



Woodside Primary Academy

Supporting Pupils with Medical Needs and Administering Medicines Policy

The purpose of this policy is to ensure that:

- pupils with medical needs are properly supported so that they have full access to education, including school trips and physical education;
- that any medicines administered within Woodside Primary Academy are done so in a safe and monitored environment.

This policy been written using the DFE guidance:

“Managing Medicines in School and Early Years Settings” from March 2005

“Supporting Pupils at School with Medical Conditions December 2015”

This policy operates under Section 100 of the Children and Families Act 2014 and complies with our duties under the Equality Act 2010.

Children with medical needs have the same rights of admission to Woodside Primary Academy as other children. Most children will at some time have short-term medical needs, perhaps entailing finishing a course of medicine such as antibiotics. Some children however have longer term medical needs and may require medicines on a long-term basis to keep them well, for example children with well-controlled epilepsy or cystic fibrosis. In line with Government guidelines we would ask that children are not sent to school when they are clearly unwell or infectious.

Governing bodies must ensure that arrangements are in place in schools to support children with medical needs and school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported.

Parental Responsibility

- ✓ Parents/Carers have ultimate responsibility for their child’s health and should provide Woodside Primary Academy with information about their child’s medical condition. This should be given to the school upon admission or when their child first develops a medical need.
- ✓ Where a child has a long term medical need then a health plan will be drawn up with the Parents/Carers and Health Professionals.
- ✓ Parents/Carers must continue to keep the school informed of any changes in the child’s medical needs/required provision.

School’s Responsibility

- ✓ In making arrangements to support a child with medical needs, the School and Governing Body should take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others.
- ✓ The School and Governing Body should ensure that their arrangements give parents and pupils confidence in the schools’ ability to provide effective support for medical conditions in school. The arrangements should show an understanding of how the medical conditions impact on a child’s ability to learn, as well as increase their confidence and promote self-care.
- ✓ The School and Governing Body must ensure that they work closely with relevant healthcare professionals and ensure that staff are properly trained and supported in providing the support that pupils need.
- ✓ In line with our wider safeguarding responsibilities, the School and Governing Body must ensure that plans, policies and procedures are properly and effectively implemented and reviewed.
- ✓ The named staff who are responsible for overseeing pupils who have medical conditions are: Shane Tewes (HT) Lema Osman / Charlotte Wheatley (AHT). They are responsible for:
 - ensuring sufficient staff are suitably trained and are clear as to their roles and responsibilities in the child’s care;

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- committing to ensuring that all relevant staff are informed of the child's condition and any changes to it;
- organising cover arrangements if staff are absent;
- conducting risk assessments for school visits (including residential visits) and other activities outside of the normal timetable and including the normal timetable as appropriate;
- monitoring individual healthcare plans and ensuring they are reviewed at least annually and sooner in response to changing need;
- liaising effectively with parents/carers/pupils and outside agencies.

Prescription Medications

Medicines should only be taken to school where it would be detrimental to a child's health if the medicine were not administered during the school day. Woodside Primary Academy can only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration. The child's name must also be clear on the label and the medicines must be in date.

- ✓ Where clinically possible, medications should be prescribed in dose frequencies which enable them to be taken out of school hours.
- ✓ Parents will complete an administering medication form at the school office and pre-fill a syringe with the correct dose in the presence of a member of staff.
- ✓ Medication which must be administered in school, will be overseen by 2 staff members.
- ✓ Medicines will be stored safely in a cabinet during the day or a fridge which children cannot access without a first aider present (for safeguarding purposes) although the pupils will know exactly where they are stored. Asthma pumps, glucose testers and adrenaline pens are readily available and are not locked away.
- ✓ A record will be kept of when the medicine was dispensed and the two staff members who administered the medication.
- ✓ Parents/Carers should make arrangements to collect the medicine from the school office at the end of the day unless alternative arrangements are made with the school staff. Medicines will not be handed to a child to bring home unless agreed as in the Self-Management section below.
- ✓ Staff will not give prescription medications or undertake health care procedures without appropriate training which is updated to reflect any individual healthcare plans.

Non Prescribed drugs

No child under 16 should be given non-prescription medication without written consent from a parent/carer. The school is unable to administer any medicines that contain Ibuprofen or Aspirin without a prescription from a doctor.

Refusal of Medicine

If a child refuses to take medicine, we will not force them to do so, but will note this in the records and contact the named contact on the medicine record form. If a refusal to take medicines results in an emergency then our emergency procedures will be followed.

Self-Management

Older children with a long-term illness should, whenever possible, assume complete responsibility under the supervision of their parent. Children develop at different rates and so the ability to take responsibility for their own medicines varies. This should be borne in mind when making a decision about transferring responsibility to a child or young person. There is no set age when this transition should be made. There may be circumstances where it is not appropriate for a child of any age to self-manage. Health professionals need to assess, with parents and children, the appropriate time to make this transition.

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Parents/Carers will be required to complete a “Self-Management” form which will detail where the medicines are to be stored during the school day.

Educational Visits

Reasonable adjustments to enable children with medical needs to participate fully and safely on visits will be made. Any risk assessments undertaken will allow for such children. Staff supervising excursions will be aware of any medical needs, and relevant emergency procedures. A copy of any health care plans will be taken on visits in the event of the information being needed in an emergency. If staff members are concerned about whether they can provide for a child’s safety, or the safety of other children on a visit, they will seek parental views and medical advice from the school health service or the child’s GP.

Sporting Activities

Most children with medical conditions can participate in physical activities and extracurricular sport. There should be sufficient flexibility for all children to follow in ways appropriate to their own abilities. For many, physical activity can benefit their overall social, mental and physical health and well-being. Any restrictions on a child’s ability to participate in PE should be recorded in their individual health care plan. The school is aware of issues of privacy and dignity for children with particular needs. Some children may need to take precautionary measures before or during exercise, and may also need to be allowed immediate access to their medicines such as asthma inhalers.

Known medical conditions

A whole school overview list of children with known medical needs is shared with Year Group Leaders who inform their teams of high priority children. Individual care plans for pupils in each year group are stored in the year group medical folder, a central office folder and extended services folders. All pupils with food allergies will be displayed in the school kitchen to ensure catering staff have access to the information. All pupils with a food allergy will wear a lanyard photo card in the dining hall with details of their condition.

Training

Any staff required to administer prescribed medicines will receive training to do so. All staff members will receive annual refresher training on the common conditions of Asthma, Epilepsy and Anaphylaxis.

Liability and Indemnity

Governing bodies should ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk. It is important that the school policy sets out the details of the school’s insurance arrangements which cover staff providing support to pupils with medical conditions. Insurance policies should be accessible to staff providing such support.

Insurance policies should provide liability cover relating to the administration of medication, but individual cover may need to be arranged for any health care procedures. The level and ambit of cover required must be ascertained directly from the relevant insurers. Any requirements of the insurance such as the need for staff to be trained should be made clear and complied with.

In the event of a claim alleging negligence by a member of staff, civil actions are likely to be brought against the employer.

Complaints

Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure. Making a formal complaint to the Department for Education should only occur if it comes within scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted. In the case of academies, it will be relevant to consider whether the academy has breached the terms of its Funding Agreement, or failed to comply with any other legal obligation placed on it. Ultimately, parents (and pupils) will be able to take independent legal advice

Further sources of information

Other safeguarding legislation

Section 21 of the Education Act 2002 provides that governing bodies of maintained schools must in discharging their functions in relation to the conduct of the school promote the well-being of pupils at the school.

Section 175 of the Education Act 2002 provides that governing bodies of maintained schools must make arrangements for ensuring that their functions relating to the conduct of the school are exercised with a view to safeguarding and promoting the welfare of children who are pupils at the school. Paragraph 7 of Schedule 1 to the Independent School Standards (England) Regulations 2010 set this out in relation to academy schools and alternative provision academies.

Section 3 of the Children Act 1989 provides a duty on a person with the care of a child (who does not have parental responsibility for the child) to do all that is reasonable in all the circumstances for the purposes of safeguarding or promoting the welfare of the child.

Section 17 of the Children Act 1989 gives local authorities a general duty to safeguard and promote the welfare of children in need in their area.

Section 10 of the Children Act 2004 provides that the local authority must make arrangements to promote co-operation between the authority and relevant partners (including the governing body of a maintained school, the proprietor of an academy, clinical commissioning groups and the NHS Commissioning Board) with a view to improving the well-being of children, including their physical and mental health, protection from harm and neglect, and education. Relevant partners are under a duty to cooperate in the making of these arrangements.

The NHS Act 2006: Section 3 gives Clinical Commissioning Groups a duty to arrange for the provision of health services to the extent the CCG considers it necessary to meet the reasonable needs of the persons for whom it's responsible. **Section 3A** provides for a CCG to arrange such services as it considers appropriate to secure improvements in physical and mental health of, and in the prevention, diagnosis and treatment of illness, in the persons for whom it's responsible. **Section 2A** provides for local authorities to secure improvements to public health, and in doing so, to commission school nurses.

Governing Bodies' duties towards disabled children and adults are included in the **Equality Act 2010**, and the key elements are as follows:

- ✓ They **must not** discriminate against, harass or victimise disabled children and young people.
- ✓ They **must** make reasonable adjustments to ensure that disabled children and young people are not at a substantial disadvantage compared with their peers. This duty is anticipatory: adjustments must be planned and put in place in advance, to prevent that disadvantage

Other relevant legislation

Section 2 of the **Health and Safety at Work Act 1974**, and the associated regulations, provides that it is the duty of the employer (the local authority, governing body or academy trust) to take reasonable steps to ensure that staff and pupils are not exposed to risks to their health and safety.

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Under the **Misuse of Drugs Act 1971** and associated Regulations the supply, administration, possession and storage of certain drugs are controlled. Schools may have a child that has been prescribed a controlled drug.

The **Medicines Act 1968** specifies the way that medicines are prescribed, supplied and administered within the UK and places restrictions on dealings with medicinal products, including their administration.

Regulation 5 of the School Premises (England) Regulations 2012 (as amended) provide that maintained schools must have accommodation appropriate and readily available for use for medical examination and treatment and for the caring of sick or injured pupils. It **must** contain a washing facility and be reasonably near to a toilet. It **must** not be teaching accommodation. Paragraph 23B of Schedule 1 to the Independent School Standards (England) Regulations 2010 replicates this provision for independent schools (including academy schools and alternative provision academies).

The Special Educational Needs Code of Practice

Section 19 of the Education Act 1996 (as amended by Section 3 of the Children Schools and Families Act 2010) provides a duty on local authorities of maintained schools to arrange suitable education for those who would not receive such education unless such arrangements are made for them. This education must be full time, or such part time education as is in a child's best interests because of their health needs.

Further Resources:

Links to other information and associated advice, guidance and resources eg templates and to organisations providing advice and support on specific medical conditions will be provided on the relevant web-pages at GOV.UK.

