



## Co-op Academy North Manchester

Co-op Academy  
North Manchester

<b>Name</b>	<b>Supporting children in the academy with medical needs</b>
<b>Approved By</b>	<b>SSCC Committee</b>
<b>Policy Created</b>	<b>July 2016</b>
<b>Review</b>	<b>July 2018</b>
<b>Update Approved</b>	<b>September 2018</b>
All policies are available to stakeholders either on the Academy website or upon request from the Academy's main office	

### Aims:

<ul style="list-style-type: none"> <li>• The over-arching purpose of this policy is to make sure that all pupils can go on to lead happy and successful lives.</li> <li>• This policy sets out specific guidance on the principles that should apply to the management of medical conditions, including the administration of medications.</li> <li>• The outcome should be that they can play a full and active role in all aspects of school life including trips, educational visits and residential and extended school activities, such that they remain healthy and achieve their academic potential.</li> </ul> <p>The policy applies to all staff employed at Co-op Academy North Manchester</p>
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## 1. ROLES AND RESPONSIBILITIES

<b>1.1</b>	All staff must be aware of this policy on supporting pupils with medical conditions, understand their role in its implementation and follow the correct procedures. All policies are available in the shared area on the school system.
<b>1.2</b>	The Vice Principal who has responsibility for the area of inclusion will be responsible for effective implementation of this policy, alongside the SENDCo, and the school nurse. The administrative side will be overseen by the designated member(s) of the admin team.
<b>1.3</b>	This policy clearly identifies how the roles and responsibilities of staff who are involved in the arrangements to support pupils at school with medical conditions are made clear to both staff, parents/carers and the child.
<b>1.4</b>	The SENDCo should ensure that all relevant staff are aware of an individual child's medical condition and needs.
<b>1.5</b>	The VP responsible for INCLUSION must liaise with relevant SLT members and the SENDCo to ensure that sufficient numbers of staff receive appropriate training to fulfil the roles and responsibilities of supporting children with medical conditions i.e. the school is able to deliver against all Individual Healthcare Plans (IHCPs) and implement policy, including for example in contingency or emergency situations and management of staff absence.
<b>1.6</b>	The VP responsible for INCLUSION will ensure that a system is in place which identifies procedures to be followed on receipt of notification of a pupil's medical needs; procedures should cover any transitional arrangements or when pupil needs change (see Appendix 1).
<b>1.7</b>	The SENDCo will ensure that cover arrangements are always available in the event of staff absence or staffing changes, including briefing for volunteers, supply teachers and appropriate induction for new members of staff.

1.8	The SENDCo will ensure that IHCPs are in place, where appropriate, and developed in consultation with parents/carers, healthcare professionals, relevant staff and (if appropriate) the child or young person.
1.9	The SENDCo will ensure that IHCPs are monitored and are subject to review, at least annually, or sooner if needs change.
1.10	The SENDCo and Vice Principal Inclusion will ensure that risk assessments relating to the school environment are in place, as appropriate, including consideration for actions to take in the event of emergency situations.
1.11	The SENDCo and Vice Principal will ensure that risk assessments relating to off-site visits, residential trips and extended school opportunities offered outside the normal timetable are in place, as appropriate, including consideration for actions to take in the event of emergency situations.
1.12	The Principal will ensure that the Trust's complaints procedure is in place and is accessible.
1.13	The Head of Year, liaising with a designated member(s) of the admin team will ensure that the notification procedure is followed when information about a child's medical needs are received (Appendix 1).
1.14	The Head of Year, liaising with the designated member(s) of the admin team will ensure parents/carers provide full and up to date information about their child's medical needs by completion of 'Parent/Carer Information about a Child's Medical Condition' form (Template A).
1.15	The Vice principal with responsibility for inclusion will, on receipt of a 'Parent/Carer Request and Agreement for School to Administer Medicines / Medical Interventions' form (Template B), on a case by case basis, whether any medication or medical intervention will be administered, following consultation with staff. They will liaise with the Principal, if necessary.
1.16	The Vice principal with responsibility for inclusion will decide, on receipt of a 'Parent/Carer Request for the Child's Self-administration of Medication/Medical Intervention (Template C), on a case by case basis, whether any medication will be carried by the child, will be self-administered by the child or any medical intervention will be self-administered by the child, following consultation with staff, if appropriate.
<b>Staff Responsibilities:</b>	
1.17	Any member of staff may be asked to provide support for a child with a medical condition, including the administration of medicine(s) and medical intervention(s), although they cannot be required to do so; this is a voluntary role.
1.18	School staff will receive sufficient and suitable training and achieve competency before they take on responsibility for supporting children with medical conditions.
1.19	Where children have an IHCP, the roles and responsibilities of staff will be clearly recorded and agreed.
<b>Parents/Carers are required to:</b>	
1.20	Provide the school with sufficient and up to date information about their child's medical needs and to update it at the start of each school year or, if needs change, by completion of a 'Parent/Carer Information about a Child's Medical Condition' form (Template A).
1.21	Complete, if appropriate, a 'Parent/Carer Request and Agreement for School to Administer Medicines / Medical interventions' form (Template B) to gain consent for medicines / medical interventions to be administered at school.
1.22	Complete, if appropriate, a 'Parent/Carer Request for the Child's Self-administration of Medication/Medical Intervention' form (Template C) to gain consent for medicines / medical interventions to be administered by the child.
1.23	Provide up-to-date contact information so that parents/carers or other nominated adults are contactable at all times.

<b>1.24</b>	Carry out any action they have agreed to as part of the implementation of an IHCP.
<b>1.25</b>	Provide any medication in its original packaging, with the pharmacy label stating the following: <ul style="list-style-type: none"> <li>• Child's name</li> <li>• Child's date of birth</li> <li>• Name of medicine</li> <li>• Frequency / time medication administered</li> <li>• Dosage and method of administration</li> <li>• Special storage arrangements</li> </ul>
<b>1.26</b>	Ensure medicines or resources associated with delivery of a medical intervention have not past the expiry date.
<b>1.27</b>	Collect and dispose of any medicines held in the academy at the end of each term, or as agreed.
<b>1.28</b>	Provide any equipment required to carry out a medical intervention e.g. catheter tubes.
<b>1.29</b>	Collect and dispose of any equipment used to carry out a medical intervention e.g. sharps box.
<b>1.30</b>	<b>Pupil Information</b> - Parents/carers are required to give the following information about their child's medical condition and to update it at the start of each school year, or sooner if needs change, by completion of 'Parent/Carer Information about a Child's Medical Condition' form (see Template A): <ul style="list-style-type: none"> <li>• Details of pupil's medical conditions and associated support needed at school</li> <li>• Medicine(s), including any side effects</li> <li>• Medical intervention(s)</li> <li>• Name of GP / Hospital and Community Consultants/Other Healthcare Professionals</li> <li>• Special requirements e.g. dietary needs</li> <li>• Who to contact in an emergency</li> <li>• Cultural and religious views regarding medical care</li> </ul>

## **2 MANAGING MEDICINES / MEDICAL INTERVENTIONS ON SCHOOL PREMISES**

### **Administration of Medicines / Medical Interventions**

<b>2.1</b>	Medicine / medical interventions will only be administered at school when it would be detrimental to a pupil's health or attendance not to do so.
<b>2.2</b>	It is expected that parents/carers will normally administer medication / medical interventions to their children during their time at home, where at all possible.
<b>2.3</b>	No medication / medical intervention will be administered without prior written permission from the parents/carers. 'Parent/Carer Request and Agreement for School to Administer Medicines / Medical Interventions' (Template B).
<b>2.4</b>	The Principal has the final say to decide whether and by whom any medication or medical intervention will be administered in school, following receipt of the above form and after consultation with staff.
<b>2.5</b>	No changes to administration method or dosage of medication or changes in procedures relating to medical interventions will carried out without written authority from parents/carers and recorded amendment to the 'Parent/Carer Request and Agreement for School to Administer Medicines / Medical interventions' form (Template B).
<b>2.6</b>	The Principal has the final say to decide whether a child is able to carry and self-administer any medication or self-administer any medical intervention, following

	consultation with staff as appropriate 'Parent/Carer Request for the Child's Self-Administration of Medication/Medical Intervention' (Template C);
<b>2.7</b>	All medicines / medical interventions will normally be administered during school breaks and/or lunchtime.
<b>2.8</b>	If, for medical reasons, medicine has to be taken at other times during the day or a medical intervention delivered at a different time, arrangements will be made for the medicine / medical intervention to be administered at other prescribed times.
<b>2.9</b>	Pupils will be told where their medication / medical intervention equipment and resources are kept and who will administer them.
<b>2.10</b>	Any member of staff, on each occasion, giving medicine / medical intervention to a pupil should check:
<b>2.10.1</b>	Name of pupil
<b>2.10.2</b>	Written instructions provided by the parents/carers or healthcare professional or as agreed in an IHCP
<b>2.10.3</b>	Prescribed dose, if appropriate
<b>2.10.4</b>	Expiry date, if appropriate
<b>2.11</b>	Any member of staff, on each occasion, will make a written record of medication / medical interventions administered on the 'Record of Administration of Medicines/Medical Intervention to an Individual Child' (Template C).
<b>2.12</b>	No child under 16 will be given medicine containing <b>aspirin</b> unless prescribed by a doctor.
<b>2.13</b>	<b>Child's Role in managing their own Medical Needs:</b> After discussion with parents/carers, children who are competent will be encouraged to take responsibility for managing their own medicines and medical interventions.
<b>2.14</b>	Written permission from the parents/carers will be required for pupils to self-administer medicine(s) / medical intervention(s). The school's 'Parent/Carer Request for the Child's self-administration of Medication/Medical Intervention (Template C) must be completed by parents/carers.
<b>2.15</b>	Written permission from the parents/carers will be required for pupils to carry medicine(s) or resources associated with a medical intervention(s). The school's 'Parent/Carer Request for the Child's self-administration of Medication/Medical Intervention (Template C) must be completed by parents/carers.
<b>2.16</b>	Children who can take medicines or manage medical interventions independently may still require a level of adult support e.g. in the event of an emergency. In this situation agreed procedures will be documented in an IHCP.
<b>2.17</b>	<b>Refusing Medication / Medical Intervention:</b> If a child refuses to take their medication / medical intervention, staff will not force them to do so. Refusal to take medication will be recorded and dated on the child's record sheet. Reasons for refusal to take medications / medical intervention must also be recorded as well as the action then taken by the member of staff and parents/carers informed.
<b>2.18</b>	Parents/carers will be informed as soon as possible. Where the child is potentially placing themselves at risk by refusal, parents/carers will be informed immediately.
<b>2.19</b>	<b>Storage of Medicines / Medical Intervention Equipment and Resources:</b> All children will know where their medicines / medical intervention equipment/resources are at all times and will be readily available as required.
<b>2.20</b>	<b>Controlled drugs</b> - A child who is prescribed a controlled drug may legally have it in their possession if they are competent to do so but passing it to another child for use is an offence.
<b>2.21</b>	Where controlled drugs are not an individual child's responsibility, they will be kept in a non-portable locked cabinet in a secure environment e.g. admin office, medical room. Only named staff will have access.
<b>2.22</b>	Controlled drugs will be easily accessible in an emergency as agreed with

	parents/carers or described in the child's IHCP.
<b>2.23</b>	Where controlled drugs are not an individual child's responsibility, records will be kept of any doses used and the amount kept on the premises.
<b>2.24</b>	<b>Non-controlled drugs and medical resources:</b> All medicines and medical equipment / resources will be stored safely as agreed with parents/carers or described in the child's IHCP.
<b>2.25</b>	<b>Records</b> - The academy will keep a record of all medicines / medical interventions administered to individual children on each occasion, including the following:
<b>2.25.1</b>	Name of pupil
<b>2.25.2</b>	Date and time of administration
<b>2.25.3</b>	Who supervised the administration
<b>2.25.4</b>	Name of medication
<b>2.25.5</b>	Dosage
<b>2.25.6</b>	A note of any side effects / reactions observed
<b>2.25.7</b>	If authority to change protocol has been received and agreed.
<b>2.26</b>	Record of Administration to an Individual Child (Template D) and Record of Medicine Administered to All Children (Template E).

### 3 TRAINING

<b>3.1</b>	Staff must not give prescription medicines or undertake healthcare procedures without appropriate training. A First Aid Certificate does NOT constitute appropriate training in supporting children with medical conditions. Staff must not give advice or a medical view on a child's health or a member of staff.
<b>3.2</b>	All staff will be made aware of the School's Policy for supporting pupils with medical conditions and their role in implementing that policy through for example whole school awareness training, involvement in development of IHCPs, staff briefing sessions etc.
<b>3.3</b>	Specialist training and advice will be provided by appropriate healthcare professionals, e.g. specialist epilepsy nurse, asthma training by school nurse etc, for staff involved in supporting pupils with medical conditions including the administration of relevant medicines / medical interventions.
<b>3.4</b>	Training for all staff will be provided on a range of medical needs, including any resultant learning needs, as and when appropriate.
<b>3.5</b>	Supporting a child with a medical condition during school hours is not the sole responsibility of one person.
<b>3.6</b>	Training will ensure that sufficient numbers of staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in IHCPs. Induction training will raise awareness of the School's Policy and practice on supporting pupils with medical condition(s).
<b>3.7</b>	Training will be sufficient to ensure staff are competent and have confidence in their ability. The School will make every effort to ensure that specialist training will be completed as quickly as possible to ensure that the child is able to attend school safely.
<b>3.8</b>	A record of staff training carried out will be kept, identifying the date review or refresher training will be required where appropriate. 'Record of Staff Training' (Template F)

#### 4 INDIVIDUAL HEALTH CARE PLANS (IHCP)

<b>4.1</b>	Where appropriate, an IHCP will be drawn up in consultation with the school, parents/carers, health professionals and any other relevant professionals.
<b>4.2</b>	The content of an individual child's IHCP will be dependent on the complexity of their needs and may include the following:
<b>4.2.1</b>	An overview (Pen Portrait / One Page Profile) of the child's needs and provision in place in school to manage those needs.
<b>4.2.2</b>	A description of the medical condition, its presentation (signs, symptoms, triggers etc) and impact on access to the school environment and learning opportunities.
<b>4.2.3</b>	Arrangements around administration of medication(s) / medical intervention(s).
<b>4.2.4</b>	Arrangements around management of medical emergency situations.
<b>4.2.5</b>	Arrangements around management and support for personal care needs, including intimate and invasive care e.g. catheterisation, toileting support, gastro-tube feeding etc.
<b>4.2.6</b>	Risk assessment for access to the school environment and curriculum.
<b>4.2.7</b>	Arrangements for evacuation in the event of an emergency.
<b>4.2.8</b>	The level of support required in school, who will provide this support, their training needs and cover arrangements for when they are unavailable.
<b>4.2.9</b>	How, if agreed, the child is taking responsibility for their own health needs.
<b>4.2.10</b>	A reference to staff confidentiality.
<b>4.3</b>	Appendix 2 is a Flow Chart to guide through deciding which elements of the IHCP are relevant to an individual child.
<b>4.4</b>	Individual Health Care Plans will be reviewed annually or sooner if needs change

#### 5 INTIMATE AND INVASIVE CARE

<b>5.1</b>	Cases where intimate or invasive care is required will be agreed on an individual basis. Decisions made about procedure and practice will be recorded within the pupils IHCP and take account of safeguarding issues for both staff and pupils.
<b>5.2</b>	Information about the types of training required for administration of medicines and medical interventions commonly found in schools is contained in Appendix 3 (Medicines and Medical Interventions).

#### 6. OFF-SITE AND EXTENDED SCHOOL ACTIVITIES

<b>6.1</b>	Pupils with medical conditions will be actively supported in accessing all activities on offer including school trips, sporting activities, clubs and residential / holidays.
<b>6.2</b>	Preparation and forward planning for all off-site and extended school activities will take place in good time to ensure that arrangements can be put in place to support a child with a medical condition to participate fully.
<b>6.3</b>	The academy will consider what reasonable adjustments need to be put in place to enable children with medical conditions to participate safely and fully.
<b>6.4</b>	The academy will carry out a thorough risk assessment to ensure the safety of all pupils and staff. In the case of pupils with medical needs the risk assessment process will involve consultation with child, parents/carers and relevant healthcare professionals to ensure the pupil can participate safely. Please refer to Health and Safety Executive (HSE) Guidance on School Trips. This will be signed off by a member of SLT.

<b>6.5</b>	In some circumstances evidence from a clinician, such as a hospital consultant, may state that participation in some aspects offered is not possible. Where this happens the academy will make alternative arrangements for the child.
<b>6.6</b>	Arrangements will be in place to ensure that an IHCP can be implemented fully and safely when out of school. Risk assessment will identify how IHCPs will be implemented effectively off-site and where additional supervision or resources are required.

## **7 MANAGING EMERGENCIES AND EMERGENCY PROCEDURES**

<b>7.1</b>	The Site Manager will ensure that all staff are aware of the school's general risk management processes and planned emergency procedures.
<b>7.2</b>	Where a child has an IHCP this will clearly define what constitutes an emergency and describes what to do. This may include:
<b>7.2.1</b>	An Emergency Medical Protocol that details the actions to be taken by staff and supported by specialist training where relevant e.g. seizure management and administration of rescue medication.
<b>7.2.2</b>	A Personal Emergency Evacuation Plan (PEEP) that details the actions to be taken by staff to support the child's evacuation from the building, supported by specialist training where relevant e.g. use of an Evac chair; the PEEP should also detail the actions to be taken by staff to support how staff will manage the child's medical needs during the evacuation e.g. ensuring appropriate medication is taken outside and is available whilst at the assembly point.
<b>7.3</b>	School has a procedure for contacting emergencies services (Template G) which is displayed in the appropriate places e.g. office, staff room etc.

## **8 DEFIBRILLATOR**

<b>8.1</b>	The school will ensure that some staff members who are appointed as first aiders may be trained in the use of the defibrillator and CPR.
<b>8.2</b>	Students who volunteer and have written consent from their parents/carers will also be trained in the use of CPR

## **9 CONFIDENTIALITY AND SHARING OF INFORMATION WITHIN SCHOOL**

<b>9.1</b>	The academy is aware of the need to manage confidential information sensitively and respectfully, maintaining the dignity of the child and family at all time, in line with GDPR regulations.
<b>9.2</b>	The academy will disseminate information to key members of staff involved in the child's care on a needs-to-know basis, as agreed with parents/carers.
<b>9.3</b>	Where the child has an IHCP this will be shared with key staff with regular, scheduled re-briefings.
<b>9.4</b>	The academy will ensure that arrangements are in place to inform new members of staff of the child's medical needs.
<b>9.5</b>	The academy will ensure that arrangements are in place to transfer information on a child's medical needs to staff during any transition.

## 10 LIABILITY AND INDEMNITY

<b>10.1</b>	the academy insurance policies provide liability cover relating to the administration of medicines.
<b>10.2</b>	In the case of medical interventions, individual cover may be arranged for any specific healthcare procedures, including information about appropriate staff training and other defined requirements of the insurance policy.
<b>10.3</b>	The expectation is that only appropriately trained and insured staff will be involved in supporting medical interventions.

## 11 COMPLAINTS PROCEDURE

<b>11.1</b>	In the first instance parents/carers dissatisfied with the support provided should discuss their concerns directly with the Principal / SENDCo.
<b>11.2</b>	If, for whatever reason, this does not resolve the issue then the complaints procedure can be followed.

## 12 UNACCEPTABLE PRACTICE

<b>12.1</b>	The academy work to prevent the following:	
<b>12.1.1</b>		Requiring parent/carers or otherwise making them feel obliged to attend school to administer medicines / medical interventions or provide medical support to their child, including around toileting issues – no parent/carer should have to give up working because the school is failing to support their child’s medical needs.
<b>12.1.2</b>		Preventing children from participating, or creating unnecessary barriers to children participating in, any aspect of academy life, including trips, e.g. by requiring parents/carers to accompany the child.
<b>12.1.3</b>		Preventing children from easily accessing and administering their medicines as and where necessary.
<b>12.1.4</b>		Assuming every child with the same condition requires the same treatment.
<b>21.1.5</b>		Ignoring the views of the child and/or their parents/carers (although this may be challenged).
<b>21.1.6</b>		Ignoring medical evidence or opinion (although this may be challenged).
<b>21.1.7</b>		Sending children with medical conditions home frequently.
<b>21.1.8</b>		Preventing children with medical conditions from staying at the academy for normal school activities, including lunch, unless this is specified in their IHCP.
<b>21.1.9</b>		If the child becomes ill, sending them to the school office or medical room unaccompanied or with someone unsuitable.
<b>21.1.10</b>		Penalising children for their attendance record if their absences are related to their medical condition e.g. hospital appointments.
<b>21.1.11</b>		Preventing children from eating, drinking or taking toilet / other breaks whenever they need to in order to manage their medical condition effectively.

## Appendix 1 Individual Health Care Plan

Name of school/setting  
Child's name  
Group/class/form  
Date of birth  
Child'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 school

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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

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

Arrangements for school 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

## Appendix 2 (Parent/Carer agreement for school to administer medication)

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

Date for review to be initiated by	
Name of school/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 school/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 school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting 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 3a (Record of medication administered to a pupil)**

Name of school/setting	
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature \_\_\_\_\_

Signature of parent \_\_\_\_\_

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

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

**(Continued)**

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
