

Policy Title:	Supporting Children at School with Medical Conditions Policy	
Version:	Version 1	
Date of Issue:	17.05.2021	
Date of Review:	Summer Term 2023	
Author & Role	Kieran Welsh Headteacher	
Ratified by:	Governors Informal Committee	
Responsible signatory:	W Blundell	A.Blundell
Date:	May 2021	
Amendments / Comments	<p>Page 5 – ‘School Staff’- It is the responsibility of the class teacher to ensure a Medication and Health Care Procedure file is established which includes staff training records, parent consent, pupils Individual Health Care Plans and records of medicine and health care procedures that have been administered.</p> <p>Page 7– “administering medicines and health care procedures” training session delivered annually by the Headteacher. The head teacher will observe staff administering medication and will then complete the individual competency and training records.</p> <p>Page 8 – Pt 5.</p> <p>Page 9- Pt 14. / Pt 1-9 / Record Keeping</p> <p>Page 10 – Medical emergencies in school.</p> <p>Page 14- List of appendices.</p> <p>Page 15-25 -Copy of each appendices</p>	
Outcome:	This Policy: details colleagues’ responsibilities for supporting children at Astley Park School with medical conditions, and is designed to help them understand their role and responsibilities	
Cross Reference:	Child Protection & Safeguarding Policy Complaints Policy Confidentiality Policy Educational Visits Policy Health and Safety Policy Induction Policy Single Equality Policy	

EQUALITY AND DIVERSITY STATEMENT

Astley Park School is committed to the fair treatment of all in line with the Equality Act 2010. An equality impact assessment has been completed on this policy to ensure that it can be implemented consistently regardless of any protected characteristics, and all will be treated with dignity and respect.

POLICY REVIEW

To ensure that this policy is relevant and up to date, comments and suggestions for additions or amendments are sought from users of this document. To contribute towards the process of review, please contact the author of the policy.

Supporting Children at School with Medical Conditions Policy

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' DFE April 2014.

The policy also applies to activities taking place off-site as part of normal educational activities. It will be reviewed following the DFE review in September 2015.

Statutory guidance is set out in bold text.

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

Key Points

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 visits 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 (if appropriate) 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.
- As our children have Education Health and Care Plan (EHC), this policy operates in conjunction with the SEN Code of Practice.

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, if necessary.

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. There is a responsibility for the health professionals to ensure that the appropriate resources and training are put into place to meet every pupil's medical needs. If the school is NOT supported in this way, it may result in the child not being able to come to school for Health and Safety reasons until appropriate resources and training are in place. 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.

Policy Implementation

Named Person: Kieran Welsh, Head teacher, is 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.

Procedures To be Followed When Notification is Received that a Pupil has a Medical Condition.

- The SENCO will consult with the relevant health and social care professionals, 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 and arrangements for any staff training and support.

Individual Healthcare Plans

Named person: Karen Wells Deputy Headteacher/SENCO, is responsible for ensuring that individual Health Care Plans are drawn up, reviewed and revised (where appropriate). Astley Park School, healthcare professionals and parent/carers should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If a disagreement arises, school will be led by the healthcare professionals. 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.

Plans will be drawn up in partnership between the parents/carers, and a relevant healthcare professional, who can best advise on the particular needs of the child. If possible, the school should be involved in their development too. The aim will be to capture the steps which Astley Park School will take to overcome any potential barriers pupils may have to getting the most from their education.

Plans will be reviewed at least annually or earlier if evidence is presented that the child's needs have changed. The plans will be developed with the child's best interests in mind and ensure that Astley Park School assesses and manages risks to the child's education, health and social well-being and minimises disruption.

Contents of Individual Health Care Plans

The following will be considered and included, as appropriate:

- The medical condition, its triggers, signs, symptoms, and treatments.
- The pupil'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.
- 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/carers and the head teacher for medication to be administered by a member of staff or self-administered by the pupil during school hours.
- Separate arrangements or procedures required for school visits 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 condition; 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 Plan.

Roles and Responsibilities

Partnership working between school staff, healthcare professionals (and where appropriate, social care professionals), local authorities, parent/carers 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** - will make arrangements to support pupils with medical conditions in school, including making sure that this policy for supporting pupils with medical conditions in school is developed and implemented. 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 support materials as needed.
- **The Headteacher** – will ensure that this policy is developed and effectively implemented with partners. 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 Headteacher 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 all individual healthcare plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose. The Headteacher has overall responsibility for the development of Individual Healthcare Plans. The Headteacher will also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. The Headteacher 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.
- **School staff** - 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. It is the responsibility of the class teacher to ensure a Medication and Health Care Procedure file is established which includes staff training records, parent consent, pupils Individual Health Care Plans and records of medicine and health care procedures that have been administered.
- **School nurses** - are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they will do this before the child starts at the school. They may support staff on implementing a child's Individual Healthcare Plan and provide advice and liaison,

for example on training. School nurses may liaise with lead clinicians locally on appropriate support for the child and associated staff training needs.

- **Other healthcare professionals, including GPs and paediatricians** - should notify the school nurse 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 asked to provide support for children with particular conditions (e.g., asthma, diabetes and epilepsy).
- **Parent/Carers** – should provide the school with sufficient and up-to-date information about their child’s medical needs including medication administered at home. 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 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. They will use the return of medication at each half-term as an opportunity to check expiry dates and replenish, as necessary.
- **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 suitable 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 Astley Park 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 Astley Park School in the support 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.

Astley Park 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. Astley Park School will make this policy available and be able to demonstrate that this is implemented effectively.

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.

The relevant healthcare professional will normally lead on identifying and agreeing with Astley Park School, the type and level of training required, and how this can be obtained. Astley Park 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 implications and preventative measures.

Staff must not give medicines or undertake health care procedures without appropriate training (updated to reflect any individual healthcare plans). A first-aid certificate does not constitute appropriate training in supporting children with medical conditions. Advice will be sought from the relevant medical professional regards who is the most suitable person to train others and provide confirmation of their proficiency in a medical procedure., e.g., health professional, parent or previously trained staff member.

All staff will be made aware of the school's policy for supporting pupils with medical conditions and their role in implementing that policy. It will be available on the school network and 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. Parent/carers will be asked for their views and may provide specific advice.

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

Procedure for the Administration of Medicines

1. Medication must be transported to school by the parents or the passenger assistants – not in pupils' bags.
2. All prescription medication must be clearly labelled with a pharmacy label – stating pupil name, DOB, address, dosage, storage instructions and expiry date.
3. All non-prescription medication must be in original packaging – stating details of administration and directions of usage, dosage, storage and expiry date.
4. Any medication will only be administered if the parent has completed and signed a consent form, detailing dosage, storage and times of administration. **See Appendix 3**
5. Any medication that requires storage in a fridge will be locked in the medical, lockable fridge located in the reprographics area. All other medication will be stored in the designated locked medicine cabinets in classrooms. When medicines are placed in the cabinets this must be recorded on the medicines in/out Form. **See Appendix 4.1 and 4.2.**
6. When medicines are removed from the cabinet e.g., to be taken off-site for an educational visit or sent home this must be recorded on the Medicines in and out form. **See Appendix 4.1 and 4.2.**
7. Any medicines that come into school on home-school transport need to be put into the lockable cabinets. The named person from each class will check at the end of the day to ensure any medicines are sent home or to respite, as appropriate.
8. If any medicines are required during the school day on an off-site visit, staff need to record this on the Medicine In/Out form. On return these need to be signed back in and returned to the lockable cabinet.
9. If medication is administered in school at any time, it must be recorded on the pupil's individual record of medication form. **See Appendix 6.**
10. Medicine containing aspirin will never be administered unless prescribed by a doctor. Medication, e.g., for pain relief, will not be administered without first checking maximum dosages and when the previous dose was taken. Where permission for pain-relief to be administered has been given, unless a parent/carer can be contacted to check times, it will not be given before 12:00pm. Parent/carer will be informed via the home/school communication book.
11. Any side effects of the medication to be administered at school will be noted.
12. When no longer required, medicines will be returned to the parent/carer to arrange for safe disposal via the passenger assistant or hand to hand. Sharps boxes will always be used for the disposal of needles and other sharps.
13. All medication will be returned home via the passenger assistant at the end of each half-term as medication cannot be kept on school premises during holiday periods. Parents are encouraged to use this as an opportunity to check expiry dates and replenish as necessary. Staff will record this on the medicines signed in/out of cabinet form.

14. At the end of the academic year the pupil records will be scanned and attached to their SIMS file.
15. The only exception to the above is Salbutamol Inhalers – pupils with a blue salbutamol inhaler can keep this with them if they are deemed responsible to do so by their class teacher and if not, a member of class staff will ensure they have open access to their inhaler at all times.

Procedure for the Administration of Health Care Procedures

1. The young person should have an Individual Health Care plan clearly detailing the health care procedure and products they require. **See Appendix 5.**
2. Any health care procedure will only be administered if the parent has completed and signed the health care plan. **See Appendix 6.**
3. Prior to administering the health care procedure staff must be trained in the procedure and confirmed competent to administer by the relevant medical professional. **See Appendix 7.**
4. Health Care Products must be transported to school by the parents, the passenger assistants or the health care provider.
5. All products must be in original packaging clearly labelled stating pupil name, storage, usage and expiry date.
6. If a health care procedure is administered in school at any time, it must be recorded on the pupil's individual record of procedure form. **See Appendix 8.**
7. Any side effects of the procedure will be recorded.
8. When no longer required health care products 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.
9. At the end of the academic year the pupil records will be scanned and attached to their SIMS file.

Record Keeping

The Governing Body is responsible for ensuring that written records are kept of all medicines and health care procedures administered to children. On a day –to-day basis, staff administering medication will keep written records of all medicines/ health care procedures given, and sign to confirm the details. Parent/carers will be informed if their child has been unwell at school, either by home-school diary, phone call or in person as appropriate.

Medical emergencies in school

Minor cuts, bumps and bruises can be treated by all members of school staff by cleaning up the area with water or administering a cold compress as applicable to the injury, wearing gloves if appropriate.

All minor accidents are to be reported to School Business manager via CPOMS. **See Appendix 9**

All Serious accidents/incidents must be recorded on the LCC accident form via ORACLE and School Business Manager will support completion of a RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013) if required.

If a child has received a bump to the head, parents must be telephoned, and the contact recorded on CPOMS.

Named staff are trained in resuscitation procedures and receive update training at least every three years.

All other, more severe, emergencies will result in an ambulance being called.

All pupils and staff diagnosed with specific conditions such as epilepsy or diabetes will have a care plan drawn up by members of the health team in conjunction with the SENCO and relevant staff.

Emergency medication for Epilepsy can be administered by any trained member of staff. Named staff are trained in this administration and what to do in the event of a pupil having a seizure, and receive updated training as required.

If it is decided that an ambulance is required in response to a medical emergency, parents are to be informed immediately. Parents will be asked either to come to school to accompany their child in the ambulance or meet the ambulance at the hospital. A member of staff will travel in the ambulance with the child if parents are not able to do so. A copy of the pupil information form must be taken by the member of staff to hand to paramedics and hospital staff. A member of staff will remain with the pupil until the parent arrives at the hospital.

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.

Education Visits, Residential Visits and Sporting Activities

Pupils with medical conditions will be actively supported to participate in school 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. 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.

Astley Park 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.)

Other Issues

- **Defibrillators** – in the event of sudden cardiac arrest, which can happen to people at any age and without warning, quick action (in the form of early CPR and defibrillation) can help save lives. Modern defibrillators are easy to use, inexpensive and safe. Astley Park School has a defibrillator located in the reception area.

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:

- 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 opinion, (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.
- Penalise children for their attendance record if their absences are related to their medical condition e.g., hospital appointments.
- Prevent children from participating or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g., by requiring parents/carers to accompany the child.

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 e.g., 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.

Complaints

The procedure for making a complaint is set out in the Astley Park School Complaints Policy available to parent/carers/pupils on the school website. Astley Park 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 1996 and after other attempts at resolution have been exhausted. Ultimately, parent/carers will be able to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

Further Sources of Information

Supporting Children at School with Medical Conditions Policy \SharePoint\ SCHOOL\POLICIES\Policies Agreed

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

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

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

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

Governing Bodies' duties towards disabled children and adults are included in the

Equality Act 2010, and the key elements are as follows:

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

Other Relevant Legislation

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

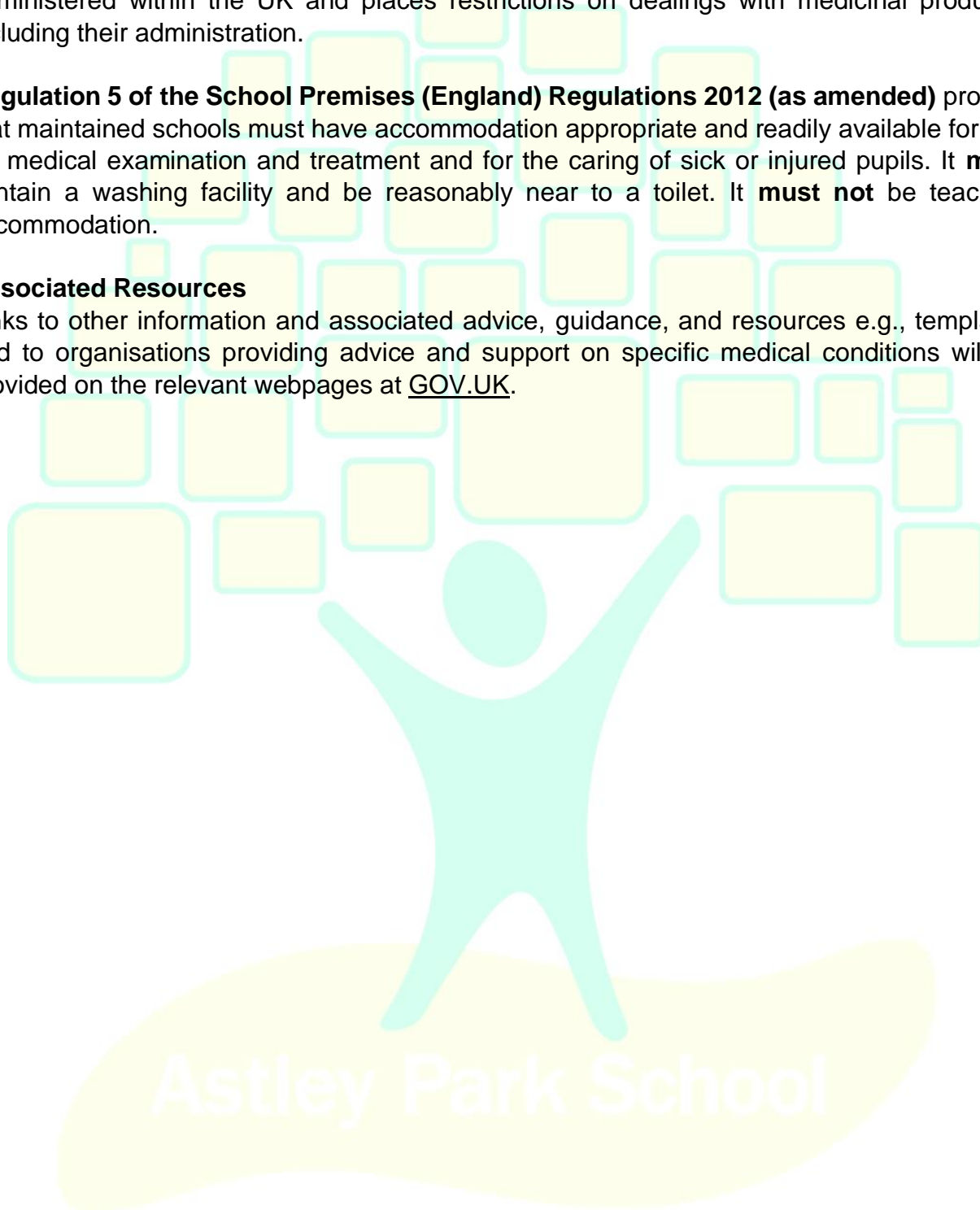
Under the **Misuse of Drugs Act 1971** and associated Regulations the supply, administration, possession and storage of certain drugs are controlled. Schools may have a child that has been prescribed a controlled drug.

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

Regulation 5 of the School Premises (England) Regulations 2012 (as amended) provide that maintained schools must have accommodation appropriate and readily available for use for medical examination and treatment and for the caring of sick or injured pupils. It **must** contain a washing facility and be reasonably near to a toilet. It **must not** be teaching accommodation.

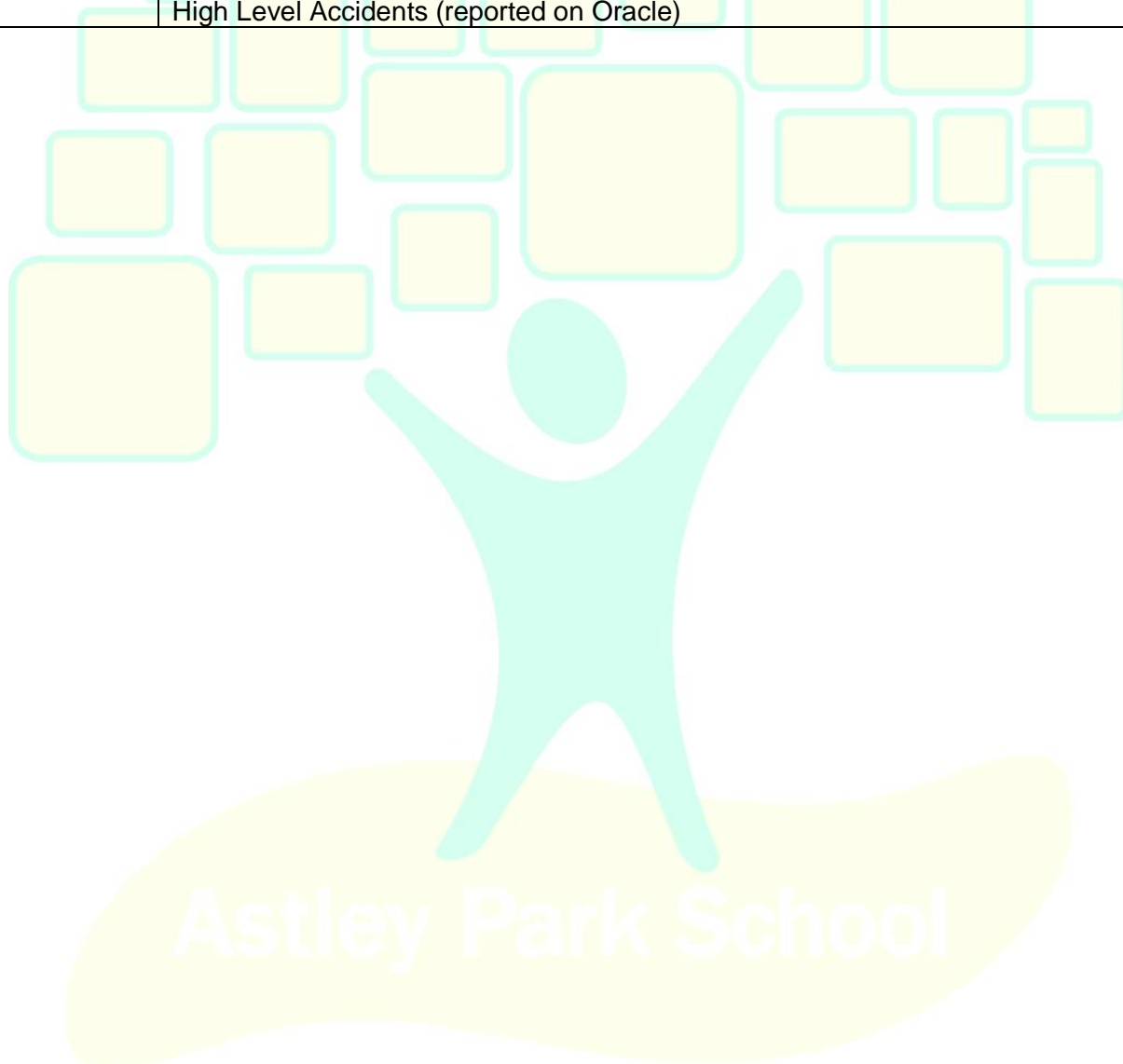
Associated Resources

Links to other information and associated advice, guidance, and resources e.g., templates and to organisations providing advice and support on specific medical conditions will be provided on the relevant webpages at [GOV.UK](https://www.gov.uk).



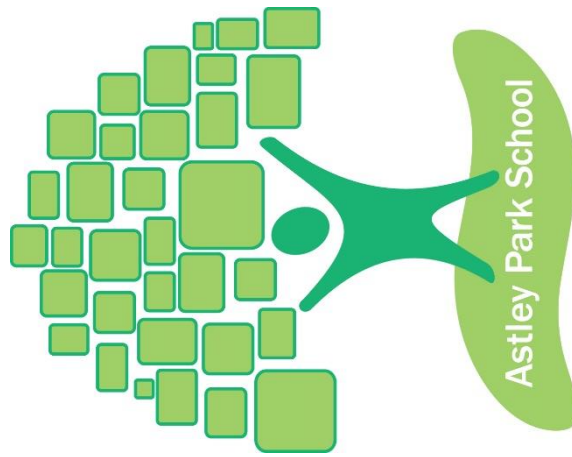
Location: All Staff – Documents > General > PUPILS > Medicines & HCP

Appendices	
1.	Record of Medication & Health Care Procedures Folder Front sheet (Blank) Contents Page
2.	N/A
3.	Parent Consent to administer medication form
4.	4.1 Medicines in / out - Example 4.2 Medicines in / out - Blank
5.	Individual Health Care Plan – Epilepsy Example
6.	Record of medicines administered
7.	Staff Training & Competency Record: Health Care Procedure
8.	Record of medical / healthcare procedures
9.	LCC Low Level Accident Form (Reported on CPOMS) High Level Accidents (reported on Oracle)



Appendix 1

ASTLEY PARK SCHOOL



**Medication & Health Care Procedures
Record**

Appendix 3



Appendix 3

Parental Agreement for School to Administer Medicine

Astley Park School will not give your child medicine unless you complete and sign this form. We have a school policy that staff can administer medicine.

Date for review to be initiated by	
Name of school	
Name of child	
D.O.B	
Class	
Medical condition or illness	

Medicine

Name / Type of medicine (as described on the container).	
Expiry date	
Dosage and method	
Timing	
Special precautions / other instructions	
Are there any side effects that school needs to know about?	
Self-administration -yes / no	
Procedures to take in an emergency	

N.B: Medicines must be in the original container as dispensed by the pharmacy.

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I/ Passenger Assistant must deliver the medicine personally to a member of the class staff.	<i>Signature</i>

The 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.

Signature(s) _____ Date _____

Appendix 4.1



Appendix 4.1

Example

Record of when medicine is signed in and out of school.

Date	Medicine(s)	Reason	Time In / Out	Staff Name & Signature	Time In / Out	Staff Name & Signature
20/2/17	Concerta XL	Returning medicine start of new half-term.	9.05am In	Mr A N Other	N/A	N/A
20/2/17	Concerta XL	Taking medicine off-site as going on Ed visit.	1.00pm Out	Mr A N Other	2.55pm In	Mr A N Other
30/3/17	Concerta XL	Returning medicine home as end of half-term.	3.00pm Out	Mr A N Other	N/A	N/A

Pupil name: _____



Astley Park School

Individual Care Plan
Anonymous (EPILEPSY)
(00/00/0000)

Appendix 6



Appendix 7

Staff Training & Competency Record - Administration of a Health Care Procedure

+	Staff Name	<<Insert Staff Name>>
	Type of training <u>received</u>	
	Date of training <u>completed</u>	
	Training provided by	
	Profession and Title	

Trainer

I can confirm that the member of staff has received the training detailed above and is competent to administer the procedure.

Trainer's Name	Trainer's Signature	Date

Staff Member

I can confirm that I have received the training detailed above and I am confident to administer the procedure.

Staff Name	Staff Signature	Date

Appendix 8

ASTLEY PARK SCHOOL - LOW LEVEL ACCIDENT LOG SHEET

Date Accident	Time Accident	Name of Pupil / Service User involved in the Accident	Location of Accident	Name and Designation of person reporting the Accident
█	█	█	█	█
Brief description of the accident				
█				
Details of any First Aid administered		█		
Follow up Action taken - ie phone call to parents		█		