



GLENBROOK SPENCER ACADEMY

Administration of Medicines & Medical Conditions 2021-2022

Glenbrook Spencer Academy

1.1 About this Policy

This Policy is governed by the statutory guidance and non-statutory advice set out in the document 'Supporting Pupils at School with Medical Conditions' December 2015.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/580295/supporting_pupils_at_school_with_medical_conditions.pdf

The policy also applies to activities taking place off site as part of normal educational activities.

The Early Years setting will continue to apply the Statutory Framework for the Early Years Foundation Stage April 2017

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/546629/EYFSE-STATUTORY-FRAMEWORK-2017.pdf

The Children and Families Act 2014 places a duty on the Governing Body to make arrangements for supporting pupils in school with medical conditions.

1.2 Context

Children with medical needs have the same rights of admission to a school or setting 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. Others may require medicines in particular circumstances, such as children with severe allergies or children with asthma.

The procedures we follow ensure that medicine is given safely, using the appropriate dose at the appropriate time.

- every effort will be made to ensure that
- pupils at school with medical conditions will be properly supported, so that they have full access to education, including school trips and physical education.

- The Governing Body is legally responsible and accountable for ensuring that arrangements are in place in school to support pupils with medical conditions.
- The Governing Body will ensure that school leaders consult health and social care professionals, pupils and parents/carers to ensure that the needs of children with medical conditions are effectively supported.
- The needs of the children include educational impacts, and social and emotional implications associated with medical conditions.
- The Governing Body will ensure that it meets its duty under the Equality Act 2010.
- For children with an Education, Health and Care Plan (EHCP), this policy operates in conjunction with the SEN Code of Practice.

1.3 The Role of the Governing Body

1. The Governing Body will ensure that arrangements are in place to support pupils with medical conditions. In doing so they will ensure that such children can access and enjoy the same opportunities at school as any other child. In some cases this will require flexibility and involve, for example, programmes of study that rely on part-time attendance at school in combination with alternative provision arranged by the local authority. Consideration may also be given to how children will be reintegrated back into school after periods of absence.

2. In making their arrangements the governing body will 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 Governing Body will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life.

3. The Governing Body will ensure that their arrangements give parents/carers and pupils confidence in the school's ability to provide effective support for medical conditions in school. The arrangements will show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self care. They will ensure that staff are properly trained to provide the support that pupils need.

4. Children and young people with medical conditions are entitled to a full education and have the same rights of admission to school as other children. This means that no child with a medical condition will be

denied admission, or prevented from taking up a place in school, because arrangements for their medical condition have not been made. However, in line with their safeguarding duties, the Governing Body will ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases. They therefore do not have to accept a child in school at times where it would be detrimental to the health of that child or others to do so.

5. The Governing Body will ensure that the arrangements they put in place are sufficient to meet their statutory responsibilities and should ensure that policies, plans, procedures and systems are properly and effectively implemented. This aligns with their wider safeguarding duties. The Governing Body will ensure that this policy is reviewed regularly and is readily accessible to parents/carers and school staff.

1.4 Policy Implementation

Named Person: Victoria Cairns, Head of School, and Jenni Gibb, SEN CO are responsible for ensuring that:

- Sufficient staff are suitably trained, including in the case of staff absence or staff turnover.
- All relevant staff, including supply staff, are aware of children's conditions.
- Risk assessments for school visits, holidays and other school activities outside of the normal timetable include reference to children's medical needs.
- Individual healthcare plans are kept up to date.

1.5 Procedures to be Followed When Notification is Received a Pupil has a Medical Condition

The SENCO will consult with the relevant health and social care professionals, the pupil and parent/carers as soon as notification is received. This may include occupational therapist, physiotherapist and nursing services. Where a child is changing schools, the health and social care professionals linked to the previous setting will be consulted.

Relevant Health & Social Care professionals, the pupil, parent/carers will contribute guidance as appropriate where a pupil is being re-integrated or where their needs have changed. This may include decisions about the rate of integration, timetable adaptations and changes, and arrangements for any staff

training and support for children near to school, arrangements should be in place in time for the start of the relevant school term. In other cases, such as a new diagnosis or children moving to Glenbrook

Primary School mid term, every effort will be made to ensure that arrangements are put in place within two weeks.

In some cases Glenbrook Primary School may not wait for a formal diagnosis before providing support to pupils. In cases where a child's medical condition is unclear or where there is a difference of opinion, judgements will be needed about what support to provide based on the available medical evidence and in consultation with parent/carer. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right supports can be put in place in the best interests of the child.

1.6 Individual Healthcare Plans

The process in Appendix 3 will be followed for developing Individual Healthcare Plans.

Name's person Jenni Gibb, SEN Co, is responsible for ensuring the compiling of Individual Health Care Plans. Glenbrook Primary School healthcare professionals and parent/carer should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached the Principal will take a final view.

Individual Healthcare Plans will be easily accessible to all who need to refer to them, while preserving confidentiality. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed.

Individual Healthcare Plans (and their review) may be initiated, in consultation with the parent/carer, by a member of school staff or a healthcare professional involved in providing care to the child. Plans will be drawn up in partnership between the school, parent/carer, and a relevant healthcare professional who can best advise on the particular needs of the child. For example school nursing services may contribute sections on feeding needs – gastrostomy, nasogastric, alongside specialist nurses for children with a tracheostomy. Plans for children with asthma and epilepsy will be overseen by the specialist nurse. Pupils will also be involved whenever appropriate. The aim will be to capture the steps which Glenbrook Primary School will take to help the child manage their condition and overcome any potential barriers to getting the most from their education.

The plan will be developed with the child's best interests in mind and ensure that Glenbrook Primary School assesses and manages risks to the child's education, health and social well-being and minimises disruption. The Individual Healthcare Plan will be linked to or become part of each child's Statement of Education/Healthcare Plan.

Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), Glenbrook Primary School will work with the local authority and education provider to ensure that the Individual Healthcare Plan identifies the support the child will need to reintegrate effectively.

Contents of Individual Health Care Plans

These will include, as appropriate:

- The medical condition, its triggers, signs, symptoms and treatments;
- The child'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;
- Specific support for the pupil'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 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;
- 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;
- Who in the school needs to be aware of the child's condition and the support required;
- Arrangements for written permission from parent/carer and the Principal for medication to be administered by a member of staff or self-administered by the pupil during school hours;
- Specific 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;
- Where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's conditions and

- What to do in an emergency, including whom to contact and contingency arrangements. Where children have an emergency healthcare plan prepared by their lead clinician, this will be used to inform development of their Individual Healthcare Plans.

1.7 Roles and Responsibilities

Partnership working between school staff, healthcare professionals (and where appropriate, social care professionals), local authorities, parent/careers and pupils is critical in providing effective support to ensure that the needs of pupils with medical conditions are met effectively. Collaborative working arrangements between all those involved, showing how they will work in partnership is set out below.

The Governing Body

The Governing body will make arrangements to support pupils with medical conditions in schools, including making sure that there is an up-to-date policy for supporting pupils with medical conditions in schools. They will ensure that a pupil with medical conditions is supported to enable the fullest participation possible in all aspects of school life. The Governing body will ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. They will also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching resources/materials as needed.

The Head of School and the S/NDCs

- The Head of School will ensure that the agreed policy is developed and effectively implemented. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation.
- The Head of School will also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way.
- The Head of School and the S/NDCs has overall responsibility for the development of individual Healthcare Plans.
- The S/NDCs will ensure that all staff who need to know are aware of the child's condition. They should also ensure that sufficient trained numbers of staff are available to implement the policy and deliver

against an individual healthcare plan, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose.

- The S-NCCo will be responsible for contacting the school nursing service in the case of any child who has a medical condition that may require support at school but who has not yet been brought to the attention of the school nurse.

All staff

- It is the responsibility of all staff to know and understand the school policy and to identify training needs.
- Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils 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 children with medical conditions.
- Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

School nurses

- They may support staff on implementing a child's Individual Healthcare Plan and provide advice and liaison, for example on training.
- School nurses will also be a valuable potential resource for Glenbrook Primary School, seeking advice and support in relation to children with a medical condition.

Other healthcare professionals, including GPs and paediatricians

- They should notify the S-NCCo when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing healthcare plans. Specialist local health teams will be used to provide support for children with particular conditions (e.g. asthma, diabetes and epilepsy).

Pupils

- Pupils with medical conditions may be best placed to provide information about how their condition affects them. They will be as involved as possible in discussions about their medical support needs and

contribute as much as possible to the development of, and comply with, their individual healthcare plans. Other pupils will be encouraged to be sensitive to the needs of those with medical conditions.

Parent/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 will be involved in the development and review of their child's individual healthcare plans and will be included 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.

Local authorities

- Are commissioners of school nurses for maintained schools and academies. Under Section 10 of the Children Act 2004, they have a duty to promote cooperation between relevant partners such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and NHS England with a view to improving the well being of children so far as relating to their physical and mental health, and their education, training and recreation.
- Local authorities should provide support, advice and guidance, including specific training for school staff to ensure that the support specified within individual healthcare plans can be delivered effectively.
- Local authorities should work with schools to support pupils with medical conditions to attend full time. Where pupils would not receive a suitable education at Glenbrook Primary School because of their health needs, the local authority will be contacted to fulfil its duty to make other arrangements. Statutory guidance for local authorities sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from schools for 15 days or more because of health needs (whether consecutive or cumulative across the school year).

Providers of health services

- Should co-operate with Glenbrook Primary School as the sponsor of children with a medical condition including appropriate communication, liaison with school nurses and other healthcare professionals such as specialist and children's community nurses, as well as participation in locally developed outreach and training.
- Good relationships with health services will be fostered and developed as they can provide valuable support, information, advice and guidance to school, to support children with medical conditions at school.

Glenbrook Primary School will work with:

Clinical commissioning groups (CCGs)

- These commission other healthcare professionals such as specialist nurses. They should ensure that commissioning is responsive to children's needs, and that health services are able to co-operate with schools supporting children with medical conditions. They have a reciprocal duty to cooperate under Section 10 of the Children Act 2004 (as described above for local authorities).

- Clinical commissioning groups should be responsive to local authorities and schools seeking to strengthen links between health services and schools, and consider how to encourage health services in providing support and advice, (and can help with any potential issues or obstacles in relation to this). The local Health and Wellbeing Board will also provide a forum for local authorities and CCGs to consider with other partners, including locally elected representatives, how to strengthen links between education, health and care settings.

Ofsted

- Their inspection framework places a clear emphasis on meeting the needs of disabled children and pupils with SEND, and considering the quality of teaching and the progress made by these pupils. Inspectors are already briefed to consider the needs of pupils with chronic or long-term medical conditions alongside these groups and to report on how well their needs are being met. Glenbrook Primary School will make this policy available and be able to demonstrate that this is implemented effectively.

1.8 Staff Training and Support

Any member of school staff providing support to a pupil with medical needs will have received suitable training. This will have been identified during the development or review of Individual Healthcare Plans. Where staff already have some knowledge of the specific support needed by a child with a medical condition, extensive training may not be required. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professional will normally lead on identifying and agreeing with Glenbrook Primary School, the type and level of training required, and how this can be obtained. Glenbrook Primary School may choose to arrange the training themselves and will ensure this remains up to date.

Training will be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans. This will include an understanding of the specific medical conditions they are being asked to deal with, their symptoms and preventative measures.

Staff must not give prescription medicines or undertake health care procedures without appropriate training (updates to reflect any individual healthcare plans). A first aid certificate does not constitute appropriate training in supporting children with medical conditions.

All staff will be made aware of the school's policy for supporting pupils with medical conditions and their role in implementing that policy during the termly STN Staff meeting/ STN curio week and via whole school email, with the policy available for reference on the Staff Shares Area and the school website. Induction arrangements for new staff will include reference to this policy. The advice of the relevant healthcare professionals will be taken on training that will help ensure that all medical conditions affecting pupils in the school are understood fully. This will include preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

The family of a child will often be key in providing relevant information to school staff about how their child's needs can be met. Parents/carers will be asked for their views and may provide specific advice but should not be the sole trainer.

The details of continuing professional development provision opportunities will be provided to staff as appropriate.

1.9 The Child's Role in Managing Their Own Medical Needs

After discussion with parents/carers, children who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be reflected within individual healthcare plans. Wherever possible, guided by safety considerations, children will be able to access their medicines or relevant devices for self-medication quickly and easily. Children who can take their medicines themselves or manage procedures will have an appropriate level of supervision. It is not appropriate for a child to self-manage, then relevant staff will help to administer medicines and manage procedures for them.

- If a child refuses to take medicine or carry out a necessary procedure, staff will 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.

2.0 Managing Medicines on School Premises

Short Term Medication – see Appendices 18 & 19

- Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- Designated staff at Glenbrook Primary School will administer medicine that has been prescribed for a child by a doctor, dentist, nurse or pharmacist (medicines containing aspirin will only be given if prescribed by a doctor)
- Designated staff can also administer over-the-counter medicine with written permission from a parent or carer for short periods of time. We will not be able to accept any request for open ended use (as to administer any fewer medications until the instructor is countermanded). Please note that any medicines must be genuinely 'over-the-counter'. We cannot administer herbal remedies, home made cough syrup or anything with overseas ingredients.
- Medicines (both prescription and non-prescription) must only be administered to a child where written permission for that particular medicine has been obtained from the child's parent and/or carer. A written record is kept detailing each time a medicine is administered to a child and the child's parent and/or carer are informed on the same day, or as soon as reasonably practicable.
- Glenbrook Primary School will only accept medicines that are in date, labelled, provided in the original container and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but will generally be available to school inside an insulin pen or a pump rather than in its original container. Any medication that is not presented properly will not be accepted by Glenbrook Primary School. Pupils should not bring in their own medication. This should always be brought in by the parent or carer of the child.
- All medicines must be stored safely. Children should know where their medicines are at all times. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will be always readily available to children and not locked away. This is particularly important to consider when outside of school premises e.g. on school trips.

- Glenbrook Primary School will keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff will have access. Controlled drugs will be easily accessible in an emergency. A record will be kept of any doses used and the amount of the controlled drug held in school.
- School staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines will do so in accordance with the prescriber's instructions. Glenbrook Primary School will keep a record of all medicines administered to individual children stating what, how and how much was administered when and by whom. Any side effects of the medication to be administered at school will be noted.
- When no longer required, medicines will be returned to the parent/carer to arrange for safe disposal. Sharps boxes will always be used for the disposal of needles and other sharps.

Administration Procedures – Asthma Inhalers

- If a child has a history of asthma, however mild, the parent is asked to complete the medicine administration form. Permission to administer the medication according to those instructions is also given on the form.
- One copy of medicine administration form is kept in the office and another is kept in the attendance register by the class teacher.
- Inhalers are kept by the class teacher so that they are readily available for the child if needed. Class teachers also discuss how and when the inhaler should normally be used with the parent of the child.
- Asthma inhalers are held by the first aider on school trips, however short (e.g. walk to the library).
- Teachers take care that inhalers are not left where other children can pick them up.
- In cases of a severe asthma attack, one of the qualified First Aiders will be consulted, the parent contacted and the emergency services contacted if that is deemed appropriate.
- When a child has used his/her inhaler unexpectedly, the class teacher will inform the parent at the end of the day.
- When the child transfers to another school, the personal record is sent to the receiving school. Teachers inform the receiving teacher verbally as part of the transfer process.
- For further guidance, please refer to our Asthma Policy. Glenbrook Primary School will be guided by the protocol to be produced by the Department of Health on the voluntary holding of asthma inhalers for emergency use.

Long Term Medication Administration Procedures

This covers a variety of conditions and will vary according to the condition. It includes the medication for epilepsy and allergies.

The procedures for long term administration of medication are encapsulated in an individual Healthcare plan, which outlines:

- the responsibilities of the parent, including maintaining the supply of up-to-date medication;
- the responsibilities of the school, including the recording of administration, the personnel involved and their training; record

2.1 Record Keeping

The Governing Body is responsible for ensuring that written records are kept of all medicines administered to children.

On a day to day basis:

- Designated members of staff administering medication will file in a medical consent form with the parent/carer. (See Appendix 2) This informs us of the type of medication, the dosage and the time for administration. The form also requires parents/carers to give written permission for a member of staff to administer the medicine. The medicine is then kept in a locked cupboard or a locked refrigerator if required.
- The designated staff member will administer the medication on time, the accompanying first aider (FA) will administer it. Staff administering medication will keep written records of all medicines given. This will be recorded on the record of medicine administered to children forms, giving the time and the initials of the person who administered it (see Appendix 3)
- Parents/carers will be informed if their child has been unwell at school, either by home school cook, phone call or in person, as appropriate.

2.2 Emergency Procedures

Glenbrook Primary School's First Aid Policy sets out what should happen in an emergency.

Where a child has an Individual Healthcare Plan, this will clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and

procedures. Where appropriate, other pupils in school will be briefed on what to do in general terms, such as informing a member of staff immediately if they think help is needed.

If a child needs to be taken to hospital, staff will stay with the child until the parent/carer arrives, or accompany a child taken to hospital by ambulance.

2.3 Day Trips, Residential Visits and Sporting Activities

Pupils with medical conditions will be actively supported to participate in school trips and visits, or in sporting activities, so that their condition does not prevent them from doing so. Teachers will be aware of how a child's medical condition will impact on their participation, but be flexible enough to enable all children to participate according to their own abilities and with any reasonable adjustments. Glenbrook Primary School will make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician, such as a GP, states that this is not possible.

Glenbrook Primary School staff will consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits. The lead member of staff will carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. This may require consultation with parents/carers and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely. (Please also see Health and Safety Executive (HSE) guidance on school trips.)

2.4 Unacceptable Practice

School staff will use their discretion and judge each case on its merits with reference to each child's Individual Healthcare Plan. It is not generally acceptable practice to:

- prevent children from easily accessing their inhalers and medication;
- Where a child is able to prevent them administering their medications themselves under adult supervision and in line with safety;
- Assume that every child with the same condition requires the same treatment;

- ignore the views of the child or their parents or ignore medical evidence or opinions (although this may be challenged);
- Send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- If the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- Exclude children from their attendance record if their absences are related to their medical condition, eg hospital appointments;
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- Require parents/carers, or otherwise make them feel obliged to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or
- Prevent children from participating or create unnecessary barriers to children participating in any aspect of school life, including school trips, eg by requiring parents/carers to accompany the child.

2.5 Liability and Indemnity

Governing bodies must ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk. The school's insurance arrangements cover staff providing support to pupils with medical conditions. These insurance policies are accessible to staff providing such support. Insurance policies will provide liability cover relating to the administration of medication, and individual cover is arranged for particular health care procedures, eg tracheostomy care and suction, gastrostomy and nasogastric feeding. The level and ambit of cover required will be ascertained directly from the relevant insurers. Any requirements of the insurance, such as the need for staff to be trained, will be made clear and complied with.

It is noted that in the event of a claim alleging negligence by a member of staff, civil actions are likely to be brought against the employer.

2.6 Complaints

The procedure for making a complaint is set out in the Glenbrook Primary School Complaints Policy available to parents/carers/pupils on request. Glenbrook Primary School hope that should parents/carers or pupils be dissatisfied with the support provided, they will discuss their concerns directly with school first. 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 2006 and after other attempts at resolution have been exhausted. Ultimately, parents/carers (and pupils) will be able to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

2.7 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.

Section 2 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 2004 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.

Further Sources of Information – Other Relevant Legislation

Section 7 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.

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 3 of the School Premises (England) Regulations 2007 (as amended) provide that maintained schools must have accommodation, appropriate and readily available for use for medical examinations 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.

The Special Educational Needs Code of Practice

Section 19 of the Education Act 1944 (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.

Associated 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.

Designated staff

Responsibility for Individual Healthcare Plans:

- SENCOs Jenni Gibb

Copies of Individual Healthcare Plans to be kept by:

- SENCO
- Office Staff
- Class Teacher
- Parents/carer

Individual Health Care Plans can also be accessed by all staff who work with pupils on the shared staff area and medication.

Daily supplies e.g. disposable gloves, aprons to be requested through and ordered by:

- Office Staff

All staff can administer medication as we have all completed the administering medication HASCO training.

Policy prepared by Mrs Jennifer Gibb

Date prepared: March 2021

Policy prepared by:	Jennifer Gibb
Date prepared	1 st April 2021

Date ratified by the full Governing Body	
Signed Neil Healey	Chair of Full Governing Body
Signed Miss V Cairns	Head of School
<u>Review date: April 2022</u>	

Appendix 1: Record of medicine administered to children

Name of school/setting

Name of child

Date medicine provided by parent

Group/class/form

Quantity received

Name and strength of medicine

Expiry date

Quantity returned

Dose and frequency of medicine

Staff signature _____

Signature of parent _____

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
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Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Appendix 2: Medical Consent Form

Emergency _____

Administration of Paracetamol Give Aspirin

Parent's address	Glenbrook Primary School
Child's full name	
Child's name	
Medical conditions/medicines	

Medicine:

Paracetamol 500mg tablets	
Aspirin tablets 100mg tablets	
Emergency	
Other Paracetamol	

Dosage and preparation	Dosage	Frequency
Timing		
When was the medicine most last used?		
Special precautions and instructions		
How long did the medicine take to administer? Did the school staff require any special instructions?		
Are there any side effects to take into consideration?		

Parents Contact Details

Name	
Daytime phone number	
	<p>This above information is to the best of my knowledge accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately in writing if there is any change in dosage or frequency of the medication or if the medicine is stopped.</p>
Signature	
Print Name	_____
Relationship to Child	_____

Please note:

- We will not be able to accept any request for over-the-counter use (i.e. to administer hay fever medication until the instruction is countermanded).
- Please update any form used to say that we are unable to give any OTC medicine unless the box or container is supplied intact and with the full counter-indication and other instructions included. We will need to re-issue instructions against parents' wishes and will not be able to exceed them – for example, by administering medicines on more than the number of maximum number of recommended occasions or for 'off-label use' (i.e. outside the purpose for which it was sold).
- All medicines must be genuinely 'OTC.' We cannot administer herbal remedies, home-made cough syrups or anything with overseas labelling.
- We are prohibited to administer medicines containing ibuprofen or aspirin must be continued.

Appendix 3: ASTHMA POLICY

The welfare of all pupils is of paramount importance at Portland Spencer Academy.

The aims of this policy are:

- To ensure that children with asthma are treated appropriately when the need arises
- To enable children with asthma to access the full range of school exercises

In order to achieve these aims, the following procedures are followed by all staff:

- Prior to admission to school each child's parent/carer fills in an admission form which includes details of any medical conditions.
- If a child has a history of asthma, however mild, the parent will be asked to complete an Medicine Administration Form. This outlines triggers and treatments and gives the school instructions for administering the medication. Permission to administer the medication according to those instructions is also given on the form.
- One copy of the Medicine Administration Form is kept in the administration of medicines folder in the school office and another is kept in the attendance register by the class teacher.

- Inhalers are kept by the class teacher so that they are readily available for the child if needed. Class teachers also discuss how and when the inhaler should normally be used with the parent of the child.
- Teachers take care that inhalers are not left where other children can pick them up.
- In cases of a severe asthma attack, one of the qualified First Aiders will be consulted, the parent contacted and the emergency services if that is deemed appropriate.
- When a child has used his/her inhaler unexpectedly, the class teacher will inform the parent at the end of the day.
- When the child transfers to another school, the personal record is sent to the receiving school. Teachers inform the receiving teacher verbally as part of the transfer process.

Medication Administration Procedures:

The office staff are informed that a child needs medication administered during the day.		
Medication Administration form is given to parents to complete		
The form is handed back to the office staff		
The form is checked by the office staff to make sure all boxes are completed correctly on both pages		
For medication Forms and medicine on Jenni's desk or if Jenni is not in school then given to Karen within 1 hour	<p style="text-align: center;">For inhalers</p> <ul style="list-style-type: none"> • 3 copies of the medicine administration form to be made • 1 copy to be kept in the child's file • Meditracker to be updated • 2nd copy of asthma form to be given to the class teacher 	
	<p style="text-align: center;">EYFS</p> <p>Inhaler and form to be given to the class teacher. Inhalers to be administered by the first aiders.</p>	<p style="text-align: center;">KS1 and KS2</p> <p>Inhaler and 3rd copy of form to be put on Jenni's desk or given to Karen</p>

Appendix 4: Model process for developing Individual Healthcare Plans

