**The Grove School**

**Policy for Supporting Students with Medical Conditions and for the administration of Medicine (including asthma, diabetes, epilepsy, allergies etc)**

**2015 version, adopted July 5 2016.**

**Reviewed: November 2022**

**4 year cycle**

**Next review December 2026 (Teaching and Learning Committee)**

1. The staff of *The Grove School* wishes 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. We will support any parent who wishes to access the school nurse or requires assistance contacting a GP or consultant.
2. The school’s insurance will cover liability relating to the administration of medication.
3. *The Headteacher* 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)
* Procedures to be followed when a student moves to the school mid-term or when a student has a new diagnosis
1. The above procedures will be monitored and reviewed by *the Headteacher*
2. Where identified as being necessary, Individual Health Care Plans (IHCP) will be developed between The *Grove 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:
3. 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
4. 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
5. Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support from a healthcare professional
6. Cover arrangements and who in the school needs to be aware of the student’s condition and the support required including supply staff
7. Arrangements for written permission from parents for medication and a written record in school of when medication is administered is to be held in the medications file in the staffroom.
8. 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
9. The designated individuals to be entrusted with the above information
10. Procedures in the event of the student refusing to take medicine or carry out a necessary procedure

6. *The Headteacher* 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**

1. *The Grove School has* NOT decided to hold an emergency inhaler and spacer for the treatment of an asthma attack.
2. *The Headteacher* will be responsible for ensuring the following:
* The instruction of all staff on the symptoms of an asthma attack
* The instruction of all staff on the existence of this policy
* The instruction of all staff on how to check the asthma register
* The instruction of all staff on how to access the inhaler
* Making all staff aware of who are the designated staff and how to access their help
1. *The Headteacher* will be responsible for ensuring that designated staff:
* 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
1. *The Headteacher and HLTA* will be responsible for the storage, care and disposal of asthma medication.
2. *The Headteacher* 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.
3. *The Headteacher* will be responsible for the supervision of administration of medication and for maintaining the asthma register.
4. *The Headteacher* will be responsible for ensuring parents are informed in writing when the emergency inhaler/spacer has been used.

**THE ADMINISTRATION OF MEDICINE**

1. 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.
* Any parent/carer requesting the administration of medication will be given a copy of this policy.
* Prescribed medication will be accepted and administered in the establishment
* Non-prescription medication will only be accepted and administered in the following circumstances: *when a parent has signed a consent form and medication has been approved by a doctor*
1. Prior written parental consent is required before any medication can be administered.
2. Only reasonable quantities of medication will be accepted (no more than one week’s supply).
3. Each item of medication should be delivered in its original dispensed container (unless there is a clear and justifiable reason why it is not) and handed directly to the Headteacher or *the school staff* authorised by the Headteacher.
4. 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
* Storage requirements (if important)
* Expiry date (if available)
1. The school will not accept items of medication which are in unlabelled containers or not in their original container.
2. Unless otherwise indicated, all medication to be administered in the school will be kept in *the staffroom*
3. 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 *may not be* allowed to carry these.
4. 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.
5. 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. In pre-school settings arrangements will be made through Primary Care Health Visitors. Records of training will be held in the medical file.
6. The school will make every effort to continue the administration of medication to a student whilst on activities away from the premises.

**Grievance Procedure**

1. *If you have concerns about how the policy is working, please follow the school complaints procedure.*

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**Record of medicine administered to an individual Young person**

**Name of Establishment: The Grove School**

|  |  |
| --- | --- |
| Name of Young Person |  |
| Date of Birth |  |
| Tutor/ Class / group |  |
| Date medicine provided by parent |  |
| Name and strength of medicine |  |
| Quantity received |  |
| Dose and frequency of medicine |  |
| Expiry date |  |
| Quantity returned |  |

Parent signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initials \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Log of Medicines Administered**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Time given** | **Dose given** | **Staff Name/Initials** | **Notes/ problems** |
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