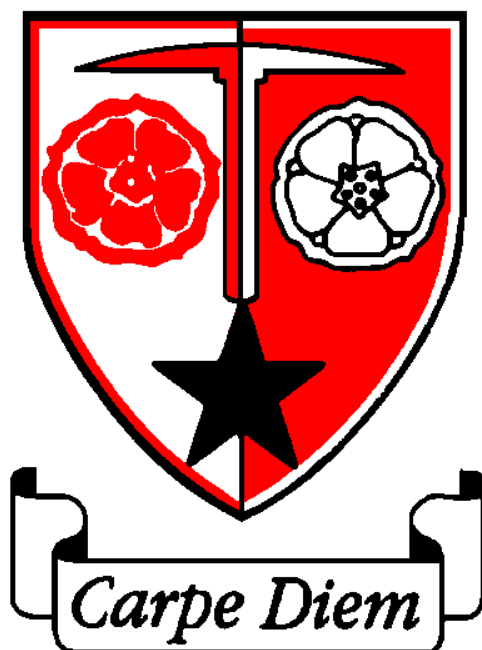


Audenshaw School



MEDICAL POLICY

This policy is reviewed annually by the Standards Committee.

History of Document

Issue No	Author/Owner	Date Written	Approved by Standards Committee	Received by Governors	Comments
6	Kelly Breakell	12/07/2019	22/07/2019	22/07/2019	Appendix added
7	Kelly Breakell	10/12/2019	08/01/2020	08/01/2020	Amended to include information on access to education for students with long term medical issues.
8	Elizabeth Warner	09/12/2020	21/01/2021	21/01/2021	Reviewed and amended
9	Elizabeth Warner	07/01/2022	09/02/2022	09/02/2022	Minor amendments
10	Sarah Monks	16/02/2023	06/04/2023	06/04/2023	Minor amendments
11	Sarah Monks	26/04/2024	10/07/2024	10/07/2024	Reviewed and amended
12	Sarah Monks	20/08/2025	18/09/2025	18/09/2025	Minor amendments

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1 INTRODUCTION

For the purpose of this Policy, the “School” is defined as employees, governors, students and third parties such as contractors, agency workers and consultants acting on behalf of the organisation.

The school wishes to ensure that students with medical needs receive appropriate care and support at school. This policy is designed to support the management of medication and medical care in school for individual students with medical needs. This policy complies with DfE statutory guidelines “*Supporting students at school with medical conditions Statutory guidance for governing bodies of maintained schools and proprietors of academies in England*” (April 2014).

2 RATIONALE AND AIMS

To provide a clear policy that is understood and accepted by all employees, parents/carers and students, providing a sound basis for ensuring that students with medical needs receive appropriate care and support in school, and that for such student’s attendance at school is regular.

The policy includes:

- Roles and responsibilities in the school and its employees
- Procedures for managing prescription medicines which need to be taken in the school day
- Procedures for managing prescription medicines on outings and trips
- Written permissions from parents/carers for medicines
- Circumstances in which students may take non-prescription medicines
- Assisting students with long term medical needs and individual health care plan
- Staff training
- Record keeping
- Safe storage of medicines
- The school’s emergency procedures
- Risk assessment and management procedures
- Management of medical conditions.

3 RESPONSIBILITIES

The governing body will be responsible for making arrangements to support students with medical conditions in school, including making sure that a policy for supporting students with medical conditions in school is developed and implemented.

They should also ensure that any employees who provide support to students with medical conditions are able to access information and other supporting materials as needed.

The Principal will ensure that their school’s policy is developed and effectively implemented with all partners. This includes ensuring that all employees are aware of the policy for supporting students with medical conditions and understand their role in its implementation. The Principal will ensure that all employees who need to know are aware of the student’s condition. They should also ensure that sufficient trained numbers of employees are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose.

The Assistant Principal for Access and Inclusion, SENDCo, Head of Executive Services and the Medical Administrator will ensure that relevant medical information for each child is available to all employees on SIMS, and Classcharts, for High Risk Medical Students, this list

can also be found on the Staff Drive. Any medical conditions that affect teaching will be logged on EDUKEY i.e. ADHD. Furthermore, any changes to conditions and appropriate responses will be emailed to employees after consultation from relevant medical practitioners. Where appropriate, the school will also devise, implement and review health care plans in collaboration with the relevant stakeholders such as parents/carers, students and the school nurse. Where appropriate, they will also organise the training of key employees to ensure the school can offer full support to students with medical needs e.g. Auto injector training, Epilepsy training, Diabetes and asthma training, this is reviewed annually.

Any employee may be asked to provide support to students with medical conditions, including the administering of medicines, although they cannot be required to do so. While teachers have a general professional duty to safeguard the health and safety of their students and to act in 'loco parentis', that is, to act as any reasonable parent/carer would, this does not imply a duty obligation to administer medication. There is no legal duty which requires school staff to administer medication: this is a voluntary role. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of students with medical conditions that they teach. School staff will receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support students with medical conditions. All employees will know of each child's medical conditions and appropriate actions if they see a student is in need by accessing the Sims database, and Medical Tracker. Employees who are responsible for managing the administration of medicines will receive appropriate training and support from health professionals.

Our school nurse is available for a drop in session at the request of the school and is also responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. They will always be consulted and asked to support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training.

Students with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. Other students will often be sensitive to the needs of those with medical conditions.

Parents/carers should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents/carers are key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times. Parents/Carers have prime responsibility for their child's health and should provide the school with up to date information about their child's medical conditions, treatment and/or any special care needed.

If their child has a more complex medical condition, they should work with the school nurse or other health professionals to develop an individual healthcare plan, which will include an agreement on the role of the school in managing any medical needs and potential emergencies. It is the parent/carer's responsibility to make sure that their child is well enough to attend school.

4 PRESCRIBED MEDICINES

The policy of this school is not to administer medication or medical care unless the student has a medical condition, which if not managed, could prove detrimental to their health or limit

access to education. The Principal accepts responsibility, in principle, for school staff administering or supervising the taking of prescribed medication or medical care during the school day only where it is absolutely necessary and where those members of staff have volunteered to do so.

Prescribed medicines should only be brought to school when essential; that is, where it would be detrimental to a child's health if the medicine were not administered during the school day.

Medicines prescribed 'three times a day' should be administered 'before school, after school and at night'.

After discussion with parents/carers, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected within individual healthcare plans.

If a student requires assistance/ supervision in administering medication parents/carers should make a request in writing to the school. This is then recorded on Medical Tracker.

Wherever possible, children should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily. Students who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant employees should help to administer medicines and manage procedures for them.

If a child refuses to take medicine or carry out a necessary procedure, employees should not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents/carers should be informed so that alternative options can be considered.

Exceptions to this are students on health care plans who have individual medical needs requiring emergency medication to treat specific conditions, such as anaphylaxis.

This school will only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber and are presented in their original container dispensed by a pharmacist and include the student's name, prescriber's instructions for administration and dosage.

5 NON-PRESCRIBED MEDICINES

Non-prescribed medicines will only be allowed into school with prior written permission from parents/carers. This is then recorded on Medical Tracker. Parents/carers should ensure that their child is capable of administering this medication and if they require a member of staff to supervise/administer this medication then this should also be requested in writing.

Employees will never administer medicines containing aspirin or ibuprofen unless prescribed by a doctor.

6 ADMINISTERING MEDICINES

This school recognises that no child under 16 should be given medicines without their parent's/carer's written consent. Following written consent received from parents/carers any employee administering medicines to a student should check:-

- The child's name
- Name of medication
- The prescribed dose
- Expiry date
- Written instructions provided by the prescriber on the label or container

Consent should be given on an official Medication form which is located on and can be printed from Medical Tracker. Information from this should then be input onto the official log for the individual student on Medical Tracker. This should include dosage and expiry date of medication and any specific times this needs to be taken.

If in doubt about any procedure, employees will not administer the medicine before checking with parents/carers or a health professional before taking further action.

Where Parents/Carers have provided a log book for recording medication taken this can be completed by the member of staff if required.

If a child refuses to take a medicine, employees will not force them to do so, but will contact parents/carers to notify them. Once a dosage has been given by a staff member this is tracked on Medical Tracker and a notification sent to Parent/Carer.

7 LONG-TERM MEDICAL NEEDS AND HEALTH CARE PLANS

Where a student has a chronic illness, medical or potentially life-threatening condition, the parents/carers, school nurse and the school will initiate a health care plan to meet the student's individual needs. This will be drawn up by health care professionals in consultation with the child's parents/carers and will contain the following information:

- Definition and details of the condition
- Special requirements e.g. dietary needs, pre-activity precautions
- Treatment and medication
- What action to take/not to take in an emergency
- Who to contact in an emergency
- Staff training where required
- The role the staff can play
- Consent and agreement.

When deciding what information should be recorded on individual healthcare plans, the following should be considered:

The medical condition, its triggers, signs, symptoms and treatments;

a) the student's resulting needs, including medication (dose, side-effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues e.g. crowded corridors, travel time between lessons;

b) specific support for the student's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions. The school will not penalise students with medical conditions and will ensure that any reporting on their attendance reflects the school's understanding of the medical needs. Where students are absent from school for a prolonged period of time, the school will work with parents/ carers and students to arrange a phased transition. It may also be deemed necessary for the student to have a Phased Return Plan: this will be shared with all relevant parties.

c) the level of support needed, (some children will be able to take responsibility for their own health needs), including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;

d) who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;

e) who in the school needs to be aware of the child's condition and the support required;

f) arrangements for written permission from parents/carers and the Principal for medication to be administered by an employee, or self-administered by the student during school hours;

g) separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, e.g. risk assessments;

h) where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and

i) what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

See health care plan process – Appendix A

8 Managing the access to education for students with long term medical issues

8.1 As per the DfE Guidance (2013) Ensuring a good education for children who cannot attend school because of health needs. Statutory guidance for local authorities ensures that-

Local authorities must:

- a) Arrange suitable education (or as much education as the child's health condition allows) for children of compulsory school age who, because of illness, would otherwise not receive suitable education.

8.2 Local authorities should:

- a) Provide such education as soon as it is clear that the child will be away from school for 15 days or more, whether consecutive or cumulative. They should liaise with appropriate medical professionals to ensure minimal delay in arranging appropriate provision for the child.
- b) Ensure that the education children receive is of good quality, as defined in the statutory guidance Alternative Provision (2013), allows them to take appropriate qualifications, prevents them from slipping behind their peers in school and allows them to reintegrate successfully back into school as soon as possible.
- c) Address the needs of individual students in arranging provision. 'Hard and fast' rules are inappropriate: they may limit the offer of education to children with a given condition and prevent their access to the right level of educational support which they are well enough to receive. Strict rules that limit the offer of education a child receives may also breach statutory requirements.

8.3 Local authorities should not:

- a) Have processes or policies in place which prevent a child from getting the right type of provision and a good education.
- b) Withhold or reduce the provision, or type of provision, for a child because of how much it will cost (meeting the child's needs and providing a good education must be the determining factors).
- c) Have policies based upon the percentage of time a child is able to attend school rather than whether the child is receiving a suitable education during that attendance.
- d) Have lists of health conditions which dictate whether or not they will arrange education for children or inflexible policies which result in children going without suitable full-time education (or as much education as their health condition allows them to participate in).

8.4 The school will work within the parameters of the DfE guidance and may refer students to the Local Authority named officer. This will be if their education is likely to be affected for more than 15 days.

8.5 Individual Health Care Plans

If it is necessary the school will complete an Individual Health Care Plan, outlining the current support and reasonable adjustments in place (Appendix A)

An IHP should be started when a child is identified as having medical needs which need intervention or treatment within an education setting. The DfE guidance on 'supporting pupils at school with medical conditions' states

'The school, healthcare professional and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the headteacher is best placed to take a final view. Individual healthcare plans (and their review) may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child. Plans should be drawn up in partnership between the school, parents, and a relevant healthcare professional, e.g. school nurse, specialist or children's community nurse or paediatrician, who can best advise on the particular needs of the child'

IHP's will be over seen by the Head of Executive Services who may also work with other Senior Leaders and or the SENDco department.

The school may request the appropriate support from the Local Authority in order to best support the student.

9 AUTO INJECTION PENS – USE IN SCHOOLS

The school will make arrangements for the supply, storage, care and disposal of spare Adrenaline Auto Injection (AAI) pens in line with supporting pupils.

- School will be informed by parents and a register of students who have been prescribed an AAI (or where a doctor has provided a written plan recommending AAIs to be used in the event of anaphylaxis) will be kept.
- Written consent will be sought from the parent/legal guardian for use of the spare AAI, as part of a student's individual healthcare plan.
- The school will ensure that any spare AAI is used only with students where both medical authorisation (as above) and written parental consent have been provided.

- The Head of Executive Services will facilitate appropriate support and training for staff in the use of the AAI in line with the school wider policy on supporting students with medical conditions.
- The Head of Executive Services will keep a record of use of any AAI and inform parents or carers that their child has been administered an AAI and whether this was the school's spare AAI or the student's own device.

10 RECORD KEEPING

Parents should tell the school about the medicines their child needs to take and provide details of any changes to the prescription or the support required. Medicines should always be provided in the original container as dispensed by the pharmacist and include the prescriber's instructions.

Requests for employees to administer medication should be provided in writing and this should include the following.

- Name of child
- Name of medicine
- Dose
- Method of administration
- Time/frequency of medication
- Any side effects
- Expiry date.

Requests for updated medical conditions including asthma, are distributed to parents/carers every school year. These are collated by Student Services' staff and students' online records on Medical Tracker are updated accordingly

Medical Tracker and SIMS will be used to store information regarding a student's Healthcare Plan. All school members of staff will be made aware of any student that is deemed as having "High Risk" medical conditions, including those which have an official NHS care plan. All staff are made aware of any changes to these on a termly basis or when they arise, whichever is the sooner.

11 STORING MEDICINES

The school will only store, supervise and administer medicine that has been prescribed for an individual student. Medicines must be stored safely in the pharmacist's original container and clearly labelled with the student's name, the dosage and instructions for administration. Where the student has several items of medication these should be provided in a clear plastic box with a lid which should be marked with the student's name. These items will be kept in the school medical room.

Non-emergency prescribed medication can be stored by the school following written consent from parents/carers. This can be stored in the medical room or designated locked first aid cabinets located in Student Services. Medication requiring refrigeration can be stored in the school office fridge.

Emergency medications such as Auto Injector Pens and asthma inhalers should be readily available and clearly labelled in first aid cabinets located in Student Services. Wherever possible students should also carry spare emergency medication on their person.

Parents/carers are ultimately responsible for checking expiry dates on their child's medicines and replacing as necessary. School will also notify parents through Medical Tracker of the expiry/upcoming expiry of any medication we hold to help Parents keep track.

12 DISPOSAL OF MEDICINES

Employees should not dispose of medicines. Parents/carers are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. They should also collect medicines held at the end of each year. Any medicines that have not been collected should be taken to a local pharmacy for safe disposal.

Sharps boxes should always be used for the safe disposal of needles. Parents/Carers should obtain these from their child's GP or NHS Trust for use in school. Students should inform their parents/carers when the box is full and they should be collected and returned to the pharmacy for safe disposal.

13 EMERGENCY PROCEDURES

All employees are aware of students with serious medical conditions and understand the need to alert a trained first aider in the case of emergency.

In the event of an emergency, every effort will be made to contact a parent/carer so that they may accompany their child to hospital. If this is not possible, an employee will accompany the child to hospital by ambulance and stay until the parent/carer arrives. Health care professionals are responsible for any decisions on medical treatment when parents/carers are not available.

14 EDUCATIONAL VISITS

This school actively encourages students with medical needs to participate in trips and visits. Employees will aim to facilitate reasonable adjustments to enable students with medical needs to participate fully and safely on visits. Risk assessments will be used to highlight any potential difficulties and ensure procedures are in place to support students. Additional employees will be considered for this purpose. Meetings will take place with Parents/Carers if required for High Risk Students.

Prior to an overnight school trip, parents/carers must complete an up-to-date medical questionnaire about student's current general health and medication. Prescribed medication will be administered, providing parents/carers have completed a request in writing. Parents/carers are invited to provide written consent to enable employees to act 'in loco parentis' and administer paracetamol if required.

Accompanying employees will be aware of any medical needs and relevant emergency procedures relating to individual students.

15 STAFF TRAINING

The school has a number of employees who are trained first aiders. This training is reviewed on a regular basis and renewed every three years.

Any specialist training to support the administration of emergency medications such as Epi-pens or insulin will be provided by the school nurse. The school keeps a register of employees who have undertaken the relevant training. Only employees who have received this training should administer such medications.

Additional Training that takes place for core first aiders is:

- Diabetes
- Auto Injector Pens
- Asthma
- Epilepsy

- Buccolam
- Defibrillation

16 MEDICAL CONDITIONS

ASTHMA

This school recognises that asthma is a widespread, potentially serious, but controllable condition and encourages students with asthma to achieve their potential in all aspects of school life.

Parents/carers have a duty to inform the school if their child is asthmatic. The student should always carry any inhalers which they have been provided on their person. The school can store extra preventative inhalers if parents/carers request this in writing and clearly label the inhaler with the student's name. The inhaler will be stored in the medical room.

Students with asthma are listed on the medical section of SIMS

From 1 October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 allows schools to buy salbutamol inhalers, without a prescription, for use in emergencies.

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 student's prescribed inhaler is not available (for example, because it is broken, or empty).

If asthma is stated on a medical consent form for a student when attending an Educational Visit, a spare inhaler will be provided and kept in the first aid kit supplied by the school.

HEAD INJURIES

Students who sustain a head injury **MUST** be seen by a First Aider in school. It is the student's responsibility to inform an employee if they sustain an injury.

Students will be assessed by a trained first aider and appropriate action will be taken where necessary and parents informed

EPILEPSY, ANAPHYLAXIS AND DIABETES

Parents/carers have a duty and responsibility to notify the school if their child has any of these conditions and should provide details of any treatment and support they may require in school. Relevant health care professionals will liaise between parents/carers and the school to ensure employees are aware of, and trained to provide any relevant or emergency support or treatment. An individual health care plan will usually be compiled, detailing the course of action to be taken.

Parents/carers are required to provide any medication that needs to be kept in school. It should be contained in a clear plastic box labelled with the child's name.

Students are allowed access to the medical room to administer any medication or check blood sugar levels etc. If parents/carers required an employee to supervise this they should request this in writing.

Appendix A

Individual healthcare plan

Name of school/setting

Audenshaw School

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Review date

Family Contact Information

G.P.

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

--

Daily care requirements

--

Specific support for the pupil's educational, social and emotional needs

--

Arrangements for school visits/trips etc

--

Describe what constitutes an emergency, and the action to take if this occurs

--

Who is responsible in an emergency (state if different for off-site activities)

--

Plan developed with

--

Staff training needed/undertaken – who, what, when

--

Additional Comments