

Ormiston Academies Trust

Ormiston Latimer Academy

Supporting children with medical needs policy

Policy version control

Policy type	Statutory and mandatory
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In consultation with	Steph Morley, Deputy Safeguarding Manager Jane Nolan, Director of Inclusion Louisa Sharpless, Compliance Manager Alex Coughlan, Data Protection and Complaints Manager
Approved by	Executive, June 2023
Approved by	SIS Committee, June 2023
Release date	July 2023
Review	Policies will be reviewed in line with OAT's internal policy schedule and/or updated when new legislation comes into force
Description of changes	<ul style="list-style-type: none"> ▪ Throughout – student/pupil/young person changed to child/children ▪ Throughout – removal of references to obsolete policies ▪ Revised table of key personnel- ▪ Section 1

	<ul style="list-style-type: none"> ▪ paragraphs added to emphasise the need to obtain the voice of the child in decisions ▪ 1.1.5 addition of reference to GDPR ▪ 1.14 added paragraph indicating associated policies ▪ Section 3 ▪ 3.5 – paragraph added requiring parents to inform the school where a child has not taken their medication before arriving at school ▪ Section 4 ▪ paragraphs reordered for clarity ▪ paragraph added to clarify process for misuse of medication ▪ 4.3.6- requirement to record refusal to take medication on CPOMS ▪ 4.6.2 - change to paragraph regarding storage and release of medical data in line with GDPR and retention policies ▪ Section 6 ▪ added section referring to Gillick competence and Fraser guidelines
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1. Policy statement and principles

1.1. Policy aims and principles.

- 1.1.1. The academy wishes to ensure that children with medical conditions and specific medication needs receive appropriate care and support at the academy. We also aim to ensure that children with medical conditions are able to participate fully in all aspects of academy life.
- 1.1.2. The academy also wishes to ensure that children are heard and that their wishes and feelings in relation to their own needs are acted upon wherever possible and practical.
- 1.1.3. The academy takes a holistic approach to supporting children with medical needs and recognises that physical, cognitive, social, emotional and mental health needs may require support in addition to physiological needs.
- 1.1.4. The principal will accept responsibility in principle for members of the academy staff giving or supervising children taking prescribed medication during the academy day where those members of staff have volunteered to do so.
- 1.1.5. The academy will treat any medical information about a child as confidential and it will only be shared on a need-to-know basis, in line with UK GDPR and The Data Protection Act 2018, to ensure that the child receives the most appropriate care and support during their time at the academy.

Please note that parents should keep their children at home if acutely unwell or infectious.

1.1.6. Key definitions used within this policy:

- 'Medication' is defined as any prescribed over the counter medicine.
- 'Prescription medication' is defined as any drug or device prescribed by a doctor.
- 'Home remedies' is defined to mean any medication that can be purchased over the counter in a pharmacy or herbal supplier that is designed to alleviate discomfort from illness.¹

1.1.7. This policy is consistent with all other policies adopted by OAT / the academy and is written in line with current legislation and guidance.

1.2. Complaints

1.2.1. All complaints are dealt with under the OAT Complaints Policy.

1.2.2. Complaints should be made in writing and follow the OAT complaint procedures and set timescales. The handling of complaints may be delegated to an appropriate person.

¹ Home remedies, also known as non-prescription or over the counter (OTC) medicines, are medications that can be obtained without a prescription and can be purchased either under the supervision of a pharmacist (P medicines) or on general sale through retailers such as garages and supermarkets (GSL medications). Medications are classified as OTC (P or GSL), based on their safety profiles. Any medication/remedies which a school allows on its premises must have reached UK safety standards.

1.3. Monitoring and review

1.3.1. This policy will be reviewed in line with OAT's internal policy schedule or where there are:

- changes in legislation and / or government guidance
- as a result of any other significant change or event
- in the event that the policy is determined not to be effective

1.3.2. If there are urgent concerns these should be raised to the Principal/Regional Director in the first instance for them to determine whether a review of the policy is required in advance of the review date

1.4 Associated policies

1.4.1. It is important that this policy is read in conjunction with:

- Child Protection and Safeguarding Policy
- SEND Policy
- Attendance Policy
- Behaviour Policy

2. Roles and responsibilities

2.1. Key personnel

The Principal	Everol Halliburton	ehalliburton@olamail.co.uk
The Designated Safeguarding Lead	Suneeta Marecheau	smarecheau@olamail.co.uk
Senior member of staff with responsibility for this policy	Wendy Fagan	wfagan@olamail.co.uk
Academy Safety Officer (if applicable)	Everol Halliburton	ehalliburton@olamail.co.uk
The Deputy Designated Safeguarding Lead (s)	Everol Halliburton	ehalliburton@olamail.co.uk
	Wendy Fagan	wfagan@olamail.co.uk
	Chris Bourke	cbourke@olamail.co.uk
	Rebecca Vassallo	rvassallo@olamail.co.uk

The Designated Lead for Looked after Children is:	Suneeta Marecheau	smarecheau@olamail.co.uk
Safeguarding governor:	Hilary Shaw	Hilary.shaw@ormistonacademies.co.uk
The Special Educational Needs Coordinator is	Wendy Fagan	wfagan@olamail.co.uk
The OAT Education Director	Wasim Butt	Wasim.butt@ormistonacademies.co.uk
OAT Safeguarding Manager	Nikki Cameron	Nikki.cameron@ormistonacademies.co.uk

3. Supporting children

- 3.1. The academy will work with parents and medical professionals to enable the best possible support for children. Parents are responsible for providing the academy with comprehensive information regarding the child's condition and medication. Once the academy has received information about a child with a medical condition, all relevant members of staff will be made aware of this. The academy will agree a specific procedure with the child and the parents once it is notified that a child has a medical condition, including any transitional arrangements between schools. For new children, arrangements will be in place at the start of term and for a new diagnosis or for children starting mid-term, within two weeks.
- 3.2. We understand that children with the same condition may require different treatment and support, therefore it is our policy to involve the child and their parents when making support arrangements for an individual. The aim is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.
- 3.3. The academy aims to be an inclusive environment and will do everything possible to support the attendance of children with medical needs.
- 3.4. We will not send children home frequently or prevent them from taking part in activities at the academy. Staff will make reasonable adjustments to include children with medical conditions in lessons and in circumstances where this is not possible the academy will liaise with the child and parents to ensure alternative arrangements are put in place.
- 3.5. Parents will ensure that the academy is always informed if a child has not taken their prescribed dose of medication before arriving at school, particularly for those children taking medication which impacts on behaviour or learning or which would place the child at risk.
- 3.6. The academy will conduct risk assessments for school visits, holidays and any other school activity outside of the normal timetable, taking into account any medical condition a child may have.

3.7. Medical evidence and opinion will not be ignored and there may be times where the academy needs to contact medical professionals directly. The academy will always request authorisation for contacting medical professionals from the child and parents unless the academy considers that disclosing this information would be detrimental to the child or there is a safeguarding risk.

3.8. Long term or complex medical conditions

3.8.1. For each child with long term or complex medical needs the academy will ensure that a plan e.g. an Individual Health and Care Plan (IHCP) is drawn up by Christine Bourke: Learning Support Professional, a (template is attached to this policy), in conjunction with the appropriate health professionals. This will involve a meeting with the child and the parents to discuss arrangements for how the academy can support the child whilst in education.

3.9. Individual Health and Care Plan (IHCP)

3.9.1. Children, particularly vulnerable children, may be subject to a variety of plans. The academy will ensure that plans, where a child has more than one, complement each other and that the child's voice is paramount in their production, review and revision.

3.9.2. IHCPs will be easily accessible whilst preserving confidentiality. The IHCP will be monitored and reviewed at least annually or when a child's medical circumstances change, whichever is sooner.

3.9.3. Where a child has an Education, Health and Care Plan (EHCP), the IHCP will be linked to it or become part of it.

3.9.4. Where a child is returning from a period of hospital education or alternative provision or home tuition, we will work with the LA and education provider to ensure that the IHCP identifies the support needed for the child to reintegrate.

3.10. Training

3.10.1. The principal will ensure that members of staff receive training on the Supporting Children with Medical Conditions Policy as part of their new starter induction and will receive regular and ongoing training as part of their development.

3.10.2. All staff will receive (annual) training on identification of signs and symptoms of illness (with special attention given to the illnesses that have been identified to the academy for that academic year) and where to accompany the child to in these cases report to Chris Bourke

3.10.3. Staff must always ensure that a child is accompanied to the medical room or to Chris Bourke's room in case they should need additional support on the way due to fainting or vomiting etc.

3.10.4. If a child has a specific medical need that requires one or more staff members to undertake additional training this will be identified on their IHCP/other associated plan

3.10.5. The academy will keep a list of all training undertaken and a list of staff members qualified to undertake responsibilities under this policy. In the case of staff absence Douglas Barrett is available as deputy in the absence of Chris Bourke. Also, include the procedure for briefing supply teachers).

3.11. Emergencies

3.11.1. Medical emergencies will be dealt with under the academy's emergency procedures (insert where these procedures can be found) unless an IHCP is in place, and this amends the emergency procedures for a child.

3.11.2. If a child needs to be taken to hospital, a member of staff will remain with the child until a parent or known carer arrives.

3.11.3. All staff will be made aware of the procedures to be followed in the event of an emergency. Children will be informed in general terms of what to do in an emergency i.e. telling a member of staff.

3.12. Defibrillators

3.12.1. The academy has an automated internal/external defibrillator (AED).

3.12.2. The AED is stored at in the conference room in an unlocked, alarmed cabinet.

3.12.3. All staff members and children are aware of the AED's location and what to do in an emergency.

3.12.4. No training is needed to use the AED, as voice and/or visual prompts guide the rescuer through the entire process from when the device is first switched on or opened; however, staff members are trained in cardiopulmonary resuscitation (CPR), as this is an essential part of first aid and AED use.

3.13. Insurance

3.13.1. Staff members who undertake responsibilities within this policy are covered by the academy's insurance.

3.13.2. Full written insurance policy documents are available to be viewed by members of staff who are providing support to children with medical conditions. Those who wish to see the documents should contact the principal.

4. Process for administering medication

4.1. Medication administration within the academy

4.1.1. Where possible, it is preferable for medicines to be prescribed in frequencies that allow the child to take them outside of academy hours. If this is not possible, the following policy will apply.

4.1.2. Each item of medication must be delivered to the principal or authorised person (listed in this policy) by the parent / carer. Medications provided by other individuals, and passing medication to another child will not be permitted on academy premises.

4.1.3. Misuse of medication will be addressed through the Behaviour Policy

4.1.4. Medication must be provided in a secure and labelled container as originally dispensed. Medication will only be accepted if the academy has received a completed medication administration form (available from the academy or attached to this policy) and each item of medication must be clearly labelled with the following information:

- Child's Name
- Name of medication
- Dosage (how much and for how long)
- Frequency of administration
- Date of dispensing
- Storage requirements (if important)
- Expiry date
- Amount of medication provided – please note that the academy will only accept a maximum of four weeks supply or until the end of the current term, whichever is sooner.

Medicines which do not meet these criteria will not be administered.

4.1.5. It is the responsibility of the parents to renew medication when supplies are running low, to ensure that the medication supplied is within its' expiry date and to notify the academy in writing if the child's need for medication has ceased.

4.1.6. The academy may request additional information (such as doctor's note or prescription slip) prior to administering medication. This will only be done in rare situations where the academy believes that this is a reasonable request. Renewed authorisation or additional information may also be requested where medication is taken for a prolonged period without diagnosis, this will ensure that the correct medication and dosage are still being administered by the academy.

4.1.7. The academy will not make changes to dosages on parental instructions alone. For prescription medication, a doctor's note or new prescription slip will be required and for non-prescribed medication any alteration must be within the recommended guide appropriate for the type of medication.

4.2. Medication administration outside of the academy

4.2.1. Where a child travels on academy transport with an escort, parents should ensure the escort has written instructions relating to any medication sent with the child, including medication for administration during respite care.

4.2.2. The academy will make every effort to continue the administration of medication to a child whilst on trips away from the academy premises, even if additional arrangements might be required. However, there may be occasions when it may not be possible to

include a child on a trip if appropriate supervision cannot be guaranteed, or alternative arrangements would not be reasonable for the academy to provide.

4.2.3.If the child is on a trip when medication is required, the child or an authorised member of staff will carry the medication. Parents and children will be informed of the process for taking medication whilst on the trip in advance.

4.3. Administering the medication

4.3.1.Children will never be prevented from accessing their medication; however, medications will only be administered at the academy if it would be detrimental to the child not to do so.

4.3.2.Staff members may refuse to administer medication. If a class teacher refuses to administer medication, the principal will delegate the responsibility to another staff member.

4.3.3.If a controlled drug is required to be administered, this will only be done so by a qualified staff member who is fully trained in administering a particular type of drug.

4.3.4.A children will initially make contact with Chris Bourke or deputy who will identify the most appropriate place at the time. This will either be the medical room, Chris's/deputy's office or location of their choosing that is private and secure.

4.3.5.Where it is appropriate to do so, children will be allowed to administer their own medication for example a Ventolin inhaler may be carried by the child. Parents will be asked to confirm in writing if they wish their child to carry their medication with them in the academy. This would be assessed by the academy depending on the type of medication (and potential consequences if mis-administered) and the competency of the child to self-administer.

4.3.6.In some cases, it may be a child is given permission to self-administer the medication under supervision from a staff member to safeguard against accidental overdose. In these cases, the medication will be appropriately stored by the academy who will allow the child access as needed.

4.3.7.If a child refuses to take medicines, staff will not force them to do so, and will inform the parents of the refusal, (see also section 6 on Fraser guidelines and Gillick competency) as a matter of urgency, on the same day. This will be recorded on CPOMS. If a refusal to take medicines results in an emergency, the academy's emergency procedures will be followed. Any refusal to take medication will be recorded.

4.3.8.If a child does not take the medication expected to be taken on a day or for a period, then the reason for this will be recorded. Reasons could include: absence; parents collecting the child to administer medication themselves; child not turning up for medication where this is the arrangement.

4.3.9. The academy cannot be held responsible for side effects which occur from any medication taken. Any side effects suffered by the child will be noted and the academy first aid or emergency procedures will be implemented when necessary.

4.4. Storage of medication

4.4.1. Medication will be kept in a secure place, out of the reach of children. Unless otherwise indicated all medication to be administered in the academy will be kept in a locked medicine cabinet.

4.4.2. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will be always readily available to children and not locked away.

4.4.3. Children will be informed of where their medicines are and can access them immediately (accompanied by authorised academy staff). Where relevant, the child will be aware of who holds the key to the medicine cabinet.

The medication of individual children will be kept with the learning guide or in the academy main office

4.4.4. Only authorised academy staff will have access to where medication is stored. No child will be left unaccompanied where medication is accessible.

4.5. Disposal of medication

4.5.1. Academy staff will not dispose of any medicines.

4.5.2. Medicines which are in use and in date should be collected by the parent / carer at the end of each term. Date expired medicines, those no longer required for treatment or when too much medicine has been provided will be returned immediately to the parent for transfer to a community pharmacist for safe disposal.

4.6. Record keeping

4.6.1. The academy will keep records of:

- The medication stored.
- The quantity
- When the medication has been taken
- Reasons for medication not being administered when medication was expected to be taken.
- Any medication returned to parents / carers and the reason.

4.6.2. Medication records will be kept and made available in line with UK GDPR and The Data Protection Act 2018, and our record retention policy.

4.7. Training

4.7.1. The academy will ensure that staff members who volunteer to assist in the administration of medication will receive appropriate training / guidance through arrangements made with the School Health Service.

4.7.2. No staff member may administer prescription medicines, administer drugs by injection or undertake any healthcare procedures without undergoing training specific to the responsibility.

4.7.3. The academy will keep a list of all training undertaken and a list of staff members qualified to undertake responsibilities under this policy.

4.7.4. The member of staff must always properly read the labels of the medication provided and check the details against the medication information provided by the parent.

4.8. Unacceptable Practice

4.8.1. The academy will never:

- 4.8.1.1. Assume that children with the same condition require the same treatment.
- 4.8.1.2. Prevent children from easily accessing their inhalers and medication.
- 4.8.1.3. Ignore the views of the children and/or their parents/carers.
- 4.8.1.4. Ignore medical evidence or opinion.
- 4.8.1.5. Send children home frequently for reasons associated with their medical condition or prevent them from taking part in activities at school, including lunch times, unless this is specified in their IHC plan.
- 4.8.1.6. Send an unwell child to the medical room or school office alone or with an unsuitable escort.
- 4.8.1.7. Penalise children with medical conditions for their attendance record, where the absences relate to their condition.
- 4.8.1.8. Make parents/carers feel obliged or forced to attend school to administer medication or provide medical support, including for toilet issues. The school will ensure that no parent/carer is made to feel that they must give up working because the school is failing to support their child's needs.
- 4.8.1.9. Refuse to allow children to eat, drink or use the toilet when they need to to manage their condition.

5. Home Remedies

5.1. *The academy must decide IF they are willing to allow home remedies and under what circumstances. The academy must also consider what children/parents are likely to do if home remedies are not allowed at all.*

5.2. *For example, the father of a 10-year-old may send his son on a trip with a travel sickness tablet just in case they needed it – but when one child feels very sick in the back and his friends want to*

help, they also offer him their travel sickness tablet to help him which may result in an accidental overdose.

- 5.3. *Or a 12-year-old girl suffers from menstrual cramps and has been given ibuprofen by her mother to help her if she needs it during the day – but then that same girl offers her ibuprofen to her friend who also has menstrual cramps but who also happens to have asthma (bad combination/reacts badly to the medication combination/is allergic to the medication).*
- 5.4. *If you decide to allow home remedies to be administered in the academy it would be wise to contact parents where possible or have a section on the induction form as to which home remedies their child can be administered. If this is the case, the person administering the home remedies (a painkiller for example) must check when the last dose was administered and only provide the minimum amount and ensure that parent contact is made at the end of the day if not before.*

5.5. Record Keeping

- 5.5.1. *If home remedies are kept on site – someone must keep a record of what is kept on site and what and when it is used, who administered it, date, time, amount and to which child. An audit of the home remedies kept at the academy must be done every half term to ensure that all medication is accounted for and remains in date.*

5.6. Residential Trips

- 5.6.1. *Some thought should be put into allowing staff to administer home remedies such as ‘paracetamol’ on residential trips where a child may fall ill but not so ill as to need a doctor. In this case parents should be advised of which home remedies staff will have with them and give specific permission for it to be used on the residential. All effort should be made to make parent contact (ideally before) but certainly after to inform them that the home remedy was administered. Records must be kept in every case.*

6. Gillick Competence and Fraser Guidelines

“Gillick competency and Fraser guidelines help people who work with children to balance the need to listen to children's wishes with the responsibility to keep them safe.

Both Gillick competency and Fraser guidelines refer to a legal case from the 1980s which looked at whether doctors should be able to give contraceptive advice or treatment to young people under 16-years-old without parental consent”. NSPCC

For further information see NSPCC website [Gillick competence and Fraser guidelines | NSPCC Learning](#)

- 6.1. The academy, where it becomes necessary to do so, will follow these guidelines.

Appendix 1

Medication Administration Form

The academy will not administer medication unless you complete and sign this form

Name of child:		Group / class / form:		
Date of birth:		Date form submitted:		
Name of parent:		Parents signature / consent:		
Medical condition / illness:				
Medicine/s: <i>Please continue on another sheet if you require more space – this must be attached and signed</i>				
Name and type of medicine	Amount provided	Dosage, method and timing	Date dispensed	Expiry date
Special precautions / other instructions:				
Are there any side effects to the medication/s that the academy needs to know about?				

Self-administration: (delete as appropriate) Yes / No	
To be completed by the academy:	
<i>Medication start date:</i>	
<i>Medication end date:</i>	
<i>Review to be initiated by:</i>	
<i>Agreed review date:</i>	

Appendix 2

Individual Health Care Plan

To be completed for each child with long term or complex medication and that the Medical Administration Form is attached

Name of child:		Date of birth:	
Group / class / form / teacher:		Child's address:	
Date plan drawn up:		Date to be reviewed: (no more than 12 months from date drawn up):	
Contact information: <i>Please complete with the details of <u>two</u> primary contacts for the child</i>			
<i>Name</i>			
<i>Address</i>			
<i>Daytime number</i>			
<i>Evening number</i>			
<i>Relationship</i>			
Medical contact information: <i>Please complete with the details of medical contacts</i>			
<i>Contact</i>	GP	Clinic / hospital contact	
<i>Name</i>			
<i>Address</i>			

<i>Phone number</i>		
<p>Medical condition / illness and resulting needs, including medication: Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.</p>		
<p>Daily care requirements: i.e. sport / lunchtime / arrangements for academy trips etc.</p> <p>Note down separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, e.g. separate risk assessment if necessary</p>		
<p>Specific support and level of support required: For child's educational, social and emotional needs.</p>		
<p>Who is responsible for providing support in the academy (and cover arrangements when they are unavailable):</p>		
<p>Who in the academy needs to be aware of the child's condition:</p>		

Emergency information: Describe what constitutes an emergency for the child, and action to be taken if this occurs.	
Follow up care:	
Who is responsible in an emergency (and cover arrangements when they are unavailable): State if different on off-site activities.	
Medical Administering	
Written consent received from parents for child to self-administer during school hours	
Written consent received from parents for [Member of Staff] to administer medicine to [name of child] during school hours	
Written consent received from principal for child to self-administer during school hours	
Written consent received from principal for [Member of Staff] to administer medicine to [name of child] during school hours	
Other information: [e.g. where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition.]	
Staff training needed / undertaken: Who, what, when?	
Signed:	Date:

<i>Child (if appropriate)</i>		
<i>Parent / carer</i>		
<i>Principal</i>		
<i>SENCO</i>		
<i>DSL</i>		
<i>GP/medical professional</i>		