



LANDAU  
FORTE  
ACADEMY  
AMINGTON

<b>Policy Name</b>	<b>Supporting Students with Medical Conditions</b>
<b>Policy Number</b>	
<b>Date of Issue</b>	<b>April 2024</b>
<b>Reviewed by</b>	<b>Mrs A Bates</b>
<b>Date of next Review</b>	<b>April 2025</b>

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## 1. Policy statement and principles

- 1.1 Landau Forte Academy Amington is an inclusive community, we aim to ensure that all students are able to participate fully in all aspects of academy life. We aim to provide appropriate care and support to meet the needs of students with medical conditions and specific medical needs.
- 1.2 The principal accepts responsibility in principle for staff who have volunteered to supervise students taking prescribed medications during the academy day or on academy trips.
- 1.3 Student's medical information will be stored in accordance with General Data Protection Regulations (GDPR) and only shared to ensure the student receives the appropriate care and support during their time at the academy.
- 1.4 This policy is consistent with all other policies in the academy and has taken in to account the following legislation and statutory guidance:
  - 1.4.1 *Supporting Pupils at School with Medical Conditions*, Department for Education, December 2015
  - 1.4.2 *SEND Code of Practice: 0 to 25 years*, Department for Education and Department for Health, 2014
  - 1.4.3 *Every Child Matters*, Department for Education, 2003

## 2. Monitoring and Review

- 2.1 This policy will be reviewed yearly or in the following circumstances:
  - 2.1.1 A change in government guidance and/or legislation
  - 2.1.2 A request from SLT/Governors/Members of the Trust Board.
  - 2.1.3 A result of a significant change or event
  - 2.1.4 If the policy is deemed ineffective

## 3. Complaints

- 3.1 Any complaints are managed and processed through the academy Complaints Policy and Procedure
- 3.2 The Complaints Policy and Procedure can be found on the academy website alongside an e-mail address to direct and concerns [Contact - Landau Forte Academy Amington \(lfata.org.uk\)](mailto:lfata@lfata.org.uk).

## 4. Roles and Responsibilities

<b>Mrs Angela Bates</b>	<b>School Counsellor with Medical Responsibilities</b>
Contact Details	abates@lfata.org.uk
<b>Miss Amy Parker</b>	<b>Full Time First Aider</b>
Contact Details	aparker@lfata.org.uk

*Please note students acutely unwell or infectious should be kept at home by parents/carers.*

## **5. Supporting Students**

- 5.1** To enable the best possible support for students the academy will work with parents/carers, professional and the student to ensure the student is at the centre of all decision making and support plans. We fully understand the importance of the student playing an active role in the conversations around their support. Whilst students may have the same diagnosis treatment and support plans may vary greatly from student to student. Our aim is to support all students physically and mentally to maximise and reach their academic potential having a full and active role in life at Amington.
- 5.2** Parents/carers are responsible for informing the academy of any medical conditions/needs and providing comprehensive information on the student's condition and any medication required. Once the academy is in receipt of all information necessary a pathway of support will be agreed with parents/carers and student inclusive of transitional arrangements between schools ahead of the academic year. Students with a new diagnosis during the academy year arrangements will be implemented within two weeks of being in receipt of all information necessary.
- 5.3** At Amington we endeavour to obtain good attendance from all students including those with medical needs. Staff will make adjustments where possible to include students in lessons/extra-curricular activities, where this is not possible parents/carers will be informed of any alternative arrangements in place. A risk assessment will be completed for any off site activities considerate of any medical needs students may have. Absences relating to a student's medical condition will be continually reviewed and discussed to ensure the academy is doing everything possible to support the student's participation in academy life. Medical evidence is requested for authorisation of absences to attend medical appointments.
- 5.4** Students with long term or complex medical conditions will have an individual health care plan (IHCP) created by the staff member with medical responsibilities in conjunction with parents/carers, healthcare professionals and the student (appendix A IHCP).

## **6. Individual Health Care Plan**

- 6.1** Student IHCP will be easily accessible whilst remaining in accordance with GDPR. The IHCP will be reviewed annually or if there are any changes to student's medical condition or needs. It is parents/carers responsibility to inform the academy of any changes to a student's needs.
- 6.2** The IHCP will be link to or become part of any Statement of Special Educational Needs or Education, Health and Care Plan (EHCP) where appropriate.
- 6.3** To support students reintegrating into the academy following a period of home education, hospital education or alternative provision we will work with the LA and education provider to ensure the IHCP identifies any support required.
- 6.4** All staff will be made aware of students with an IHCP and where to find the IHCP to aid lesson planning and preparations to support students.
- 6.5** Student to carry an alert card containing instructions for staff in an emergency until a first aider arrives.

## **7. Training**

- 7.1** All new staff members will receive training on the Supporting Students with Medical Conditions Policy and the First Aid Policy as part of their induction.
- 7.2** All staff will receive termly information and guidance on students with medical conditions/needs identified to the academy with special focus on emergency signs/symptoms to be aware of.
- 7.3** All staff will receive termly information and guidance on the first aid procedure and administration of medicines within the academy (Appendix B).
- 7.4** All kitchen staff will receive information and guidance on students with food allergies and intolerances.
- 7.5** All first aid staff will receive either Emergency First Aid at Work or First Aid at Work training ever 3 years. The staff member with medical responsibilities to keep certificates and arrange training where necessary.
- 7.6** Any student with a medical condition/need that requires specific staff training will be identified in their IHCP.
- 7.7** All supply staff will be informed where to find information on student medical conditions/needs on Sims and information on the first aid procedure in the academy.

## **8. Emergencies**

- 8.1** In a medical emergency the First Aid Policy is adhered to, with the exception a student's IHCP amends the emergency procedure for that student.
- 8.2** In the event a student is taken to hospital a member of staff is to remain with the student until a parent/carer arrives.
- 8.3** Any member of staff on duty outside or in the canteen is to have a radio.

## **9. Defibrillators**

- 9.1** The academy has 3 automated external defibrillators (AED). All staff and students are aware of AED locations. No training is required to use an AED, audio and visual instructions are provided when the device is opened to guide the rescuer. All first aid staff are trained in cardiopulmonary resuscitation (CPR).
  - 9.1.1** Ground Floor – Mounted on Wall Behind Reception
  - 9.1.2** First Floor – Site Team Office
  - 9.1.3** The Hygiene suite

## **10. Insurance**

**10.1** The academy insurance covers any staff undertaking responsibilities from this document.

## **11. Administering Prescription Medication**

**11.1** Where possible it is preferable that medications are prescribed in frequencies allowing the student to take them outside of the academy day. Medication will be given in the academy where the dosage label clearly states a specific time or 4 times a day or more and/or if the student has an IHCP. Parents/carers are reminded of the process for providing medicine in schools termly (Appendix C).

**11.2** All medication is to be provided to the staff member with medical responsibilities or the full time first aider by a parent/carer unless otherwise stated in an IHCP. Medication provided by other individuals or passing to another student will not be permitted on the academy premises and will be managed by the Behaviour Policy and Drug, Alcohol and Tobacco Policy.

**11.3** It is parents/carer responsibility to renew medication when supply is running low, to ensure that medication supplied is within its expiry date and to inform the academy in writing if the need for long term medication has ceased.

**11.4** The academy on rare occasion where it is deemed a reasonable request may seek additional information from medical professionals ahead of administering medication. Where medication is taken for a prolonged period of time without diagnosis additional information and reauthorisation may be requested to ensure that academy are providing correct medication and dosage.

**11.5** Medication will only be accepted and administered with receipt of a completed administering prescription medicine form (Appendix D). Medication provided must be in the original container dispensed from the pharmacy, with a clear label showing the following information:

- Student name
- Name of medication
- Dosage instructions
- Date of dispensing
- Storage requirements if applicable
- Expiry date
- Amount of medication provided

**11.6** In the event of a dosage change the academy will need new prescription medication with a clear label stating the information listed above.

## **12. Administering Non Prescription Medication**

**12.1** In the event of short term illness or injury general sales medication may be provided at academy discretion as per the box instructions. Over the counter pain relief may be given for a maximum of 3 days, if the student requires long term pain relief this must be prescribed by a medical professional.

**12.2** Medication will only be accepted and administered with receipt of a completed administering non-prescription medicine form (Appendix E). Medication provided must be in the original container with clear dosage instructions, a name label will be applied in the academy. This policy is inclusive of academy trips.

***Please note medicines which do not meet this criteria will not be administered.***

### **13. Administering Medication**

**13.1** Medication is to be administered by the staff member with medical responsibilities or the full time first aider, in the event of both staff absence a member of the first aid team or safeguarding team who is confident to do so will be identified.

**13.2** Students will not be denied access to their medication as agreed in their IHCP. Students will be given times to come to the hygiene room depending on their dosage instructions when their medication is required to be taken.

**13.3** When administering medication the following policy must be followed:

- Check consent form is complete
- Check the Record of Administered Medication form (Appendix F).
- Check student name on the form against medication.
- Check the student identity.
- Check the prescribed dosage
- Check the expiry date.
- Student to measure our prescribed dose, support where required.
- Complete and sign the Record of Administered Medication form when the student has taken the medicine.
- If uncertain, **DO NOT GIVE** – check with parent/carer or doctor.

**13.4** If a student refuses medication, record and inform parent/carer urgently. If the refusal of medication results in an emergency, the academy first aid policy will be followed.

**13.5** If a student does not take medication as agreed on a specific day or over a period of time the reason for this will be recorded. Reasons may include student absence, parents/carers administering medication or student failing to turn up at an agreed time.

**13.6** The academy is not responsible for side effects which may occur from medication administered. Any side effects will be noted and parents/carers informed, emergency procedures will be followed where appropriate.

**13.7** Staff members who volunteer to assist the administration of medication will receive guidance/training before doing so.

**13.8** No staff are to administer medication orally or by injection without undergoing specific training.

**13.9** The academy will keep a list of staff that have undertaken appropriate training to take on responsibilities under this policy.

## **14. Medication Administered Outside the Academy**

**14.1** In the event of an academy trip day or overnight parents/carers are responsible for informing the academy of any medical conditions/need and medication requirements.

**14.2** A designated member of first aid staff will store any medication and hold copies of consent forms, IHCP where applicable and administering medication records forms.

## **15. Storage of Medication**

**15.1** Medication is to be kept in a locked cabinet in a secure location away from students, unless otherwise specified.

**15.2** Students will be informed where their medication is kept and how to access their medication. Medication for certain medical conditions such as anaphylaxis or diabetes are not locked away.

**15.3** No students will be left unattended where medication is stored.

**15.4** No unauthorised staff to have access to student medication.

## **16. Disposal of Medication**

**16.1** Parents/carers are responsible for collecting and disposal of out of date medicines. If this does not occur, medication will be taken to a pharmacy for disposal.

## **17. Record Keeping**

**17.1** The academy will keep records of:

- Individual Health Care Plans
- Consent to administer either prescription or non-prescription forms
- Administered/non-administered medication
- Student dietary requirements
- Student medical conditions
- Student medication
- Staff training

**17.2** It is staff member with medical responsibilities duty to ensure records are accurate.

## **18. Unacceptable Practice**

**18.1** Prevent students from easily accessing medication.

**18.2** Assuming all medical conditions are treated the same.

**18.3** Ignoring medical evidence, medical professionals and parents/carers views.

**18.4** Prevent students from participating in academy activities or sending students home frequently due to their medical condition unless specified in their IHCP.

**18.5** To send an unwell student looking for medical assistance.

**18.6** Penalise students with medical conditions for their attendance when attendance is linked to their medical condition.



**18.7** Parents/Carers feeling forced or obliged to attend the academy to provide medication or medical support inclusive of toileting issues.

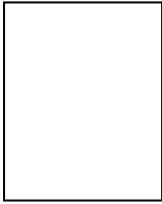
**18.8** Refuse access to a toilet, food or drink a student needs to manage their medical condition

**19. Employee Medication**

**19.1** Staff to keep any personal medication in a locked cabinet.

**19.2** Staff must **NEVER** to provide students with personal medication.

Appendix A



**Individual Healthcare Plan (IHCP)**

<b>Name of Academy</b>	Landau Forte Academy Amington
<b>Students Name</b>	
<b>Year/Group</b>	
<b>Date of Birth</b>	
<b>Address</b>	
<b>Medical Condition</b>	
<b>Date</b>	
<b>Review Date</b>	
<b>Family Contact Information</b>	
<b>Relationship to Student</b>	
<b>Name</b>	
<b>Phone No    Mobile</b> <b>                  Work</b>	
<b>Relationship to Student</b>	
<b>Relationship to Student</b>	
<b>Name</b>	
<b>Phone No    Mobile</b> <b>                  Work</b>	
<b>Relationship to Student</b>	

<b>Medical Contacts</b>	
<b>Clinician Name</b>	
<b>Phone Number</b>	
<b>G.P. Name</b>	
<b>Phone Number</b>	

<b>Named person responsible for IHCP</b>	Angela Bates School Counsellor with Medical Responsibilities
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**Describe condition and give details of student's individual symptoms:**

**Name of Medication, dosage instruction, administration instructions, side effects, self-administered Y/N:**

**Daily care requirements:**

**Arrangements for Academy Visits/trips etc.:**

Emergency medication and Care Plan must always be taken on off-site activities

**Other information:**

Parent/Carer should provide replacement medication for any medication that has expired or has been used.

Parent/Carer should inform the Academy of any changes to the child's condition.

**Responsibility in case of an emergency.**

Emergency First Aid procedures are required, it is no one person's individual responsibility.

The principal must be informed of every emergency.

**Parent/Carer/Student**

I agree that the information in this Individual Health Care Plan is accurate and up to date. I consent to the release of the information contained in this Individual Health Care Plan to all staff members and other adults/professionals involved in my child's education to maintain my child's health and safety. I give consent for my child to carry an alert card. Myself and my child agree for this alert card to be displayed in work bases or similar areas for staff to access if they become unwell and need emergency assistance. I agree to inform the academy as soon as possible of any changes which affect this plan.

You have the right to withdraw this consent at any time by contacting the staff member with medical responsibilities.

Copies of this document are kept by the person with medical responsibilities and parents/carers.

Parent/Carer signature		Student signature	
Name		Name	
Date		Date	

**On behalf of school**

Signature	
Name	Angela Bates School Counsellor with Medical Responsibilities
Date	

**Appendix B.**

**Teacher**  
 Aim to keep students in lessons where possible

- Nausea
- Headache
- Earache
- Toothache
- Period Pain
- Sore Throat
- Stomach Ache
- Pre-Existing Injury
- Cough
- Diarrhea

Encourage students to drink plenty of fluids.  
 Sit student by the window for fresh air & remove blazer/jumpers if hot.  
 Reassure the student and check in with them regularly.  
**ONLY** contact first aid on **5111** if the student requires medication (e.g. pain relief) from home or the student cannot continue with the academy day.

**Pastoral Team**  
 Support with mental health concerns

Mental health concerns, anxiety or a panic attack encourage the student to regulate their breathing.  
 Breathe in count to 7 breathe out count to 11.  
 Keep talking to the student and reassuring them.  
 Once calm discuss how the student is feeling identifying underlying/ongoing issues?

**Emergency First Aid Team - 5111**  
 To administer first aid for accidents and emergencies

- Cut/Graze
- Bruises
- Splinters
- Nosebleed
- Eye Injuries
- Superficial Burns
- Sprains & Strains
- Heat Exhaustion
- Migraine
- Temperature above 38

Assess injury.  
 Administer first aid – if in doubt ask.  
 Assess if further medical attention is needed & send home if necessary.  
 Record on Evolve


**Amy Parker**  
**Angela Bates**

- **Care plan student with care plan need**
- **Student with major incident**
- Unconscious
- Not Breathing
- Seizure
- Choking
- Anaphylaxis
- Asthma attack
- Partial & Full Thickness Burn
- Broken/Dislocated Bones
- Spinal Injury
- Serious Head Injury
- Meningitis & Sepsis

Assess injury.  
 Administer first aid calling **5111**  
 Request further medical attention if needed  
 Record on Evolve

- If you require the first aid team please phone 5555.  
**DO NOT SEND STUDENTS TO RECEPTION.**
- All science related first aid incidents to be managed by science technicians.
- All student medication to be dispensed by ALP or AGB.

## Appendix C

<p>Our Ref: 2021/047/KRB/Lmm</p> <p>19/04/2024</p> <p>Dear Parent/Carer</p> <p><b>Changes in the Administration of Medication within the Academy</b></p> <p>There has been an update in the way we can administer medication within the Academy.</p> <p>These changes are to keep your child 'safe and well' and are in accordance with DfE Statutory Guidance December 2015, The Medicines Standard of the National Service Framework (NSF) for Children and The Medicines Act 1968.</p> <ul style="list-style-type: none"> <li>• No medication will be given without a signed consent form. Telephone calls or emails will not be accepted as written consent.</li> <li>• We can only accept prescribed medication if they are in-date, labelled, provided in the original container as dispensed by the pharmacist, and must include instructions for administration, dosage and storage. We will not accept repackaged or relabelled medication, verbal instructions asking us to alter the prescribed dosage regime.</li> <li>• Where possible 'prescription only' medications should be taken at home and be administered by parent/carer. If the dosage states once a day this can be given at home, if it states three times a day this can be given before the Academy day, when they arrive home and at bedtime. The only prescribed medication that will be given in the Academy will be if the prescription label says <b>4 times a day</b> or if your child has medication relating to an Individual Health Care Plan*.</li> <li>• 'General Sales List' medications such as paracetamol and Ibuprofen will only be given for three consecutive days as directed on the packaging, without a prescription label. If you require it to be given for longer periods of time it will need to have a prescription label stating dosage and it will need to be in conjunction with an Individual Health Care Plan.</li> <li>• Medication for educational visits/overnight stays must be discussed with the trip leader prior to the visit. No medication should be enclosed in students' bags it must be handed to the trip leader with a completed parent/carer consent form. If the medication is related to an Individual Health Care Plan the Medical Officer will be informed and will provide the relevant information/medication, unless parent/carer advises otherwise.</li> </ul> <p>*Individual Healthcare Plans ensure that we can effectively support pupils with identified medical conditions.</p> <p>If you have previously sent in medication which does not fit the above criteria can you arrange to collect it as soon as possible. All uncollected medications will be taken to the pharmacy for disposal. If you are unsure about whether your child's medication is acceptable do not hesitate to contact Angela Bates, who is happy to discuss it further with you.</p> <p>Yours sincerely</p> <p>Mrs A Bates  </p> <p>Mrs A Bates Academy Counsellor with Medical Responsibilities</p>	 <p>Woodland Road Amington Tamworth Staffordshire B77 4FF</p> <p>Telephone 01827 301800 Fax 01827 301801 Email post@lfa.ac.uk Website lfa.ac.uk</p> <p>Landau Forte Charitable Trust A company limited by guarantee Registered in England No. 2387916</p> <p>Registered Office: Landau Forte College Fox Street Derby DE1 2LF</p> <p>An exempt charity</p>
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**Appendix D.**

**Parent/ Carer agreement for Landau Forte Academy Amington to administer Prescription medication.**



**The academy will not administer medication without the completion of this form.**

Students name	
Date of Birth	
Year and Tutor Group	
Medical condition or illness	
Date	
Review date	

**Medicine**

Name/type of medicine	
Expiry date	
Dosage and method	
Timing	
Special Precautions/other instructions	
Are there any side effects that we need to know about?	
Self-administration y/n	
Procedures to take in an emergency	

**NB: Medicines must be in original container as dispensed by the pharmacy.**



Contact Details

Name

Daytime telephone no.

Relationship to child

Address


**I understand I must deliver the medication personally to the school.**

**The above information is, to the best of my knowledge, accurate at the time of writing.**

I give my consent to \*staff administering/staff supervising (delete as applicable) my child to self-administer their medication. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medication is stopped.

Signed by Parent/Carer: \_\_\_\_\_ Date: \_\_\_\_\_

**Appendix E.**

**Parent/ Carer agreement for Landau Forte Academy Amington to administer non-prescription medication.**



**The academy will not administer medication without the completion of this form. Non-prescription medicine will only be given in accordance to box instructions.**

Students name

Date of Birth

Year and Tutor Group

Medical condition or illness

Date

Review date


**Medicine**

Name/type of medicine

Expiry date

Dosage and method

Timing

Special Precautions/other instructions

Are there any side effects that we need to know about?

Self-administration y/n

Procedures to take in an emergency


**NB: Medicines must be in original container as dispensed by the pharmacy.**

Contact Details

Name

Daytime telephone no.

Relationship to child

Address


**I understand I must deliver the medication personally to the school.**

**The above information is, to the best of my knowledge, accurate at the time of writing.**

I give my consent to \*staff administering/staff supervising (delete as applicable) my child to self-administer their medication. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medication is stopped.

Signed by Parent/Carer: \_\_\_\_\_

Date:

\_\_\_\_\_

**Appendix F.**



**Record of Administered Medication**

Name of Pupil:	Date of Birth:
Name of medication:	Amount Supplied:
Expiry Date:	Consent Form:

Date	Time	Dose	Remaining	Signature	Comments

