SUPPORTING PUPILS WITH MEDICAL NEEDS POLICY

1. Rationale

Schools have a responsibility for the health and safety of pupils in their care. The Health and Safety at Work Act 1974 makes employers responsible for the health and safety of employees and anyone else on the premises. In the case of pupils with special medical needs, the responsibility of the employer is to make sure that safety measures cover the needs of all pupils at the school. This may mean making special arrangements for pupils so that they can access their full and equal entitlement to all aspects of the curriculum. In this case, individual procedures may be required. The Springfields Academy is responsible for making sure that relevant staff know about and are, if necessary, trained to provide any additional support that pupils with medical needs (long or short term) may need.

The Children and Families Act 2014 places a duty on schools to decide for pupils with medical needs. Pupils with medical needs have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone. However, teachers and other school staff in charge of pupils have a common law duty to act 'in loco parentis' and must ensure the safety of all pupils in their care. To this end, we reserve the right to refuse admittance to a child where there may be a risk posed to others or to the health of the child involved. This duty also extends to teachers leading activities taking place off the school site. The prime responsibility for a pupil's health lies with the parents/legal guardians, who are responsible for the pupil's medication and must supply the school with all relevant information needed for proficient care to be given to the pupil. The school takes advice and guidance from a range of sources, including Health Professionals and the pupil's GP in addition to the information provided by parents in the first instance. This enables us to ensure we assess and manage risk and minimise disruption to the learning of the pupil and other stakeholders who may be affected.

2. Aims

- To support pupils with medical needs, so that they have access to education, including physical education and educational visits.
- To ensure that school staff involved in the care of children with medical needs are fully informed and adequately trained by a professional to administer or support the administration of prescribed medication.
- To comply fully with the Equality Act 2010 and the Code of Practice 2014 for pupils who may have disabilities or special educational needs.
- To write, in association with healthcare professionals, Individual Healthcare Plans (IHP) where the pupils have a medical diagnosis (Appendix A)

- To respond sensitively, discreetly, and quickly to situations where a pupil with a medical condition requires support.
- To keep, monitor and review appropriate records.

3. Role of Staff

The Governing Body is responsible for:

- The overall implementation of the Supporting Pupils with Medical Needs Policy and procedures of The Springfields Academy.
- Ensuring that the Supporting Pupils with Medical Needs Policy, as written, does not discriminate on any grounds including, but not limited to ethnicity/national origin, culture, religion, gender, disability, or sexual orientation.
- Ensuring that all pupils with medical needs can participate fully in all aspects of school life.
- Ensuring that relevant training is delivered to staff members who take on responsibility to support pupils with medical needs.
- Guaranteeing that information and teaching materials regarding supporting pupils with medical needs are available to members of staff with responsibilities under this policy.

The Head Teacher is responsible for:

- The day-to-day implementation and management of the Supporting Pupils with Medical Needs Policy and procedures of The Springfields Academy.
- Ensuring the policy is developed effectively with partner agencies.
- Making staff aware of this policy.
- Ensuring enough trained members of staff is available to implement the policy and deliver Individual Healthcare Plans (IHPs) in normal, contingency, and emergency situations.
- If necessary, facilitating the recruitment of a suitably qualified Healthcare Practitioner for the purpose of delivering this policy.
- Ensuring the correct level of insurance is in place for teachers who support pupils in line with this policy.
- Ensuring the level of insurance in place reflects the level of risk.

Staff members are responsible for:

- Taking appropriate steps to support pupils with medical needs.
- Where necessary, making reasonable adjustments to include pupils with medical needs into lessons.
- Administering medication, following approved guidelines and Academy policy.
- Undertaking training to achieve the necessary competency for supporting pupils with medical needs.
- Familiarising themselves with procedures detailing how to respond when they become aware that a pupil with a medical condition needs help.
- If medication has failed to arrive at the Academy, due to a parent error, then staff need to contact parents, to request further medication.

The health care administrator is responsible for:

- Liaising locally with lead clinicians on appropriate support along with the therapy team.
- Liaising with healthcare professionals regarding a pupil's medical condition and training required for staff along with the therapy team.
- Ensuring that staff who need to know are aware of a pupil's medical needs.
- Responsible for notifying the Academy when a pupil is identified as having a medical condition, once informed by the parent
- Ensuring medical & medication records are current and accurate for each pupil.

Parents and carers are responsible for:

- Keeping the school informed about any changes to their child/children's health.
- Completing a consent form enabling the Academy to administer medicine, and for bringing medication into school.
- Providing the school with the medication and equipment their child requires, as well as keeping it up to date. Ensuring that their child has sufficient medication stock at the Academy at all times.
- Collecting any leftover medicine at the end of the course or year or if the pupil leaves the academy.
- Discussing medications with their child/children prior to requesting that a staff member administers the medication.
- Notifying the school if their child's medication changes or is discontinued, or the dose or administration method changes.
- Where necessary, developing an IHP for their child in collaboration with the Head Teacher, other staff members and healthcare professionals.
- To sign and return the consent form, giving consent for the health care administrator to gather medical information from their child's GP, CAMHS or other health care professionals.
- To inform the Academy if their contact details, including mobile phone numbers, change.
- To complete and sign their child's IHP, providing updated information, as necessary.

4. The Role of the pupil

- If pupils refuse to take medication or to carry out a necessary procedure, parents will be informed so that alternative options can be explored.
- Where appropriate, pupils will be encouraged to take their own medication under the supervision of designated staff members, with consent and support from parents.
- To be involved in the development of their IHP, if they wish, including discussions on how they would like to manage their medical concerns.
- To take an appropriate amount of responsibility for their medications, while at the Academy. i.e., taking medication, handing over medication to Academy staff and carrying medications (considering 'Gillicks' competence test).

5. Individual Healthcare Plans (IHCPs) (Appendix A – IHCP)

- If a pupil has a medical diagnosis, an Individual Healthcare Plan (IHP) will be developed in collaboration with parents/legal guardians and medical professionals.
- If they choose, the pupil can be involved in the development of their IHP.
- IHPs will be easily accessible whilst preserving confidentiality.
- IHPs will be reviewed at least annually or when a child's medical circumstances change, whichever is sooner.
- Where a pupil has an Education, Health and Care plan or Special Needs Statement, the IHP will be linked to it.
- Where a child is returning from a period of hospitalisation, education, alternative provision, or home tuition, will be found.

6. Medicines

6.1 Overview

- Where possible, it is preferable for medicines to be prescribed in frequencies that allow the pupil (if day status) to take them outside of school hours.
- If this is not possible, prior to staff members administering any medication, the parents/legal guardians of the child must complete and sign a consent form for The Academy **(Appendix B)** to administer medicine form. Appendix B also covers consent for first aid administration.
- No child will be given any prescription or non-prescription medicines without parental consent except in emergency circumstances.
- Where a pupil is prescribed medication without their parents/legal guardian's knowledge, every effort will be made to encourage the pupil to involve their parents while respecting their right to confidentiality.
- No child under 16 years of age will be given medication containing aspirin without a doctor's prescription.
- Medicines MUST be in date, labelled, and provided in the original container (except in the case of insulin which may come in a pen or pump) with dosage instructions. Medicines which do not meet these criteria will not be administered.
- Prescription Only and Controlled medicines may only be taken on school premises by the individual to whom they have been prescribed.
- Any medications left over at the end of the course can be returned to the child's parents.
- Written records will be kept of any medication administered to children.
- Pupils will never be prevented from accessing their medication, if safe and appropriate to do so.
- The Springfields Academy cannot be held responsible for side effects that occur when medication is taken correctly.

- However, if there is a side effect witnessed, then the pupil's GP needs to be made aware as soon as possible, as well as the parents. This is to be noted on Behaviour watch as an incident. The information needs to be placed on the pupil's IHP.

6.2 Self-Medication

- If a pupil has expressed an interest in self-medicating, then he/she will have to be deemed as 'Gillick' competent – Following the Gillick competencies Criteria.
- The current record of medication for people who self-administer should be kept with the person's agreement.
- If the pupil is concerned about their medicines, a referral should be made to the healthcare administrator in the first instance, who may wish to consult the Doctor, if necessary.
- To gain maximum benefit, medicines should always be taken at the prescribed time. Staff should reinforce the health professional's advice on this.
- Certain medical needs, such as asthma, anaphylaxis, or epilepsy, require immediate access to medication to relieve symptoms, so self-administration of medication addressing these conditions should be encouraged.
- A pupil who has been prescribed controlled medications may legally have it in their possession if they are competent to do so. However, passing it to another pupil for use is an offence and will be investigated.

6.3 Requesting Medicines

- As the balance for each pupils' medications can be calculated daily, then parents will be contacted when the balance becomes low. Then the responsibility will be with the parents/carers to provide further medications for their child.

6.4 Non-Prescription drugs

- Home remedies may be used to treat minor ailments without necessarily contacting the pupils' GP. The Springfields Academy maintains a list of home remedies.
- The following list gives examples, but due to the amount of home remedies available is not exhaustive;
    - Paracetamol
    - Tablets for the prevention of motion sickness
    - Throat lozenges
    - Antihistamine Cream
    - Antiseptic Cream
    - E45 Cream
    - Petroleum Jelly
    - Sudocrem
    - Dioralyte
    - Piriton
    - Bazooka cream
- This list has been devised in conjunction with the local pharmacist. It includes specific details such as:

    - Indications for use
    - Name of medicine
    - Dose and frequency
    - Maximum dose and period of treatment
- Prescription and those requiring invasive administration cannot be included in this list e.g., suppositories.
- A home remedy stock record is maintained, and consideration given to expiry dates.
- Treatment with a non-prescription medicine will not continue for more than three days without medical assessment by a GP.
- The conditions, which may be treated using non-prescription medication, include:
    - Mild pain
    - Diarrhoea
    - Mild skin conditions
- If there is a concern about any contra-indication with an existing medication, then the staff should contact the healthcare administrator in the first instance.

6.4 Recording of Medication received into the Academy

7. The Admin Team ensure that a written record is kept of all medication entering and leaving the Academy. The Admin Team is responsible for medication coming into the academy. A written protocol is in place; The record should show:

7.1 Date of receipt.
7.2 Name and strength of medication.
7.3 Quantity received.
7.4 Person for whom the medication is prescribed.
7.5 Signature of the member of staff receiving the medication.

8. A separate controlled drug register with numbered pages is maintained for each child who requires it. In addition to the guidance for the receipt, administration and disposal of non-controlled drugs, this bound book includes the balance remaining for each product. The balance remaining is confirmed each time a controlled drug is administered. It is a legal requirement that a record is made each time a controlled drug is administered.

6.6 Storage of Medicines

- Medicines are to be stored in a locked cupboard or room.
- Controlled drugs must be stored according to the requirements of the Misuse of Drugs (safe custody) Regulations 1973.
- The controlled drugs cupboard is not to be used to store anything else.
- The keys to the controlled drugs cupboard /safe are kept separate to the other keys and are only accessible to authorised staff.
- Fridges on site are used for the storage of insulin. These are to be kept between 2-8°c. When in use, if the temperature fails out of this range, then maintenance teams need to inspect the fridge and correct temperature.

6.7 The Administration of Medicines

- Staff need to follow the five rights:
  - Right patient
  - Right drug
  - Right dose
  - Right route
  - Right time
- If the medicines received from the pharmacy differ unexpectedly from those received for the same person in the past, the Admin Team must check with the pharmacy before administrating the medication.
- There is a written procedure in place for the administration of medication that includes:
  - Checking the identity of the person
  - Obtaining the pupil's consent
  - Ensuring they are not allergic to the medicine.
  - Observing the person's record, checking their name and dosage instructions. Ensuring the dose has not already been administered.
  - Identifying the appropriate medicine container/s checking the label/s and record match. If there is a discrepancy, advice should be sought from the healthcare administrator before giving the medicine to the individual. If the label has become detached or illegible, advice must be sought from the healthcare administrator.
  - Administering the medication in accordance with any special instructions e.g., to be taken with food.
  - Signing the administration record after the medicine has been given.
  - Recording if the medication has been refused.
  - Ensuring that staff are suitably trained in the use of medication.
  - Two people are required to always provide a signature for the administration of controlled medicines.
  - A child cannot be forced to take their own medication. If this occurs, then the primary contact will be notified by phone or email.

6.9 Administration of emergency medication

- The administration of emergency medication whether rectally (e.g., Diazepam), buccal (e.g., Midazolam) or by injection (e.g., Adrenaline) may only be undertaken by trained and approved staff, and as detailed in the individual person's IHP.
- If there is no suitably trained member of staff available to administer the medication, the emergency services must be called. However, adrenaline may be lifesaving and might be advised over the telephone by a doctor or ambulance service to be given by staff.
- If, in an emergency, a child refuses to take their medication and it is in their best interest to administer the medicines, then a trained member of staff can administer the medicine.
- Chemical restraint will never be used within the Academy, at any time. However, medications which have been prescribed as a "just in case" medication can be given to support a pupil at a time of distress or high anxiety (example being Risperidone). If a

medication has been prescribed for this purpose a specific risk assessment will be completed.

6.10 In an emergency defined as a life-threatening situation

- Written consent is sought from the parent/legal guardian if they are likely to need emergency medication to control seizures or any other medical condition that requires urgent attention.
- If an emergency should arise in within the Academy, the emergency services will be called. However, if the situation becomes potentially life threatening, administration of buccal Midazolam or EpiPen may be conducted within the criteria set out on their healthcare plan.
- If an emergency should arise, during transportation, 999 will be contacted asap

6.11 Disposal of medicines

- All unused medication, including refused and wasted doses is returned to the parent/legal guardian for safe disposal via their child's GP surgery. If they are not willing or unable to, then the healthcare administrator will dispose of them via Northlands pharmacy. They are never to be used for other individuals.
- A record is made in the person's notes of the name of the medication, quantity, reason, and date of disposal.
- Where individuals require insulin or any other medication with a syringe, a "sharps box" must be provided by the parent/legal guardian.
- The sharps box, once full, must be given back to the parent/legal guardian for disposal and a new one delivered to the Academy.

6.12 Management of medication error and accidents

- It is recognised that, despite ambitious standards of good practice and care, mistakes may occasionally happen for several reasons. Every employee has a duty and responsibility to report any errors immediately to their line manager and consult with the healthcare administrator (or the nominated pharmacy in their absence), to prevent harm to the individual. The person's parent/legal guardian and the senior leadership team must be informed of any error, in writing if the belief, following consultation with the Head Teacher, that the error could have led to harm or injury, as laid out in the Safeguarding Policy.
- Managers/Leaders should encourage staff to report errors. They should be dealt with in a constructive manner that addresses the underlying reason for the incident and prevents recurrence. If an error occurs, the healthcare administrator/line manager must meet with the employee in person and go through the guidance with them to ascertain their level of

understanding and to establish how the error occurred. This is for support purposes, with outcomes for improvement.

- The Springfields Academy understands that the following behaviour is unacceptable:
    - If pupils with the same condition require the same treatment.
    - Ignoring the views of the pupil and/or their parents.
    - Ignoring medical evidence or opinion.
    - Sending pupils home frequently or preventing them from taking part in activities at school.
    - Penalising pupils with medical needs for their attendance record where the absences relate to their condition.
    - Creating barriers to children participating in school life, including school trips.
    - Refusing to allow pupils to eat, drink or use the toilet when they need to manage their condition.

7 Offsite Activities

- On such occasions, the admin team must arrange for medicines to be taken in their original containers and given to the delegated member of staff for administrating and safekeeping.
- Controlled medicines are to be kept in a lockable container. If appropriate, and safe to do so, the medication container will be locked within the school minibus.
- If required, reasonable adjustments will be considered to ensure pupils can participate in offsite activities. However, a risk assessment will be carried out, so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included.

8 School transport

- Parents/legal guardians whose child uses the schools transport, have a responsibility to pass over any medications to a staff member, signing the controlled drug register to state that they have done so. This will be countersigned by a member of staff on the transport.
- Pupils own IHP will reflect what medical need the pupil will require, including "what constitutes an emergency" and "what to do in an emergency," during transit to/from the Academy.
- If a pupil is taken home with medication, it will be passed over to parents / carers.
- If the pupil's parents / carers are not at home and the pupil is deemed responsible enough, then the medication can be left at home with the pupil. The parents / carers need to be aware of this action and agree to it (all to be recorded on behaviour watch). This will be deemed ok if the pupil is Gillick competent.

9 Mental Health

- A positive mental health is one of the priorities for pupils within Springfields Academy.
- A policy has been drawn up to support pupils who have been diagnosed with a mental health issue (Appendix C).
- Mental health issues should not discourage pupils from attending the Academy; however, it is recognised that this can occur on occasions.

- Self-harm is also recognised as a mental health concern within the Academy, therefore a policy has been written around this, with a flow chart of actions to take, if a pupil has self-harmed (Appendix D).

10 Intimate Care

- See intimate care policy (Appendix E)

11 Emergency use of the Academy's Salbutamol inhaler

- Children need to bring their own inhaler into school with them daily.
- Their own inhaler should be the first inhaler used in the event of an asthma attack.
- In case of a child losing, breaking, or forgetting their inhaler, the emergency inhaler will be used.
- Parental consent is required for the use of the emergency inhaler (within the admissions pack).
- The emergency inhaler equipment includes:
    - A salbutamol metered dose inhaler
    - A plastic spacer compatible with the inhaler
    - Instructions on how to use the inhaler and spacer combined
    - Manufacturer's instructions
    - A monthly checklist with batch number and expiry date
    - A record of administration
- The inhaler is stored in reception in an unlocked cupboard. Staff are to always have access throughout the school day; however, it should be kept out of sight and reach of children.
- Designated staff should be trained in:
    - Recognising when a child is having an asthma attack
    - Administer salbutamol inhalers through a spacer
    - Recognising when emergency (999) action is required
- In the event of a child having an asthma attack, the health care administrator will be summoned.
- The healthcare administrator is responsible for overseeing the protocol for the use of the emergency inhaler (appendix C), its storage and disposal.

12. Automated External Defibrillator (AED)

- The use of an AED with CPR (Cardiopulmonary Resuscitation) increases the chance of survival, against CPR alone.
- The Springfields Academy holds an AED on its premises.
- This is located down the driveway of gate one. It is secured in a certified, purpose use defibrillator box (Yellow) which needs a code to access it.
- This allows the community and external users of Springfields to access it, if required.
- AED equipment includes:
    - Automated External Defibrillator
    - Paediatric key
    - Pocket mask / face shield
    - Scissors

- Instructions
- If the AED is used, then all the consumable equipment must be replaced (even if the battery still has power left)
- The healthcare administrator has overall responsibility for the AED and its consumable equipment
- The AED does not require any training, as instructions are spoken out when in use.
- The AED requires monthly checks by a designated person.

13 Training

- All medicines must only be administered by designated and appropriately trained staff. The Academy recognises that all staff who are regularly involved in assisting, prompting or handling medicines should have the appropriate level of training.
- The training for care Staff at the Academy who are involved in the administration of medication will include:
    - Introduction to medicines and prescriptions
    - Medicine supply, storage, and disposal
    - Self-administration of medication
    - Administration of
        - Tablets and Capsules
        - Liquids
        - Eye Drops
        - Inhalers
        - Creams and ointments
    - Quality control and record keeping
    - Accountability, responsibility, and confidentiality.
- Receive refresher training on an annual basis.

14 Complaint

- Should parents/carers be unhappy with any aspect of their child's care at The Springfields Academy, they must discuss their concerns with the school. This will be with the healthcare administrator in the first instance, with whom any issues should be managed. If this does not resolve the problem or allay concern, the problem should be brought to a member of the leadership team, who will, where necessary, bring concerns to the attention of the Head Teacher. In the unlikely event of this not resolving the issue, the parents must make a formal complaint using The Springfields Academy Complaints Procedure.

Signature of Head of School: Date: September 2026

Approval of Governing Body: Date: September 2025