



**Longcause Community  
Special School**

# **SUPPORTING CHILDREN IN SCHOOL WITH MEDICAL CONDITIONS POLICY**

Signature of Head:	Anne Hutchinson
Date:	22.05.24
Signature of Chair of Governors:	Fred Jenkins
Date:	22.05.24
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*To be read alongside the First Aid Policy.*

### **Amendments**

January 2020 -

- Use of Emergency inhalers in school added to policy
- Appendix added to show consent form for Emergency use of Inhaler and letter to parent/carer

## **Policy Supporting Pupils at School with Medical Conditions at Longcause School**

### **Introduction**

The Governors and staff are aware that some medical conditions cannot be adequately controlled without treatment during school hours. Longcause School has a duty to ensure the health, safety and well being of all its' pupils, and this may require the administration of medicines during the school day.

This document constitutes a policy statement to which staff must adhere in Supporting Pupils at School with Medical Conditions at Longcause School.

Through this policy the school intends to outline the role of staff working at the school in the administration of medication to learners who are on the school role.

In this policy 'medication' has the following meaning: ongoing and required on a regular basis to maintain a pupil's well being (e.g. anti-convulsion medication for epilepsy), prescribed for a pupil for a short period of time (e.g. antibiotics), prescribed for a pupil on an "as required" basis (e.g. inhaled medication for pupils with asthma).

The phrase 'administration of medication' should be taken to include the personal provision of medicines, medical treatment, health treatment and therapy.

See Appendix 1 for further details on staff responsibilities, training, information from parents, use of emergency seizure medication, inhalers and health and safety responsibilities of staff.

### **Contractual issues**

Employees working under the School Teachers Pay and Conditions Document have neither a legal nor contractual duty to administer medication; the Role Profile for Teaching Assistants from Plymouth City Council is specific in detail as to the areas of medical support learners may expect from Teaching Assistants as part of their role.

### **Policy Aims**

- To ensure that the medical and therapeutic needs of all learners are met in line with their Individual Health Care Plan.
- To ensure that learners are able to access their full curricular entitlement, regardless of their requirement to high levels of medical or therapeutic need
- To provide all staff with access to quality training and support.
- To develop a school ethos which sees medical and therapeutic support as part of a responsibility in which all staff have a role

## **Policy Implementation**

### **Individual Health Care Plans**

Longcause School will ensure that arrangements are in place to support pupils with medical conditions; by doing so they will ensure that such children can access and enjoy the same opportunities at school as any other child.

Longcause School will consider that many of the medical conditions that require support at school will affect the quality of life and may be life threatening. Longcause will focus on the needs of each individual child and how their medical conditions impact on their school life.

Longcause will ensure that its arrangements give parents and pupils confidence in the school's ability to provide support for medical conditions in school. These arrangements will demonstrate an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care.

Individual Health Care Plans (IHPs) will be drawn up in partnership between school, parents and relevant health care professionals.

IHPs will be reviewed at the beginning of the academic year in September, or earlier if evidence is presented that the child's needs have changed.

### **Supply of Medications**

1. The parents/ carers of individual pupils are responsible for supplying the necessary medication in the correctly and clearly labeled container dispensed by the chemist.
2. Parents/ carers are required to fill out and sign a form LCAM1, appendix 4 , at the beginning of each academic year, giving permission for the medication to be given in school. Parents will be required to sign a new form on any occasion within the year if a prescription changes, or new medicines are added. This is to include pain and fever relief, plus emergency epilepsy treatment and household medicines.
3. Parents/ carers are responsible for ensuring that school have enough medication onsite, however school will aim to give parents notice if medication supply is depleting.

### **Storage of Medications**

1. Ideally, medications should be brought into school by parents/ carers and handed to the front office. If parent/ carers decide to send medication on school transport with their child, then they must inform the class team who will inform the family team.

2. All medicines should be handed to a member of the Family Team on arrival in school and then signed in by two members of staff. This will then be kept safely in the locked medicines cabinet in the school office. *Nb. staff holding medication are responsible for the medication and ensuring secure handover.*
3. Medication kept during the day must be returned home in a safe way by the class staff at the end of the day
4. All medicines should be stored securely but accessible i.e.:
  - in the lockable medications' cupboard attached to the wall in the front office.
  - in a locked box in the refrigerator in the front office.

In cases of emergency medication (e.g. Midazolam, Epi-pens, emergency inhalers) these should not be locked away but precautions made to make safe out of way of pupils. I.e: on top of the locked cabinet, behind the fobbed door.

5. All cupboards should be kept locked and minimal number of keys kept.
6. Medicine cupboards should not be used for other purposes e.g. money.

## Records

1. Records of receipt, administration and disposal of medicines will be kept in pupils' individual files.
2. All medicines received should be recorded in Register of Medication form LCAM2.
3. Any medication that is no longer required by the pupil should be returned to the parent/carer in a safe and secure way, as agreed with by the parent/carer of the child.

## Medication Record

1. A medication record must be kept for each child. It should include:
  - name and age of child
  - any known hypersensitivity/allergy
  - weight if relevant
  - name of medicine
  - dose of medicine
  - route of administration
  - commencement and termination dates
  - times of administration
  - any special requirements e.g. crushed, before food etc.
2. The Medication Record LCAM1 should be laid out so specific times are easily identified and clear separation between regular times and "when necessary" medicines.
3. When medicine is discontinued or dose altered, a line should be drawn through the entry, dated and initialed. Just altering the dose is UNACCEPTABLE.

4. All entries should be written clearly in BLACK ink, and correct pharmacological names should be used (not trade names)
5. The dispensing or movement of any medication requires a double signature in the record; of whom one should be a Grade D TA or above.
6. Dosages should be written in milligrams (mg) or milliliters (ml).

#### **Administration of Medication**

1. Should be carried out by a member of the Family Team and/or teaching assistants/staff who are competent.
2. Administration should be carried out in accordance with the prescription, parents' directions and Individual Health Care Plan as appropriate.
3. Medicines must only be administered to the child for whom they are prescribed and should NOT be used for other children.
4. Any household remedies should be recorded on Medical Administration Record LCAM1.
5. Children to be identified prior to medication administration by 2 member of staff verification.
6. Medicines must be administered from original containers.
7. Medications cupboard should be secured if an emergency occurs during medication administration.
8. The Register of Medication form LCAM2 must be completed at the time the medicine is administered.
9. Records must be kept in line with GDPR regulations.

#### **School trips**

1. If Medicine is required on school outings, the class teacher must ensure that a responsible member of staff is appointed to administer the medication, this must be detailed in the class risk assessment.
2. The named person is to be made aware of what the medicine is for, how much to give, when and how to give it and what side effects to look for.
3. Medication should be stored in a lockable box. If medication requires refrigeration it should be transported in a cool bag with an ice pack during the outing.
4. The named member of staff, as well as staff member who witnessed the medication, will be required to complete the appropriate record if administered.
5. Staff should be made aware of what emergency procedures should be adopted on a school trip.

#### **Covert Administration**

The covert administrations of medicines at Longcause School is only likely to be necessary or appropriate in the case of pupils who actively refuse medication and who do not understand the consequences of their refusal.

We as a school recognise that there are certain exceptional circumstances in which covert administration may be considered to prevent a pupil from missing out on an essential treatment. The following considerations may apply:-

1. The best interest of the pupil must be considered at all times.
2. The medication must be considered essential for the pupil's health and well being, or for the safety of others.
3. The decision to administer a medication covertly should not be considered routine. Care needs should be assessed to avoid the ritualised administration of medicine in this way.
4. There should be agreement between parents and staff administering the drug; this should include the child's doctor if the covert administration is to carry on for a long period.
5. Document the decision taken and the names of all parties included in the decision.
6. Keep decision under review.
7. Regular attempts should be made to encourage the pupil to take their medication. This might best be achieved by giving regular information, explanation and encouragement, preferably by the team member who has the best rapport with the individual.

### **Administration of Non Prescribed Medicines**

From time to time staff may be required to give student's medicine's that are not prescribed by a G.P. Usually these drugs will arrive in school with written consent and rationale for dispensing the item.

Drugs in this category may include Paracetamol (e.g. Calpol) Ibuprofen, simple linctus e.g. Benylin and possibly some hay fever medications/treatments.

The usual cautions apply. Full parental consent must be given, on a signed LCAM1. If the student is on other medications, interactions need to be ruled out.

### **Guideline considerations when administering non-prescribed medicines**

When dispensing such drugs it is vital to consider indication for use, e.g. Paracetamol for headache, as well as know the therapeutic uses of the medicine and its normal dosage.

1. If the criteria has been met, what is the recommended age appropriate dose?
2. Has a previous dose been given i.e. one at home prior to arrival at school? It is vital not to give another dose within the recommended time span.
3. What is the maximum dose to be given in 24 hours? This must never be exceeded.
4. Drugs must be sent to school in a properly labeled box with expiry date.
5. Consent must be first sought from parents/ carers before administering medication. The staff member seeking consent must also ensure that they have confirmed when the last dose was give. Parents must always be informed about the medicines given to their child. This will be done when seeking consent, as well as a form sent home.
6. If the pupil requires any of the non-prescription drugs for more than three consecutive days a doctor should be consulted. If non-prescriptive drugs are required in the long term they must be obtained via a G.P. and become prescribed with appropriate label and instructions.
7. Check expiry date of medicine and that the pharmacists label or dosing instructions are legible.
8. Ensure that the medicine is normal in appearance e.g. the syrup has not crystallised or there are deposits round the lid or bottom of the bottle and that for tablets the blister pack is not broken.
9. Check that pupil has no history of allergy to the drug before administration.
10. Clearly and accurately record any such medicine given and pass this information on to all relevant carers.
11. If any adverse reaction occurs or any contradictions arise assess situation, seek medical advice/inform parents. Document the occurrence.

### **Competent children**

Longcause School recognises that where it is assessed that a child is competent they should be allowed to manage their own health needs and medicines. If a child is assessed to be competent that they can manage their own medication it must be reflected in an IHP.

### **Disposal of Medicines**

1. Hoarding of medicine is unnecessary as they can only be given to a named child, and some drugs have a short shelf life.
2. Medicines should be returned to parents when possible and record this in Register of Medication form LCAM2
3. Medicines should be disposed of when/ if:
  - The expiry date is reached
  - They are in a poor condition
  - Course of treatment is finished



- The child dies; in this case, they have to be kept for 7 days, in case required by the coroner.
- 4. All medicines can be returned to the pupil's parents or carer.
- 5. Needles, syringes and broken glass must be disposed of in the school's sharps bin.
- 6. Any spilt/wasted medicines need to be signed for.

### **Use of Emergency Inhaler in School**

At Longcause we hold an emergency salbutamol inhaler and spacers. The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.

The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty).

Our emergency inhaler kit includes:

- a salbutamol metered dose inhaler; - at least two plastic spacers compatible with the inhaler; - instructions on using the inhaler and spacer; - instructions on cleaning and storing the inhaler; - manufacturer's information; - a checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded; - a note of the arrangements for replacing the inhaler and spacers (see below);
- a list of children permitted to use the emergency inhaler (see section 4) as detailed in their individual healthcare plans; - a record of administration (i.e. when the inhaler has been used).

### **Salbutamol**

Salbutamol is a relatively safe medicine, particularly if inhaled, but all medicines can have some adverse effects. Those of inhaled salbutamol are well known, tend to be mild and temporary and are not likely to cause serious harm. The child may feel a bit shaky or may tremble, or they may say that they feel their heart is beating faster.

The main risk of allowing schools to hold a salbutamol inhaler for emergency use is that it may be administered inappropriately to a breathless child who does not have asthma. It is essential

therefore that schools ensure that the inhaler is only used by children who have asthma or who have been prescribed a reliever inhaler, and for whom written parental consent has been given.

### **Storage and care of the inhaler**

Faye James and Jade Johnson-Sweet have responsibility for 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 available if necessary.

The inhaler and spacer should not be locked away. It is kept with other emergency medication on the top of the medications cabinet in the office. It is clearly labelled.

The inhaler should be stored at the appropriate temperature (in line with manufacturer's guidelines), usually below 30C, protected from direct sunlight and extremes of temperature. The inhaler and spacers are kept separate from any child's inhaler which is stored in a nearby location and the emergency inhaler is clearly labelled to avoid confusion with a child's inhaler. An inhaler should be primed when first used (e.g. spray two puffs). As it can become blocked again when not used over a period of time, it should be regularly primed by spraying two puffs.

To avoid possible risk of cross-infection, the plastic spacer should not be reused. It can be given to the child to take home for future personal use.

The inhaler itself, however, can usually be reused, provided it is cleaned after use. The inhaler canister should be removed, and the plastic inhaler housing and cap should be washed in warm running water, and left to dry in air in a clean, safe place. The canister should be returned to the housing when it is dry, and the cap replaced, and the inhaler returned to the designated storage place.

However, if there is any risk of contamination with blood (for example, if the inhaler has been used without a spacer), it should also not be re-used but disposed of.

*A child may be prescribed an inhaler for their asthma which contains an alternative reliever medication to salbutamol (such as terbutaline). The salbutamol inhaler should still be used by these children if their own inhaler is not accessible - it will still help to relieve their asthma and could save their life.*

### **Recording use of the inhaler and informing parents/carers**

Use of the emergency inhaler should be recorded. This should include where and when the attack took place (e.g. PE lesson, playground, classroom), how much medication was given, and by whom. A Written records will be kept of any medicines administered to children.

The child's parents must be informed in writing (LCAM 3) and also phone call home, see appendix 7.

Faye James, Deputy Headteacher, will oversee the Emergency Inhaler kit. Jade Johnson-Sweet is also a named person for the Emergency Kit.

## **Appendix 1**

### **Staff Responsibilities**

The Head Teacher, or Deputy Head Teacher have ultimate responsibility for the administration of medicines to pupils.

The Head Teacher will be responsible for the supervision of administration. The Lead for Welfare is responsible for the training of staff in appropriate administration of medication as set down in the learners Individual Health Care Plan.

On journeys out of school or residential trips, in emergency situations, or for staff training purposes, authorised and named staff can carry out administration of medication. Members of staff who think that a pupil is unwell should inform the Lead for health and first aid and the senior member of staff as soon as possible.

The Headteacher, Deputy Headteacher or designated responsible person on site must be informed of any situation which may require a pupil or member of staff to leave the site for medical reasons prior to the departure, see appendix 2.

### **Staff Training**

Only staff who are trained in the administration of emergency drugs are allowed to give them. Training for the administering of emergency medication will take place annually or as the needs of the pupils change. Training is to be provided by the Livewell team or other specialized provider eg First Aid Training. Parents have an important role and which can be used to compliment training provided by the school nursing team or outside training agencies as appropriate.

### **Information from Parents**

At the beginning of each autumn term, a supply of forms for permission to administer medicines will be sent to the parents of each pupil or can be downloaded from the Longcause School website ([www.longcausesspecialschool.com](http://www.longcausesspecialschool.com)). Parents should return the completed forms with any prescribed medication, which a pupil requires in school. It is the responsibility of the parents to ensure that the school is informed of their child's current medical condition and any medication or treatment, which may be required. The Lead for health and first aid will update school records on receipt of any relevant information.

### **Medication for the treatment of a seizure in an emergency situation**

If pupils require the administration of emergency medication such as Diazepam, Midazolam or Buccolam, staff who may have to give this medication must have access to training. This medication is necessary if a pupil has an epileptic seizure which does not stop within a specified time, set down in the pupils Individual Health Care Plan. If a situation arose where no staff was available in school to give this medication then an ambulance must be called as soon as possible.

## **Inhalers**

Pupils who have asthma may require their medication quickly. Inhalers can therefore be kept in classrooms so that staff and pupils have ready access if required. It is the responsibility of the teacher to ensure the safety of this medication; all staff should be familiar with its location.

The Medication Administration Record 'LCAM2' is kept in class with a copy of the Individual Health Care Plan and must be completed when a dose is given.

The expiry date must be noted and a replacement should be sought from families a week before the expiry date is reached.

## **Health and Safety Responsibilities of Staff**

The Health and Safety Executive takes the view that provided the school management and staff act in accordance with health and safety policy guidelines issued by the LA, asking advice if in doubt, there should be no difficulty in meeting Health and Safety obligations. This approach will ensure that headteachers, governors and staff remain within the protection of the LA's insurance policies.

## **Appendix 2**

Procedure to follow in an Emergency in off site visits

- 1        make sure everyone is safe (risk assess situation, each instance will be unique).
- 2        check the casualty/casualties.
- 3        is the situation life threatening?

### **NO:**

Administer first aid as appropriate  
Phone the school

### **YES:**

Call 999 and request appropriate emergency services  
Give your location and school mobile number  
Give your name  
Give name of child and brief description of child's symptoms

-Administer first aid

Contact school

## **Appendix 3**

### **Guidelines for administration**

#### **Preparation**

Before administering medication to a pupil, ensure that you have all the necessary information and equipment to administer it safely and correctly. You will need the relevant Administration of medicines parental permission form LCAM1, Medication Administration Record LCAM2, IHCP and the correct medication along with measuring pots, syringes, etc.

#### **Procedure**

1. Wash hands.
2. Check the Medication Administration Record LCAM2 sheet to make sure medication has not already been given.
3. Always check the details on the label of any medication along with the pupil's current Medication Record before administering. Check with the pupil's parent or GP if there is any discrepancy in dosage etc, before giving medication.
4. If in doubt have another member of staff verify that you have the correct medication for the identified pupil.
5. Ensure that the medication is in date.
6. The aim of these preparations for correct drug administration ensure that the appropriate medication (as prescribed by a doctor or authorised by a parent) is given by the right route to the child at the right time or as soon as possible thereafter.
7. Once the medication has been administered record this and sign the Medication Administration Record LCAM2 sheet.
8. Return remaining medication to correct storage e.g. medicine cabinet and wash any equipment used.

#### **In the Event of a Drug Administration Error**

- Check safety of pupil concerned note any adverse reaction.
- Inform parents immediately.
- Advice can be sought from GP or the drug manual (BNF) from a local pharmacist.
- Depending on the severity of the error pupil may be transferred to hospital or carefully monitored in school.
- Lead for health and first aid to document details, pupil accident form to be completed. Head teacher to be informed.
- All errors and incidents related to the administration of medicines require thorough and careful investigation at local level. This is to allow discussion to identify and disseminate improvements in local practice in the administration of medicines. Also to distinguish between cases where error was a result of recklessness/incompetent practice or resulted from pressure of work.

## **Appendix 4**

### **Parental agreement for school to administer medicine: LCAM1**

*The school will not give your child medicine unless you complete and sign this form.*

<b>Pupil Details</b>	
Name of pupil	
D.o.B	
Class	
Medical condition or illness	

<b>Medicine</b>	
<i>NB: Medicines must be in the original container as dispensed by the pharmacy, including clearly the dispensing label with the child's full name, dosage and expiry date.</i>	
Today's date	
Name/type of medicine (as described on the container)	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school needs to know about?	
Procedures to take in an emergency	

Parent/ carer completing the form	
Name	
Daytime telephone no.	
Relationship to child	
Address	

<p><i>I understand that I am responsible for ensuring medication gets delivered to the front office.</i></p> <p><i>The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy.</i></p> <p><i>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.</i></p>	
Signed	
Date	



## Appendix 5

### Record of Medicine Administered to a Pupil: LCAM2

Pupil and Medication Details	
Name of pupil	
Date medicine provided by parent	
Class	
Name and strength of medicine	
Quantity received	
Expiry date	
Dose and frequency of medicine	
Parent agreement signed?	
Staff signature HT/ DHT	
Staff signature (witness)	

Medicine					
Date :	Time given:	Dose given:	Quantity left:	Given by:	Witnessed by:

## **Appendix 5**

### EMERGENCY DRUG ADMINISTRATION TRAINING RECORD

#### Education check list

- Individual Health Care Plan, including Medication Administration Record LCAM2 and how to record and sign for drugs
- Consent/permission to give emergency medicines
- Safety check:
- Name of child
- Any allergies
- Name of emergency medicine
- Consent
- Pharmacy label (can be easily read)
- Condition of the packaging and emergency medication
- Dose of emergency medicine
- Route of administration
- Expiry dates
- Signing for emergency medicines and documentation
- Adverse reactions
- Storage
- Documentation of the receipt of emergency medicines
- Disposal of emergency medicines no longer required

UPDATE .....

ANY FURTHER DISCUSSION/TRAINING:

DATE .....SIGNATURES.....

**Appendix 6**

**CONSENT FORM: USE OF EMERGENCY  
SALBUTAMOL INHALER**

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler [delete as appropriate].
2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day.
3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed: date: .....

Name(print).....  
.....

Child's name:  
.....

Class:  
.....

Parent's address and contact details:  
.....  
.....

Telephone:  
.....

E-mail:  
.....  
.

Appendix 7Longcause Community Special SchoolAdministration of Medication Notification: LCAM3

Name of child:	
Date:	
Medication given:	
Dose given:	
At time:	
Reason:	
Parental consent given by:	
Administered by:	
Witnessed by:	