

Foxyards Academy

Medical Policy



Policy Written by: J Read

Policy to be in effect from: 1<sup>st</sup> October 2023

Policy to be reviewed: 1<sup>st</sup> October 2024



## **Supporting Children And Young People With Their Medical Conditions**

### **Statement of Principles**

The Governors, Head Teacher and staff of Foxyards Primary School will conform to all statutory guidance and within guidance issued by Manor Multi Academy Trust.

The Governors, Head Teacher and staff at Foxyards Primary school:

- are committed to ensuring that all pupils have access to as much education as their medical condition allows in order to maintain the momentum of their studies, keep up with their peers and fulfil their educational potential.
- recognise the valuable contribution of parents and other agencies in providing information to ensure best access to all educational and associated activities for pupils with medical needs.
- recognise that on occasion pupils with long-term and/or complex medical needs will require intervention from a specialist provision, such as a special school, the Home and Hospital Tuition Service or the Orchard Centre.
- will work with specialist providers, whenever necessary, to ensure smooth transition to and from (where appropriate) the specialist provision and, as far as it is possible, provide continuity in learning.

### **Responsibilities**

#### **Governing Body**

The Governing Body is responsible for reviewing and monitoring the procedures that apply to children and young people with medical needs. The Governing Body:

- will ensure that the school has an effective policy on the management of pupils with medical needs.
- will have delegated day-to-day responsibility for the management of pupils' medical needs to the Head Teacher.
- will ensure the appropriate level of insurance is in place to cover staff providing support to pupils with medical conditions.
- will receive information on issues relating to the management of pupils with medical needs, once a term, via the Head Teacher's report.
- will review the effectiveness of this policy on an annual basis and make any necessary revisions to ensure that it continues to be effective and that it reflects any changes in the law.
- will ensure that parents' cultural and religious views are always respected in managing the medical needs of pupils.
- will ensure that arrangements are clear regarding support for pupils with medical conditions in participating in school trips and sporting activities.
- will ensure procedures are in place to cover any transitional arrangements between schools.
- will ensure written records are kept of all medications administered.



### **Head Teacher**

Subject to the provisions set out in this policy and guidance document the Head Teacher will accept responsibility for the school giving, and/or supervising, pupils taking medication that has been prescribed by a Doctor during the school day and:

- will ensure that the school has an effective policy on the management of pupils with medical needs. This should be read in conjunction with the Department of Education document (DE, 2014/2015) Supporting pupils at school with medical conditions, with particular attention being paid to page 19, Unacceptable Practice section 43 (2014) and page 23, section 25 (2015).
- will ensure school staff are appropriately insured and aware that they are insured to support pupils.
- will ensure that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation.
- will ensure that procedures are in place for formal agreements to be drawn up between the school and parents/carers of pupils with medical needs. (See Health Care Plan).
- is responsible for ensuring the effectiveness of this policy in providing pupils with medical needs access to education and all associated activities available to other pupils.
- has an overall responsibility for the development and implementation of individual health care plans.
- will ensure that school staff understand the nature of the condition where they have a pupil with medical needs in their class and that all staff have appropriate access to information and training in order that pupils with medical needs are able to attend school regularly and, with appropriate support, take part in all, or almost all, normal school activities.
- will ensure that trained staff are available wherever and whenever necessary to ensure the safety of pupils with medical needs and deliver against all health care plans.

### **Named Contact**

In order to ensure that parents, staff, governors and outside agencies that have contact with pupils with medical needs have an easy route to communication with the school, the identified person(s) is/are:

**W Jackson – Headteacher**

**J Read – Deputy Headteacher**

As well as acting as first contact for parents and outside agencies. The above staff will be responsible for:

- the school's system of record keeping for pupils with medical needs.
- ensuring the confidentiality of all records of pupils with medical needs.
- ensuring that school staff understand the nature of the condition where they have a pupil with medical needs in their class and that all staff have appropriate access to information and training in order that pupils with medical needs are able to attend



school regularly and, with appropriate support, take part in all, or almost all, normal school activities

- ensuring that risk assessments are carried out wherever necessary, for both in-school and off-site activities (see also HSE Guidance on School Trips).
- ensuring that trained staff are available wherever and whenever necessary to ensure the safety of pupils with medical needs.
- monitoring the attendance of pupils with longer term medical needs.
- assisting in maintaining contact with pupils out of school because of medical needs.
- attending multi-agency reviews as required.
- ensuring that, wherever appropriate, pupils out of school for short periods of time with any medical condition are provided with work to do at home and this work is assessed and recorded appropriately.
- providing appropriate agencies with confidential access to school records in order to ensure that pupils transferred to specialist provision are able to maintain their learning and progress as far as is possible.

### **Teachers and Other Staff**

Supporting children with medical conditions during the school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support for pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines

Those staff who take on responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve necessary levels of competency before doing so.

Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a child with medical conditions needs help

There is no statutory/contractual duty for teachers to administer medicine in school. However in an emergency swift action will need to be taken by any member of staff to secure assistance for any pupil. The consequences of not helping a pupil in an emergency may be more far reaching than the consequences of making a mistake by trying to help. Teachers and other school staff in charge of pupils have a common law duty to act as any reasonably prudent parent would, to make sure that pupils are healthy and safe on school premises. This duty extends to teachers leading any activities taking place off the school site.

At Foxyards Primary School, staff who are Paediatric First Aid trained have volunteered to take responsibility for administering medicine and supervising pupils taking medication, whenever requested to do so.



When pupils are out of school for short periods of time with a medical condition, it is the responsibility of the class/form teacher to:

- ensure that, wherever appropriate, they are provided with work to do at home and that this work is assessed and recorded appropriately.
- maintain contact with the pupil and his/her family.
- ensure that the pupil is welcomed back into school with the minimum of disruption.
- ensure that the pupil has any additional support necessary to catch up with work and maintain best progress.

### **Responsibilities of the pupil**

Children who are competent are encouraged to take responsibility for managing their own medicines and procedures and this is reflected in the Health Care Plan.

### **Health Care Plans**

The School Nurse can be asked to provide support and training for staff, including advice and liaison on the implementation of the health care plan. Consultation should also be undertaken with parents/carers and /or pupils.

An individual nurse specialist for e.g. epilepsy, diabetes, sickle cell etc. will contact the school to arrange a visit to complete these individual health care plans. A copy must be sent to the school nurse and the child's GP.

The training of staff will be reviewed annually when completing the working together agreement between the school and the school nurse.

### **Medication Coming Into School**

Most medication prescribed for a pupil will be able to be administered once, twice or three times a day. In these circumstances parents/carers will be able to manage this before and after school and there is no need for medication to come into school.

No medication will be allowed into school unless it is clearly labelled with:

- the child's name
- the child's date of birth
- the name and strength of the medication
- the dosage and when the medication should be given
- the expiry date

This information is to be checked each and every time that medication is administered. If there are any doubts about the procedure staff will check with parents/carers before proceeding.

All medication must come into school in the original child-proof container and be accompanied by the original guidance literature.



Where two or more types of medication are required, each should be in a separate container and labelled as above.

Where medication is required long-term, a letter from the pupil's General Practitioner (GP), Consultant or Medical Prescriber must accompany the medication and a Health care Plan will be completed

Parents/carers will hand all medication to the office staff at the main entrance of the school.

Medicines will normally be stored in a locked medical cupboard in school office, or, where necessary in the lockable refrigerator and accessed only by staff named above.

Certain medicines, e.g. salbutamol, adrenaline etc, may need to be readily available to pupils. These will be kept by:

- the class teacher
- a designated teaching assistant
- the pupil

### **Storage of Medication**

With the exception noted below, any medication received into school will be stored in a locked, wall-mounted, cabinet in a designated area of school, such as the school office. The key is kept in an accessible place known to designated members of staff but inaccessible to pupils. In most cases, where there are no specific issues related to privacy, medication should be administered in this designated area.

Some medication may need to be kept at low temperatures and must therefore be kept in a lockable fridge located in a designated area of the school.

Some medicines may be needed by the pupil at short notice, for example asthma inhalers. In most cases pupils should be allowed to carry these with them, to ensure easy access. Where this is not appropriate, other arrangements for easy access must be established, e.g. the class teacher keeping the medication in a desk drawer.

All staff will be made aware that schools have been provided with emergency salbutamol inhaler and will have been given information and training as to how and when to access them and how to and when to administer them as per the Asthma Policy.

### **The Emergency Inhaler Must Remain On The School Site At All Times**

All staff will be made aware where a pupil is off-site for activities e.g. football or swimming etc. the pupil's own emergency inhaler and spacer needs to always be taken with them.

### **Prescribed and Non-Prescribed Medication**

Medications issued on the instructions of e.g. GP/Consultant are known as prescribed drugs.



Drugs covered by the Misuse of Drugs Act (1971), otherwise known as controlled drugs (such as methylphenidate) may occasionally be prescribed for pupils.

These drugs should be treated in the same careful manner as all other prescribed medication, in line with the procedures agreed by Wolverhampton Local Authority and described within this policy.

This type of medication, such as an adrenaline auto injector e.g. EPIPEN, must be readily available.

A copy of the health care plan (Emergency action plan) should be kept with the medication.

If emergency services/medical intervention is necessary the plan should accompany the pupil with details of what has been done and when already.

For this type of medication, the school's procedures should identify:

- where the medication is stored
- who should collect the medication in an emergency
- who should stay with the pupil concerned
- supervision of other pupils in the vicinity
- support other pupils witnessing the incident
- arrangements/requirements for an ambulance/other medical support
- recording systems
- arrangement for regular staff training.
- the policy of the use of the emergency asthma inhaler and the RCPCCH allergy action plan

### **Defibrillators in School**

"Sudden cardiac arrest is when the heart stops beating and can happen to people of any age and without warning. If this does happen, quick action (in the form of early CPR and defibrillation) can help save lives. A defibrillator is a machine used to give an electric shock to restart a patient's heart when they are in cardiac arrest. Modern defibrillators are easy to use inexpensive and safe.

Staff members appointed as first aiders should already be trained in the use of CPR.

Schools are advised to consider purchasing a defibrillator as part of their first aid equipment. If schools install a defibrillator, they should notify the local NHS ambulance service of its location. "(DfE, 2015)

Staff should also receive annual training in the use of the defibrillator.

### **Non-Prescription Medications**

Normally this type of medication should not be given at school. However, there may be exceptional circumstances where this is appropriate, for example where a pupil is known to



suffer from recurring acute pain. Parents/carers will be required to complete a Health care Plan with a member of school staff

### **Homeopathic Medicines**

Many homeopathic medicines need to be given frequently during the day. This is difficult to manage in school and schools are therefore advised only to agree to parental requests where the pupil is capable of self-administering this type of medication. Parents/carers will be required to complete a Health care Plan with a member of school staff

### **Herbal Medicines**

Many over-the-counter herbal medicines may be contra-indicated if a child is taking prescribed medication. If parents request that herbal medicines are administered on school premises, this should only be agreed to upon receipt of written consent from their G.P. Parents/carers will be required to complete a Health care Plan with a member of school staff

### **Refusal to take medication**

If pupils refuse to take medication, school staff will not force them to do so unless deemed life threatening. The school will inform the child's parent/carer as soon as possible and seek medical advice as a matter of urgency. If the child's parent/carer is not contactable, advice may be sought from a Community Paediatrician or another suitably qualified practitioner at the School Nurse Team. Parents must always be notified, even when professional advice has been sought.

### **Disposal Procedures**

#### **Safe Disposal of Medicines**

Medicines should be returned to the child's parent/carer and a receipt obtained and kept on file when:

- the course of treatment is complete
- labels become detached or unreadable
- instructions are changed
- the expiry date has been reached
- the term or half-term ends

At the end of every half-term a check will be made of the lockable medicine cabinet by a member of the office staff. Any medicine that is not returned to parents/carers and which is no longer needed, is out of date or no longer clearly labelled will be returned to a local pharmacy for safe disposal.

All medication returned to parents/carers or a pharmacy, even empty bottles, must be recorded and a receipt filed.

*No medicine should be disposed of into the sewerage system or into refuse. Current waste disposal regulations make this practice illegal.*





### **Safe Disposal of Medical Waste**

If a child requires enhanced provision of medical needs e.g. requiring injections, it is the parents'/carers' responsibility to provide the required equipment for this procedure. Parents/carers must also provide the school with an empty sharps container, which **must** be used to dispose of any used needles.

Sharps must be disposed of in a sharps box where the injection has taken place. The sharps box is then temporarily closed (click once) depending on the box design prior to safe storage and not left open as items can fall out or be accessed. Sharps containers must be used for the safe disposal of any sharp implements which could have been contaminated with bodily fluid. Sharp containers must only be kept in the designated medical area of school. Policy and practice is reviewed by the school nurse on an annual basis when reviewing the working together agreements.

Any other clinical waste must be disposed of using the RWT NHS Trust "orange bag" system or other procedure agreed by the Local Authority.

### **OFF-SITE VISITS**

Academies have a duty set out in the Education Act 1996 to 'make arrangements for the provision of suitable full time or part-time education otherwise than at school for those children of compulsory school age who, by reason of illness, exclusion from school or otherwise, may not for any period receive suitable education unless such arrangements are made for them'.

The statutory guidance Access to Education for Children and Young People with Medical Needs (DfES, 2002) sets out national minimum standards of education for children and young people who cannot attend school because of illness or injury.

Research identifies five key factors that enable LA and RWT to create best practice and effective provision. These are reflected in Wolverhampton's policy on access to education for children and young people out of school with medical needs. The five factors are:

- Mainstream ownership - the extent to which the pupils' home school maintains a high profile during the time the pupil is unable to attend through illness or injury.
- Partnership and Collaboration - the ways in which specialist provision seeks to establish relationships with other agencies to ensure that an individual's needs are met whilst home school education is interrupted.
- Flexibility – the ways in which provision is organised to enable individual circumstances to be addressed and modified as needs change.
- Responsiveness – the ability of specialist provision to respond to the need of all stakeholders which include pupils, parents/carers, home schools, health and other professionals.
- Clarity – this is defined as LA and RWT services and schools having written policies and guidance that outline clearly all the roles and responsibilities of those involved.



Manor Multi Academy Trust aims to maximise the life chances of all pupils, including those at risk of social or educational exclusion. Pupils who are physically ill, injured or who have mental health problems are at risk of underachievement or of being less employable when they reach the end of compulsory education. Therefore Manor Multi Academy Trust has a continuum of educational provision in place to support these pupils.

### **Arrangements for collaboration with other agencies**

Effective and flexible collaboration between Manor Multi academy trust, Foxyards Primary School, medical personnel, allied health professionals, parents/carers and other agencies, eg. Connexions Service, is crucial to the continuity of high quality educational provision for children and young people with medical needs and a successful re-entry into school or post-16 placement.

Effective liaison with respect for each agency's prioritising of the pupil's needs will ensure that on re-entry to school there will be expectations that are realistic and goals which are attainable within the pupil's limitations, resulting in a confident young person moving back into school. Forward planning and collaboration are essential to achieve this and the production of an Inclusion plan will facilitate a smooth re-integration as all parties will be aware of their role and responsibility.

### **Partnership with parents, carers and pupils**

Parents and carers hold key information and knowledge and have a crucial part to play. They are included as full collaborative partners and are informed about their child's educational programme and performance.

Children and young people also have a right to be involved in making decisions and exercising choices.

Wherever possible, parents, carers and pupils are informed about the education available before a child is admitted to hospital. Booklets are available to provide information about educational and medical services and about the organisation of the hospital day.

All parents and carers are consulted before teaching begins at home and offered advice and support during their child's illness. Parents and carers views of their child's education are taken fully into account when planning programmes. Parents and carers are encouraged to provide additional liaison with the pupil's home school both at the beginning and end of stay in hospital and with the home teacher. The positive involvement of the parents/carers with the school once the child has returned provides reassurance for the child, teachers and parents/carers themselves.

Schools should follow procedures set out in the Manor Multi Academy Trust guidance on the Management of Off-Site Visits. Where appropriate, information about parental



concerns and serious medical conditions should be requested (Using the health care plan form).

Special arrangements may need to be made whenever pupils with medical needs are engaged in off-site activities. This includes such activities as a visit to the local swimming pool, a visit to another school, an educational day visit, a residential experience or work experience/college placement..

A risk assessment on the specific needs of the pupil in the particular activity will be carried out. All reasonable adjustments should be considered to ensure that the pupil can access all parts of the activity alongside their peers, in the safest possible way. Where it is not possible to eliminate all risk for the particular pupil a meeting will be requested with the parents/carers in order to agree the best way forward. A written agreement will be reached before the activity takes place.

### **Special Educational Needs And Pupils With Medical Needs**

On occasion, pupils with medical needs may need provision that is different from or additional to that made for other pupils in the school, in order to make adequate progress in their learning.

In this case an individual educational plan (IEP) will be written that specifies the targets for the pupil and the special teaching strategies required to ensure their progress.

The SENCO and the Assistant SENCO have responsibility for overseeing provision for pupils with SEN (see SEN Policy)

Where responsibility for the education of a pupil with medical needs transfers to another school, home tuition service or pupil referral unit, the named contact will ensure that relevant school records, including up-to-date assessment information is made available to the receiving establishment within five days of a request being received.

When a pupil receives education other than at school because of medical needs they remain on roll of Foxyards Primary School. In these cases, the named contact will attend review meetings and provide materials for agreed work programmes on a termly basis.

When a student is unable to attend school because of medical needs the school will endeavour to provide access to public examinations, possibly as external or transfer candidates.

### **Links to other policies**

This policy links to the following policies:

- Accessibility plan
- Complaints
- Equality information and objectives



- First aid
- Health and safety
- Safeguarding
- Special educational needs information report and policy

### **Monitoring, Review And Evaluation**

The implementation of this policy will be monitored by the Head of School and issues will be reported to Governors on termly basis through the Head Teacher's report.

The success of this policy will be evaluated once a year by the Head Teacher, staff and governors and reported to parents, with any proposals for improvements.

### **Approval by the Governing Body**

This policy was adopted and approved by the Governing Body of Foxyards Primary School