



# Pupils with Medical Needs Policy

<b>Written</b>	<b>July 2021</b>
<b>Review Date</b>	<b>September 2023</b>
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The school admissions procedure gives priority to pupils with an Education and Health Care Plan. It is recognised that this may include a child with long or short-term medical needs. In addition, at any one time there may be in the school a number of pupils with medical needs, either short or long-term. This policy sets out the provision and duty of care for these children.

### **Aims**

- ❖ To enable the school to make quality provision for pupils on roll who have medical conditions so that they have full access to education, including school trips and physical education and can access and enjoy the same opportunities at school as any other child as set out in section 100 of the Children and Families Act 2014 and the DfE document: Supporting Pupils in Schools with Medical Conditions September 2014
- ❖ To list procedures to ensure that the medical needs of pupils at Moat Farm Infant and Nursery School are met
- ❖ To ensure the school complies with the Equality Act 2010 and the SEN Code of Practice where a child's medical condition is linked to a Special Educational Need

### **Objectives**

- ❖ Pupils with medical needs will be integrated as fully as possible into full-time mainstream education
- ❖ Pupils and parents/carers will know the named person who has responsibility for ensuring that medical needs are monitored and met wherever possible
- ❖ A record will be up-to-date of the pupils attendance to ensure that a pupil's educational needs are being met
- ❖ There will be a partnership between pupils, parents/carers, school, health and social care professionals to ensure that the needs of children with medical conditions are effectively supported
- ❖ The school will be fully informed of a pupil's medical needs in order to make provision for them and in order to ensure their educational needs are met

### **Procedures**

As soon as a child is offered a place at Moat Farm Infant and Nursery School, parents will be requested to supply any information about medical conditions which their child has so that an appropriate support plan and training can be put into place before the child starts at school. This may involve communication with any prior setting the child has attended and consultation with parents and health professionals. Where there is any difference of opinion between parents/carers and health professionals as to required interventions, advice will be sought from other agencies including school health and children's social care.

Where a need is urgent, school will not wait for a formal diagnosis before providing support to pupils. However, 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 evidence. This would normally involve some form of medical evidence and consultation with parents/carers. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place.

If a child has a short-term medical need which necessitates absence from school, the parents/carers should inform the school and the school will provide work if the child is well enough so that their education does not suffer.

If a child has a longer term medical need which necessitates a longer period of absence from the school, the school will communicate with outside agencies to ensure there is a continuity of education at the appropriate level for the child. School has a responsibility to provide work for children that are off sick and this will be met through discussion with the class teacher and Head Teacher.

If a child has a lengthy absence from school because of a medical need, a case conference involving home, school and medical professionals may be required to discuss the child's reintegration into school. Strategies for re-integration may include a reduced timetable, provision to stay indoors at break times and pupil/staff buddies. Where there are frequent absences for medical reasons, an Early Help referral may be made to call a meeting to share information and agree how the situation can best be managed and as to whether any additional support is needed from health agencies.

If a child has a medical need which does not prevent their attendance in school but may affect day to day routines or emergency procedures, it is the responsibility of parents/carers to inform the school (e.g. epi-pen, inhalers) in as much detail as possible so that the school can make appropriate provision on a day to day or emergency basis. This should be done through the medical information forms sent home annually for updating, filling in a medication form at the school office and/or through consultation with a senior member of staff.

All staff will have access to the pupils' medical details. A list of all medical needs are kept in each class and shared with supply staff. All pupils who have an Individual Health Care Plan are shared in half termly briefings with all staff by the medical lead so that all staff are aware of pupils in school.

No pupil will be excluded from a school or extra-curricular opportunities because of his/her medical needs unless a risk assessment deems it necessary; in this case, every effort will be made to adapt an opportunity for the child's needs. It is the duty of parents/carers to ensure that the correct medical information is supplied in the case of residential visits on the forms supplied.

### **Administration of medicines in school**

At Moat Farm Infant and Nursery School prescribed and non-prescribed medication will be administered. Non-prescribed medication will not be given for longer than 48 hours. If a child needs to take a medicine during the school day on a daily, regular, sporadic, emergency or seasonal basis, whether short or long term, parents/carers are asked to inform the school on the Pink Forms updated annually and complete appropriate paperwork at the school office. A member of staff will administer the prescribed amount of medication, observed by another member of staff and record this information on the medication forms. A separate form should be completed for each medicine required or medical condition.

### **Individual Health Care Plans**

Some children with more complex or unstable medical conditions may need an Individual Health Care Plan to help to ensure that the school effectively supports that pupil. (Please refer to the flowchart in the DFE policy on supporting pupils with medical needs). The purpose of such a plan is to ensure clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex. However, not all children will require one. The school, healthcare professional and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the Head Teacher is best placed to take a final view.

The format of the Individual Health Care Plan may vary to enable the school to choose whichever is the most effective for the specific needs of each pupil. They should be easily accessible to all who need to refer to them, while preserving confidentiality. Plans should not be a burden on a school, but should capture the key information and actions that are required to support the child effectively. The level of detail within plans will depend on the complexity of the child'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 Health Care Plans, (and their review), may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child. Plans should be drawn up in partnership between the school, parents/carers, and a relevant healthcare professional, e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils should also be involved whenever appropriate. The aim should be to capture the steps which a school should take to help the child manage their condition and overcome any potential barriers to getting the most from their education. Partners should agree who will take the lead in

writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school.

Plans will be reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They should be developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social well-being and minimises disruption. Where the child has a special educational need identified in a statement or EHC plan, the Individual Health Care Plan should be linked to or become part of that statement or EHC plan.

Individual Health Care Plans will include the following:

- 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, (children should be encouraged to manage the administration of their medicine under supervision), including in emergencies;
- Arrangements for monitoring administration including self-administration;
- 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;
- 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 parents and the Head Teacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate;
- Where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition;
- What to do in an emergency, including whom to contact, and contingency arrangements.

Some children may have an Emergency Health Care Plan prepared by their lead clinician that could be used to inform development of their Individual Health Care Plan.

### **Special Educational Needs**

Pupils with medical needs may at times need to be entered on the Special Needs register. This should be done with the full consent of parents/carers and in consultation with outside agencies. Where a child has SEN but does not have a statement or EHC plan, their special educational needs should be mentioned in their Individual Health Care Plan.

### **Risks to pupils**

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. The governors, therefore, reserve the right not to accept a child in school at times where it would be detrimental to the health of that child or others to do so.

### **Confidentiality**

Medical details provided should be treated as confidential and only shared with others with the parent/carers' consent on a need-to-know basis.

### **Contacts**

The named contact in school is Miss N. Skidmore (Assistant Head Teacher SEND), or the Head Teacher in their absence. It is essential that they have the most detailed medical information available.

### **Implementation of the school policy for pupils with medical conditions - Roles and responsibilities**

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. A school's ability to provide effective support will depend to an appreciable extent on working cooperatively with other agencies. Partnership working between school staff, healthcare professionals (and where appropriate, social care professionals), local authorities, and parents and pupils will be critical. The school will work collaboratively with all of the above agencies as required to ensure that the needs of pupils with medical conditions are met effectively.

### **The governing body will ensure that:**

- The school's policy clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support pupils at school with medical conditions.
- Arrangements are in place to support pupils with medical conditions in school, including making sure that this policy for supporting pupils with medical conditions in school is implemented and reviewed at least annually.

- Pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life.
- Sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.
- 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 Head Teacher of the school will ensure that:**

- The school's policy complies with current legislation and models of good practice and is effectively implemented in school and with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation
- All staff who need to know are aware of the child's condition and any key information needed to sustain and monitor the child's well-being and to support any emergency situation involving that child. Details of children with an Individual Health Care Plan are shared in half termly briefings by the medical lead.
- Sufficient trained members of staff are available to implement the policy and deliver against all Individual Health Care Plans, including in absence, contingency and emergency situations.
- Staff responsible for the administration of medicines or supporting a child with a medical condition have sufficient training and understanding to support the medical needs of any child for whom they are responsible
- Arrangements are in place to share information about medical conditions with supply staff or people leading out of hours activities including notification of a named school contact available to deal with any concerns/queries
- The Head Teacher has overall responsibility for the development of Individual Health Care Plans and monitoring their effectiveness
- School staff are appropriately insured and are aware that they are insured to support pupils in this way and sign the indemnity form with each employee administering medications in school
- Contact is made with 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
- New staff are made aware of children with medical conditions with whom they may come into contact
- Risk assessments incorporate a consideration of arrangements required to support a child's medical condition, particularly if the child is offsite

**School staff**

Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to

do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach.

School staff should 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/ healthcare professionals**

Every school has access to school nursing services. They are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's Individual Health Care Plan and provide advice and liaison, for example on training.

School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs - for example there are good models of local specialist nursing teams offering training to local school staff, hosted by a local school. Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition.

Other healthcare professionals including GPs and paediatricians - should notify the school nurse when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing Health Care Plans. Specialist local health teams may be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes).

### **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 Health Care Plan. Other pupils will often be sensitive to the needs of those with medical conditions and should be given the information required (bearing in mind issues of confidentiality) to enable them to be supportive to a child with medical conditions.

### **The child's role in managing their own medical needs**



After discussion with parents, children should be encouraged to develop the competence to take responsibility for managing their own medicines and procedures. This should be reflected within Individual Health Care Plans.

Wherever possible, children will be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily. Children who can take their medicines themselves or manage procedures may require an appropriate level of supervision and/or support. Where this is not appropriate, then relevant staff should help to administer medicines and manage procedures for them.

If a child 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 Individual Health Care Plan. Parents should be informed so that alternative options can be considered.

### **Parents**

Parents/carers should provide the school with sufficient and up-to-date information about their child's medical needs. It is the parent's responsibility to ensure that any medication in school is in date. 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 should be involved in the development and review of their child's Individual Health Care Plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times. Changes to instructions will only be received in writing. **Verbal messages will not be accepted.**

### **Local authorities**

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 Health Care 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 in a mainstream school because of their health needs, the local authority has a 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**

Providers of health services should co-operate with schools that are supporting 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. Health services can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.

## **Clinical commissioning groups (CCGs)**

CCGs 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**

The OFSTED inspection framework places a clear emphasis on meeting the needs of disabled children and pupils with SEN, 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. Schools are expected to have a policy dealing with medical needs and to be able to demonstrate that this is implemented effectively.

## **Staff training and support**

Staff will be supported by the Head Teacher and SENCO, in conjunction with health professionals if needed, in carrying out their role to support pupils with medical conditions. Staff should have adequate training for this role, training needs being identified during the compilation of Health Care Plans. This training should comprise as a minimum of:

- A discussion about the child's condition
- What support treatment is needed
- What medicines/treatment is needed and how/when/by whom this will be administered
- Signs and symptoms to be aware of
- Implications for the child's participation in classroom, offsite or out of hours activities
- The sharing of any Health Care Plan or administration of medicines form

Further training and support will be offered from school health if needed or requested. The relevant healthcare professional should normally lead on identifying and agreeing with the school, the type and level of training required, and how this can be obtained. However, some staff may have pre-existing knowledge of certain conditions or specific support that is required so may not need further or extensive training.

Training should 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 Health Care Plans. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures. Staff will be asked to confirm this is the case before implementing any support for pupils with medical conditions. Where possible, the class teacher as a minimum and anyone involved in implementing a Health Care Plan should be involved in discussions about the child's needs.

The named contact (Miss N. Skidmore or the Head Teacher in their absence) will liaise with school health for advice on training that may be needed to help ensure that all medical conditions affecting pupils in the school are understood fully. This includes preventative and emergency measures so that staff can recognise and act quickly when a problem occurs. School health will be requested to provide specialist training where needed e.g. on epi-pens/diabetes management, continence care.

Staff must not undertake health care procedures without appropriate training (updated to reflect any Individual Health Care Plans). A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.

Healthcare professionals, including the school nurse, should provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All trained school staff can administer Epipens, asthma inhalers and diabetic treatment. These members of staff have had appropriate training by the school nurses.

Whole school awareness training will be held annually so that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing that policy.

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, and parents should be asked for their views. They should provide specific advice, but should not be the sole trainer.

The governing body will monitor as to whether external training is required for this policy to be implemented effectively and commission training if required.

## Managing medicines on school premises

The governors' policy is that:

- Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- No child under 16 should be given prescription or non-prescription medicines without their parent's written consent.
- Children at Moat Farm Infant and Nursery School are under 16 and therefore should never be given medicine containing aspirin or codeine unless prescribed by a doctor.
- Medication, e.g. for pain relief, will only be given for long standing conditions and following discussion with parents and healthcare professionals to establish whether it is needed and being used appropriately in which case a form will be completed with instructions for administration. It should never be administered without first checking maximum dosages and when the previous dose was taken.
- Parents should be informed that, where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours
- School staff are instructed to 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 schools inside an insulin pen or a pump, rather than in its original container. Non-prescribed medications should be in the original container, in-date and have the information leaflet included.
- All medicines in KS1 will be stored safely in a locked cupboard in the school office or in the fridge (Staff room). In EYFS all medicines will be stored safely in the locked kitchen in Nursery/ EYFS office.
- Where a medicine is needed to be readily accessible and this would not pose a risk to other pupils, e.g. asthma inhalers, they should be stored in the classroom where children know where their medicines are at all times and can access them immediately.
- Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should 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.
- School will 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 record should 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 should do so in accordance with the prescriber's instructions.
- School will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of

the medication to be administered at school should be noted in a central record in the school office.

- When no longer required, medicines should be returned to the parent to arrange for safe disposal. Parents should sign to say the medication has been handed back to them. Sharps boxes should always be used for the disposal of needles and other sharps.
- The first Aid Leads will check medication in school, including expiry dates, every three months. Parents will be notified by the class teacher of any medication that will expire within the three months, so that in date medication can be provided into school.
- Parents/carers should be informed if their child has been unwell at school and when medication has been required if it is not normally used on a daily basis.

### **Impaired Mobility/Conditions requiring adaptations to be made**

Providing the approval of the GP or Consultant has been given there is no reason why children wearing plaster casts or using crutches should not attend school with appropriate risk assessments and control procedures.

Restrictions will be necessary on games or practical work to protect the child or others. Similarly, some relaxation of normal routine in relation to times of attendance or movement around the school may need to be made in the interest of safety.

If a child is being taken on a school journey where medical treatment may be needed and the parent is not prepared to give written instruction and an indemnity on the subject of medical treatment, the school might decide that the pupil should not go on the journey.

Where a child's medical condition prevents them in participating in a school activity and this is certified by a doctor e.g. swimming, alternative arrangements will be made in school for the duration of that activity. However, unless certification is received exempting the child from the activity, it is assumed that, if they are in school, they are well enough for all activities planned. Therefore, parents will be requested to arrange supervision for the child during any activity from which they choose to withdraw them.

### **Emergency procedures**

As part of general risk management processes, the school has arrangements in place for dealing with emergencies. Where a child has an Individual Health Care 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. Other pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.

If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. The school will ensure they

understand the local emergency services cover arrangements and that the correct information is provided for navigation systems.

If in any doubt about a child's condition or there is any likelihood that a rapid deterioration could take place, the school should call an ambulance without delay and then notify parents.

### **Unacceptable practice**

In line with new legislation from September 2014, the following practice is unacceptable and should not generally be tolerated at **Moat Farm Infant and Nursery School**:

- preventing children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assuming that every child with the same condition requires the same treatment;
- ignoring the views of the child or their parents; or ignoring medical evidence or opinion, (although this may be challenged);
- sending children with medical conditions home frequently or preventing them from staying for normal school activities, including lunch, unless this is specified in their Individual Health Care Plans;
- if the child becomes ill, sending them to the school office or medical room unaccompanied or with someone unsuitable;
- penalising children for their attendance record if their absences are related to their medical condition e.g. hospital appointments;
- preventing pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- requiring parents/carers, or otherwise making 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;
- Preventing children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

However, staff should use their discretion and judge each case on its merits with reference to the child's Individual Health Care Plan and with regard to implications for the health and safety and supervision of other pupils.

### **Liability and indemnity**

The governing body should ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk for staff providing support to pupils with medical conditions and administration of medicines.

In the event of a claim alleging negligence by a member of staff, civil actions are likely to be brought against the employer which is the governing body.

### **Complaints**

Complaints concerning the support provided to pupils with medical conditions should be dealt with via the school's complaints procedure which can be found on the school website. Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. 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, parents (and pupils) will be able to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

This policy should be read in conjunction with the Implementation procedures for the safe handling, treatment and disposal of body fluids.

### **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. Paragraph 7 of Schedule 1 to the Independent School Standards (England) Regulations 2010 set this out in relation to academy schools and alternative provision academies.

Section 3 of the Children Act 1989 provides a duty on a person with the care of a child (who does not have parental responsibility for the child) to do all that is reasonable in all the circumstances for the purposes of safeguarding or promoting the welfare of the child. Section 17 of the Children Act 1989 gives local authorities a general duty to safeguard and promote the welfare of children in need in their area.

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

from harm and neglect, and education. Relevant partners are under a duty to cooperate in the making of these arrangements.

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

Governing Bodies' duties towards disabled children and adults are included in the Equality Act 2010, and the key elements are as follows:

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

### **Other relevant legislation**

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

Under the Misuse of Drugs Act 1971 and associated Regulations the supply, administration, possession and storage of certain drugs are controlled. Schools may have a child that has been prescribed a controlled drug. The Medicines Act 1968 specifies the way that medicines are prescribed, supplied and administered within the UK and places restrictions on dealings with medicinal products, including their administration.

Regulation 5 of the School Premises (England) Regulations 2012 (as amended) provide that maintained schools must have accommodation appropriate and readily available for use for medical examination and treatment and for the caring of sick or injured pupils. It must contain a washing facility and be reasonably near to a toilet. It must not be teaching accommodation. Paragraph 23B of Schedule 1 to the Independent School Standards (England) Regulations 2010 replicates this provision for independent schools (including academy schools and alternative provision academies).

### **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 e.g. templates and to organisations providing advice and support on specific medical conditions will be provided on the relevant web-pages at *GOV.UK*.

**Request for school to administer medication - Epipens/ Inhalers/ Steroid creams**

I, the parent/carer of..... give school staff at Moat Farm Infant and Nursery School permission to administer medication in accordance with the following instruction: -

Medication	Dose
Expiry date	
Inhalers only Lot number on box - Lot number on inhaler -	
Method	Time or interval of dose
Indications for giving	These instructions remain in effect until

I give permission for the medication and my child's name/photograph to be displayed and be easily accessible for my child in their classroom

Yes  No

Parent Name.....Signature.....

Date.....Contact number.....

School staff - Inhalers only - I confirm the lot number on the box and inhaler match

School Signature.....Date.....

I confirm that the medication has been handed back to me on .....(date)

Signature.....

### Request for school to administer medication

At Moat Farm Infant and Nursery School if it is necessary to give medication during the school day for the child's well-being we will be happy to assist.

The school will not give your child medication unless you complete and sign this form, and the Head Teacher has agreed that school staff can administer the medication.

Please note that non-prescribed medication should be limited to a 24 hour period and not exceed 48 hours. If symptoms persist seek medical advice.

Childs Surname:	Forename:
DOB:	Gender:
Address:	Allergies:
Year/Class:	Condition/Illness:

**Medication** Is the medication: - Prescribed  Non-prescribed

Name/Type of medication (as per dispensary label):	
For how long will your child take this medication:	
Date dispensed:	Expiry date:
Dosage (amount) and method of administration:	
Time(s) to be given:	
Special precautions (if any):	
Known side effects:	
Procedures to take in any emergency:	

**Contact information**

Family contact 1

Name:	
Home telephone number:	Work telephone number:
Relationship:	

Family contact 2

Name:	
Home telephone number:	Work telephone number:
Relationship:	

**Parental agreement:**

I understand that I must deliver the medicine personally to.....  
(name of staff member receiving medication, **class teacher**) and accept that this is a service which the school is not obliged to undertake.

Signature:	Date:
Name (print):	
Relationship:	

**Confirmation of agreement for school to administer medication**

I agree that (name of child).....Date of birth.....  
will receive (quantity and name of medicine).....  
everyday at (time(s) medicine to be administered).....  
Name of staff member to administer medication.....  
This will continue until (end date of the course of medicine).....

Authorised school signature:	
Position:	
Name (print):	Date:

Signature of Parent/carer:	
Relationship to child:	
Name (print):	Date:

A copy of this form should also be given to the parent/ carer.

**Pupil medicine record**

Name:	Date of birth:
Medicine name and type:	
Dosage and method of administration:	
Any known side effects to the medication?	
Timing:	
Name of administrator:	

Date	Time	Dosage	Administered by	Witnessed by	Comments	Parent signature	Medication returned? Y/N

\*If medication is returned parents **must** sign to say they have received it.