



Olive AP Academy
CAMBRIDGE

Olive Academies

Olive AP Academy - Cambridge

Medical Needs Policy

The named person with responsibility for implementing this policy in the academy is Mel Newbery.

Document control table	
Title	Medical Needs Policy
Date updated and approved	6 July 2022
Approved by	Education Performance & Standards (EPS) committee
Date of next review	July 2023
Updates/revisions included:	<ul style="list-style-type: none">• Removed COVID -19 references
<p>These are OA central procedures and should not be modified at a local academy level. Template forms are provided at the end of this policy for use within the academies.</p> <p>All academies to check appropriate for local context and ensure that a lead for ensuring medical plans are kept up to date and information shared with relevant staff is identified.</p>	

1. Introduction

The Children and Families Act 2014 states that arrangements for supporting pupils at school with medical conditions must be in place and those pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.

Many children, at some point during their time at school, will have a medical condition which may affect their potential to learn and their participation in school activities. For most, this will be short term; perhaps finishing a course of medication or treatment; other children may have a medical condition that, if not properly managed, could limit their access to education.

This policy includes managing the administration of medicines, supporting children with complex health needs and first aid. It has been developed in line with the Department for Education's guidance released in December 2015: Supporting pupils at school with medical conditions (https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/484418/supporting-pupils-at-school-with-medical-conditions.pdf). OA makes every effort to ensure the wellbeing of all children, staff and adults on site.

This policy is to be read in conjunction with our policies on:

- SEND
- Safeguarding
- Equality information and objectives
- Health and Safety including first aid
- Educational visits
- Complaints

1. Aims and objectives

This policy aims to ensure that:

- pupils, staff and parents understand how the academy will support pupils with medical conditions
- pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities.

We will ensure that:

- sufficient staff are suitably trained
- staff are aware of pupils' conditions, where appropriate
- cover arrangements are in place to ensure someone is always available to support pupils with medical conditions
- supply teachers are provided with appropriate information about the policy and relevant pupils
- individual healthcare plans (IHPs) are developed and monitored as appropriate

2. Responsibilities

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. Partnership working between academy staff, healthcare professionals, and parents and pupils will be critical.

The OA Board of Trustees (Education Performance and Standards Committee) are responsible for:

- ensuring there are arrangements to support pupils with medical conditions across the Trust
- ensuring pupils with medical conditions are supported to enable maximum participation in all aspects of school life
- ensuring that sufficient staff have received suitable training and are competent before they take on responsibility to support pupils with medical conditions.

It is the day to day responsibility of the CEO and leaders within OA central to ensure that the above is in place and that they can report to the trust board as needed.

The headteacher is responsible for ensuring that:

- this policy and procedures are implemented within the academy to meet the needs of pupils with medical conditions;
- all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation;
- all staff who need to know are aware of the pupil's condition;
- sufficient trained staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations;
- the school nursing service is contacted in the case of any child who has a medical condition that may require support at the academy but who has not yet been brought to the attention of the school nurse;
- systems are in place for obtaining information about a child's medical needs and that this information is up to date

Academy staff:

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

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

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

Healthcare professionals should:

- notify the academy when a pupil has been identified as having a medical condition who will require support in the academy
- take a lead role in ensuring that pupils with medical conditions are properly supported in the academy, including supporting staff on implementing a pupil's plan;
- work with headteachers to determine the training needs of academy staff and agree who would be best placed to provide the training
- confirm that academy staff are proficient to undertake healthcare procedures and administer

medicines.

Parents and carers:

- should provide the academy with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the academy that their child has a medical condition.
- should be key partners and be involved in the development and review of their child's individual healthcare plan and may be involved in its drafting.
- should carry out any action they have agreed to as part of its implementation, including the provision of medicines and equipment.
- Must ensure that all medicines (including over the counter (OTC) products) are prescribed by a healthcare professional, e.g. their GP. Medicines which have not been prescribed by a healthcare professional will only be administered at the academy in exceptional circumstances and in the case of an emergency. If a pupil requires an OTC medicine on a regular basis, it must be prescribed by a GP and will then be managed as part of a short term medical requirement.

Pupils

- Pupils with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan (IHP). Other pupils will often be sensitive to the needs of those with medical conditions.
- After discussion with parents or carers, pupils who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected within individual healthcare plans.
- Wherever possible and safe to do so, pupils should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily. Pupils who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate for a pupil to self-manage, relevant staff should help to administer medicines and manage procedures for them.
- If a pupil refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the IHP. Parents or carers should be informed so that alternative options can be considered.

3. Equal opportunities

The Board of Trustees is clear about the need to actively support pupils with medical conditions to participate in trips and visits, or in sporting activities, and not prevent them from doing so.

The academy will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

4. Assisting pupils with long term or complex medical needs

Within our academy, we provide education to pupils with long term or complex medical needs

through our medical tuition services. The **deputy headteacher is responsible** for:

- operational organisation of that provision and the quality of delivery of the curriculum received by medical needs pupils
- where relevant, liaising with pupil's main school to ensure effective and timely transition to and from medical tuition.
- holding regular reviews with a pupil's school and health professionals.
- liaising with healthcare professionals regarding the training required for staff including ensuring that the school nursing service is consulted in the case of any pupil who has a medical condition
- developing and implementing IHPs for pupils on medical tuition and medical home tuition and, in the case of pupils with SEN, Education and Health Care Plans (EHC) in partnership with the SENCO.

A proactive approach is taken towards children with medical needs. Every child with a long term or complex medical need will be offered a home visit from the class teacher at the onset of condition or change in condition. This enables the academy / parents to identify potential issues/difficulties before a child returns to the academy. Issues identified in the past have included access to classrooms, toilet facilities, additional adult support, lunchtime procedures and emergency procedures. An IHP (**template 1**) will be produced for any child with long term/complex medical needs and will be reviewed on a regular basis.

5. Being notified that a child has a medical condition

When the academy is notified that a pupil has a medical condition, the process outlined in Appendix 1 will be followed to decide whether the pupil requires an IHP. The academy will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our academy.

6. Individual Health Care Plans (IHP)

An IHP is a document that sets out the medical needs of a pupil, what support is needed within the school day and details actions that need to be taken within an emergency situation (see template 1). They provide clarity about what needs to be done, when and by whom. The level of detail within the plans will depend on the complexity of the pupil's condition and the degree of support needed. This is important because different children with the same health condition may require very different support.

Individual healthcare plans may be initiated by a member of academy staff, the school nurse or another healthcare professional involved in providing care to the child. Plans must be drawn up with input from such professionals e.g. a specialist nurse, who will be able to determine the level of detail needed in consultation with the academy, the child and their parents. Plans should be reviewed at least annually or earlier if the pupil's needs change. They should be developed in the context of assessing and managing risks to the child's education, health and social well-being and to minimise disruption. Where the child has a special educational need, the individual healthcare plan should be linked to the pupil's statement or EHC plan where they have one.

Parents will receive a copy of the IHP with the originals kept by the academy. Medical notices,

including pictures and information on symptoms and treatment are placed in the staff room and medical room, kitchen and given to the pupil's class teacher for quick identification, together with details of what to do in an emergency.

7. Procedures for administering medicines

- In line with safeguarding duties, the academy will ensure that a pupil's health is not put at unnecessary risk from, for example, infectious disease. The academy will therefore not accept a pupil in school at times when it would be detrimental to the health of that pupils and others.
- Medicines should only be administered at the academy when it would be detrimental to a child's health or attendance not to do so
- No child under 16 should be given prescription or non-prescription medicines without their parent's written consent - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality
- A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken
- [Controlled drugs](#) are prescription medicines that are controlled under the [Misuse of Drugs Regulations 2001](#) and subsequent amendments, such as morphine or methadone. A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. All other controlled drugs are kept in a secure cupboard in the school office and only named staff have access. Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside academy hours
- Academies should 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 academies inside an insulin pen or a pump, rather than in its original container
- Antihistamines will not be administered at school unless prescribed by a GP
- All medicines must be stored safely. Pupils should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenalin pens should be always readily available to pupils as appropriate
- Academies should otherwise keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff should have access
- Controlled drugs should be easily accessible in an emergency a member of staff may administer a controlled drug to the child for whom it has been prescribed providing they have received specialist training/instruction
- Academies should keep a record of all medicines administered to individual pupils, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at the academy should be noted

- When no longer required, medicines should be returned to the parent to arrange for safe disposal
- Sharps boxes should always be used for the disposal of needles and other sharps.

There is no legal duty which requires academy staff to administer medication. However, staff across OA may administer medication to children provided that the parent/carer has completed an administration of medication form (**see template 2**). We will only administer non-prescription medicines under exceptional circumstances and with a written request.

Occasionally, a pupil will show an adverse reaction to a new course of treatment and for this reason the academy will not take responsibility for administering the first prescribed dosage. Medication should only be requested to be administered if it needs to be administered during school time. Where the dosage is three times a day it is usually acceptable that these doses are given at home – before school, immediately after school and just before bedtime.

Medication and the request form should be handed to staff by parents/carers, never the child. For children in Key Stage 1 and 2, we encourage parents to provide correct dosages of medicine in an appropriate container for a member of staff to oversee the child whilst he/she takes it. All medication should be placed in a clear container (with a lid) and the name of the child, type of medication and dosage clearly displayed. Medicines should always be provided with the prescriber’s instructions.

Pupils with asthma are encouraged to carry their inhalers with them. However, a spare inhaler should also be kept in the academy office or classroom. Children with diabetes are encouraged to keep medication close to hand. They are able to take high energy snacks when needed and at any point in the day.

Below is a checklist of advice that members of staff can refer to when administering medicines to pupils in the academy:

Do	Do not
<p>✓ Remember that any member of school staff may be asked to provide support to pupils with medical conditions, but they are not obliged to do so</p>	<p>✗ Give prescription medicines or undertake healthcare procedures without appropriate training</p>
<p>✓ Check the maximum dosage and when the previous dosage was taken before administering medicine</p>	<p>✗ Accept medicines unless they are in-date, labelled, in the original container and accompanied by instructions</p>
<p>✓ Keep a record of all medicines administered. The record should state the type of medicine, the dosage, how and when it was administered, and the member of staff who administered it</p>	<p>✗ Give prescription or non-prescription medicine to a child under 16 without written parental consent, unless in exceptional circumstances</p>
<p>✓ Inform parents if their child has received medicine or been unwell at</p>	<p>✗ Give medicine containing aspirin to a child under 16 unless it has been prescribed by a doctor</p>

<p>school</p> <p>✓ Store medicine safely</p> <p>✓ Ensure that the child knows where his or her medicine is kept, and can access it immediately</p>	<p>✗ Lock away emergency medicine or devices such as adrenaline pens or asthma inhalers</p> <p>✗ Force a child to take their medicine. If the child refuses to take it, follow the procedure in the individual healthcare plan and inform their parents</p>
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8. Storing medicines

OA will only store, supervise and administer medicine that has been prescribed for an individual pupil. Where a child needs two or more prescribed medicines, each should be in a separate container. Staff should never transfer medicines from their original containers. Medicines are stored safely in the medical room and in the refrigerator if required. All emergency medicines, such as asthma inhalers and adrenaline pens are readily available to the pupil – not locked away.

Pupils should know where their own medicines are stored.

9. Disposal of medicines

Staff should not dispose of medicines. Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. They should also collect medicines held at the end of each term. This includes asthma medication. If parents do not collect all medicines, they should be taken to a local pharmacy for safe disposal.

10. Safety management of medicines

The storage of medicines must ensure that the risks to the health of others are properly controlled as set out in the Control of Substances Hazardous to Health Regulations 2002 (COSHH).

11. Emergency procedures

In emergency situations, where possible, the procedure identified on a pupil's IHP will be followed. When this is not available, a qualified first aider will decide on the emergency course of action. If it is deemed a child needs hospital treatment as assessed by the first aider the following procedures must take place:

1. Stabilise the child
2. Dial 999
3. Contact parent/carer
4. Notify headteacher

The most appropriate member of staff accompanies the pupil to hospital with all relevant health documentation (Inc. tetanus and allergy status) and clear explanation of the incident if witness does not attend. Senior member of staff should attend the hospital to speak to parents if deemed necessary.

12. Hygiene and infection control

All staff should be aware of normal precautions for avoiding infections and follow basic hygiene procedures e.g. basic hand washing. The medical room has full access to protective disposable

gloves, visors and disposable aprons and care is taken with spillages of blood and body fluids.

As already highlighted, particular care will be taken to follow hygiene procedures should a member of staff be supporting a pupil who has displayed coronavirus symptoms.

13. Sporting activities

Some children may need to take precautionary measures before or during exercise. Staff supervising such activities should be aware of relevant medical conditions and any preventative medicine that may need to be taken and emergency procedures

14. Educational visits

As already emphasized, we actively support pupils with medical conditions to participate in trips and visits, or in sporting activities but are mindful of how a child's medical condition will impact on their participation. Arrangements will always be made to ensure pupils with medical needs are included in such activities unless evidence from a clinician such as a GP or consultant states that this is not possible.

A risk assessment will be completed at the planning stage to take account of any steps needed to ensure that pupils with medical conditions are included. This will require consultation with parents and pupils and advice from the school nurse or other healthcare professional that are responsible for ensuring that pupils can participate. A copy of the child's health care plan should be taken with the child on an educational visit.

The class teacher must also ensure that medication such as inhalers and epi-pens are taken on all trips and given to the responsible adult that works alongside the child throughout the day. A first aid kit must be taken on all trips. The trip leader must ensure that all adults have the telephone number of the academy in case of an emergency.

A fully trained first aider should attend all academy trips especially when a pupil with a specific medical need is going. The first aider provisions at the destination of the trip should be included as part of the risk assessment. The party leader must ensure that all necessary medicines are taken on the trip. This will mean checking the medical requirements of the class and ensuring that any pupil with a specific medical condition has access to prescribed medicine whilst on the trip. First Aid trained staff administering medication to children on trips should follow the guidelines above.

15. Staff training

- Teachers and support staff will receive training on the supporting pupils with medical conditions policy as part of their new starter induction.
- Teachers and support staff will receive regular and ongoing training as part of their development.
- Teachers and support staff who undertake responsibilities under this policy will receive first aid training externally
- No staff member may administer prescription medicines or undertake any healthcare procedures without undergoing training specific to the responsibility.
- No staff member may administer drugs by injection unless they have received training in this responsibility.

- A record of training undertaken will be held along with a list of staff qualified to undertake responsibilities under this policy (see template 5).

Parents can be asked for their views and may be able to support academy staff by explaining how their child's needs can be met but they should provide specific advice, not be the sole trainer.

16. Avoiding unacceptable practice

OA understands that it is unacceptable practice to:

- prevent pupils from easily accessing their inhalers and medication and administering their medication when and where necessary
- assume that every pupil with the same condition requires the same treatment
- ignore the views of the pupil or their parents/carers; or ignore medical evidence or opinion (although this may be challenged)
- send pupils with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans
- send pupils to the academy office or medical room unaccompanied or with someone unsuitable if the pupil becomes ill
- penalise pupils for their attendance record if their absences are related to their medical condition, e.g. 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 academy to administer medication or provide medical support to their child, including with toileting issues. No parent or carer should have to give up working because the academy is failing to support their child's medical needs
- prevent pupils from participating or create unnecessary barriers to pupils participating in any aspect of academy life, including trips, e.g. by requiring parents or carers to accompany their child.

17. Record keeping

The trust board will ensure that written records are kept of all medicine administered to pupils. Parents will be informed if their child has been unwell at the academy. IHPs are kept in a readily accessible place which all staff are aware of.

18. Liability and indemnity

OA MAT board ensures that the appropriate level of insurance is in place and appropriately reflects the academy's level of risk. We are a member of the Department for Education's risk protection arrangement (RPA).

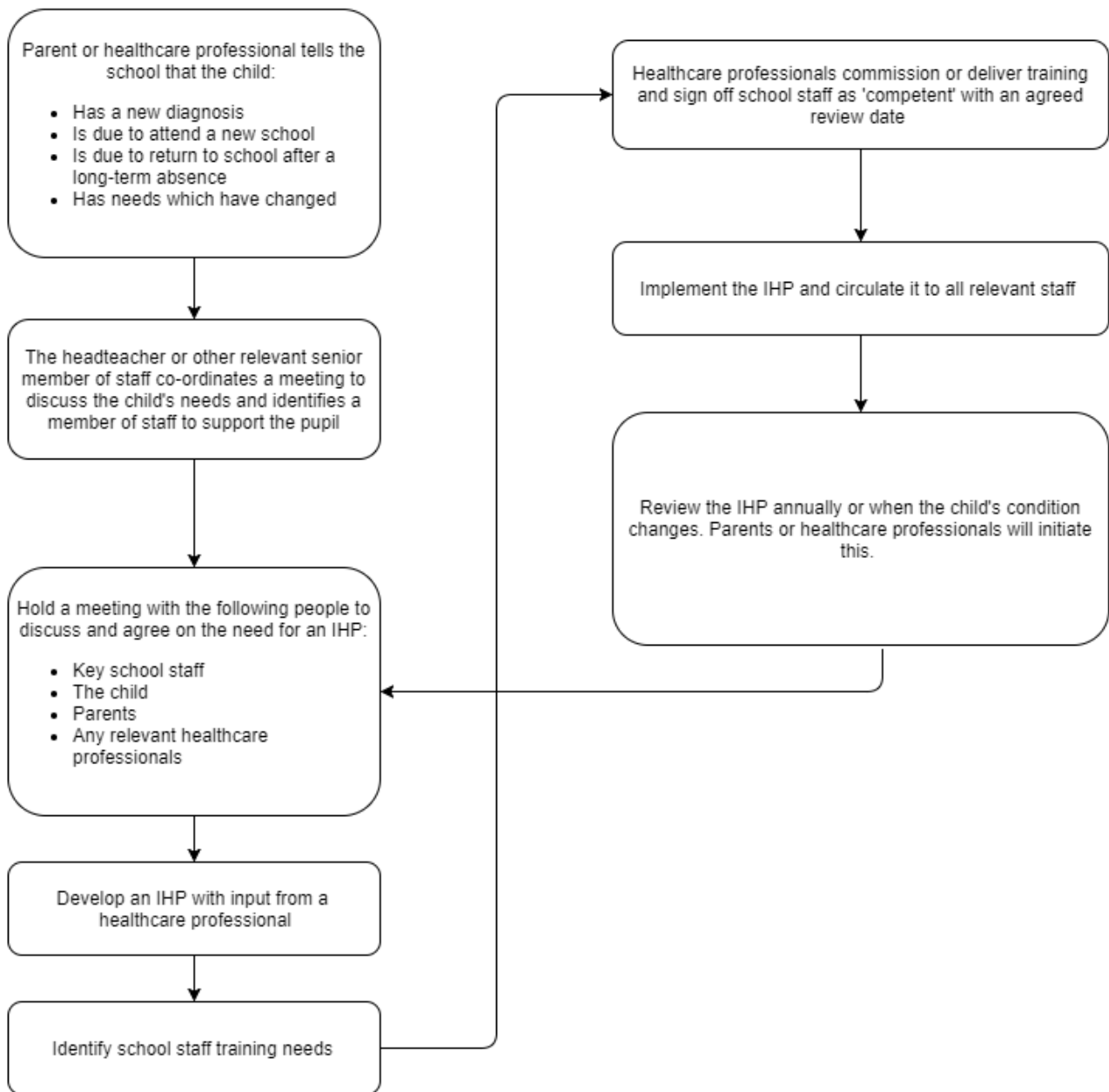
19. Complaints

Parents/carers are encouraged to discuss any concerns with the pupil's class teacher in the first instance, but should they feel their concern is not resolved, details of how to make a complaint can be found in the OA complaints policy which is available on the academy website.

20. Review

The Bord of Trustees will review this policy annually and update it in line with government legislation or reviews of practice.

Appendix 1 – Procedure for developing an IHP where relevant



Template 1: Individual Health Care Plan (IHP)

Name of academy/setting

Pupil's name

Group/class/form

Date of birth

Pupil's address

Medical diagnosis or condition

Date

Review date

Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Phone no.

Who is responsible for providing support in academy

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

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

Daily care requirements, e.g. before sport, during lunch

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

Arrangements for visits/trips etc

Other information

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

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

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to:

Template 2: parental agreement for academy to administer medicine

The academy will not give your child medicine unless you complete and sign this form, and the academy or setting has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of academy/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the academy/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

NB: 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 must deliver the medicine personally to	[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to academy staff administering medicine in accordance with the OA policy. I will inform the academy immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent/carers signature(s)

Date

Template 3: record of medicine administered to an individual child

Name of academy	
Name of pupil	
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
Time given
Dose given
Name of member of staff
Staff initials

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

Template 5: staff training record – administration of medicines

Name of academy

Name

Type of training received

Date of training completed

Training provided by

Profession and title

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____