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Principal: Mr A McMillan

October 2023

DATE APPROVED BY THE GOVERNING BODY	October 2023
SIGNATURE OF CHAIR OF GOVERNING BODY	Mrs C. Owen
SIGNATURE OF ACADEMY PRINCIPAL	Mr A. McMillan
NEXT REVIEW DATE	October 2025





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#### 1. INTRODUCTION

- 1.1 Padgate Academy is committed to giving all its students opportunities to access the curriculum. Every effort will be made to ensure that students with medical needs experience the best possible care whilst at the Academy. This policy provides a sound basis for ensuring that children with medical needs receive proper care and support at Padgate Academy. In addition, the Academy has adopted the guidance published by the DfE/Department of Health entitled "Supporting Students with Medical Needs: a good practice guide".
- 1.2 All medical information received by the Academy will be treated confidentially. Information to ensure the safety and care of individual students will be disclosed as appropriate to staff of the Academy. Such procedures will be discussed with the student and parent for their agreement prior to the disclosure.
- 1.3 The purpose of this policy is to put into place effective management systems and arrangements to support children and young people with medical needs in Padgate Academy and to provide clear guidance for staff and parents/carers on the administration of medicines. This document, where appropriate, must be considered in conjunction with all other relevant policies, for example, health and safety.

#### 2. STUDENTS WITH LONG-TERM MEDICAL NEEDS

- 2.1 Students with medical needs entering Padgate Academy from local schools will usually be identified through student records and transition procedures. Such information will be checked with the parent to ensure appropriate records are kept and appropriate provision can be made.
- 2.2 Parents are requested to approach the Academy with any information that they feel the Academy will need to care for individual students. The parent will be required to complete a Healthcare Plan information from parents form (Appendix 1) to identify any medical needs. This may require endorsement from the student's General Practitioner. This information will then be used to produce a Healthcare Plan for a Child with Medical Needs (Appendix 2).
- 2.3 Parents are responsible for informing the Academy of medical issues that arise or change during the student's time in the Academy.



#### 3. MEDICINES IN THE ACADEMY

- 3.1 The Student Support Manager should be informed of any medication brought into the Academy at any time along with a completed 'Request for school to administer medication' form by the parent/carer
- 3.2 Information regarding any medication, including prescribed and over the counter should be made available to the student's Pastoral Leader.
- 3.3 In the event of any special form of administration of medication being required, the parent must contact the Academy so that arrangements can be made for this to occur.

#### 4. ROLES AND RESPONSIBILITIES

- 4.1 All staff in academies and schools have a duty to maintain professional standards of care and to ensure that children and young people are safe. It is expected good practice the Academy will review cases individually and administer medicines in order to meet the all round needs of the young person. However, there is no legal duty requiring staff to administer medication or to supervise a young person when they are taking medicines. This is a voluntary role.
- 4.2 Under the Equality Act 2010, academies, schools and educational settings should be making reasonable adjustments for disabled children, including those with medical needs, and are under a duty to plan strategically to increase access over time. Schools and settings should consider what reasonable adjustments they need to make to enable children with medical needs to participate fully in all areas of Academy life, including educational visits and sporting activities.
- 4.3 The Principal, in consultation with the Governing Body, staff, parents/carers, health professionals and the Local Authority, is responsible for deciding whether the Academy can assist a child with medical needs. The Principal is responsible for;
  - a) Implementing the policy on a daily basis
  - b) Ensuring that the procedures are understood and implemented
  - c) Ensuring appropriate training is provided
  - d) Making sure there is effective communication with parents/carers, children and young people, Academy staff and all relevant health professionals concerning the student's health needs.
- 4.4 Staff, including supply staff, must always be informed of a child's medical needs where this is relevant and of any changes to their needs as and when they might arise. All staff will be informed of the designated person with responsibility for medical care.



#### **5. PARENTS/CARERS**

- 5.1 It is the responsibility of parents/carers to;
  - a) Inform the Academy of their child's medical needs
  - b) Provide any medication in a container clearly labelled with the following;
    - THE YOUNG PERSON'S NAME
    - NAME OF MEDICINE
    - DOSE AND FREQUENCY OF MEDICATION
    - SPECIAL STORAGE ARRANGEMENTS
  - c) Collect and dispose of any medicines held in Academy at the end of each term.
  - d) Ensure that medicines have not passed the expiry date
  - e) Ensure the Request to administer medication form is completed

#### 6. STUDENT INFORMATION

- 6.1 Parents/carers will be required to give the following information about their child's long term medical needs and to update it at the start of each Academy academic year;
  - a) Details of student's medical needs
  - b) Medication, including any side effects
  - c) Allergies
  - d) Name of GP/consultants
  - e) Special requirements eq. dietary needs, pre-activity precautions
  - f) What to do and who to contact in an emergency
  - g) Cultural and religious views regarding medical care

#### 7. ACADEMY OFF-PREMISES VISITS

- 7.1 Padgate Academy believes that all students are entitled to participate fully in activities associated with the Academy and will attempt at all times to accommodate students with medical needs. However, consideration must be given to the level of responsibility that staff can be expected to accept.
- 7.2 To ensure that as far as possible, all students have access to all activities and areas of Academy life, a thorough risk assessment will be undertaken to ensure the safety of all students and staff. No decision about a child with medical needs attending/not attending an Academy trip will be taken without prior consultation with the parents/carers.



- 7.3 Residential trips and visits off site;
  - a) Sufficient essential medicines and appropriate risk assessments will be taken and controlled by the member of staff supervising the trip.
  - b) If it is felt that additional supervision is required during any activities the Academy may request the assistance of the parent/carer

#### 8. POLICY ON SPECIFIC MEDICAL ISSUES

- 8.1 The Academy welcomes all students and encourages them to participate fully in all activities.
- 8.2 The Academy will advise staff on the practical aspects of management of:
  - a) Asthma attacks
  - b) Diabetes
  - c) Epilepsy
  - d) An Anaphylactic Reaction
- 8.3 The Academy will keep a record of students who may require such treatment.
- 8.4 The Academy expects all parents whose children may require such treatment to ensure that appropriate medication has been lodged with the Academy together with clear quidance on the usage of the medication.

#### 9. ADMINISTERING MEDICATION

- 9.1 It is expected that parents/carers will normally administer medication to their children at home. No medication will be administered without prior written permission from the parents/carers, including written medical authority if the medicine needs to be altered (e.g. crushing of tablets).
- 9.2 A Request to Administer Medication Form (Appendix 2) must be completed. As stated in paragraph 3, staff are not legally required to administer medicines or to supervise a child when taking medicine. This is a voluntary role and only a named member of staff may take this role.
- 9.3 The Principal will decide whether any medication will be administered in the Academy and following consultation with staff, by whom. All medicine will normally be administered during breaks and lunchtime. If, for medical reasons, medicine has to be taken at other times during the day, arrangements will be made for the medicine to be administered at other prescribed times. Students will be told where their medication is kept and who will administer it.



- 9.4 Any named member of staff, on each occasion, giving medicine to a student should check;
  - a) Name of student
  - b) Written instructions provided by the parents/carers or doctor
  - c) Prescribed dose
  - d) Expiry date
- 9.5 Written permission from the parents/carers will be required for students to self-administer any medicine both prescription and over the counter. This is included as part of the Request For School To Administer Medication Form and must be completed.

#### 10. STORAGE

10.1 All medicine will be kept in a locked cabinet in the Academy's pastoral office. All medicine will be logged onto the Academy's file. Inhalers must be labelled with the student's name (unless the student has permission to carry their inhaler).

#### 11. RECORDS

- 11.1 Staff will complete and sign a record sheet each time medication is given to a child and these will be kept in the administration office. The sheets will record the following.
  - a) Name of student
  - b) Date and time of administration
  - c) Who supervised the administration
  - d) Name of medication
  - e) Dosage
  - f) A note of any side effects
  - g) If medicine has been altered for administration (e.g. crushing tablets) and authority for doing so

#### 12. REFUSING MEDICATION

12.1 If a student refuses to take their medication, staff will not force them to do so.

Parents/Carers will be informed as soon as possible. Refusal to take medication will be recorded and dated on the student's record sheet. Reasons for refusal to take medications must also be recorded as well as the action then taken by the named member of staff.



#### 13. TRAINING

13.1 Training and advice will be provided by health professions for staff involved in the administration of medicines. Training for all staff will be provided on a range of medical needs, including any resultant learning needs, as and when appropriate.

#### 14. INVASIVE TREATMENT

- 14.1 This will only take place at the discretion of the Principal and Governors, with written permission from the parents/carers and only under exceptional circumstances.
- 14.2 Two adults, one of the same gender as the student, must be present for the administration of such treatment. Cases will be agreed and reviewed on an individual basis. All such treatment will be recorded.

#### 15. EMERGENCY PROCEDURES

15.1 The Principal will ensure that all staff are aware of the Academy's planned emergency procedures in the event of medical needs. The SENCO will prepare PEEPS for specific students.

#### 16. CARRYING MEDICINES

16.1 For safety reasons students are not allowed to carry medication unless parents have expressly asked for them to do so on the Request for School To Administer Medication Form. All medicines must be handed to the Academy's Student Support Manager on entry to the Academy's premises.

#### 17. MONITORING, EVALUATION AND REVIEW

17.1 The Governing Body will review this policy at least every two years and assess its implementation and effectiveness.



## **APPENDIX 1 FORM 1 - Healthcare Plan for a Child with Medical Needs**

Name:				Pnotograpn		
Date of Birth:						
Condition:						
Form:						
Date:						
Review Date:						
	CONTACT IN	NFORMATIO	N:			
Fa	mily Contact 1		Fam	Family Contact 2		
Name:		Name:				
Phone No. (work):		Phone No.	(work):			
Phone No. (home):		Phone No.	(home):			
Relationship:		Relationshi	ip:			
Clinic	/ Hospital Contact			G.P.		
Name:		Name:				
Phone No.:		Phone No.:				
Describe the condi	tion and give details of child's ir	ndividual syr	nptoms an	d any actions required:		



Daily care requirements e.g. before sport / at lunchtime (if applicable)
Named member of staff administering medication:
Describe what constitutes an emergency for the child, and the action to take if this occurs:
Follow up care:
Who is responsible in an emergency (state if different on off-site activities)
Form copied to:



#### **APPENDIX 2**

FORM 2- Request for school to administer medication

MEDICATION MUST BE IN ORIGINAL BOX

AND CANNOT CONTAIN ASPIRIN

UNLESS PRESCRIBED BY A DOCTOR

FOR MEDICATION CONTAINING IBUPROFEN - MEDICATION SHOULD BE IN A BOX AND PARENTS SHOULD STATE DOSE REQUIRED. MEDICATION FORM MUST BE COMPLETED AND RETURNED TO SCHOOL BEFORE THEY CAN BE ADMINISTERED IN SCHOOL

## REQUEST FOR SCHOOL TO ADMINISTER MEDICATION

The school will not give your child medicine unless you complete and sign this form and the Principal has agreed that school staff can administer the medicine.

Details of pupil				
SURNAME:				
FORENAME(S):				
FORM:				
ADDRESS:				
DATE OF BIRTH:				
MALE OR FEMALE:				
CONDITION OR ILLNESS:				
Medication				
Parents must ensure that medication suppli	ed is 'in date' and properly labelled			
NAME/TYPE OF MEDICATION: (as described on the container)				
DATE DISPENSED / BROUGHT INTO SCHOOL:				
EXPIRY / END OF TREATMENT DATE:				
FULL DIRECTIONS FOR USE, INCLUDING DOSAGE AND METHOD: (N.B. Dosage must match the instructions on the medication box and can only be changed on a Doctor's instructions)				
TIMING OF WHEN MEDICATION SHOULD BE TAKEN: (N.B. If medication is not to be administrated at a set time every day, School will contact you to obtain verbal confirmation that no other medication has been given that day before it will be administrated)				



SPECIAL PRECAUTIONS:				
ARE THERE ANY SIDE EFFECTS THAT THE	:			
SCHOOL NEEDS TO KNOW ABOUT?  SELF ADMINISTRATION:	VEC			NO =
SELF ADMINISTRATION:	YES			NO 🗆
PROCEDURES TO TAKE IN AN EMERGENCY:				
Contact Details				
NAME:				
RELATIONSHIP TO PUPIL:				
EMAIL ADDRESS:				
	Home:			
PHONE NO:	Mobile:	:		
	Work:			
ADDRESS:	·			
	<del></del>			
I understand that I must deliver the n service which the school is not obliged to in writing. I understand that I am respo	o underta nsible to	ake. Lunders	tand that I mu	ust notify the school of any changes
SIGNATURE:				
FOR OFFICE USE ONLY				
NAME OF PUPIL:				
QUANTITY AND NAME OF MEDICATION TO BE RECEIVED:				
TIME THE MEDICATION IS TO BE ADMINISTERED (e.g. break/lunchtime)				
THIS ARRANGEMENT WILL CONTINUE UNTIL: (either end date of course of medicine or until instructed by parents				
School agrees that the pupil named abo	ve will r	eceive the m	edicine as de	tailed above.
SIGNED:				



1						
D PRINCIPAL:		DATE:				
iginal should be retained in the medical folder						
The school will not	aive vour child medicine ur	nless you complete and sign this form, and th				
		can administer the medication.				
CHILD DETAILS:						
Surname:		Address:				
Forename (s):						
Male / Female:						
Form:						
Date of Birth:						
Condition or Illness:						
MEDICATION:						
Name /Type of Medica (As described on the cont						
(As described on the Con-	unier)					
For how long will your	child take this medication:					
(How long is it being pres						
Date Dispensed:						
Dosage and method:						



Timings:					
Special Precautions:					
Side Effects:					
Self-Administration:					
Procedures to take in an	emergency:				
Contact Details:					
		Address:			
Name:		Address:			
Daytime Phone No.:  Mobile No.:					
Relationship to child:					
I understand that I must	I understand that I must deliver the medicine personally to:				
Signature (s):					
Date:					



## **APPENDIX 3**

**Medication log** 

Date	Child's Name	Time	Name of Medication	Dose Given	Any Reaction	Signature of Staff	Parent Informed



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