions. Non-prescription medicines will also be purchased by the school, and recorded after each administration. This will be monitored by the School Nurse.
- 5.8.7 The School nurse would not usually inform parents regarding administration of non-prescriptive (homely remedies)

unless there was need for further surveillance or medical need lasting longer than 48 hrs. The nurse however would encourage pupils to keep in touch with parents.

5.8.8 The School Nurse will liaise with boarding matrons where a non-prescription medicine has been given and may require further administration out of hours to a boarding pupil if it is likely that they need continuing treatment.

## 5.9 **Emergency salbutamol inhalers**

5.9.1 From 1 October 2014 the Human Medicines (Amendment) (No.2) Regulations 2014 allows schools to keep a salbutamol inhaler for use in an emergency. A child may be prescribed an inhaler which contains an alternative reliever medicine (such as terbutaline). The salbutamol inhaler should still be used by these children if their inhaler is not accessible - it will still help to relieve their asthma and could save their life.

5.9.2 The school medical centre keeps an emergency inhaler and a large volume spacer is also available. It is advised that a spacer be used wherever possible for improved efficacy. This does not in any way release a parent from their duty to ensure that their child attends school with a fully functional inhaler containing sufficient medicine for their needs and providing a back-up inhaler to the School Nurse.

5.9.3 The emergency salbutamol inhaler will only be used by children:

- who have been diagnosed with asthma and prescribed a reliever inhaler; or
- whom have been prescribed a reliever inhaler.
- In an emergency situation under the supervision of school nursing sister or first aiders.

5.9.4 We will buy inhalers and spacer equipment (as advised by a person no less qualified than a pharmacist) from a pharmaceutical supplier in writing confirming the following:

- the name of the school;
- the purpose for which the product is required; and
- the total quantity required.

5.9.5 It is the responsibility of the School Nurse to maintain the emergency inhaler kit in the school ensuring that:

- on a monthly basis the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available;
- replacement inhalers are obtained when expiry dates approach;
- replacement spacers are available following use;
- the plastic inhaler housing (which holds the canister) has been cleaned, dried and returned to storage following use, or that replacements are necessary if available.

5.9.6 Emergency inhaler kits are kept in the Medical Centre. The emergency inhaler will be clearly labelled and kept separate from any child's prescribed inhaler. Storage will always be in line with manufacturer's guidelines, usually below 30°C and protected from direct sunlight and extremes of temperature.

5.9.7 An inhaler must be primed when first used e.g. spray two puffs. As it can become blocked when not used over a period of time. Regular priming by spraying two puffs will be carried out monthly as part of the working order check

## 6.0 **EMERGENCY PROCEDURES**

6.1 In an emergency help must be sought from the School Nurse, house matrons or a relevant first aider. If required any member of staff can contact the emergency services in accordance with normal school procedures.

6.2 Relevant staff will be briefed on emergency signs, symptoms and procedures outlined in an IHCP. This will be part of the

new staff induction, re-visited regularly and updated as an IHCP changes.

6.3 If a child needs to be taken to hospital they must be accompanied by a member of staff who must remain with them until a parent arrives, unless a parent is available to go instead or parental permission is given for a child to go unaccompanied

6.4 Cardiac arrests can happen to people at any age. CPR and defibrillation can save lives. We have six defibrillators located in City View main school reception, Lee House entrance, the Medical Centre, Memorial Fields' changing room, the cricket pavilion and the Sports Hall. First aiders and other volunteers are trained in the use of defibrillators.

6.5 If, in an emergency, staff are taking a young person to hospital or a doctor in their own car they be covered under a school insurance policy.

## 7.0 **UNACCEPTABLE PRACTICE**

7.1 It is essential that staff act in accordance with their training and feel able to exercise discretion with reference to a child's IHCP. However it is unacceptable to:

- prevent children from easily accessing their medicine, and administering it 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 staff will be supported to challenge this where they have genuine concerns);
- send children with medical conditions home frequently or prevent them from staying for normal school activities unless this is specified in their IHCP;
- if the child becomes ill, send them to the medical centre unaccompanied or with someone unsuitable;
- penalise children for their attendance record if this is related to their medical condition e.g. hospital appointments;
- prevent pupils from drinking, eating or going to the toilet whenever they need to in order to manage their medical condition effectively;
- require parents to attend school to administer medicine or provide medical support to their child; or
- create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

## 8.0 **RECORDKEEPING**

8.1 The school/boarding house will keep a record of medicine administered to children, stating what, how and how much was administered, when and by whom. Any medicine refused, missed or lost doses (dropped or spilled) and side effects the pupil experiences will also be noted.

8.2 Day pupils will have a medication permission and record form which parents must sign if they require and deliver medicines into school. This will record the condition or illness, full details of medication, dosage, timings and instructions for use.

8.3 The Medical Centre Staff, boarding staff trip/visit leaders and extracurricular organisers will use the Boarders' Prescription Chart to record any prescription medications administered.

8.4 Where a pupil requires administration or self-administration of a controlled drug the record kept will include the signature of a witness wherever possible.

8.5 Parents and the boarding house will also be contacted as required. This also applies to any pupils on trips/visits and sporting activities.

8.6 When a boarding pupil is given a non-prescribed medicine it will be recorded in the pupil's medical notes and in the

daily medical centre 'Day Book'. It will also be documented if that pupil has been given any other doses to hold in possession for a short time thereafter.

- 8.7 To ensure that only eligible and appropriately identified pupils are given the emergency salbutamol inhaler, the school staff will refer to the pupils with medical needs log to check condition and treatment or contact home if possible if unsure
- 8.8 Where a pupil is given the emergency salbutamol inhaler, it will be recorded in the 'day book'. The parents of any pupil who requires administration of the emergency salbutamol inhaler will be informed that this has happened.

## **9.0 TRAINING**

- 9.1 The Deputy Head (Pastoral) and the School Nurse will ensure there are sufficient trained staff in the school/boarding house to implement this policy. This includes appropriate briefings for occasional, peripatetic or supply staff.
- 9.2 Staff who support a pupil with a medical condition will receive training to ensure they are competent and confident to meet the requirements in an IHCP. Some staff may have knowledge of the support needed for a medical condition, so extensive training may not always be required.
- 9.3 Staff must not administer prescription medicines or undertake a healthcare procedure without appropriate training. A first-aid certificate does not constitute appropriate training.
- 9.4 A healthcare professional, often the School Nurse, will identify the type/level of training required during the development and review of an IHCP.
- 9.5 A healthcare professional, often the School Nurse, will confirm the proficiency of staff in administering medicine or a healthcare procedure. The Assistant Head Teaching and Learning will keep records of training.
- 9.6 There are 3 levels of training which will be implemented in LRGS. These are:
- 9.7.1 An annual awareness of school policies and procedures through INSET/Code of Conduct to ensure all staff are aware of this policy and their role in implementing it. This will include some basic information about the conditions staff may have to recognise and deal with (such as asthma, diabetes, anaphylaxis or epilepsy) and where further information can be found.
- 9.7.2 General competence to administer non-complex and topical medicines. This will be delivered in-house and will include:
- hygiene requirements e.g. washing hands before handling medicines, using a clean measuring device for oral medicine liquids, ensuring containers are clean before they are stored again etc;
  - pre-administration checks e.g. having the correct record sheet and checking the medicine has not already been administered, child's identity, child's medicine (including that the dosage, frequency etc. on a IHCP matches the prescription label), expiry date of medicine, that storage instructions have been adhered to (i.e. if it should be refrigerated that it was in the fridge) etc;
  - procedures for administration e.g. whether the child self-administers, the supervision required (as described in the IHCP), what should be done with used administration devices (spoons, oral syringes, self-administered sharps etc.), what to do if a child refuses a medicine etc;
  - recording procedures.
- 9.7.3 Specific competence to manage a medical condition and administer complex medicines. We will take advice from a relevant healthcare professional when developing an IHCP to cover such needs and up-date as required.

9.8 We will follow the Department of Health's publication '*Guidance on the use of emergency salbutamol inhalers in schools*', September 2014. The School Nurse is responsible for overseeing the protocol for the use of an emergency inhaler, monitoring its implementation and for maintaining the asthma register in the school and boarding house.

9.9 All staff will be trained to:

- recognise the symptoms of an asthma attack and how to distinguish them from other conditions with similar symptoms; and
- be aware of this policy, check if a child is on the asthma register, access the emergency inhaler kit and summon assistance from a first aider.

9.10 Medical Centre staff will also be trained to:

- recognise when emergency action is necessary;
- administer salbutamol inhalers through a spacer;
- make appropriate records of asthma attacks.

## **10.0 INSURANCE**

Staff are insured to support pupils with medical conditions so long as they have received sufficient and suitable training, followed this policy and its associated procedures and acted reasonably under the circumstances. This includes the administration of medicines and any required healthcare procedures identified through the IHCP process. The school's insurance arrangements wording is available from the Director of Finance and Support Services on request.

## **11.0 COMPLAINTS**

Parents or pupils dissatisfied with the support provided can discuss their concerns directly with the Deputy Head (Pastoral). If this does not resolve the issue, they may make a formal complaint through the school complaints policy which is available on the school website.