



# Medication Policy

## AIMS

This policy is intended to:

- clarify where the responsibility for the medical care of pupils lies
- encourage Governing Bodies and Head Teachers to develop, in consultation with their staff, procedures that not only provide appropriate care for pupils, but are practicable from the schools' point of view
- provide schools with general information about the administration of prescription medicines to pupils
- to support regular attendance of all pupils
- to ensure that medicines are stored and administered safely

However, specific school procedures may need to be written on a case-by-case basis with regard to the age and capability of the pupil concerned and the nature of the institution. This will involve, for example in special schools, issues relating to specific conditions, e.g. tube feeding and epilepsy emergencies, etc.

## INTRODUCTION

All schools should have a policy for pupils with medical needs. This should be part of the Health and Safety policy for the school. Responsibilities for carrying out the Policy must be clearly assigned.

The school should develop systems and procedures for putting the Policy into effect in partnership with parents, staff, the local NHS providers and GPs.

**It is normally expected that parents administer medicine to their children. It should be the exception rather than the rule for medicines to be brought into school. Each request for medicine to be administered to a pupil in school should be considered on an individual basis.**

It is the Head Teacher's responsibility to ensure that staff who volunteer to assist in the administration of medicines or procedures receive instruction, training and support as guided by health professionals and, where appropriate, staff from the Children's Services Additional Needs Team.

No members of staff have a contractual obligation to give medicine or to supervise medical procedures unless, in the case of support and ancillary staff, this is specifically stated in their job description.

Staff managing the administration of medicines and those who administer medicines should receive appropriate training and support from health professionals.

There must be a system for the safe storage and disposal of medicine which, as far as is possible, reduces the risk of pupils being harmed.

Additional measures may need to be taken for educational visits and sporting activities.

### **CHILDREN WITH MEDICAL NEEDS**

The procedures should take into account both short and long term medical needs, prescribed medicines and what to do when a pupil refuses to take medicine.

A Health Care Plan for each pupil with ongoing medical needs should be drawn up in consultation with the parent, health professional or GP. The Health Care Plan should include Emergency Procedures.

No pupil under the age of 16 should be given ***any*** medication without their parents' consent.

Children with medical needs have the same rights of admission to a school or setting as other children. Most children will at some time have short-term medical needs, perhaps entailing finishing a course of medicine such as antibiotics. Some children however, have long-term medical needs and may require medicines on a long-term basis to keep them well, for example children with well-controlled epilepsy or cystic fibrosis.

Others may require medicines in particular circumstances, such as children with severe allergies who may need an adrenaline injection and children with severe asthma may have a need for daily inhalers and additional doses during an attack.

Most children with medical needs are able to attend school regularly and can take part in normal activities, sometimes with some support. However, staff may need to take extra care in supervising some activities to make sure that these children, and others, are not put at risk.

An individual health care plan can help staff identify the necessary safety measures to support children with medical needs and ensure that they and others are not put at risk.

### **SCHOOL POLICY AND PROCEDURES**

Under Health and Safety legislation, schools are required to implement systems at work that will ensure the safety, not only of staff but also of any other person affected by the school's activities.

This policy covers:

- procedures for managing prescription medicines which need to be taken during the school or setting 'day'
- procedures for managing prescription medicines on trips and outings
- a clear statement on the roles and responsibility of staff managing administration of medicines, and for administering or supervising the administration of medicines
- a clear statement on parental responsibilities in respect of their child's medical needs
- the need for prior written agreement from parents / carers for any medicines to be given to a child
- the circumstances in which children may take any non-prescription medicines

- the school or setting policy on assisting children with long- term or complex medical needs
- policy on children carrying and taking their medicines themselves
- staff training in managing medicines safely and supporting an identified individual child
- record keeping
- safe storage of medicines
- access to the school's emergency procedures
- risk-assessment and management procedures

Parents/ Carers should provide the school with full information regarding their child's medical needs. It should encourage staff to report deterioration in a pupil's health to the Head Teacher or other nominated person who will then inform the parent.

## **RISK ASSESSMENT**

The Management of Health and Safety at Work Regulations 1999, made under the Health & Safety at Work Act, require employers to:

- make an assessment of the risks of activities
- introduce measures to control these risks
- tell their employees about these measures

Risk assessments consider who may be affected, the particular hazards and risks associated with the medicine, and storage and disposal arrangements.

The Control of Substances Hazardous to Health Regulations 2002 (COSHH) require employers to control exposures to hazardous substances to protect both employees and others. Some medicines may be harmful to anyone for whom they are not prescribed. Where a school or setting agrees to administer this type of medicine, the employer **must** ensure that the risks to the health of staff and others are properly controlled.

Staff supervising sporting activities should consider whether as part of the risk assessment for the activity, additional measures are necessary for some children because of relevant medical conditions, and any preventative medicine that may need to be taken and appropriate emergency procedures.

Where students have special medical needs, the school will need to ensure that such risk assessments take into account those needs.

## **RESPONSIBILITIES**

### **PARENTS AND CARERS**

The prime responsibility for a pupil's health rests with the parents or carer.

Parents / carers should formally request schools to administer medicines. Where a pupil is acutely unwell, parents should be advised to keep him/her at home.

Parents, as defined in section 576 of the Education Act 1996, include any person who is not a parent of a child but has parental responsibility for or care of a child. In this context, the phrase 'care of the child' includes any person who is involved in the full-time care of a child on a settled basis, such as a foster parent, but excludes baby sitters, child minders, nannies and school staff.

The parent, and/or pupil if he or she is mature enough, should provide the school with sufficient information about the pupil's medical condition. This should be undertaken in conjunction with the family GP or paediatrician, as appropriate.

Parents and carers should be given the opportunity to provide the school with sufficient information about their child's medical needs if treatment or special care is needed. They should, jointly with the Headteacher, reach agreement on the school's role in supporting their child's medical needs, in accordance with the employer's policy.

The Headteacher should seek parental agreement before passing on information about their child's health to other staff. Sharing information is important if staff and parents are to ensure the best care for a child. If permission is not given, the school will need to carry out a risk assessment. It must be recognised that in some instances, with conditions such as HIV/AIDS, it is illegal to disclose or otherwise share information.

Some parents may have difficulty understanding or supporting their child's medical condition themselves. Local health services can often provide additional assistance in these circumstances or signpost to other groups that can.

It only requires one parent to agree to or request that medicines are administered. As a matter of practicality, it is likely that this will be the parent with whom the school or setting has day-to-day contact. Where parents disagree over medical support, the disagreement must be resolved by the Courts. The school or setting should continue to administer the medicine in line with the consent given and in accordance with the prescriber's instructions, unless and until a Court decides otherwise.

Where a child is looked after by a local authority, day-to-day responsibility may be with foster parents, residential care workers or guardians.

## **EMPLOYERS**

Under the Health and Safety at Work etc Act 1974, employers, including Local Authorities, Academy Trusts and school Governing Bodies, **must** have a health and safety policy. This should incorporate managing the administration of medicines and supporting children with complex health needs, which will support schools and settings in developing their own operational policies and procedures.

In the event of legal action over an allegation of negligence the employer, rather than the employee, is likely to be held responsible. Employers should therefore make sure that their insurance arrangements provide full cover in respect of actions which could be taken by staff in the course of their employment. It is the employer's responsibility to make sure that proper procedures are in place; and that staff are aware of the procedures and fully trained. Keeping accurate records is helpful in such cases. Employers should support staff to use their best endeavours at all times, particularly in emergencies. In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

In most instances, the Local Authority, a school or an early years setting will directly employ staff. However, in some instances, staff may be employed by other agencies. In such circumstances, appropriate shared Governance arrangements for medicines should be agreed between the relevant agencies.

The employer is responsible for making sure that staff have appropriate training to support children with medical needs. Employers should also ensure that there are appropriate systems for sharing information about children's medical needs in each school or setting for which they are responsible. Employers should satisfy themselves that training has given staff sufficient understanding, confidence and expertise, and that arrangements are in place to up-date training on a regular basis. A health care professional should provide written confirmation of the proficiency of a member of staff in carrying out any medical procedure.

The NHS has the discretion to make resources available for training. Employers should also consider arranging training for staff in the management of medicines and policies about administration of medicines. Complex medical assistance is likely to mean that the staff will need specialised training. This should be arranged in conjunction with local health services or other health professionals. Managing medicines training could be provided by Local Authorities, consortia, pharmacists and other training providers.

### **GOVERNING BODY**

The governing body has general responsibility for all of the school's policies even when it is not the employer. The governing body will generally want to take account of the views of the head teacher, staff and parents in developing a policy on assisting pupils with medical needs. Where the Local Authority is the employer, the school's governing body should follow the health and safety policies and procedures produced by the Local Authority.

### **HEADTEACHER**

The Headteacher is responsible for putting the employer's policy into practice and for developing detailed procedures. Day-to-day decisions will normally fall to the Headteacher or to whosoever they delegate this to, as set out in their policy.

The Headteacher should make sure that all parents and staff are aware of the policy and procedures for dealing with medical needs. The head should also make sure that the appropriate systems for information sharing are followed. The policy should make it clear that parents should keep children at home when they are acutely unwell. The policy should also cover the approach to taking medicines at school or in a setting. The Headteacher and Governing Bodies will want to ensure that the policy and procedures are compatible and consistent with any registered day care operated either by them or an external provider on school premises. This should include Children's Centres.

The Headteacher, supported by health professionals and the Children's Services Additional Needs Team, should ensure that staff members who volunteer to assist with medical procedures or the administration of medication receive suitable and sufficient information, instruction and training to be able to undertake these functions in a safe and effective manner.

The Head Teacher should provide other school staff such as lunchtime assistants, administrative or support staff that may, at certain times, be responsible for pupils with medical conditions with sufficient support and advice.

The Headteacher is responsible for ensuring that appropriate arrangements are in place for the safe storage of medicines.

For a child with medical needs, the Headteacher will need to agree with the parents exactly what support can be provided. Where there is concern that a pupil's needs may

not be able to be met by a school, or where parents' expectations appear unreasonable, the head should seek advice from the child's GP or other health professionals and, if appropriate, the employer. In early years settings advice is more likely to be provided by a health visitor.

Where appropriate, Health Care Plans for individual pupils should be drawn up in conjunction with the Headteacher, health professionals, Children's Services Additional Needs Team, Health professionals and parents.

Where a Headteacher wishes to share information with other staff within a school they should first seek permission from the pupil's parent or the pupil, if he or she is of sufficient maturity. The cultural needs and beliefs of both pupil and parents should be respected at all times.

### **TEACHERS AND OTHER STAFF**

Some staff may be naturally concerned for the health and safety of a child with a medical condition, particularly if it is potentially life threatening. Staff with children with medical needs in their class or group should be informed about the nature of the condition, unless prohibited by legal requirements for confidentiality, and when and where the children may need extra attention. The child's parents and health professionals should provide this information.

All staff should be aware of the likelihood of an emergency arising and what action to take if one occurs. Back-up cover should be arranged for when the member of staff responsible is absent or unavailable.

Quite often the first point of reference for any child feeling unwell is the school office, or at different times of the day other staff may be responsible for children, such as lunchtime supervisors. It is important all relevant staff who may be required to respond are also provided with training and advice.

Teachers' conditions of employment do not include giving or supervising a pupil taking medicines and therefore, cannot be required to do so. Schools should ensure that they have sufficient members of support staff who are employed and appropriately trained to manage medicines as part of their duties and that this is reflected in job descriptions.

Any member of staff who agrees to accept responsibility for administering prescribed medicines to a child should have appropriate training and guidance.

### **LOCAL AUTHORITY**

The local authority has a responsibility to ensure that each school has a health and safety policy, which should include reference to this policy. The policy should include procedures for assisting and supporting pupils with medical needs, including managing medication, where the Governing Body has agreed the school will accept prescribed medicines.

### **SCHOOL NURSES**

School Nurses and Other Healthcare Professionals

This school has access to a school nursing service which is responsible for notifying the school when a child has been identified as having a medical condition which will require support. Wherever possible, they should do this before the child starts at school and our arrangements for liaison support this process.

While the school nurse will not have an extensive role in ensuring that this school is taking appropriate steps to support pupils with medical conditions, they are available to support staff on implementing a child's IHCP and provide advice and liaison, for example on training. The school nurse can also liaise with lead clinicians or a child's General Practitioner (GP) locally on appropriate support for the child and associated staff training needs.

## **ADMINISTERING PRESCRIBED MEDICINES**

Medicines should only be brought to school when essential (where it would be detrimental to the child's health if the medicine were not administered during the school day). All medicines should be taken directly to the school office by a responsible adult. **Medicines will only be accepted for administration on receipt of written consent and in the original container as dispensed by a pharmacist and with the prescriber's instructions for administration.**

The medicine should be clearly marked with the child's name and class number. The appropriate dosage spoon should be included with all medicines sent into school. Any medicine administered will be recorded by the staff member, using the appropriate recording system.

A parent leaflet regarding medicines in school clearly outlines the procedures and policy. This will be available from the school office and on the school website.

The administration or the supervision of medical procedures in school is a voluntary role, unless specified in a person's job description. Those who undertake this role and/or provide support to pupils with medical needs require training, information and instruction from their Head Teacher, LA personnel, health professionals, the pupil and the pupil's parent.

The teaching profession has a general duty of care towards pupils in schools. Whilst in law this duty cannot require teachers to administer medicines, it does expect them to react promptly and reasonably if a pupil is suddenly taken ill.

Unless prohibited by legal requirements for confidentiality, staff who have pupils with medical needs in their class should understand the nature of the condition and when and where that pupil requires additional attention.

In particular staff should be aware if an emergency is likely to occur and what measures they should take. Procedures should be written out clearly and be readily accessible.

Where a member of staff acts in good faith and with due care in an emergency situation they will be indemnified by the Employers Insurance Policy.

Any member of staff giving medicine should check:

- the pupil's name
- that there are written instructions on the original container provided by the parent or doctor
- the prescribed dose
- the expiry date of the medicine

If there is any doubt about these details, or they are not provided, the advice is not to give the medication until the full details are known.



Each time a pupil is given medication it is advised that a record is made and the person administering the medication signs it.

Where invasive or intimate treatments are required the person carrying out such a treatment should, where possible, be of the same gender as the pupil receiving the treatment. It is acknowledged that this may not always be practicable. Irrespective of gender, two adults should always be present whilst the treatment is carried out. Those persons who volunteer to provide intimate or invasive treatments must be suitably trained.

Under no circumstances should any person employed by the school administer medication if they have not received requisite training and authorisation from their Head Teacher. If a pupil is at severe risk because their medication cannot be given, the Head Teacher must ensure that there are suitable emergency arrangements in place.

### **NON-PRESCRIBED MEDICINES**

School will not administer non-prescribed medicines as a general rule. Any written requests will be considered on an individual basis and these will only be agreed for exceptional circumstances. If it is deemed appropriate for the medication to be administered then the policy and procedures outlined in this policy will be followed.

Children must not carry medicines themselves for self-administration during the day.

We will not administer paracetamol or ibuprofen routinely, as their primary use is to control raised temperature for which a child should be at home. Cough sweets are also not encouraged in school.

### **DEALING WITH MEDICINES SAFELY**

#### **SAFETY MANAGEMENT**

Medicines may cause harm to anyone for whom they were not prescribed and be harmful for the person for whom they were prescribed if that person takes an incorrect dose.

Some medicines are poisons; some can become poisons when they react with other substances.

Headteachers are required to assess the risks presented by a hazardous substance to any person who may come into contact with it. They should determine the method or methods by which that risk may be removed, reduced or controlled.

If there is no means of eliminating or substituting the hazardous substance, schools should implement controls to reduce any risk of harm to the lowest level that is possible.

Schools should be aware:

- that some medicines can have serious ill health effects on those giving the medicine. Some medicines produce harmful vapours, and can be corrosive or produce dermatitis; some can sensitise those giving the medicine, and some people may already be sensitive to the medication - particularly those who suffer from eczema or asthma. Where staff who have respiratory or skin problems the Head Teacher should advise them not to proceed and seek an alternative volunteer



- of the need to provide volunteers with suitable personal protection such as disposable gloves, face mask, etc.

## **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. This should be easy if 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 Headteacher 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. Many schools and settings allow children to carry their own inhalers. Other non-emergency medicines should also be kept in a secure place not accessible to children.

Some medicines need to be refrigerated. There should be restricted access to a refrigerator holding medicines.

Other controls include:

- only storing small amounts
- storing medicines in a secure place such as a locked cupboard which is labelled accordingly and to which a minimum of two duly authorised persons have a key, or have access to a key

Storing medicines in original containers which are labelled with:

- the name of the person for whom the medicine is prescribed
- the name and constituents (if known) of the medicine
- the prescribed dose
- the time the prescribed dose is to be taken
- the expiry date of the medicine
- the name of the person or organisation responsible for prescribing the medicine
- any likely side effects for the person taking the medicine
- the hazardous nature of the medicine (e.g. harmful or toxic if swallowed, harmful by inhalation, harmful if in contact with the skin or eyes)
- who to contact in an emergency

It may not always be possible to obtain all the above information from the original container. If this is the case the pharmacy supplying the medicine or the pharmacy department of the local NHS Trust may be of assistance. Parents are responsible for supplying this information.

## **ACCESS TO MEDICINES**

Children may need to have immediate access to their medicines when required. The school or setting may want to make special access arrangements for emergency medicines that it keeps. However, it is also important to make sure that medicines are

only accessible to those for whom they are prescribed. This should be considered as part of the policy about children carrying their own medicines.

### **DISPOSAL OF MEDICINES**

It is advisable that schools should not dispose of any prescribed medicine or the container from which it came. The parent of the pupil for whom the medicine was provided should collect all empty containers, surplus medicines and out-of-date medicines.

Appropriate procedures need to be in place within the school for the safe disposal of soiled dressings or used hypodermic needles. Sharps boxes should always be used for the disposal of needles. Information on such issues should be offered as part of the training provided by the health professionals or the Children's services Additional Needs Team.

On the very rare occasion that the school has to dispose of any of the above, it is recommended that school seek advice from the Council's Waste Management Service before disposal of any items. Pharmaceuticals are classed as "Special Wastes" under environmental legislation and as such disposal must be in accordance with the requisite Regulations.

### **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.

### **HEALTH PLAN**

Health care plans for children with specific or complex medical needs will be completed. This will include:

- details of a child's condition
- special requirement e.g. dietary needs, pre-activity precautions
- and 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 staff can play

The main purpose of an individual health care plan for a child with medical needs is to identify the level of support that is needed. Not all children who have medical needs will require an individual plan. A short written agreement with parents may be all that is necessary.

An individual health care plan clarifies for staff, parents and the child the help that can be provided. It is important for staff to be guided by the child's GP or health professional. Staff should agree with parents how often they should jointly review the health care plan. It is sensible to do this at least once a year, but much depends on the nature of the child's particular needs. Some would need reviewing more frequently.

Staff should judge each child's needs individually as children and young people vary in their ability to cope with poor health or a particular medical condition.

In addition to input from the school health service, the child's GP or other health professionals (depending on the level of support the child needs), those who may need to contribute to a health care plan include:

- the head teacher or head of setting
- the parent or carer
- the child (if appropriate)
- early years practitioner/class teacher (primary schools)/form tutor/head of year (secondary schools)
- care assistant or support staff (if applicable)
- staff who are trained to administer medicines
- staff who are trained in emergency procedures

### **SHORT-TERM MEDICAL NEEDS**

At some time during a pupil's school life, he/she may need to take medication - e.g. to finish a course of antibiotics or apply a lotion.

To minimise the amount of time a pupil is away from school, it may be necessary to continue such treatment after the pupil returns to school. Where this happens it is advisable that the dose-frequency is prescribed 3 times per day rather than 4 times per day, so that the pupil need not take the medication whilst at school.

This procedure is endorsed by health professionals and the school policy should encourage parents to request such a dose frequency from the GP.

If it is essential for medication to be taken to school the pupil should normally only bring a single dose of medicine with them. However, there may be occasions when a bottle of medicine has to be taken to school.

The school policy should encourage the parents and the Head Teacher to discuss such requirements.

Any prescribed medication brought into school must be clearly marked with the name of the pupil and the recommended dosage. It must be kept secure, unless there are valid reasons for the pupils to keep that medication with them (e.g. asthma inhaler).

### **LONG-TERM MEDICAL NEEDS**

Schools must have sufficient information about the medical condition of any pupil with long-term medical needs

The parent should supply such information either prior to a pupil attending school or as soon as the condition becomes known in order that the school can carry out a risk assessment and put appropriate arrangements in place.

### **SELF-MANAGEMENT**

With advice from health professionals, schools should be encouraged to allow pupils who can be trusted to manage their own medication from an early age. Parents must have given consent and the pupil must be supervised when taking the medication.

The school policy should identify in what circumstances pupils can carry their own medicine and provide any member of staff who may come into contact with such a pupil with suitable and sufficient information regarding their condition and the medicine he or she is taking. Staff may need to refer to the risk assessment or individual health care plan.

## **EMERGENCY PROCEDURES**

As part of general risk management processes all schools and settings should have arrangements in place for dealing with emergency situations. Other children should know what to do in the event of an emergency, such as telling a member of staff. All staff should know how to call the emergency services.

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 are responsible for any decisions on medical treatment when parents are not available.

Staff should avoid wherever possible taking children to hospital in their own car, but to call the emergency services. In remote areas a school might wish to make arrangements with a local health professional for emergency cover.

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.

## **REFUSAL TO TAKE MEDICINE**

No pupil can be forced to take medicine should they refuse.

If a pupil refuses to take medicine and the information provided by the pupil's parent and/or GP suggests that the pupil is at great risk if they do not take their medication, schools are advised to contact the parents immediately. If a parent cannot be contacted the school should seek medical advice and in the event of an emergency, call the emergency services.

Where the information provided indicates that the pupil will not be at great risk if they do not take their medication, but the parent has informed the school that their child should receive their medication, the school should contact the parent as soon as possible. It is advised that school should communicate directly to the parent and not via a note sent home with the pupil.

## **CO-ORDINATING INFORMATION**

Co-ordinating and sharing information on an individual pupil with medical needs, particularly in secondary schools, can be difficult. The head teacher should decide which member of staff has specific responsibility for this role. This person can be a first contact for parents and staff, and liaise with external agencies. It would be helpful if members of staff with this role attended training on managing medicines and drawing up policies on medicines. Local Authorities, consortia and others provide such training.

Staff who may need to deal with an emergency will need to know about a child's medical needs, unless prohibited by legal requirements for confidentiality.

A health care plan may reveal the need for some staff to have further information about a medical condition or specific training in administering a particular type of medicine or in dealing with emergencies. Staff should not give medicines without appropriate training from health professionals. When staff agree to assist a child with medical needs,

the employer should arrange appropriate training in collaboration with local health services. Local health services will also be able to advise on further training needs.

The head and staff should always treat medical information confidentially. The head should agree with the parent, or the child where appropriate, who else should have access to records and other information about a child. If information is withheld from staff they should not generally be held responsible if they act incorrectly in giving medical assistance but otherwise in good faith.

## **WORK EXPERIENCE**

Schools are responsible for ensuring that work experience placements are suitable for students with a particular medical condition.

Schools are also responsible for pupils with medical needs who, as part of key stage 4 provision, are educated off-site through another provider such as the voluntary sector, or Further Education College. Schools should consider whether it is necessary to carry out a risk assessment before a young person is educated off-site or has work experience.

Schools have a primary duty of care for pupils and have a responsibility to assess the general suitability of all off-site provision including college and work placements.

This includes responsibility for an overall risk assessment of the activity, including issues such as travel to and from the placement and supervision during non-teaching time or breaks and lunch hours. This does not conflict with the responsibility of the college or employer to undertake a risk assessment to identify significant risks and necessary control measures when pupils below the minimum school leaving age are on site.

Responsibility for risk assessments remain with the employer or the college. Where students have special medical needs the school will need to ensure that such risk assessments take into account those needs. Parents and pupils must give their permission before relevant medical information is shared on a confidential basis with employers.

## **EDUCATIONAL VISITS**

Schools should encourage pupils with medical needs to participate in educational visits as long as the safety of the pupil, other pupils and/or staff is not placed at significant risk.

It may be necessary to take additional measures for visits. This may include: additional staff supervision, adaptations for bus or coach seats and entrances, provision of cool-bags to store medicine, provision of properly labelled single dose sets of medication.

When planning trips and visits where there will be a pupil or pupils with medical needs, ensure all persons supervising the trip are aware of the medical conditions and any emergency procedures to be followed.

If difficulties are anticipated then it is advisable for school personnel to discuss these with staff at the location being visited.

Should there be any doubt regarding a school trip, the school should discuss the trip with the parent, and also, if necessary, seek advice from health professionals.

Wherever possible, preventative measures should be taken prior to the visit. This should include Risk Assessment of the pupil's medical needs.

### **SPORTING ACTIVITIES**

Most pupils with medical conditions can participate in regular sporting activities. There should be sufficient flexibility for all children to participate 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 sporting activities should be recorded in their individual health care plan. Some pupils will need to take precautionary measures prior to and/or during exercise and may need immediate access to medication or nutrition afterwards.

Staff supervising pupils involved in P.E. and sporting activities must be aware of the relevant medical conditions and emergency procedures for any pupil participating in the lesson or activity. All adults should be aware of issues of privacy and dignity for children with particular needs.

Where activities are run by volunteers on behalf of a school, then the schools policy and procedures should be followed. Where external organisations are delivering activities it is expected that those organisations will follow their own policy and procedures, and be covered by their own insurance.

This policy should be followed in conjunction with the Health and Safety Policy and Supporting pupils with medical conditions.

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