

Portland Spencer Academy

Administration of Medicines & Medical Conditions

The Local Governing Body of Portland Spencer Academy adopted this policy statement in April 2020.

It will be reviewed no later than April 2021.

Contents

Setting description and contact details	3
About this Policy	4
Context	4
The role of the governing body	5
Policy implementation	6
Procedure to be Followed when Notification is Received that a Pupil has a Medical Condition	6
Individual Healthcare Plans	7
Roles and Responsibilities	8
Staff training and support	12
The Child's Role in Managing their Own Medical Needs	13
Managing Medicines on School Premises	14
Record Keeping	15
Emergency Procedures	16
Day Trips, Residential Visits and Sporting Activities	16
Other Issues	16
Unacceptable Practice	17
Liability and Indemnity	17
Complaints	17
Further Sources of Information - Other Safeguarding Legislation	18
Further Sources of Information - Other Relevant Legislation	19
Associated resources	19
Appendix 1: Designated staff	20
Appendix 2: Medical Consent form	21
Appendix 3: Asthma Policy	22
Appendix 4 : Model Process for Developing Individual Healthcare Plans	23 - 24

Setting description and contact details

Portland Spencer Academy and Nursery is a mainstream setting. We have 433 pupils on roll including 51 pupils in the nursery class. We have breakfast club provision. We are part of the Spencer Academies Trust.

The Spencer Academies Trust has delegated Full responsibility to the Local Governing Body (LGB) of Portland Spencer Academy for this Policy. It is the LGB's responsibility to ensure this Policy is implemented and reviewed in accordance with statutory and legislative arrangements.

The Spencer Academies Trust may, on an annual, basis undertake audits to confirm that appropriate arrangements are maintained by the Academy.

Contact details

Portland Spencer Academy
Westwick Road
Bilborough
Nottingham
NG8 4HB

Tel: 0115 915 5747

Fax: 0115 915 5746

Email: admin@portland.nottingham.sch.uk

Website: www.portlandspenceracademy.co.uk

Executive Principal: Mrs Kate Green

SENDCo: Mr Dylan Murphy

Date Adopted:

Review date:

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.

The policy also applies to activities taking place off-site as part of normal educational activities. The Early Year's setting will continue to apply the Statutory Framework for the Early Years Foundation Stage, April 2017

The Early Year's setting will continue to apply the Statutory Framework for the Early Years Foundation Stage. 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.

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.
- Children with an Education Health and Care Plan (EHCP), 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.

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.

Policy Implementation

Named Person: Kate Green, Executive Principal and Dylan Murphy, SENDCo 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.

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 new 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 Portland Spencer Academy mid-term, every effort will be made to ensure that arrangements are put in place within two weeks.

- In some cases Portland Spencer Academy may not wait for a formal diagnosis before providing support to pupils. In cases where a pupil'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/carers. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place, in the best interests of the child.

Individual Healthcare Plans

The model process in Appendix 4 will be followed for developing Individual Healthcare Plans.

Named person: Dylan Murphy, SENCo, is responsible for ensuring the compiling of Individual Health Care Plans. Portland Spencer Academy, healthcare professionals and parent/carers 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, parents/carers, 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 Portland Spencer Academy will take to help the child manage their condition and overcome any potential barriers to getting the most from their education.

The plans will be developed with the child's best interests in mind and ensure that Portland Spencer Academy 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 Education Healthcare Plan.

Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), Portland Spencer Academy 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 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.

- 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/carers and the Principal 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 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 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

- ***The Governing body*** will make arrangements to support pupils with medical conditions in school, including making sure that there is an up to date policy for supporting pupils with medical conditions in school. 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 Executive Principal and the SENDCo

- The Executive Principal 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 Executive Principal will also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way.
- The Executive Principal and the SENDCo has overall responsibility for the development of Individual Healthcare Plans.
- The SENDCo 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 SENDCo 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 Portland Spencer Academy seeking advice and support in relation to children with a medical condition.

Other healthcare professionals, including GPs and paediatricians –

- They should notify the SENDCo 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).

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 plan. 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 plan, and will be included in its drafting. They should carry out any action they have agreed to as part of its implementation, eg 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 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 Portland Spencer Academy 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 Portland Spencer Academy 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.

Portland Spencer Academy 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. Portland Spencer Academy 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. 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 Portland Spencer Academy, the type and level of training required, and how this can be obtained. Portland Spencer Academy 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 prescription 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.

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 SEN Staff meetings/ SEN clinic week and via whole school email, with the policy available for reference on the online Staff Shared 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. Parent/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.

The Child's Role in Managing Their Own Medical Needs

After discussion with parent/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. If 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.

Parent/carers should be informed so that alternative options can be considered.

Managing Medicines on School Premises

Short Term Medication – see appendices 1& 2

- 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 Portland Spencer Academy 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)
- Portland Spencer Academy will only administer medicines in which the dosage is required 4 times a day or specifically required during the school day.
- 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 (ie. to administer hay-fever medication until the instruction 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 labelling.
- Medicine (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 parents and/or carers are informed on the same day, or as soon as reasonably practicable.
- Portland Spencer Academy will only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist 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 Portland Spencer Academy. Pupils should not bring in their own medication. This should be brought in by the parent.
- 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.
- Portland Spencer Academy 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. Portland Spencer Academy 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 an Asthma Information sheet (**see Appendix 3**). 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.
- The asthma information sheet is kept in the office and key staff will be able to access the needs of the children they work with on the medical needs register or an Individual Healthcare Plan should the child require one.
- 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 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, however the parent should still inform the child's new school.

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

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 fill 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 trips, the accompanying first aider (TA) will administer it. Staff administering medication will keep written records of all medicines given/ log this information on Medical Tracker. The information logged on Medical Tracker shall include the time the person who administered it and what was administered (see **Appendix 1**).
- Parent/carers will be informed if their child has been unwell at school, either by home-school book, phone call or in person as appropriate.

Emergency Procedures

Portland Spencer Academy'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.

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. Portland Spencer Academy 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.

Portland Spencer Academy 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

- Asthma Policy – *Portland Spencer Academy Asthma Policy* is relevant here. Portland Spencer Academy will be guided by the protocol to be produced by the Department of Health on the voluntary holding of asthma inhalers for emergency use.

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.

Portland Spencer Academy

Administration of Medicines & Medical Conditions

April 2020



- Where a child is able, to prevent them administering their medication; 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 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;
- If the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- Penalise children for 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.

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 Portland Spencer Academy *Complaints Policy* available to parent/carers/pupils on request. Portland Spencer Academy 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 (and pupils) 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 - 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.

Further Sources of Information - 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.

The Special Educational Needs Code of Practice

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

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.

Appendix 1: Designated staff

Responsibility for Individual Healthcare Plans:

- SENDCo

Copies of Individual Healthcare Plans to be kept by

- SENDCo
- Class Teacher (Electronic)
- Executive Principal (Electronic)
- Main Office

List of children with Individual Healthcare Plans to be kept in front of the following folders:

- Administration of medicines /medical consent forms
- First Aid

List of children with Individual Healthcare Plans to be kept in front of the following folders:

- Administration of medicines /medical consent forms
- First Aid

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

- Main Office

Designated staff at Portland Spencer Academy who can administer prescribed medication following satisfactory completion of parent/guardian medical consent form:

1. Deborah Batterbee – Office Manager
2. Zoe Sheehan – Receptionist

Designated staff who are trained to administer insulin

1. Tammy Newbold – Teaching Assistant
2. Debra Toms – Teaching Assistant
3. Kelly Holroyd – Class Teacher

Appendix 2: Medical consent Form

Portland Primary Academy Medical Consent Form

I understand that Portland Primary Academy can only administer medication prescribed by a registered General Practitioner. As the parent/guardian of the child named below, I give my permission for the designated member of school staff to administer the prescribed medicine. A separate form is required for each medicine prescribed. All medicine should be supplied in the original container, stating what they are prescribed for and dosage information.

Portland Primary Academy cannot be held responsible for any reaction or side effects that a child may suffer as a result of taking the medication prescribed. Please note that staff cannot give medication if this form is not clearly completed and signed by the parent/guardian. Please ask the designated member of staff if you have any questions.

Name of School	_____
Name of Child:	_____
Date of Birth:	_____
Year & Class:	_____
Medical condition/illness:	_____

Medicine

Name/Type of Medicine (as described on the container):	_____
Date medication began:	_____
Date treatment ends:	_____
Agreed review date to be initiated by [name of member of staff]:	_____
Dosage and method:	_____
Times when medicines should be administered:	_____
Special Precautions:	_____
Are there any side effects that the school needs to know about?	_____
Self-Administration:	Yes/No (delete as appropriate)
Procedures to take in an Emergency:	_____

Contact Details

Name:	_____
Daytime Telephone No:	_____
Relationship to Child:	_____
Address:	_____
Name & Phone number of GP:	_____

Date:	_____
Signature(s):	_____
Relationship to child:	_____

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 experiences

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 all medical conditions.
- If a child has a history of asthma, however mild, the parent will be asked to complete an Asthma Information sheet (attached). 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 asthma information sheet is kept in the administration of medicines folder in the school officer 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.

ASTHMA HOME/SCHOOL LIAISON FORM

Child's Name		
DOB		
Home Phone No.		
Emergency Nos. in case of attack		
Name of Doctor		
At what age did asthmatic attacks start?		
How often do attacks occur?		
How long do attacks normally last?		
Is there a time of day when they occur more frequently?		
Do you know of any particular cause which might bring on an attack?		
Does your child use a Nebuliser at home?		
Name of Inhaler/medication being used.		
Should the inhaler be used during the school day, please give written instructions:-		
Please give advice on how we should handle a more serious attack in your child:-		
Any further comments.		

NB If your child is to use an inhaler at school we recommend that you ask your doctor for an extra inhaler to be kept in school. It will be kept by the class teacher and used according to your instructions.

Signed _____ Parent/Guardian Date _____



Appendix 4: Model process for developing individual healthcare plans

