



Medical Needs and Medicines Policy

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Responsible person | Liz Stanley and Katie Dillane

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1 Statement of Intent

Knowledge Gate International School believes that ensuring the health and welfare of staff, students and visitors is essential to its success.

We are committed to:

- Ensuring that students with medical needs are properly supported so that they have full access to education, including school trips and physical education
- Ensuring no student is excluded unreasonably from any school activity because of his/her medical needs
- Ensuring the needs of the individual are considered
- Providing specialist training for staff
- Ensuring that parents are confident in the school's ability to provide effective support to their child
- Ensuring procedures for supporting students with medical needs are in place and reviewed at least annually

We will:

- Ensure all staff are aware of this policy and that sufficient trained staff are available to implement the policy and deliver against all Individual Health Care Plans, including in contingency and emergency situations
- Ensure that the school is appropriately insured and that staff are aware that they are insured to provide first aid and other medical support to students

2 Introduction

- 2.1 Supporting students with medical needs is not the sole responsibility of one person. The school's ability to effectively support students with medical needs will require the school to work collectively with other agencies, the parents and students. It is encouraged to seek additional advice and information from a wide range of people, if considered appropriate.
- 2.2 Students and young people with medical conditions are entitled to a full education and have the same rights of admission to the school as other children. However, in line with safeguarding, a students' health should not be put at risk from for e.g. an infectious disease.
- 2.3 The school should ensure medical information is collected from new students on admission, so the school can assist with the appropriate management of any medical condition or administration of medication. All such information should be collected using the schools' admissions forms or **Annex A - Medical Information Form**, and stored in the appropriate medical management information system.

3 Arrangements for Implementation of Policy

3.1 Executive Principal

The Executive Principal is responsible for ensuring that:

- all staff are aware of the policy for supporting students with medical needs

- there are sufficient trained personnel to be able to support all the medical and healthcare needs of students and staff in the school
- a member of staff is appointed to have the lead role in ensuring students with medical conditions are identified and properly supported in the school, and to support staff who are implementing a student's Individual Health Care Plan

3.2 Parents

To assist the school in its fulfilment of the policy, parents are required to:

- provide the school with sufficient information about their child's medical needs including providing updates as necessary
- be involved in the development and drafting of Individual Health Care Plans
- provide the required medication and equipment, including spares where appropriate
- ensure that they, or another nominated adult are contactable at all times

3.3 Students

To assist the school in its fulfilment of the policy, students are encouraged to:

- be fully involved in discussions about their condition and how it affects them
- contribute as much as possible to the development of their Individual Health Care Plan

3.4 School Staff

Any member of school staff may be required to provide support to students with medical conditions. Staff are therefore required to:

- take into account the needs of students with medical conditions
- know what to do and who to speak to if someone becomes unwell or needs assistance
- if required, and having received the appropriate training, administer medication or support to students
- attend training sessions as required to support students with medical needs
- be aware, at all times of the students in their care who have known medical conditions

3.5 School Medical Lead

The school appointed Medical Lead is responsible for:

- monitoring medical and Individual Health Care Plans for students with medical conditions
- assessing the training needs of staff
- ensuring suitable and sufficient training is provided to enable staff to administer medication and support where required
- arranging whole-school awareness training on supporting students with medical conditions as required;
- ensure the continued professional development of staff to enable them to fully support students

3.6 School Nurse

The School Nurse is responsible for notifying the School Leadership Team when a child has been identified as having a medical condition and requires support. The School Nurse will assist with the following:

- advice on the appropriate support required
- provide support and liaison with outside agencies
- support with the drawing up of Individual Health Care Plans

- Support with training
- Provision of First Aid and emergency medical care on the school site, and on school trips when required
- Organisation and delivery of routine vaccinations
- Administering medicines to students as per their Individual Health Care Plan

Liaise with other medical professionals on appropriate support for the child, including training needs for staff

4 Individual Health Care Plans (IHCPs)

- 4.1 IHCPs provide clarity to the school on what support needs to be provided for students with medical conditions and by whom. IHCPs are prepared to help identify the necessary measures to support students with medical needs and ensure that they are not put at risk. IHCPs are often issued in cases where emergency intervention is required, or for medical conditions requiring daily management, where needs are complex and long-term, or for medical conditions which fluctuate.
- 4.2 Not all children require an IHCP, it is for the parents, the students (where able), school and Health Care Professionals to decide if an IHCP is necessary. Students with the same medical condition do not necessarily require the same treatment. Where treatment differs from the norm an IHCP should be written to support that student.
- 4.3 Further information on the model process for developing individual healthcare plans can be found on page 28 of the on the **Supporting pupils at school with medical conditions guidance 2005**
- 4.4 Some students have medical conditions that, if not properly managed, could limit their access to education. Conditions include but are not limited to:
- Epilepsy
 - Asthma
 - Severe allergies, which may result in anaphylaxis
 - Diabetes
- 4.5 Most students with medical needs are able to attend school regularly. The school will provide support to enable them to take part in all activities, unless evidence from a Clinician/GP states this is not possible.
- 4.6 The school will consider what reasonable adjustments it might make to enable students with medical needs to participate fully and safely on educational visits. A risk assessment for each trip will take into account any additional steps needed to ensure that students with medical conditions are fully included and supported.
- 4.7 The school will not send students with medical needs home frequently or create unnecessary barriers to students participating in any aspect of school life; however, school staff may need to take extra care in supervising some activities to make sure that these students, and others, are not put at risk.
- 4.8 The Medical Lead should ensure procedures are in place to manage transition for student with medical needs from one school to another or on reintegration following a period of absence. Arrangements for support should be in place before the student starts. For students newly diagnosed with a medical condition, every effort should be made to ensure that arrangements are in place within **two weeks**. Finalisation and implementation of the IHCP rests with the school.
- 4.9 Where an IHCP has not already been provided, the school should ensure when completing, the Individual Health Care Plans (**Annex B - Individual Health Care Plan**) considers the following information:

- a) The medical condition, triggers, signs, symptoms and treatments
 - b) Resulting needs of the students, such as:
 - Medication (dose, side effects and storage)
 - Other treatments
 - time required for student to recover/recoup,
 - facilities/ equipment required
 - access to food and drink where required to manage their condition
 - dietary requirements
 - Environmental (mobility/crowded areas/corridors)
 - Emergency arrangements
 - c) Specific support for the student's educational, social and emotional needs:
 - managing absences
 - extra time to complete exams
 - rest periods
 - additional support in catching up with lessons, counselling sessions;
 - d) Provision of support needed:
 - in an emergency
 - for student self-managing their medication
 - e) Who will provide the support to the students:
 - their training needs
 - expectations of their role
 - Cover if they are sick or absent
 - f) Who in the school needs to be aware of the child's condition and the support required
 - g) Arrangements and permission from parents for administration of medication
 - h) Arrangements for school trips / out of school activities
 - i) Confidentiality issues – designated individuals to be entrusted with information
 - j) What to do in an emergency, including whom to contact, and contingency arrangements. Lead clinician that could be used to inform development of their individual healthcare plan.
- 4.10 All IHCPs should be reviewed **annually** or sooner if there are any changes and should be readily available to staff for quick reference, whilst preserving confidentiality.
- 4.11 The school must ensure they have robust procedures in place to ensure that all staff, where required, have access to and are aware of the medical conditions, treatment and presenting symptoms of students in their care.

5 Supporting Students with Medical Conditions on Educational Visits

- 5.1 Students with medical needs should not be excluded from educational visits of any type, unless evidence from a clinician states participation is not possible.

- 5.2 Teachers organising and leading on school trips must be aware how a student's medical condition might impact their participation. The Group Leader must consider what reasonable adjustments can be made to enable the student to participate fully and safely.
- 5.3 Students with medical needs should be included on the educational visit risk assessment, and where it is considered necessary, a separate risk assessment should be written to document specific arrangements, hazards, risks and controls implemented.
- 5.4 The school is required to carry spares of emergency medication on all school trips. This is especially important on residential school visits.

6 Staff Training

- 6.1 The type and training required to support students with specific medical needs will usually be determined during the development of the IHCP. In cases where care plans are already in place and additional training is required, the Medical Lead will be responsible for arranging the necessary training to ensure staff are supported in carrying out their role in supporting students with medical needs.
- 6.2 A First Aid certificate does not constitute appropriate training in supporting students with medical needs. Staff supporting students with medical needs must be appropriately trained and have confidence in their own ability.
- 6.3 Student specific training may be required, this should be organised through the dedicated specialist health care professional supporting the student.
- 6.4 Adequate and appropriate training must be provided in order to meet the needs of the school and its students. When selecting a trainer, the school is required to complete the appropriate due diligence. Training providers are expected to provide information to demonstrate they are competent to deliver training and are required to provide evidence of their qualifications, how they mentor and assess the syllabus content and provide certification.
- 6.5 All training completed must be evidenced by a certificate of completion and a date in which the training took place. All training records should be held with the medical or H&S Lead.

7 Managing Medicines on School Premises

7.1 Storage and Access

The school must designate a safe, lockable place to store students' medication and allocate a member of staff to control access. Where medication is stored, this should be manned at all times.

- 7.2 Students should know where their medicines are at all times and be able to access them immediately.
- 7.3 Medication and devices such as asthma inhalers, blood glucose meters and adrenaline auto-injectors should always be readily available and **not locked away**.
- 7.4 If students with asthma, or students at risk of anaphylaxis can manage their condition, they should be encouraged to carry their inhalers and auto-injectors. Spares of emergency medication should be readily available for use in case of loss or failure of the required device. Further information about emergency asthma pumps can be found in section 7.7. Please refer to the Allergy Awareness policy for information on anaphylaxis and the use of auto-injectors.

7.5 Out of date Medication

Medication out of date or no longer required should be returned to the parents for safe disposal. Parents should be advised that medication not collected within 1 month will be disposed of by the School. Medication not collected thereafter will be returned to the school's local pharmacy for safe controlled disposal. Sharps boxes should be used for disposal of needles and other sharps. Medication should not be disposed of in the general rubbish.

7.6 Administration of Medication

Medication should only be administered at school when it would be detrimental to a student's health or school attendance not to do so.

7.7 Prescribed or non-prescribed/OTC medicine should never be given to a child under 16 without the consent of their parents.

7.8 Where possible and considered appropriate to do so, students should be allowed to carry their own medicines and relevant devices for self-medication. Students who self-manage and administer their own medication may require an appropriate level of supervision. If not appropriate, relevant staff should assist with administration and manage procedures for them.

7.9 If a child refuses to take medication, staff should not force them to do so, but refer to the Individual Health Care Plan if they have one and contact the parents/carers so alternative options can be agreed.

7.10 Children under 16 should not be given medicine containing Aspirin, unless prescribed by a doctor. Children under 12 should not be given Ibuprofen unless prescribed by a doctor.

Medication should only be accepted into the school if:

- Medication is in date
- In its original container/box/bottle, as dispensed by the pharmacist or as sold over the counter
- Named
- Includes instructions for administration, dosage and storage
- Consent has been received (**Annex C**)

The exception to this is Insulin, which must still be in date, although unlikely to be in its original container, but contained within an insulin pen or pump.

7.11 Stock Medication

The school is not permitted to hold stock medication (medication purchased and held by the school, such as paracetamol, ibuprofen and antihistamines) for dispensing to students as required.

Under no circumstances must staff administer or give students pain relief unless the medication has been provided and consent received by the parents. The only exception to this is the School Nurse who is licensed to dispense medication without prescription or permission from a parent.

7.12 Short term, non-prescribed and over the counter medication

Where medication or treatment is not part of a long term medical condition, but is only required for a finite period, for pain relief or for example the completion of a course of antibiotics, the student's parents/carers will be required to sign a Parental Consent form for the administration of medication (**Annex C**).

7.13 Non-prescription/ over the counter medication does not require a signature or authorisation from a medical professional. Over the counter medication can be administered following written permission from the parents. <https://www.bma.org.uk/advice-and-support/gp-practices/managing-workload/prescribing-over-the-counter-medicines-in-nurseries-and-schools>

- 7.14 Non-prescription medication for e.g. pain relief should never be administered without first checking maximum dosages and when the previous dose was taken.
- 7.15 A written record should be kept every time medication is administered, stating what, how and how much was administered when and by whom. Side effects should be noted by the school. Parents must be notified as soon as practicable - ideally the same day the medication has been taken. Should those administering medication be concerned about the amount of medication being requested, or are aware of any other risk factors, the school Senior Leadership Team should be notified as well as the parents.
- 7.16 Controlled Medication**
Students prescribed with a controlled drug may legally have it in their possession if they are considered competent by the school to do so. Passing that medication however, to another student is an offence.
- 7.17 Knowledge Gate International School's policy is all controlled medication be secured on site in a secure non-portable container, with named staff given access. When administering controlled medication in school or on school trips, two staff must be in attendance. One member of staff to administer, the other countersigning and confirming what medication has been given, when and by whom. Controlled Medication on school trips should be held securely by the Lead First Aider or Group Leader
- 7.18 Staff may administer a controlled drug to the child for whom it is prescribed. All controlled medication should be administered by staff in accordance with prescribed instructions.
- 7.19 Records should be kept of any doses used and the amount of drug held. The school is encouraged to count-in (when medication received from home) and count-out controlled medication as it is administered. This list should be updated each time medication is taken or administered. (See **Annex D - Record of regular medicine administered to an individual student**). Parents should be notified when a controlled drug has been administered.
- 7.20 Complimentary Medication**
Due to their active ingredients, complimentary medicines cannot be administered by staff unless they are trained to do so.
- 7.21 Emergency Salbutamol Inhalers**
Emergency Salbutamol inhalers should only be used by children diagnosed with Asthma, have been prescribed an inhaler and parental consent has been received. The emergency inhaler is for use when the students' own prescribed inhaler is not available, or not working.

Emergency inhaler kits should include as a minimum:

- A Salbutamol metered dose inhaler
- At least two single-use plastic spacers (or disposable spacers) compatible with the inhaler
- Instructions on using the inhaler and the spacer/chamber
- Instructions on cleaning and storing the inhaler
- Manufacturers information
- A checklist record of inhalers batch numbers and expiry date
- Arrangements for replacing the inhaler
- List of children permitted to use the inhaler where consent has been received
- Record of Salbutamol administered

Arrangements for storage and care of the emergency inhaler should be followed to ensure the inhaler is in working order, always ready for use and accessible.

The school must ensure:

1. Spacers and inhaler are checked regularly and noted to be present and in working order
2. Replacements inhalers and spacers are obtained when expiry dates of existing inhalers approach
3. They hold a register of students diagnosed with asthma (copies to be held with the emergency inhaler)
4. Have written parental consent for use of the emergency inhaler
5. Ensure staff are aware that only students where consent has been received can use the emergency inhaler
6. The school has appropriate support and training for staff in the use of the emergency inhaler
7. Staff keep a record of the use of the emergency inhaler
8. Parents are notified when the inhaler is used
9. Two staff are responsible for ensuring the above is followed

To minimize cross-infection, spacers, (unless disposable) should only be used once, whereas the inhaler, if cleaned can be re-used. Inhalers that may come into contact with blood should not be re-used but disposed of.

Further guidance on emergency inhalers can be found here:

<https://www.gov.uk/government/publications/emergency-asthma-inhalers-for-use-in-schools>

7.22 Staff Medication

Staff carrying medication for own personal use are advised to ensure their medication is not accessible to students and it is stored securely, out of the reach of children.

8 Records

8.1 Record Keeping

The school must keep a record of all medication administered, when and by whom. Any side effects of medication administered in school should also be noted and shared with the parents/carers. (**Annex D**).

8.2 Retention times

Student medical records should be retained for 25 years from the date of birth of the child.

8.3 Displaying Medical Information

In order to improve and protect a students' data, medical information should not be openly displayed in staff rooms, common areas and medical rooms. Information can be held in books which can be hung discreetly in such areas making them available to staff. The need to protect vital interests is important but care should be taken to ensure such information is not so obvious to unauthorised individuals e.g. cleaners or visitors to the school.

9 Unacceptable Practice

9.1 All school staff should use their discretion and judge each case on its merits. It is generally not acceptable to:

- Prevent a student from accessing their medication as required
- Treat each child with the same conditions in the same way
- Ignore the views of a child or their parents, or medical opinion
- Send children home unnecessarily or prevent them from staying in school and participating in normal school activities, including lunch

- If a child is ill, send them to the medical room unaccompanied or with someone unsuitable
- Penalise students for their attendance if absence is related to their medical condition
- Prevent students from eating and drinking or taking toilet breaks whenever they need to, to manage their medical condition
- Require parents to attend school to administer medication or provide medical support to their child, including toileting issues. No parent is required to leave or give up work because the School is failing to support their child
- Prevent a student from participating or creating necessary barriers to children in any aspect of school life, including school trips. For example, by requiring parents to attend school trips

10 School Insurance Arrangements

- 10.1 The school is covered by public liability insurance policies, which will indemnify staff against any claims against them arising from the administration of first aid or medicine in accordance with this policy.

11 Complaints

- 11.1 Should parents/ carers or students be dissatisfied with the care and support provided by the school; they should contact the School in the first instance. All complaints received will be subject to the usual complaints process.

12 Useful Contacts

- **Allergy UK:** <https://www.allergyuk.org/>
- **Anaphylaxis Campaign:** <https://www.anaphylaxis.org.uk/>
- **Asthma UK:** <https://www.asthma.org.uk/>
- **Council for Disabled Children:** <https://www.ncb.org.uk/about-us/our-specialist-networks/council-disabled-children>
- **Contact a Family:** <https://www.contact.org.uk/>
- **Cystic Fibrosis Trust:** <https://www.cysticfibrosis.org.uk/>
- **Diabetes UK:** <https://www.diabetes.org.uk/>
- **Department for Education:** <https://www.gov.uk/government/organisations/department-for-education>
- **Department of Health and Social Care :** <https://www.gov.uk/government/organisations/department-of-health>
- **Disability Rights:** <https://www.gov.uk/rights-disabled-person>
- **Epilepsy Action:** <https://www.epilepsy.org.uk/>
- **Health and Safety Executive (HSE):** <http://www.hse.gov.uk/>
- **Health Education Trust:** <http://healtheducationtrust.org.uk/>
- **Hyperactive Children's Support Group:** <http://www.hacsg.org.uk/>
- **MENCAP:** <https://www.mencap.org.uk/>
- **Shine:** <https://www.shinecharity.org.uk/>
- **National Eczema Society:** <http://www.eczema.org/>
- **National Society for Epilepsy:** <https://www.epilepsysociety.org.uk/>
- **Psoriasis Association:** <https://www.psoriasis-association.org.uk/>

Annex A – Medical Information Form

Please complete and return to the school office.

Student information

Student Name:		DOB:	
Address:		Postcode:	
Doctors name:			
Surgery name, address and telephone no.:			

Emergency contact information

Parent/carer Name:			
Address (if different from above):			
Tel no.:		Mobile no.:	
Alternative emergency contact name:			
Tel no.:		Mobile no.:	

Medical information

Does your child have a medical condition? (please circle) YES/NO
<i>If yes, please provide additional information about your child's condition, treatment required, and details of any medication required.</i>
Does your child have a medical or individual healthcare plan? (please circle) YES/ NO
<i>If yes, please provide a copy of the medical or individual healthcare plan and any further information</i>

Medication

Please provide information of any medication required for your child, including the name, dose, and dose frequencies
<i>Please note all medication provided to the academy must be in date and in its original packing</i>

Parent/Carer completing form _____

Signature _____
Date _____

OFFICE USE ONLY

Received in office:	Date:
Entered onto BROMCOM/MIS/Medical Tracker?	Date:
Entered by?	Name:

Annex B – Individual Health Care Plan (IHCP)

Individual Health Care Plan

Student Name:

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Grade

D.O.B(dd/mm/yyyy)

Emergency Phone No:

--	--	--

Key Staff Personnel

Homeroom Teacher

--	--

Medical Condition

--

Nursing Intervention

--

Warning Signs Student Specific Observation/ Signs of Distress

--

Expected Outcome

--

Medical Triage

--

Risk Factor Matrix

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Annex C – Parental Agreement for School to Administer Medication

Please complete the whole form and sign so the School is able to administer any required medication. Please also note the following:

Medication will only be accepted into the school if:

1. Dispensed medication

- is in its original container/box/bottle with a pharmacy label and students name
- pharmacy label confirms dosage, administration and storage instructions
- parental agreement for KGIS to administer medicine has been received

2. Non - dispensed medication

- It is in its original container/box/bottle and clearly labelled with students name
- dosage and frequency instructions
- parental agreement for KGIS to administer medicine has been received

If more than two medicines are provided an additional form should be completed

Name of student		DOB	
Medical condition or illness			

MEDICATION ONE

Name of medicine (<i>as described on container</i>)	
Date commenced	
Dosage, strength and method of administration	
Frequency of dose /time to be given	
Special precautions	
Known Side effects (please give details)	

MEDICATION TWO

Name of medicine (<i>as described on container</i>)	
Date commenced	
Dosage, strength and method of administration	
Frequency of dose /time to be given	
Special precautions	
Known Side effects (please give details)	

Self-administration?

Yes/No (delete as appropriate)

Procedures to take in an emergency

Parent/Carer Contact Details:

Contact Information:

- I can confirm that my child is taking no other medication other than is listed above
- I can confirm that if my child is taking more than one medication that these medications do not adversely interact with each other
- I understand that I must deliver the medicines safely to KGIS.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to appropriately trained school staff administering medicine in accordance with the School policy. I will inform the School immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent/Carer signature _____

Print Name _____

Date _____

Annex E – Instructions for Administration of Medication during seizures and seizure chart

Instructions for Administration of Medication

Name _____

D.O.B. _____

Initial medication prescribed: _____

Route meds to be given: _____

Usual presentation of seizures: _____

When to give medication: _____

Usual recovery from seizure: _____

Action to be taken if initial dose not effective: _____

This procedure is agreed with parental consent. Only staff trained to administer seizure medication will perform this procedure. All seizures requiring treatment in the school will be recorded. This procedure will be reviewed annually unless change of recommendations instructed sooner.

This information will be freely accessible and not locked away to ensure quick and easy access should it be required.

Seizure Chart

Date	Time	Given by	Observation/evaluation of care	Signed/date/time

