

Medical Policy



Date approved:	September 2024
Approved by:	CEO/CEA
Date adopted by the MAT (i.e. effective date):	September 2024
This policy is scheduled for review on:	Annually

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Policy Statement

This policy outlines Manor Multi Academy Trust's ('we' / 'our' / 'us') expectations of our employees' ('you') in relation to our medical policy.

We are committed to equality and value diversity. As such we are committed to fulfilling our Public Sector Equality Duty (Equality Duty) obligations and expect all staff and volunteers to share this commitment.

This policy should also be applied in accordance with the policies listed in the section links to other policies. Copies of all policies and procedures can be accessed by staff via the **All MAT Staff** area on Teams and accessed by parents on our website as relevant.

The Equality Duty requires us to have due regard to the need to:

- Eliminate unlawful discrimination, harassment, and victimisation.
- Advance equality of opportunity.
- Foster good relations between people who share protected characteristics, such as age, gender, race and faith, and people who do not share them.

Aims & Principles

The Directors, CEA, CEO, Head Teacher and staff of Manor Primary School will conform to all statutory guidance and work within guidance issued by Royal Wolverhampton NHS Trust and Manor Multi Academy Trust.

The Directors, CEA, CEO, Head Teacher and staff at Manor Primary school:

- are committed to ensuring that all pupils have access to as much education as their medical condition allows in order to maintain the momentum of their studies, keep up with their peers and fulfil their educational potential.
- recognise the valuable contribution of parents and other agencies in providing information to ensure best access to all educational and associated activities for pupils with medical needs.
- recognise that on occasion pupils with long-term and/or complex medical needs will require intervention from a specialist provision, such as a special school, the Home and Hospital Tuition Service, the Orchard or Nightingale Centre.
- will work with specialist providers, whenever necessary, to ensure smooth transition to and from (where appropriate) the specialist provision and, as far as it is possible, provide continuity in learning.

Responsibilities

CEA/CEO of Manor Multi Academy Trust

The CEA/CEO is responsible for reviewing and monitoring the procedures that apply to children and young people with medical needs. The CEA/CEO:

- will ensure that the school has an effective policy on the management of pupils with medical needs and that a summary of the policy is included in the prospectus/school brochure.
- will have delegated day-to-day responsibility for the management of pupils' medical needs to the Head Teacher.
- will ensure the appropriate level of insurance is in place to cover staff providing support to pupils with medical conditions.
- will receive information on issues relating to the management of pupils with medical needs, once a term.
- will review the effectiveness of this policy on an annual basis and make any necessary revisions to ensure that it continues to be effective and that it reflects any changes in the law.
- will ensure that parents' cultural and religious views are always respected in managing the medical needs of pupils.
- will ensure that arrangements are clear regarding support for pupils with medical conditions in participating in school trips and sporting activities.
- will ensure procedures are in place to cover any transitional arrangements between schools.
- will ensure written records are kept of all medications administered.

Head teacher

Subject to the provisions set out in this policy and guidance document the Headteacher will accept responsibility for the school giving, and/or supervising, pupils taking medication that has been prescribed by a Doctor during the school day and:

- will ensure that the school has an effective policy on the management of pupils with medical needs and that a summary of the policy is included in the prospectus/school brochure. This should be read in conjunction with the Department of Education document (DE, 2014/2015) Supporting pupils at school with medical conditions, with particular attention being paid to page 19, Unacceptable Practice section 43 (2014) and page 23, section 25 (2015).
- will ensure school staff are appropriately insured and aware that they are insured to support pupils.
- will ensure that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation.
- will ensure that procedures are in place for formal agreements to be drawn up between the school and parents/carers of pupils with medical needs. (See Health Care Plan).
- is responsible for ensuring the effectiveness of this policy in providing pupils with medical needs access to education and all associated activities available to other pupils.

- has an overall responsibility for the development and implementation of individual health care plans.
- will ensure that school staff understand the nature of the condition where they have a pupil with medical needs in their class and that all staff have appropriate access to information and training in order that pupils with medical needs are able to attend school regularly and, with appropriate support, take part in all, or almost all, normal school activities.
- will ensure that trained staff are available wherever and whenever necessary to ensure the safety of pupils with medical needs and deliver against all health care plans.

Named Contact

In order to ensure that parents, staff, CEA/CEO, Directors and outside agencies that have contact with pupils with medical needs have an easy route to communication with the school, the identified person(s) is/are:

Julie Mills
Kully Kaur
Ange Coles

As well as acting as first contact for parents and outside agencies. The above staff will be responsible for:

- the school's system of record keeping for pupils with medical needs.
- ensuring the confidentiality of all records of pupils with medical needs.
- ensuring that school staff understand the nature of the condition where they have a pupil with medical needs in their class and that all staff have appropriate access to information and training in order that pupils with medical needs are able to attend school regularly and, with appropriate support, take part in all, or almost all, normal school activities
- ensuring that risk assessments are carried out wherever necessary, for both in-school and off-site activities (see also HSE Guidance on School Trips).
- ensuring that trained staff are available wherever and whenever necessary to ensure the safety of pupils with medical needs.
- monitoring the attendance of pupils with longer term medical needs.
- assisting in maintaining contact with pupils out of school because of medical needs.
- attending multi-agency reviews as required.
- ensuring that, wherever appropriate, pupils out of school for short periods of time with any medical condition are provided with work to do at home and this work is assessed and recorded appropriately.
- providing appropriate agencies with confidential access to school records in order to ensure that pupils transferred to specialist provision are able to maintain their learning and progress as far as is possible.

Teachers and Other Staff

Supporting children with medical conditions during the school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support for pupils with medical conditions, although they will not be required to do so. This includes the

administration of medicines

Those staff who take on responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve necessary levels 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 child with medical conditions needs help

There is no statutory/contractual duty for teachers to administer medicine in school. However in an emergency swift action will need to be taken by any member of staff to secure assistance for any pupil. The consequences of not helping a pupil in an emergency may be more far reaching than the consequences of making a mistake by trying to help. Teachers and other school staff in charge of pupils have a common law duty to act as any reasonably prudent parent would, to make sure that pupils are healthy and safe on school premises. This duty extends to teachers leading any activities taking place off the school site.

At Manor Primary School, staff who are Paediatric First Aid trained have volunteered to take responsibility for administering medicine and supervising pupils taking medication, whenever requested to do so.

When pupils are out of school for short periods of time with a medical condition, it is the responsibility of the class/form teacher to:

- ensure that, wherever appropriate, they are provided with work to do at home and that this work is assessed and recorded appropriately.
- maintain contact with the pupil and his/her family.
- ensure that the pupil is welcomed back into school with the minimum of disruption.
- ensure that the pupil has any additional support necessary to catch up with work and maintain best progress.

Responsibilities of the pupil

Children who are competent are encouraged to take responsibility for managing their own medicines and procedures and this is reflected in the Health Care Plan.

Health Care Plans

The School Nurse can be asked to provide support and training for staff, including advice and liaison on the implementation of the health care plan. Consultation should also be undertaken with parents/carers and /or pupils.

An individual nurse specialist for e.g. epilepsy, diabetes, sickle cell etc. will contact the school to arrange a visit to complete these individual health care plans. A copy must be sent

to the school nurse and the child's GP.

The training of staff will be reviewed annually when completing the working together agreement between the school and the school nurse.

Medication Coming Into School

Most medication prescribed for a pupil will be able to be administered once, twice or three times a day. In these circumstances parents/carers will be able to manage this before and after school and there is no need for medication to come into school.

No medication will be allowed into school unless it is clearly labelled with:

- the child's name
- the child's date of birth
- the name and strength of the medication
- the dosage and when the medication should be given
- the expiry date

This information is to be checked each and every time that medication is administered. If there are any doubts about the procedure staff will check with parents/carers before proceeding.

All medication must come into school in the original child-proof container and be accompanied by the original guidance literature.

Where two or more types of medication are required, each should be in a separate container and labelled as above.

Where medication is required long-term, a letter from the pupil's General Practitioner (GP), Consultant or Medical Prescriber must accompany the medication and a Health care Plan will be completed

Parents/carers will hand all medication to the office staff at the main entrance of the school.

Medicines will normally be stored in a locked medical cupboard in school office, or, where necessary in the lockable refrigerator and accessed only by staff named above.

Certain medicines, e.g. salbutamol, adrenaline etc, may need to be readily available to pupils. These will be kept by:

- the class teacher
- a designated teaching assistant
- the pupil

Storage of Medication

With the exception noted below, any medication received into school will be stored in a locked, wall-mounted, cabinet in a designated area of school, such as the school office. The

key is kept in an accessible place known to designated members of staff but inaccessible to pupils. In most cases, where there are no specific issues related to privacy, medication should be administered in this designated area.

Some medication may need to be kept at low temperatures and must therefore be kept in a lockable fridge located in the same designated area of the school.

Some medicines may be needed by the pupil at short notice, for example asthma inhalers. In most cases pupils should be allowed to carry these with them, to ensure easy access. Where this is not appropriate, other arrangements for easy access must be established, e.g. the class teacher keeping the medication in a desk drawer.

All staff will be made aware that schools have been provided with emergency salbutamol inhaler and will have been given information and training as to how and when to access them and how to and when to administer them as per the Asthma Policy.

The Emergency Inhaler Must Remain On The School Site At All Times

All staff will be made aware where a pupil is off-site for activities e.g. football or swimming etc. the pupil's own emergency inhaler and spacer needs to always be taken with them.

Prescribed and Non-Prescribed Medication

Medications issued on the instructions of e.g. GP/Consultant are known as prescribed drugs. Drugs covered by the Misuse of Drugs Act (1971), otherwise known as controlled drugs (such as methylphenidate) may occasionally be prescribed for pupils. These drugs should be treated in the same careful manner as all other prescribed medication, in line with the procedures agreed by Wolverhampton Local Authority and described within this policy.

This type of medication, such as an adrenaline auto injector e.g. EPIPEN, must be readily available.

A copy of the health care plan (Emergency action plan) should be kept with the medication.

If emergency services/medical intervention is necessary the plan should accompany the pupil with details of what has been done and when already.

For this type of medication, the school's procedures should identify:

- where the medication is stored
- who should collect the medication in an emergency
- who should stay with the pupil concerned
- supervision of other pupils in the vicinity
- support other pupils witnessing the incident
- arrangements/requirements for an ambulance/other medical support
- recording systems

- arrangement for regular staff training.
- the policy of the use of the emergency asthma inhaler and the RCPCH allergy action plan

Defibrillators in School

“Sudden cardiac arrest is when the heart stops beating and can happen to people of any age and without warning. If this does happen, quick action (in the form of early CPR and defibrillation) can help save lives. A defibrillator is a machine used to give an electric shock to restart a patient’s heart when they are in cardiac arrest. Modern defibrillators are easy to use inexpensive and safe.

Staff members appointed as first aiders should already be trained in the use of CPR.

Schools are advised to consider purchasing a defibrillator as part of their first aid equipment. If schools install a defibrillator, they should notify the local NHS ambulance service of its location. “(DfE, 2015)

Staff should also receive annual training in the use of the defibrillator.

Non-Prescription Medications

Normally this type of medication should not be given at school. However, there may be exceptional circumstances where this is appropriate, for example where a pupil is known to suffer from recurring acute pain. Parents/carers will be required to complete a Health care Plan with a member of school staff

Homeopathic Medicines

Many homeopathic medicines need to be given frequently during the day. This is difficult to manage in school and schools are therefore advised only to agree to parental requests where the pupil is capable of self-administering this type of medication. Parents/carers will be required to complete a Health care Plan with a member of school staff

Herbal Medicines

Many over-the-counter herbal medicines may be contra-indicated if a child is taking prescribed medication. If parents request that herbal medicines are administered on school premises, this should only be agreed to upon receipt of written consent from their G.P. Parents/carers will be required to complete a Health care Plan with a member of school staff

Refusal to take medication

If pupils refuse to take medication, school staff will not force them to do so unless deemed life threatening. The school will inform the child’s parent/carer as soon as possible and seek medical advice as a matter of urgency. If the child’s parent/carer is not contactable, advice may be sought from a Community Paediatrician or another suitably qualified practitioner at

the Gem Centre (School Nurse Administration Team – (01902) 444161). Parents must always be notified, even when professional advice has been sought.

Disposal Procedures

Safe Disposal of Medicines

Medicines should be returned to the child's parent/carer and a receipt obtained and kept on file when:

- the course of treatment is complete
- labels become detached or unreadable
- instructions are changed
- the expiry date has been reached
- the term or half-term ends

At the end of every half-term a check will be made of the lockable medicine cabinet by a member of the office staff. Any medicine that is not returned to parents/carers and which is no longer needed, is out of date or no longer clearly labelled will be returned to a local pharmacy for safe disposal.

All medication returned to parents/carers or a pharmacy, even empty bottles, must be recorded and a receipt filed.

No medicine should be disposed of into the sewerage system or into refuse. Current waste disposal regulations make this practice illegal.

Safe Disposal of Medical Waste

If a child requires enhanced provision of medical needs e.g. requiring injections, it is the parents'/carers' responsibility to provide the required equipment for this procedure. Parents/carers must also provide the school with an empty sharps container, which **must** be used to dispose of any used needles.

Sharps must be disposed of in a sharps box where the injection has taken place. The sharps box is then temporarily closed (click once) depending on the box design prior to safe storage and not left open as items can fall out or be accessed. Sharps containers must be used for the safe disposal of any sharp implements which could have been contaminated with bodily fluid. Sharp containers must only be kept in the designated medical area of school. Policy and practice is reviewed by the school nurse on an annual basis when reviewing the working together agreements.

Any other clinical waste must be disposed of using the RWT NHS Trust "orange bag" system or other procedure agreed by the Local Authority.

Off-Site Visits

Academies have a duty set out in the Education Act 1996 to ‘make arrangements for the provision of suitable full time or part-time education otherwise than at school for those children of compulsory school age who, by reason of illness, exclusion from school or otherwise, may not for any period receive suitable education unless such arrangements are made for them’.

The statutory guidance Access to Education for Children and Young People with Medical Needs (DfES, 2002) sets out national minimum standards of education for children and young people who cannot attend school because of illness or injury.

Research identifies five key factors that enable LA and RWT to create best practice and effective provision. These are reflected in Wolverhampton’s policy on access to education for children and young people out of school with medical needs. The five factors are:

- Mainstream ownership - the extent to which the pupils’ home school maintains a high profile during the time the pupil is unable to attend through illness or injury.
- Partnership and Collaboration - the ways in which specialist provision seeks to establish relationships with other agencies to ensure that an individual’s needs are met whilst home school education is interrupted.
- Flexibility – the ways in which provision is organised to enable individual circumstances to be addressed and modified as needs change.
- Responsiveness – the ability of specialist provision to respond to the need of all stakeholders which include pupils, parents/carers, home schools, health and other professionals.
- Clarity – this is defined as LA and RWT services and schools having written policies and guidance that outline clearly all the roles and responsibilities of those involved.

Manor Multi Academy Trust aims to maximise the life chances of all pupils, including those at risk of social or educational exclusion. Pupils who are physically ill, injured or who have mental health problems are at risk of underachievement or of being less employable when they reach the end of compulsory education. Therefore Manor Multi Academy Trust has a continuum of educational provision in place to support these pupils.

Provision is the responsibility of all schools and services, but specialist provision is available: in the education room on the children’s ward at New Cross Hospital

- at home
- at the Orchard Centre

Additionally, specialist services for hearing and visual impairment liaise closely with all schools and services to ensure that learning at home meets pupils’ needs.

This specialist provision is co-ordinated by the head teacher of the Orchard Centre and line managed by the executive Head Teacher.

Standards of education and performance measures

Whenever pupils are referred to the specialist provision for children with medical needs, a formal contact is made with the home school and / or LA and RWT educational placement, to ascertain pupils' attainment levels in the National Curriculum.

Shared responsibility between Manor Multi Academy Trust & Royal Wolverhampton Trust, Schools and Specialist Provision

Manor Multi Academy Trust & Royal Wolverhampton Trust responsible for ensuring that:

- there is a named senior officer with responsibility for the provision of education for children and young people who are unable to attend school because of medical needs.
- clear procedures are in place for ensuring early and accurate identification of pupils who may need to be referred to specialist provision or to other services.
- pupils receive an education of similar quality to that available in schools, including a broad and balanced curriculum.
- pupils receive a minimum entitlement of 10 hours teaching per week (where possible).
- parents/carers are informed about whom to contact in order to request specialist provision.
- where reintegration is a gradual process, educational support continues to be available to the pupils.

Specialist services for pupils with medical needs are responsible for ensuring that:

- pupils with medical needs are not home or in hospital without access to education for more than 15 working days.
- pupils with a long term or recurring illness whether at home or in hospital have access to education, as far as possible, from day one.
- a Personal Action Plan is in place for all pupils in order to encourage and support a smooth return to school.
- pupils are taught in accordance with plans agreed with the home schools.
- the appropriateness of provision is monitored on behalf of the children and young people referred to it.
- close liaison is maintained with all stakeholders.

Arrangements for collaboration with other agencies

Effective and flexible collaboration between Manor Multi academy trust, Manor Primary School, medical personnel, allied health professionals, parents/carers and other agencies, eg. Connexions Service, is crucial to the continuity of high quality educational provision for children and young people with medical needs and a successful re-entry into school or post-16 placement.

Effective liaison with respect for each agency's prioritising of the pupil's needs will ensure that on re-entry to school there will be expectations that are realistic and goals which are attainable within the pupil's limitations, resulting in a confident young person moving back into school. Forward planning and collaboration are essential to achieve this and the production of an Inclusion plan will facilitate a smooth re-integration as all parties will be

aware of their role and responsibility.

Partnership with parents, carers and pupils

Parents and carers hold key information and knowledge and have a crucial part to play. They are included as full collaborative partners and are informed about their child's educational programme and performance.

Children and young people also have a right to be involved in making decisions and exercising choices.

Wherever possible, parents, carers and pupils are informed about the education available before a child is admitted to hospital. Booklets are available to provide information about educational and medical services and about the organisation of the hospital day.

All parents and carers are consulted before teaching begins at home and offered advice and support during their child's illness. Parents and carers views of their child's education are taken fully into account when planning programmes. Parents and carers are encouraged to provide additional liaison with the pupil's home school both at the beginning and end of stay in hospital and with the home teacher. The positive involvement of the parents/carers with the school once the child has returned provides reassurance for the child, teachers and parents/carers themselves.

Schools should follow procedures set out in the Manor Multi Academy Trust guidance on the Management of Off-Site Visits. Where appropriate, information about parental concerns and serious medical conditions should be requested (Using the health care plan form).

Special arrangements may need to be made whenever pupils with medical needs are engaged in off-site activities. This includes such activities as a visit to the local swimming pool, a visit to another school, an educational day visit, a residential experience or work experience/college placement..

A risk assessment on the specific needs of the pupil in the particular activity will be carried out. All reasonable adjustments should be considered to ensure that the pupil can access all parts of the activity alongside their peers, in the safest possible way. Where it is not possible to eliminate all risk for the particular pupil a meeting will be requested with the parents/carers in order to agree the best way forward. A written agreement will be reached before the activity takes place.

Special Educational Needs And Pupils With Medical Needs

On occasion, pupils with medical needs may need provision that is different from or additional to that made for other pupils in the school, in order to make adequate progress in their learning.

In this case an individual educational plan (IEP) will be written that specifies the targets for the pupil and the special teaching strategies required to ensure their progress.

The SENCO Mrs Mills, working in conjunction with Mrs Yates and Miss Paterson have responsibility for overseeing provision for pupils with SEND (see SEN Policy)

Where responsibility for the education of a pupil with medical needs transfers to another school, home tuition service or pupil referral unit, the named contact will ensure that relevant school records, including up-to-date assessment information is made available to the receiving establishment within five days of a request being received.

When a pupil receives education other than at school because of medical needs they remain on roll of (name of your school). In these cases, the named contact will attend review meetings and provide materials for agreed work programmes on a termly basis.

When a student is unable to attend school because of medical needs the school will endeavour to provide access to public examinations, possibly as external or transfer candidates.

Pupils Receiving Education Otherwise Than At School Because Of Medical Needs

External Services (through the Orchard Centre)

Education is provided to pupils unable to attend their home school because of illness or injury for a minimum of four weeks.

A written referral is required from the home school and will be forwarded to the Head Teacher at The Orchard Centre. The referral will contain any relevant background information and must be endorsed by a medical note from either the pupil's General Practitioner or Consultant. The referral will be passed to the Home and Hospital Education Coordinator at The Orchard Centre.

The Deputy Head in charge of educational packages for Home and Hospital Education will arrange to support the pupil for a maximum of 10 hours a week.

The Orchard Centre

Referrals to the Centre must have already been discussed at school and Multi Agency Support Team levels prior to referral and will be supported by a report from an appropriate Educational Psychologist. This report may contain:

- brief history indicating long term nature of the problem
- information regarding strategies employed at School Support stage with outcomes
- current attendance pattern
- psychological assessment or opinion
- a copy of current EHC plan if appropriate

All pupils are initially admitted for a trial period of four weeks. During this time a more detailed assessment of needs is undertaken and their placement may be modified during or at the end of this time at a formal review. It may also be decided to extend the trial period further if deemed necessary.

The Orchard Centre uses its own assessments to supplement information received on referral. Once baselines have been established, pupils are given access to the National Curriculum. Arrangements are made for pupils to undertake national tests and public examinations, with programmes linked to alternative accreditation where appropriate, and access to the Connexions Service.

Specialist teachers provide a range of curricular expertise as well as specialist knowledge about the needs of pupils whose education has suffered interruption. Further details are available from The Orchard Centre (01902) 558858.

Home Teaching Staff

Good links exist between hospital, home education and schools to ensure the continuity of work. Hospital teachers and home teachers are all members of staff at the Orchard Centre and thus share training and a common philosophy and culture.

At the Orchard Centre

Pupils attending the Orchard Centre remain dual registered, wherever possible, with the home school. Costs are recouped in retrospect from each school each term. Good communication is essential to the smooth transition of the pupil back to the home school. Regular multi-agency reviews are held and minutes of these, together with individual progress reports, are forwarded to all stakeholders.

In-Hospital

Co-operation between education, medical and administrative staff within the hospital is key to establishing an atmosphere conducive to effective learning. In cases of recurrent admission, it is particularly important that information is effectively shared between hospital teacher, home teacher and home school, the young person and their parents. Wolverhampton links with other local authorities in the recoupment of the cost of providing education for young people under the age of 16 whilst in hospital.

Hospital Education

Pupils who are in-patient at New Cross Hospital receive education for up to 25 hours a week (as appropriate to their needs) either in the education room or on the ward.

Teachers, timetabled to the hospital, are informed of new admissions by accessing the ward admissions book daily or by the medical staff who recommend teaching on the ward or in the education room dependent upon the pupil's medical needs. Teaching starts from day one but priority is given to pupils who are long stay (three days plus) and those that have recurrent conditions.

Pupils are registered daily. Pupils in hospital for shorter periods also receive support from day one but are not formally registered. The hospital teachers keep a rolling record of these short stay pupils.

Links to other policies

This policy links to the following policies:

- Accessibility plan
- Equality information and objectives
- Health and safety
- Safeguarding and Child Protection
- Administration of Medicines Policy
- Asthma policy
- Guidance for Management of children with Diabetes
- Health Care Plans
- Medical Policy

