



# MacIntyre Academies Endeavour Academy

**Supporting Children and Young People with Medical  
Conditions**

**and**

**Supporting Children and Young People with Health  
Needs that Cannot Attend the School**

<b>Person Responsible:</b>	Principal
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This policy document must be read in conjunction with the school's policies:

- Safeguarding of Children and Young people and Child Protection policy,
- Whistleblowing policy,
- Intimate Care policy,
- Medication Procedure and Policy
- First Aid policy
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This policy has been written which underpins the DfE guidance of 2014 'Supporting pupils at school with medical conditions' (statutory guidance for Governors).

## Rationale

Schools have a responsibility for the health and safety of children and young people 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 children and young people with special medical needs, the responsibility of the school is to make sure that safety measures are in place which cater for the needs of all children and young people at the school.

All children and young people who attend Endeavour Academy have a diagnosis of Autism and Moderate or Severe Learning Difficulties. All our young people also experience other difficulties such as sensory processing, communication difficulties etc. Some children and young people also have medical conditions (such as seizures) alongside their primary diagnosis.

The Academy believes that the diagnosis of Autism should be treated as equally as other medical conditions for the children and young people, and the highest level of care given to each individual to ensure they can reach their full potential.

This may mean making special arrangements for particular children and young people so that they can access their full and equal entitlement to all aspects of the Endeavour curriculum. In this case, individual procedures may be required.

Endeavour Academy is therefore responsible for making sure that relevant staff know about, and are trained to provide any additional support that children and young people with medical conditions (long or short term) may need. It is imperative the school works closely with the school nurse to ensure all practice is fully informed and supported by clear pathways and protocols which identify the following:

- Competencies - How the school will know staff are fully trained and competent in administering of medical care which will include the administering of medication.
- Compliance - How the school will know staff are compliant in the training they have received and the mechanisms adopted to ensure compliance measures are met
- Currency - The frequency of training required and how this is recorded (CPD log)
- Accountability – The agreed format of record keeping including Health Care Plans which guides/informs staff within their daily working practice which can be monitored

## Definition

We recognise that children and young people's medical needs may be broadly summarised as being of two types: (a) Short-term, which may affect their participation in school activities (b) Long-term, potentially limiting their access to education and requiring extra care and support from a range of professionals.

The Children and Families Act 2014 places a duty on schools to make arrangements for children with medical conditions. The Local Authority Board members at Endeavour Academy acknowledge that children and young people with medical conditions have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone. Teachers and other school staff in charge of children and young people therefore have a common law duty to act 'in loco parentis' and must ensure the safety of all children and young people in their care. To this end, the school may reserve the right to refuse admittance to a child with an infectious disease, where there may be a risk posed to others or to the health of the child involved. (Please refer

to the school's Medication Procedure and Policy for the definition of likely infectious diseases which outlines the infection/illness, the recommended time to be kept from school and any additional comments which support decision making/outcomes on attendance).

The prime responsibility for a child or young person's health lies with the parent/ guardian, who is responsible for their medication, and must supply the school with all relevant information needed in order for proficient care to be given to the child or young person. The school takes advice and guidance from a range of sources, including the school nurse Health Professionals and the child or young person'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 child/young person and others who may be affected.

If the health, safety and well-being of any child or young person is compromised in any way through the daily working practice of staff within the school, the school nurse will bring this to the immediate attention of the Principal (Deputy Principal in their absence).

Following this information sharing the Principal and school nurse will determine actions which will attempt to resolve any issues. If these cannot be resolved the school nurse will take additional advice and guidance from their line manager (CEO of MacIntyre Academies) with immediate effect.

The Principal will pass on any concerns to the Chair of the Local Authority Board and the Safeguarding nominated Governor. If any member of staff has compromised the health, safety and well-being of any child or young person with a medical condition, the Principal will also report this to the LADO with immediate effect. If required the school will invoke the disciplinary policy to provide further guidance on how to proceed – e.g. – information gathering.

Any member of staff who has received appropriate medical training from the school nurse can refuse to comply with the training provided if:

- They do not feel confident to carry out the procedures as instructed (Staff can request additional training if required from the school nurse).
- Refuse to undertake a procedure with a child who is not familiar to them (in this instance the school nurse will provide any additional advice and guidance relating to the child or young person in question – this is known as context led training).

Following such concerns the school nurse will re-visit the training requirements and sign off competencies; this will be recorded in the individuals training log. If a staff member still refuses to undertake the medical procedure they are trained in, the school may consider this as a capability issue and look towards the capabilities policy for guidance.

## Entitlement and Access

Endeavour Academy provides full access to the curriculum for every child/young person with a diagnosis of Autism wherever possible; this is detailed within our school offer which has been agreed with the Local Authority.

We strongly believe that children and young people with additional medical needs have equal entitlement and must receive necessary care and support so that they can take advantage of this. However, we also recognise that employees have rights in relation to supporting children and young people with medical needs. As a result the staff at Endeavour Academy will:

- Receive appropriate training where required
- Work to clear guidelines
- Bring to the attention of Senior Leadership Team and the school nurse any concern or matter relating to the support of children and young people with medical conditions

## Our Aims

- To support children and young people with medical conditions, so they have full access to the education provided at Endeavour Academy; this will include physical education and educational visits
- To ensure that school staff involved in the care of children with additional medical needs are fully informed and adequately trained (currency, competency, and compliance measures) by the school nurse in order to administer support or prescribed medication/medical interventions

- To comply fully with the Equality Act 2010 for children and young people who may have disabilities or special educational needs.
- To write, in association with healthcare professionals, Individual Healthcare Plans where necessary
- To act in accordance with the Health Care plans received from the school nurse
- To respond sensitively, discreetly and quickly to situations where a child with a medical condition requires support
- To keep, monitor and review appropriate records

### **Unacceptable Practice**

While school staff will use their professional discretion in supporting individual children and young people, it is recognised that is unacceptable to:

- Prevent children and young people from accessing their medication
- Assume every child or young person with the same condition requires the same treatment
- Ignore the views of the child/young person or their parents/ carers/ ignore medical advice received
- Prevent children or young people with medical conditions accessing the full curriculum, unless specified in their Individual Healthcare plan and/or EHC plan
- Penalise children or young people for their attendance record where this is related to a medical condition
- Prevent children/young people from eating, drinking or taking toilet breaks where this is part of effective management of their condition
- Require parents to administer medicine where this interrupts their working day
- Require parents to accompany their child/young person with a medical condition on a school trip as a condition of that child taking part

### **Expectations – parents and practioners:**

It is expected that:

- Parents will inform school of any medical condition which affects their child.
- Parents will supply school with appropriately prescribed medication, where the dosage information and regime is clearly printed by a pharmacy on the container
- Parents will ensure that medicines to be given in school are in date and clearly labelled
- Medical professionals involved in the care of children/young people with medical needs will fully inform staff beforehand of the child's condition, its management and implications for the school life of that individual
- Endeavour Academy will ensure that, where appropriate, children are involved in discussing the management and administration of their medicines and are able to access and administer their medicine if this is part of their Individual Healthcare plan (for example, an inhaler)
- School staff will liaise as necessary with Healthcare professionals and services in order to access the most up-to-date advice about a child or young person's medical needs and will seek support and training in the interests of the child/young person
- Transitional arrangements between schools will be completed in such a way that Endeavour Academy will ensure full disclosure of relevant medical information, Healthcare plans and support needed in good time for the child/young person's receiving school or placement to adequately prepare
- Individual Healthcare plans received from the school nurse will be written/monitored/reviewed regularly in consultation/agreement with the parent/carer; the child's views will be sought where/as appropriate.
- Additionally the health care plans will incorporate the advice of relevant medical professionals

### **Monitoring**

The Local Authority Board of Endeavour Academy ensures that an appropriate level of insurance is in place and reflects the level of risk presented by children with medical conditions.

The Local Authority Board will monitor this policy document.

The Principal will bring to the LAB members attention any amendments required to ensure this policy document is fit for purpose, and meets all statutory guidance received.

This policy document will be reviewed every three years.

It will be the role of the Principal and the school nurse of the school to monitor this policy and the impact of this on the school; this policy will be formally monitored through the Local Authority Board. The Principal and the school nurse will meet each term to discuss the implementation of this policy and any subsequent confidential issues associated with it which cannot be discussed with the Local Authority Board.

Any information received/discussed will be treated in the strictest confidence.

If any safeguarding concerns are raised during the meeting the Principal will follow school safeguarding policy.

On examination of the information received a referral may need to be made to the LADO. All information will be logged accordingly.

This policy will be updated by the Senior Leadership Team with the Principal taking a lead on providing additional information if/as this is required.

## Information

Children with medical conditions will have a generic Health Care plan; this plan can be individually tailored to specific needs of any children and young people within the school.

This plan is electronically held by the school. If a child or young person has a particularly complex medical need/condition this plan can be specifically written for that child or young person by the medical professional such as GP/paediatrician/school nurse. These plans can be provided if required for Annual/Transition/EHCP reviews.

Children/young people with medical conditions which may require emergency attention, e.g. epilepsy; hold an individual epilepsy management plan which are stored in the classroom and with the child's rescue medication which must travel with the child at all times if this has been prescribed. If the plan has been invoked by the class team the Principal MUST be made aware of this as early as possible, and will make a record in notes as appropriate for the child and young person.

The school nurse can provide additional guidance associated with known medical conditions – e.g. – allergies etc. as required (epi-pens). The school nurse provides advice and guidance on the use of epi-pens; these pens are with the child/young person at all times. The school nurse can address advice and guidance with all staff in the teaching team as required on the use of these pens. There are no competency measures required for this area.

All known medical conditions will be noted in the pupil's SIMS records using information received from parents/carers/guardian. This information may not accurately record all current medical conditions; the school nurse holds all up to date medical information which is stored within the main school medication file, and in individual children's files.

## In an emergency

In a medical emergency, there are staff who have been appropriately trained to administer emergency first aid if necessary. If possible, the school's First Aiders will attend any situation.

It is the responsibility of the Senior Leadership Team to ensure that all First Aid personnel are in receipt of up to date training in accordance with our first aid policy. It is also the responsibility of the Senior Leadership Team to ensure that all first aid boxes are easily identifiable, accessible and the contents meet the required specifications are in date for use if required.

In cases where rescue medication is required the staff within the class will follow the protocols provided and provide all relevant information to the Head of Care as early as possible.

In emergency situations, the First Aider will call for (or will instruct another member of staff to call) 999 and request that an Emergency services attend.

Where there is any doubt about the appropriate course of action, the First Aider, being the appointed person in charge, will still be expected to consult with the Health Service Helpline (NHS Direct) and in the case of Pupil injuries, with the Parents or Legal Guardians.

If an ambulance needs to be called, staff will provide the following information:

- Outline the full condition and how it occurred



- Give details regarding the child's date of birth, address, parents' names and any known medical conditions
  - Parents must always be called in a medical emergency but do not need to be present for a child/young person to be taken to hospital. The school will telephone the parent/guardian AFTER the ambulance has been called
  - The number of staff to accompany the child or young person/ambulance staff will be identified by staffing ratios in the school
  - Staff cars should not be used for this purpose
  - Children and young people will be accompanied to hospital by a member of staff if the parent is not able to arrive at the school in time to meet the ambulance.
  - If additional control measures are needed for any pupil with a known medical condition that may result in an ambulance being called this information must be previously prepared and provided by the class teacher and team.
- All information relating to risk/additional control measures associated with medical conditions must be discussed with the Principal to ensure the information is accurate and up to date; all additional control measures designed for this purpose MUST be signed by the class team, Principal and the school nurse.
- If an ambulance needs to be called when a child/young person is out of school then the emergency procedure established via the educational visits policy must be applied.

### **Administration of medicines in Endeavour Academy**

Only essential medicines will be administered during the school day.

Please refer to the Endeavour Academy Medication Procedure and Policy for more detail and guidance linked to any instances of administering medication.

#### **Rationale**

To have a system that is clear to all involved and ensures the health and safety of children and young people and members of staff at all times.

#### **Aims**

1. To ensure the 'rights' of administration of medicine are met: The right medicine to the right child at the right time in the right dosage by the right route, and to write down that it has been given.
2. To provide clear direction to all staff who may administer medication, ensuring that any possible liability is clearly defined.
3. To provide any necessary competency training for staff who may administer medication.

#### **Monitoring and Evaluation**

This guidance will be ratified jointly by the Local Authority Board and Senior Leadership Team. It will be formally evaluated on a two yearly basis, in line with the Medication Procedure and Policy.

#### **General Guidelines**

**1.1** Involvement in the administration of medication is a necessary part of the daily work of many teaching and support staff. Any member of school staff may be asked to provide support to children and young people with medical conditions, including the administering of medicines, although they cannot be required to do so unless this is specified as part of their contract of employment.

Although administering medicines is not part of teachers' professional duties, they should take into account the needs of children and young people 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. (DFE, 2014)

**1.2** However, all pharmaceutically active substances bear a risk of harm. This guidance aims to protect both staff and children and young people and other service users by ensuring that medication is only administered by competent, trained employees.

**1.3** No member of staff should administer prescribed or non-prescribed medication or undertake other medical routines unless they have been given appropriate instruction, training and related competency (currency, competency and compliance).

If a pupil is receiving any medication which requires two competent people trained by the school nurse to draw it up, the administration should ALWAYS be witnessed by the same person who

observed that medication being drawn up and also to ensure that it is given to the correct person (Positive Identification).

**2.1** Staff members have the right to refuse to administer medication except where this responsibility is included in their job description.

**2.2** In emergencies staff should only intervene within their level of competency and training to relieve extreme distress or prevent further and otherwise irreparable harm.

**2.3** The Academy's Public Liability Insurance arrangements will provide an indemnity to those employees whilst carrying out their duties and volunteers, in so far as they have been asked to undertake such duties on behalf of the Academy, in respect of claims for personal injury for which a legal liability can be established as a result of the administration of medication.

**2.4** It is expected that all concerned with the administration of medication will comply with this 'Statement of guidance'. However, in the event of an emergency where it is not possible to adhere to every element of the 'Statement of guidance', provided the employee of the Academy does not act irresponsibly and recklessly in the particular circumstances the Academy's Public Liability insurance arrangements will extend to indemnify the employee concerned.

**2.5** The indemnity will not apply to claims from a criminal offence, malicious actions, or wilful misconduct.

### **3.0 Definitions**

**3.1** Non-Prescribed Medication - Any medication not requiring a Medical or Dental Practitioners Prescription is defined as a Non-Prescribed medication.

**3.2** Prescribed Medication - Any medication requiring a Medical or Dental Practitioners Prescription is defined as Prescribed medication, however this may also include medication that may be available to buy over the counter in a pharmacy, but has been prescribed for a particular individual e.g. paracetamol.

### **Training, Competence and Context**

**3.3** It is the responsibility of the Head Principal and Local Authority Board to ensure that adequate training, instruction and information is given to everyone involved in the control, administration or storage of medication.

New staff should be given such training before they undertake any duties involving medications.

Training should be renewed and updated on an annual basis or if there are alterations in care.

**3.4** It is the responsibility of the Principal (supported by the school nurse) to train and monitor competence/compliance of appropriate education staff following protocol and guidance according to the Endeavour Academy Medication Procedure and Policy.

**3.5** A record of staff members who have received appropriate training or instruction shall be maintained by the school office, information relating to this training will be provided for the Principal of the school who can refer to such information if the school nurse is not available.

This information will include details of training dates, types and techniques of medication, expiration of training and other relevant information.

**3.6** Adequate arrangements should be made to ensure that there is a staff member, who has received appropriate training, instruction and reached competent levels, available during the school day. This could include coverage due to sickness, holidays and other absences.

**3.7** It is recognised that competency measures used monitor staff who support children and young people with medical conditions are pre-determined by the level of skills required. It is the role of the Principal (with support from the school nurse) to determine competencies around such skills within medication administration and administration of rescue medication. The school equally recognises that although the competency measure remains the same staff may request additional training if they are asked to apply any trained procedure with a different child/young person— i.e. – the training provided will become context led. In such circumstances it is the role of the school nurse to provide training using the same criteria to measure competencies with different children and young people. Through such means, we can ensure staff are supported by training which is dynamic and on-going.

### **4.0 Treatment – General**

**4.1** All schools should make adequate provision for the safe and appropriate storage of medication following the advice of the special school nursing service. The school medication cabinet is used for this purpose.

**4.2** All regular prescribed medication administered to children and young people during the school day must be administered according to their named regular medication chart, checked and signed by two staff members who have received training, instruction and demonstrated competency in administering medication.

**4.3** Failure to obtain relief following the administration of prescribed or non-prescribed medication (and any other concerns) should result in the Parents/Carers/guardian being informed and referral as appropriate to the General Practitioner, the Doctor in charge of the case or in extreme cases the Accident and Emergency Department by dialling 999.

## **6.0 Storage and Transport**

**6.1** All medications travelling between home, school and short breaks settings must be transported in a waterproof, zip up bag/container, clearly labelled with the child or young person's name. The medication bag must be handed directly to the passenger assistant by the parent/carer/ /school staff. At school the passenger assistant must hand this medication to the school staff; no medication will be left in children and young people's school day bags. Any medication will be kept with the child's overnight care bags.

**6.2** It is not the responsibility of the passenger assistant, staff team to check/sign for contents of medication.

The school will expect all passenger assistants/drivers to follow the protocols determined by the guidance issued on the safe transportation of medication. It will be the responsibility of the Local Authority to instruct the passenger assistant/driver on how to store medication whilst travelling to/from school and how to act if there has been an incident in regards to any medication (lost medication, spillage of medication etc.).

It will not be the responsibility of the school to instruct drivers/passenger assistants on the safe transportation of medication.

**6.3** Respite medication must be locked in the children and young people's bags within the designated cupboard within school (for children and young people not accessing short breaks on site) during the school day.

It is not the responsibility of the school staff to check the contents of this bag. Therefore, respite medication bags do not need to be opened and checked within the school. The bag **MUST** include the young person's name and be waterproof.

**6.4** At the end of the school day the medication to be sent home must travel in the same bag which is waterproof and named.

## **7.0 Disguising Medications**

**7.1** Medication should not be routinely disguised in food and drink. This does not apply to medications given with nasogastric or gastrostomy feeds.

**7.2** There may be circumstances which require the covert administration of medication, particularly if the child or young person is familiar with having medications in a drink or yoghurt. In this circumstance discussion and consent must be obtained from the parent/carer/guardian and Principal or Head of Care.

## **8.0 Drugs Errors**

**8.1** If a drug error occurs the Principal/Head of Care or another member of the Senior Leadership Team (if available) must be informed immediately. If unavailable, medical opinion must be sought from GP/NHS Direct/Community paediatrician and parents informed as soon as possible.

**8.2** It is a legal requirement to report drugs errors to ensure the safety and well-being of everyone involved (particularly if a drug overdose or omission has occurred). The Head of Care /Principal (in their absence) **MUST** inform the Pharmacy lead, alongside the person who has identified any said drug error. Details of who to contact in the absence of the Principal and the Head of Care is noted within the On Call procedures.

**8.3** The Principal of the school must additionally be informed even if the Head of Care is dealing with the issue; this will be recorded by the school as a safeguarding incident and the appropriate protocols



will need to be initiated by a Designated safeguarding officer of the school; please refer to the protocols outlined within the safeguarding/whistleblowing policy.

**8.4** During school hours it is the responsibility of the Principal, Designated safeguarding officer to report any drugs error to the child or young person's Social Worker and LADO with immediate effect. Any reports of errors in medication during residential time (after and before school and during holidays) are the responsibility of the Head of Care.

**8.2** The omission of a prescribed drug also constitutes as a drug error.

**8.3** In the event of an error or omission by a member of the education staff, each school will have their own incident policy which should be followed; it is the role of the Senior Leadership Team to log all incidents and alongside the Principal will investigate these accordingly. All actions undertaken will be noted and appropriate future actions identified.

**8.5** In the event of emergency, staff should follow normal emergency procedures and contact emergency services as previously outlined.

**8.6** Reporting of any drugs error will be scrutinised by the school nurse/ Head of Care to determine if any further action is needed – e.g. - highlight training needs, spot trends in procedures; the Head of Care will provide the Principal and Local Authority Board members of the school with a full report of the investigation undertaken and actions to address.

## **9.0 Educational visits**

**9.1** Staff supervising the visit will be responsible for the safe storage, transportation and administration of the medicine during the visit. Medication to be administered on educational visits will be carried in a zipped, waterproof bag and administered by two trained staff following the prescription which must be signed accordingly; all educational visits must be supported by a risk assessment and additional control measures which identify children and young people who will be travelling/out of school who have known medical conditions

**9.2** No medication will be dispensed or drawn up from its original container or bottle prior to the trip as this would contradict the Academy Medication Procedure and policy. All medication will remain in the original dispensed packaging with clear, legible pharmacy label, date and named for the young person. Trained staff will follow the protocols established for drawing up medication whilst out of school; this will be in accordance to the training received from the school nurse.

**9.3** It is anticipated the school nurse will not be present on educational visits; therefore the administration of medicine will be by two trained education staff. If the educational visit is known in advance; the school nurse will provide training for an additional member of staff. The same competency measures will apply and it will be the role of the Head of Care to sign these when satisfied at staff level

**9.4** Additional consent from parents/carers will be required for administering regular medications which fall out of the hours of the school day, such as overnight educational visits and after school activities within Endeavour House. It will be the duty of the visit lead to ensure appropriate risk assessments and additional control measures are used to support such visits.

## **10. Supporting children and young people with health needs that cannot attend the school**

### **10.1 Working with others**

Endeavour Academy acknowledges that our young people might become unwell and might need time for recovery. Each case will be treated in individual basis. The Principal will nominate a key person (Senior Leadership Team) who will ensure that all contacts have been made and the school leadership team has clear understanding of the medical needs. Any young person with a long term hospital treatments and overnight stay will be automatically supported by the hospital schools. Endeavour Academy will remain in contact with the young person and their families via families preferred means of communication (phone call, emails. Endeavour Academy will provide information regarding school life during this period via invites to special events, school newsletter etc.

### **10.2 Links with hospital school/home tutoring**

Endeavour Academy will contact hospital school/home tutors and share any relevant information regarding young person's education, progress, learning pathway and method of communication. Positive behaviours support plans, communication and sensory plans, EHCPs and other relevant report should be shared in a secure way using Egress system.

Endeavour Academy will, where possible lend young person specific resources and provide advice and support to the delegated hospital school teacher or the tutor. Regular reviews of the young person's circumstances and feedback regarding progress to be enquire about by the academy.

### 10.3 Providing support at home

Where necessary home learning might be offered by the academy. Any long term home educating would be negotiated during planning phase with SEN office, hospital school and any other agency involved. Ongoing assessment of needs and provision will take a place while medical conditions prevents the young person access learning at the academy.

Any education home visits must be provided by 2 staff members only (Safeguarding and Health and Safety reasons). Under no circumstances Endeavour academy would be able to provide full time home education however reduced hours personalised timetable will be created during a support planning phase to reflect the needs. Clear steps towards reintegration must be outlined in the plan.

### 10.4 Reintegration

Reintegration plan must be divided by the family and the multi-professional group supporting the young person. Any plans must take in consideration:

- provision suitability (including peer group, medical support needed etc.),
- the specific medical condition,
- infection control where applicable,
- suitability of the environment and any adjustments needed for reintegration,
- any additional training that might be required for staff team,

Post reintegration meeting with the family and any external professionals will be held every 6-12 weeks until the young person is fully reintegrated.