



# The Cornerstone Academy

The best in everyone™

Part of United Learning

POLICY NAME:	Medical Policy
POLICY TYPE:	Cornerstone

DATE RATIFIED:	26 <sup>th</sup> September 2023
DATE FOR NEXT REVIEW:	Term 2 2025
REVIEWED EVERY 1/2/3 YEARS:	2 Years

NOTES:



## **Medical Policy**

### **RATIONALE**

Students with medical needs have the same right of admission to academy as other children and cannot be excluded from school on medical grounds alone.

The Cornerstone Academy endeavours to ensure that all its students achieve success in their academic work, in their relationships and in their day-to-day experiences at the academy. Some of our students are likely to have medical needs which mean that additional measures are required to ensure that they have full access to the curriculum.

The prime responsibility for a student's health lies with the parent or carer who is responsible for the student's medication and should supply the school with any relevant information upon admission to the academy.

All staff working with the students understand the nature of their difficulties so that the impact of their medical difficulties upon their life in the academy is minimised as far as possible. While there is no legal or contractual duty on staff to administer medicines or supervise students taking their medicines, nevertheless, we would wish to support our students where we can.

Teachers and support staff have a duty of care to students and may need to take swift action in an emergency, both in the academy and off site, for example during academy trips.

### **AIMS**

Our school aims to:

- Provide a safe and secure environment for all students.
- Assist parents in providing medical care for their children.
- Educate staff in respect of special medical needs.
- Adopt and implement any United Learning, National or LA guidance in relation to medication in the academy.
- Arrange training for staff who volunteer to support individual students with special medical needs i.e Epipen training.
- Liaise as necessary with medical services, parent/carers, in support of the student.
- Keep controlled drugs in a locked non-portable container and only administer on the advice of GP's who have prescribed the medication and in consultation with the parent/carers.
- Accurately record all medications taken in the academy.
- Make staff/parents/carers/students aware that nuts are not permitted in school.

### **All staff at The Cornerstone Academy have a responsibility to:**

- Be aware of the potential triggers, signs and symptoms of common medical conditions and know what to do in an emergency – information to be supplied by the NHS or parent/carers.
- Understand the academy's medical policy.
- Know which students in their care have a medical condition and be familiar with the content of the student's Healthcare Plan, which is to be provided for by the parents/carers.



- Allow all students to have immediate access to their emergency medication.
- Maintain effective communication with parents including informing them if their child has been unwell at the academy.
- Ensure students who carry their medication with them have it when they go on an academy visit or out of the classroom environment.
- Be aware of students with medical conditions who may be experiencing bullying or need extra social support.
- Understand the common medical conditions and the impact it can have on students (students should not be forced to take part in any activity if they feel unwell.)
- Ensure all students with medical conditions are not excluded unnecessarily from activities they wish to take part in.
- Ensure students have the appropriate medication or food with them during any exercise and are allowed to take it when needed.
- Ensure that the food they bring into school does not contain nuts.

**Students at The Cornerstone Academy have a responsibility to:**

- Treat other students with and without a medical condition equally.
- Tell their parents, teacher or nearest staff member when they are not feeling well.
- Let a member of staff know if another student is feeling unwell.
- Treat all medication with respect.
- Know how to gain access to their medication in an emergency.
- If mature and old enough, know how to take their own medication and to take it when they need it.
- Ensure a member of staff is called in an emergency situation.
- Ensure that the food they bring into school does not contain nuts.

**The parents of a child at The Cornerstone Academy have a responsibility to:**

- Tell the academy if their child has a medical condition.
- Ensure the academy has a complete and up-to-date Healthcare Plan for their child.
- Ensure the parent and child uphold their elements and responsibilities of the health care plan (if applicable)
- To partake in implementing any health risk assessments as required.
- Inform the academy about the medication their child requires during academy hours.
- Inform the academy of any medication their child requires while taking part in visits, outings or field trips and other out-of-academy activities.
- Tell the academy about any changes to their child's medication, what they take, when, and how much.
- Inform the academy of any changes to their child's condition.
- Ensure their child's medication and medical devices are labeled with their child's full name.
- Ensure that the food their child brings into school does not contain nuts.

**Prescribed Medicines**

Medicines should only be brought into the academy when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school day. The academy should only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration.



**The academy should never accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions.**

It is helpful, where clinically appropriate, if medicines are prescribed in dose frequencies which enable it to be taken outside the academy hours. Parents should be encouraged to ask the prescriber about this. It is to be noted that medicines that need to be taken three times a day could be taken in the morning, after the academy hours and at bedtime.

### **Administering Medicines/Controlled prescribed drugs**

No child under 16 should be given medicines/controlled prescribed drugs without their parent's written consent.

Any member of staff giving medicines/controlled prescribed drugs to a child should check:

- The child's name.
- Prescribed dose.
- Expiry date.
- Written instructions provided by the prescriber on the label or container.

If in doubt about any procedure staff should not administer the medicines but check with the parents or a health professional before taking further action. If staff have any other concerns related to administering medicine to a particular child, the issue should be discussed with the parent, if appropriate, or with a health professional attached to the school or setting.

The academy **must** keep written records each time medicines are given.

### **Controlled Drugs**

The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act and its associated regulations. Some may be prescribed as medication for use by children, e.g. methylphenidate.

- Any member of staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicine should do so in accordance with the prescriber's instructions, ensuring the appropriate parent/carer permissions have been provided.
- A child who has been prescribed a controlled drug e.g an inhaler, may legally have it in their possession. The academy to look after other controlled drugs, where it is agreed that it will be administered to the child for whom it has been prescribed. (Parent /carer to fill in permission form.)
- The academy should keep controlled drugs in a locked non-portable container and only named staff should have access. A record should be kept for audit and safety purposes.
- A controlled drug, as with all medicines, should be returned to the parent when no longer required to arrange for safe disposal.
- Misuse of a controlled drug, such as passing it to another child for use, is an offence.



### Non-Prescription Medicines

Staff should **never** give a non-prescribed medicine to a child unless there is specific prior written permission from the parents. Parents will need to fill in Parental Agreement Form. If a child suffers regularly from frequent or acute pain the parents should be encouraged to refer the matter to the child's GP.

### Short -Term Medical Needs

Many children will need to take medicines during the day at some time during their time in the academy. This will usually be for a short period only, perhaps to finish a course of antibiotics or to apply a lotion. To allow children to do this will minimise the time that they need to be absent. However such medicines should only be taken into the academy where it would be detrimental to a child's health if it were not administered during the academy day. Parent/Carers must fill in a Parental permission form.

### Long-Term Medical Needs

It is important to have sufficient information about the medical condition of any child with long-term medical needs. If a child's medical needs are inadequately supported this may have a significant impact on a child's experiences and the way they function in or out of the academy setting. The impact may be direct in that the condition may affect cognitive or physical abilities, behaviour or emotional state. Some medicines may also affect learning leading to poor concentration or difficulties in remembering. The impact could also be indirect; perhaps disrupting access to education through unwanted effects of treatments or through the psychological effects that serious or chronic illness or disability may have on a child and their family.

The Special Educational Needs (SEND) Code of Practice 2014 advises that a medical diagnosis or a disability does not necessarily imply SEN. It is the child's educational needs rather than a medical diagnosis that **must** be considered.

The academy needs to know about any particular needs before a child is admitted, or when a child first develops a medical need. Parents/carers have a responsibility to ensure the school knows about their son/daughters medical condition and parents/carers must provide the academy with the most current up-to-date information as and when changes are made. For children who attend hospital appointments on a regular basis, special arrangements may also be necessary. The NHS nursing team, where necessary, will develop a written health care plan for such children, involving the parents and other relevant health professionals.

This can include:

- Details of a child's condition.
- Special requirement e.g. dietary needs, pre-activity precautions.
- Any side effects of the medicines.
- What constitutes an emergency.
- What action to take in an emergency.



- What not to do in the event of an emergency.
- Who to contact in an emergency.
- The role the staff can play.

**Self-Management**

It is good practice to support and encourage children, who are able to take responsibility to manage their own medicines from a relatively early age and the academy should encourage this. The age at which children are ready to take care of, and be responsible for, their own medicines, varies. As children grow and develop they should be encouraged to participate in decisions about their medicines and to take responsibility.

Older children with a long-term illness should, whenever possible, assume complete responsibility under the supervision of their parent. Children develop at different rates and so the ability to take responsibility for their own medicines varies. This should be borne in mind when making a decision about transferring responsibility to a child or young person. There is no set age when this transition should be made. There may be circumstances where it is not appropriate for a child of any age to self-manage. Health professionals need to assess, with parents and children, the appropriate time to make this transition.

If children can take their medicines themselves, staff may only need to supervise. Where children have been prescribed controlled drugs staff need to be aware that these should be kept in safe custody. However children could access them for self-medication if it is agreed that it is appropriate. In all cases records are kept by the academy of any medication administered during the academy day by the child or member of staff.

**Refusing Medicines**

If a child refuses to take medicine, staff will not force them to do so, but will note this in the records. Parents will be informed of the refusal on the same day.

**Record Keeping**

Parents should tell the academy about the medicines that their child needs to take and provide details of any changes to the prescription or the support required. However, staff should make sure that this information is the same as that provided by the prescriber.

Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions. In all cases it is necessary to check that written details include:

- Name of child.
- Name of medicine.
- Dose.
- Method of administration.
- Time/frequency of administration.
- Any side effects.
- Expiry date.



Parent Consent Form to be used to confirm, with the parents, that a member of staff will administer medicine to their child.

The academy **must** keep written records of all medicines administered to children, and make sure that parents have signed the permission form.

Although there is no similar legal requirement for the academy to keep records of medicines given to students, at The Cornerstone Academy, we will record all medicines administered to children.

### **Educational Visits**

At The Cornerstone Academy we encourage children with medical needs to participate in safely managed visits. Trip leaders need to consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits. This might include reviewing and revising the visits policy and procedures so that planning arrangements will include the necessary steps to include children with medical needs. It might also include risk assessments for such children.

Sometimes additional safety measures may need to be taken for outside visits. It may be that an additional supervisor, a parent or another volunteer might be needed to accompany a particular child. Arrangements for taking any necessary medicines will also need to be taken into consideration. Staff supervising excursions should always be aware of any medical needs, and relevant emergency procedures. A copy of any health care plans should be taken on visits in the event of the information being needed in an emergency.

If staff are concerned about whether they can provide for a child's safety, or the safety of other children on a visit, they should seek parental views and medical advice from the school health service or the child's GP.

### **Sporting Activities**

Most children with medical conditions can participate in physical activities and extra-curricular sport. There should be sufficient flexibility for all children to follow in ways appropriate to their own abilities. For many, physical activity can benefit their overall social, mental and physical health and well-being. Any restrictions on a child's ability to participate in PE should be recorded in their individual health care plan. All adults should be aware of issues of privacy and dignity for children with particular needs.

Some children may need to take precautionary measures before or during exercise, and may also need to be allowed immediate access to their medicines such as asthma inhalers. Staff supervising sporting activities should consider whether risk assessments are necessary for some children, be aware of relevant medical conditions and any preventative medicine that may need to be taken and emergency procedures.

### **Home to School Transport**

Local Authorities arrange home to school transport where legally required to do so. They **must** make sure that students are safe during the journey. Most students with medical needs do not require supervision on school transport, but Local Authorities should provide appropriate trained escorts if they consider them necessary. Drivers and escorts should know what to do in the case of a medical emergency. They should not generally administer medicines but where it is agreed that a driver or



escort will administer medicines (i.e. in an emergency) they **must** receive training and support and fully understand what procedures and protocols to follow. They should be clear about roles, responsibilities and liabilities.

Where students have serious medical/life threatening conditions, specific health care plans should be carried on vehicles. Individual transport health care plans will need input from parents and the responsible medical practitioner for the student concerned. The care plans should specify the steps to be taken to support the normal care of the student as well as the appropriate responses to emergency situations. All drivers and escorts should have basic first aid training. Additionally trained escorts may be required to support some students with complex medical needs. These can be healthcare professionals or escorts trained by them.

Some students are at risk of severe allergic reactions. Risks can be minimised by not allowing anyone to eat on vehicles. As noted above, all escorts should have basic first aid training and should be trained in the use of an adrenaline pen for emergencies where appropriate.

### **Safety Management**

All medicines may be harmful to anyone for whom they are not appropriate. Where we agree to administer any medicines the employer **must** ensure that the risks to the health of others are properly controlled. This duty is set out in the Control of Substances Hazardous to Health Regulations 2002 (COSHH).

### **Storing Medicines**

Large volumes of medicines should not be stored. Staff should only store, supervise and administer medicine that has been prescribed for an individual child. Medicines should be stored strictly in accordance with product instructions (paying particular note to temperature) and in the original container in which dispensed. Staff should ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine and the frequency of administration. Medicines are only accepted in the original container as dispensed by a pharmacist in accordance with the prescriber's instructions. Where a child needs two or more prescribed medicines, each should be in a separate container. Non-healthcare staff should never transfer medicines from their original containers.

Children should know where their own medicines are stored and who holds the key. The Principal is responsible for making sure that medicines are stored safely. All emergency medicines, such as asthma inhalers and adrenaline pens, should be readily available to children and should not be locked away. Other non-emergency medicines to be kept in a secure place not accessible to children.

A few medicines need to be refrigerated. They can be kept in a refrigerator containing food (unless otherwise informed) but should be in an airtight container and clearly labelled. There should be restricted access to a refrigerator holding medicines.

### **Access to Medicines**

Children need to have immediate access to their medicines when required and when supervised by a staff member in the academy.

### **Disposal of Medicines**





Staff are not to dispose of medicines. Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. If parents do not collect all medicines, they should be taken to a local pharmacy for safe disposal.

Sharps boxes should always be used for the disposal of needles. Collection and disposal of the boxes should be arranged with the Local Authority's environmental services.

### Hygiene and Infection Control

All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures. Staff should have access to protective disposable gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment.

Staff and parents constantly advised of school policy relating to sickness or diarrhoea. No return to school until 48 hours after last bout of sickness or diarrhoea.

### Emergency Procedures

All office staff should know how to call the emergency services. Guidance on calling an ambulance is provided. All staff should also know who is responsible for carrying out emergency procedures in the event of need. A member of staff should always accompany a child taken to hospital by ambulance, and should stay until the parent arrives. Health professionals i.e. Doctors, GPs, Hospital staff are responsible for any **decisions on medical treatment** when parents are not available.

Staff should never take children to hospital in their own car; it is safer to call an ambulance. In remote areas (i.e. on an academy trip) the academy will make provision for access for medical treatment on a school trip and this is detailed in the relevant risk assessment document.

Individual health care plans should include instructions as to how to manage a child in an emergency, and identify who has the responsibility in an emergency, for example if there is an incident in the playground a lunchtime supervisor would need to be very clear of their role.

### No Nut Policy

We have a no nut policy in school due to having students with **severe airborne nut allergies**. Students, staff and visitors are not permitted to bring nuts or foods containing nuts to school. This includes, but is not limited to, the following food items not being permitted in school: packs of nuts, peanut butter or Nutella/nut chocolate spreads, fruit/cereal bars, chocolate bars, sweets or cakes that contain nuts, or foods cooked in nut oil. Students need also be aware that if eating nuts or foods containing nuts before school, they need to wash their hands afterwards. Our school kitchen does not serve food containing nuts or if the packaging states, may contain traces of nuts.