

## **POLICY FOR SUPPORTING STUDENTS WITH MEDICAL CONDITIONS AND FOR THE ADMINISTRATION OF MEDICINE at Ladysmith Junior School**

1. The staff of Ladysmith Junior School wish 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. Lynda Ewin and Annette Dickinson 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) The information will be recorded on the data collection sheet and SOE3 form in the parents pack.
  - Procedures to be followed when a student moves to the school mid-term or when a student has a new diagnosis. Medical information is updated and kept in the office with copies given to class teachers.
4. Where identified as being necessary, an Individual Health Care Plan (IHCP) will be developed between Ladysmith Junior School, 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
5. Mark Wilkinson will have the final decision on whether an Individual Health Care Plan is required.

## **Students with Asthma and the use of an Emergency Inhaler/Spacer**

6. All teachers, TA's and MTAs will be responsible for the supervision of administration of medication. Lynda Ewin will maintain the Asthma Register.
7. Designated staff will have received asthma training through First Aid courses including:
  - 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
8. Annette Dickinson and Lynda Ewin will be responsible for the storage, care and disposal of asthma medication.
9. Ladysmith Junior School holds an emergency inhaler and spacer for the treatment of an asthma attack.
10. Lynda Ewin will be responsible for ensuring the following:
  - 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
11. Lynda Ewin 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 if they have one.
12. The member of staff who has supervised the administration of the emergency inhalers will be responsible for ensuring parents are informed when the emergency inhaler/spacer has been used.

## Students at risk of Anaphylaxis

Anaphylaxis is an extreme allergic reaction. It is potentially life-threatening and always requires an immediate emergency response.

13. All staff should :

- be trained to recognise the range of signs and symptoms of an allergic reaction;
- understand the rapidity with which anaphylaxis can progress to a life-threatening reaction and that anaphylaxis may occur with prior mild (eg. skin) reactions;
- appreciate the need to administer adrenaline without delay as soon as anaphylaxis occurs and before the child might reach a state of collapse ( after which it may be too late for the adrenaline to be effective);
- be aware of how to check if a child is on the Allergy Register;
- be aware of how to access the child's Epipens;
- be aware of who the designated members of staff who may administer an Epipen are and how to access their help.

14. Designated staff should be trained in:

- recognising the range of signs and symptoms of severe allergic reactions;
- responding appropriately to a request for help from another member of staff;
- recognising when emergency action is necessary;
- administering an Epipen according to the manufacturer's instructions;
- making appropriate records of allergic reactions.

15. All Epipens are kept in a labelled box in the Office. Each child has a separate, named box or bag with a photo of the child on the front which should contain:

- anti-histamine;
- 2 Epipens (if prescribed);
- Ventolin inhaler (if prescribed);
- copy of the child's management plan (if given to school) and/or their IHCP;
- consent form for administration of medication;
- medication administration form.

16. Spare Epipen

LJS has a spare Epipen for use with:

- students who are at risk of anaphylaxis but whose own prescribed Epipen cannot be administered correctly without delay (eg. it is unavailable, broken or out-of-date);

- students who are at risk of a serious allergic reaction but have not been prescribed an EpiPen.
17. Medical authorisation and parental consent must be obtained before the spare EpiPen can be used – this consent will be sort as soon as school is aware that a pupil may require the use of an epiPen.
  18. The spare EpiPen is kept in a labelled container alongside students' own EpiPens in the Office.
  19. Lynda Ewin is responsible for:
    - checking that the spare EpiPen is present and in date; also for obtaining a replacement when the expiry date approaches;
    - maintaining a register of pupils for whom the spare EpiPen can be used;
    - obtaining written consent from the child's parents/legal guardians for use of the spare EpiPen;
    - organising annual training for staff in the use of an EpiPen – the specialist training should include practical instruction in how to administer an EpiPen.

## **THE ADMINISTRATION OF MEDICINE**

20. The 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.
21. Any parent/carer requesting the administration of medication will be informed about this policy and advised that it can be found on our website.
22. Prescribed medication will be accepted and administered in the establishment.
23. Prior written parental consent is required before any medication can be administered.
24. Ladysmith Junior School will administer non-prescribed medication in certain circumstances and at the discretion of the Headteacher. For example, when a student returns to school after an injury/ bone fracture or for a long-term, diagnosed condition eg. hypermobility, migraines, hayfever. The medication must be supplied in its original container and a parental permission form must be completed before administration.
25. Only reasonable quantities of medication will be accepted.
26. Each item of medication should be delivered by parents / carers in its original dispensed container and handed directly to the Headteacher or Lynda Ewin / Annette Dickinson / Laura Miles who are authorised by the 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 ( not if non-prescribed)
  - Storage requirements
  - Expiry date
28. The school will not accept items of medication which are in unlabelled containers or not in their original container.
29. All medication to be administered in the school will be kept in a locked cabinet (in the Hygeine room) or the medicine fridge (in the Staff room).
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 are not 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.
33. The school will make every effort to continue the administration of medication to a student whilst on activities away from the premises.

### **Grievance Procedure**

34. Refer to the complaints procedure.

Agreed by Governors on.....

Signed by Chair of Governors.....

Review date.....