Vantage Supporting Pupils with Medical Conditions Policy

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Vantage CE Academies

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Statement of intent

Vantage CE Academies has a duty to ensure arrangements are in place to support pupils with medical conditions. The aim of this policy is to ensure that all pupils with medical conditions, receive appropriate support to allow them to play a full and active role in school life, remain healthy, have full access to education (including school trips and PE), and achieve their academic potential.

The Trust believes it is important that parents of pupils with medical conditions feel confident that the schools provide effective support for their children's medical conditions, and that pupils feel safe in the school environment.

Some pupils with medical conditions may be classed as disabled under the definition set out in the Equality Act 2010. The school has a duty to comply with the Act in all such cases.

In addition, some pupils with medical conditions may also have SEND and have an Education, Health and Care (EHC) plan collating their health, social and SEND provision. For these pupils, the school's compliance with the DfE's 'Special educational needs and disability code of practice: 0 to 25 years and the school's Special Educational Needs and Disabilities (SEND) Policy will ensure compliance with legal duties.

To ensure that the needs of our pupils with medical conditions are fully understood and effectively supported, we consult with health and social care professionals, pupils and their parents.

1. Legal framework

This policy has due regard to all relevant legislation and guidance including, but not limited to, the following:

- Children and Families Act 2014
- Education Act 2002
- Education Act 1996 (as amended)
- Children Act 1989
- National Health Service Act 2006 (as amended)
- Equality Act 2010
- Health and Safety at Work etc. Act 1974
- Misuse of Drugs Act 1971
- Medicines Act 1968
- The School Premises (England) Regulations 2012 (as amended)
- The Special Educational Needs and Disability Regulations 2014 (as amended)
- The Human Medicines (Amendment) Regulations 2017
- The Food Information (Amendment) (England) Regulations 2019 (Natasha's Law)
- DfE 'Special educational needs and disability code of practice: 0-25 years'
- DfE 'School Admissions Code'
- DfE 'Supporting pupils at school with medical conditions'
- DfE 'First aid in schools, early years and further education'
- Department of Health 'Guidance on the use of adrenaline auto-injectors in schools'

This policy operates in conjunction with the following Trust policies:

- Special Educational Needs and Disabilities (SEND) Policy
- Allergy Policy
- Asthma Policy
- Complaints Procedures Policy
- Equal Opportunity and Diversity Policy
- Admissions Statement
- Health and Safety Policy
- Safeguarding and Child Protection Policy

And School level policies relating to:

- Attendance and Absence
- Admissions
- Early Years (where applicable)

2. Roles and responsibilities

The Board of Trustees

The board of trustees has ultimate responsibility to make sure there are arrangements to support pupils with medical conditions across the trust. Although the trust delegates certain duties to different levels as outlined below, the board is still accountable for making sure the trust is compliant with the requirements in the above legislation and guidance.

The board will also determine and approve this policy.

Executive Team

The Chief Learning & Partnership Officer, supported by the Governance Manager, is responsible for ensuring the policy is produced, reviewed and presented to the Board of Trustees appropriately.

Central Trust Team

The Head of Inclusion and Head of Operations are:

- Responsible for reviewing the policy and ensuring each school understands their duties
- Responsible for highlighting any issues found across the trust to the board of trustees
- Review implementation of the policy by Trust schools.

Local Advisory Boards

Local Advisory Board of each school will:

- Understand this policy to ensure appropriate school level implementation
- Monitor practice, and staff training, in regard to pupils with medical conditions, in line with this policy through dip sampling audits at least annually.
- Ensure that reasonable adjustments are in place for pupils with medical conditions to enable access to the same opportunities as any other pupil at the school

The day-to-day implementation of this policy is delegated to the Headteacher of the school.

The Headteacher

The Headteacher of each school will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Make sure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- Ensure suitable training is delivered to school teams at appropriate intervals in line with local medical needs.
- Make sure that all staff who need to know are aware of a child's condition
- Ensure that, following long-term, or frequent absence, pupils with medical conditions are reintegrated effectively.
- Take overall responsibility for the development and monitoring of individual healthcare plans (IHPs) and pupil risk assessments.

- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- Consider recruitment needs for the specific purpose of ensuring pupils with medical conditions are properly supported.
- Manage cover arrangements in the case of staff absence or turnover, to make sure a suitable staff member is always available, and supply staff are briefed appropriately about pupils' medical needs
- Approve risk assessments for school visits and school activities outside the normal school timetable that involve provision for pupils with medical conditions
- Contact the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse
- Working with the local authority, commissioners and support services to ensure pupils with medical conditions receive a full education.
- Make sure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

Teaching and Support Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff at the school may be asked to provide voluntary support to pupils with medical conditions. This includes the administration of medicines and includes implementing systems for obtaining information about a child's needs for medicines and keeping this information up to date.

Those staff who take responsibility to support pupils with medical conditions will receive sufficient and suitable training and will achieve the necessary level of competency before doing so.

Staff will consider the needs of pupils with medical conditions and how it will impact on their participation, ensuring there is enough flexibility for all pupils to participate according to their own abilities and with reasonable adjustments as required, unless evidence from a clinician states this is not possible.

All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

Where pupils have an Individual Health Care Plan (IHP), the roles and responsibilities will be clearly recorded and agreed.

Parents/carers

Parents/carers will:

- Provide the school with sufficient and up-to-date information about their child's medical needs
- Provide evidence of appropriate prescription and written permission for medicines to be administered by staff
- Provide medication in its original packaging with:
    - The child's name (if prescribed by a GP)
    - The child's date of birth (if prescribed by a GP)
    - Name of the medication
    - Frequency /time medication administered
    - Date of dispensing and expiry
    - Dosage and method of administration
    - Special storage arrangements (if applicable)
- Be involved in the development and review of their child's IHP and may be involved in its drafting.
- Carry out any action they have agreed to as part of the implementation of the IHP, e.g. provide medicines and equipment.
- Ensure that medicines and resources associated with the delivery of the medical intervention have not passed their expiry date.
- Provide any equipment required to carry out medical intervention.

- Collect and dispose of any medicines or medical equipment belonging to their child at the end of each term or as agreed.
- Provide up to date contact information to ensure adults are always contactable.

Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them.

Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs.

Pupils are expected to comply with their IHPs and self-manage their medication or health needs including carrying medicines or devices, if appropriate to do so by a healthcare professional and agreed by parents/carers.

All pupils should be sensitive to the needs of pupils with medical conditions.

All pupils are responsible for informing staff members if they are feeling unwell.

School nurses and other healthcare professionals

Our school nursing services will notify the relevant school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible. They may also support staff implementing a child's IHP.

Healthcare professionals, such as GPs and paediatricians, will liaise with our school nurses and notify them of any pupils identified as having a medical condition. They may also provide advice on developing IHPs.

3. Equal opportunities

The trust will adhere to the legal responsibilities under the Equality Act 2010 and will not unlawfully discriminate against any pupils. Our trust is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

The trust and the individual school will consider what reasonable adjustments need to be made to enable pupils to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents/carers, and any relevant healthcare professionals will be consulted.

4. Admissions

Admissions will be managed in line with the school's Admissions Policy.

No child will be denied admission to the school or prevented from taking up a school place because arrangements for their medical condition have not been made; a child may only be refused admission if it would be detrimental to the health of the child to admit them into the school setting.

The school will not ask, or use any supplementary forms that ask, for details about a child's medical condition during the admission process.

5. Notification procedure

When the school is notified that a pupil has a medical condition that requires support in school, the school will arrange a meeting with parents, healthcare professionals and the pupil, with a view to discussing the necessity of an IHP, outlined in detail in the IHPs section of this policy.

The school will not wait for a formal diagnosis before providing support to pupils. Where a pupil's medical condition is unclear, or where there is a difference of opinion concerning what support is required, a judgement will be made based on all available evidence, including medical evidence and consultation with parents.

For a pupil starting at the school in a September uptake, arrangements will be put in place prior to their introduction and informed by their previous setting, where possible and appropriate. Where a pupil joins the school mid-term or a new diagnosis is received, arrangements will be put in place within two weeks.

6. Staff training and support

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the school. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- Fulfil the requirements in the IHPs
- Help staff to understand the specific medical conditions they are being asked to deal with, their implications and preventative measures

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so they are aware of this policy and understand their role in implementing it – for example, with preventative and emergency measures so that they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

A first-aid certificate will not constitute appropriate training for supporting pupils with medical conditions.

Whole-school awareness training will be carried out on annual basis for all staff and included in the induction of new staff members.

A record of staff training carried out will be kept identifying the next due date or when refresher training is needed. This might be via an online training platform or using a staff training record template.

The parents of pupils with medical conditions will be consulted for specific advice and their views are sought where necessary, but they will not be used as a sole trainer.

Supply/cover teachers will be:

- Provided with access to this policy.

- Informed of all relevant medical conditions of pupils in the class they are providing cover for. This will be through using the School Management Information System (MIS) and/or direct briefing.
- Covered under the school's insurance arrangements.

7. Self-management

Following discussion with parents, pupils who are competent to manage their own health needs and medicines will be encouraged to take responsibility for self-managing their medicines and procedures. This will be reflected in their IHP.

Where possible, pupils will be allowed to carry their own medicines and relevant devices. Where it is not possible for pupils to carry their own medicines or devices, they will be held in suitable locations that they will be made aware of and that can be accessed quickly and easily.

If a pupil refuses to take medicine or carry out a necessary procedure, staff will not force them to do so. Instead, the procedure agreed in the pupil's IHP will be followed. Any refusal to take medication will be reported to the Principal or SLT and parent/carers will be informed as soon as possible. Where the child is potentially putting themselves at risk by refusal, parent/carers will be informed immediately and dynamic risk assessment undertaken.

If a pupil with a controlled drug passes it to another child for use, this is an offence and appropriate disciplinary action will be taken.

Written permission from the parent/carers will be required to self-administer medicines and medical interventions where an IHP is not already in place.

8. Individual healthcare plans (IHPs)

An IHP is put in place to ensure the school knows how to effectively support a pupil with a medical need or long term health condition. It is used to provide clarity and a basis for a shared understanding of how to keep the individual pupil safe in the school environment. The Headteacher has overall responsibility for the development of IHPs for pupils with medical conditions.

The day-to-day responsibility may be delegated to another member of school staff responsible for medical needs in the school.

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional, the Headteacher/or delegated deputy, and parents/carers. This will be based on evidence and should be used to ensure that a medical need or ongoing health condition can be safely supported at school. If there is no consensus, the Headteacher will make the final decision as to whether an IHP is needed.

Plans will be drawn up in partnership with the school, parents/carers and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil has special educational needs (SEN) but does not have an EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed.

The school will consider the following when deciding what information to record on IHPs:

- The medical condition, along with its triggers, symptoms, signs and treatments and the impact on access to the school environment and learning opportunities;
- The pupil's needs, including medication (dosages, side effects and storage), other treatments, facilities, equipment, access to food and drink (where this is used to manage a condition), dietary requirements, and environmental issues;
- The arrangements around administration of medication(s)/ medical intervention(s);
- How if agreed, the pupil taking some responsibility to self-manage their medication and health needs;
- The support needed for the pupil's educational, social and emotional needs;
- The level of support needed, including in emergencies;
- Arrangement around management and support of personal care needs including intimate and invasive care;
- Who will provide the necessary support, including details of the expectations of the role and the training needs required, as well as who will confirm the supporting staff member's proficiency to carry out the role effectively;
- Cover arrangements for when the named supporting staff member is unavailable;
- Who needs to be made aware of the pupil's condition and the support required;
- Arrangements for obtaining written permission from parents and the school for medicine to be administered by school staff or self-administered by the pupil;
- Separate arrangements or procedures required during school trips and activities;
- Where confidentiality issues are raised by the parents or pupil, the designated individual to be entrusted with information about the pupil's medical condition;
- What is defined as an emergency, including the signs and symptoms that staff members should look out for;
- What to do in an emergency, including contact details and contingency arrangements;
- Risk assessment for access to the school environment and curriculum, if required;
- Arrangements for evacuation in the event of an emergency i.e. Personal Emergency Evacuation Plan (PEEP).

The IHP will be developed with the child's best interests in mind. In preparing the IHP the school will assess and manage risks to the child's education, health and social wellbeing, and minimise disruption.

Where a child is returning from a period of hospital education, alternative provision or home tuition, the school will work with the LA and education provider to ensure that their IHP identifies the support the child will need to reintegrate.

IHPs will be easily accessible to those that needs to refer to them, but confidentiality will be preserved.

Appendix A contains an IHP implementation flowchart to guide school through the IHP process.

Appendix B contains a sample plan. The format of the IHP may vary to ensure the most effective plan is used to meet the specific needs of each pupil.

9. Administration of Medicine/medical intervention

Medicines/medical intervention will only be administered at school when it would be detrimental to a pupil's health or school attendance not to do so. It is expected that parent/carers will normally administer medication/medical interventions to their child during their time at home, where possible.

Pupils under 16 years old will not be given prescription or non-prescription medicines without their parents' written consent, except where the medicine has been prescribed to the pupil without the parents' knowledge. In such cases, the school will encourage the pupil to involve their parents, while respecting their right to confidentially.

Non-prescription medicines may be administered in the following situations:

- When it would be detrimental to the pupil's health not to do so
- When instructed by a medical professional
- To support full attendance, the school will consider making arrangements to facilitate the administration of non-prescription medicines following parental request and consent.

No pupil under the age of 16 will be given medicine containing aspirin unless prescribed by a doctor. Pain relief medicines will not be administered without first checking when the previous dose was taken, and the maximum dosage allowed.

The Headteacher or the delegated staff member responsible for supporting pupils with medical needs, will decide whether and by whom any medication or medical intervention will be administered in school following receipt of Appendix C and after consultation with staff.

The school will decide whether a pupil is able to carry and self-administer any medication or self-administer medical intervention, following consultation with staff as appropriate.

No changes to the administration method or dosage of medication or changes in procedures relating to medical intervention will be carried out without written authority from parent/carers and permission recorded.

All medicine and medical interventions will normally be administered during school breaks and/or lunchtime unless for medical reasons an alternative time for delivery has been agreed.

The school will only accept medicines that are in-date, labelled, in their original container, and contain instructions for administration, dosage and storage. The only exception to this is insulin, which must still be in-date, but is available in an insulin pen or pump, rather than its original container.

All medicines will be stored safely. Pupils will be informed where their medicines are and will be able to access them immediately, whether in school or attending a school trip or residential visit. Where relevant, pupils will be informed of who holds the key to the relevant storage facility and where the storage facility is located. Where pupils cannot hold their own medication, the medication will be kept in a suitable location close to where the pupil is learning i.e. in the classroom in primary schools. When medicines are no longer required, they will be returned to parents for safe disposal.

When no longer required, medicines will be returned to the parent to arrange for safe disposal. Sharps boxes will be used for the disposal of needles and other sharps.

The school will hold asthma inhalers for emergency use. Inhalers will be used in line with the school's Allergy and Asthma Policy.

Records will be kept of all medicines administered to individual pupils, stating what, how and how much medicine was administered, when, and by whom. A record of side effects presented will also be held.

Before administering medication, the responsible member of staff should check:

- name of pupil
- that the school possesses written consent from a parent.
- written instructions provided by parent/ carers or healthcare professionals or as agreed in the Individual Healthcare Plan (IHP)
- that the medication name, dosage and instructions for use match the details on the consent form.
- that the name on the medication label is the name of the pupil being given the medication.
- that the medication to be given is within its expiry date.
- that the pupil has not already been given the medication within the accepted frequency of dosage.

If there are any concerns surrounding giving medication to a pupil, the medication will not be administered and the school will consult with the pupil's parent or a healthcare professional, documenting any action taken.

If a pupil cannot receive medication in the method supplied, e.g. a capsule cannot be swallowed, written instructions on how to administer the medication must be provided by the pupil's parent, following advice from a healthcare professional.

Where appropriate, pupils will be encouraged to self-administer under the supervision of a staff member, provided that parental consent for this has been obtained. If a pupil refuses to take their medication, staff will not force them to do so but will follow the procedure agreed upon in their IHPs, and parents will be informed so that alternative options can be considered.

The school will not be held responsible for any side effects that occur when medication is taken correctly.

Written records will be kept of all medication administered to pupils, including the date and time that medication was administered and the name of the staff member responsible. This will be recorded on a Record of Medicine Administered to an Individual pupil' form (Appendix D) and/or Medication administered to all pupils form (Appendix E).

Controlled drugs

Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments, such as morphine or methadone.

A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. All other controlled drugs will be kept in a secure cupboard in the school office and only named staff will have access.

Controlled drugs will be stored in a non-portable container and only named staff members will have access; however, these drugs can be easily accessed in an emergency. A record will be kept of the amount of controlled drugs held and any doses administered. Staff may administer a controlled drug to a pupil for whom it has been prescribed, in accordance with the prescriber's instructions

Non-Prescription Medicines

The trust is aware that pupils may, at some point, suffer from minor illnesses and ailments of a short-term nature, and that in these circumstances, health professionals are likely to advise parents to purchase over the counter medicines, for example, paracetamol and antihistamines.

The Trust works on the premise that parents have the prime responsibility for their child's health and should provide schools and settings with detailed information about their child's medical condition as and when any illness or ailment arises.

To support full attendance, the school will consider making arrangements to facilitate the administration of non-prescription medicines following parental request and consent.

Pupils and parents will not be expected to obtain a prescription for over-the-counter medicines as this could impact on their attendance and adversely affect the availability of appointments with local health services due to the imposition of non-urgent appointments being made.

If a pupil is deemed too unwell to be in school, they will be advised to stay at home, or parents will be contacted and asked to take them home.

When making arrangements for the administration of non-prescription medicines the school will exercise the same level of care and caution, following the same processes, protocols and procedures as those in place for the administration of prescription medicines.

The school will also ensure that the following requirements are met when agreeing to administer non-prescription medicines.

- Non-prescription medicines will not be administered for longer than is recommended. For example, most pain relief medicines, such as ibuprofen and paracetamol, will be recommended for three days use before medical advice should be sought. Aspirin will not be administered unless prescribed.
- Parents will be asked to bring the medicine in, on at least the first occasion, to enable the appropriate paperwork to be signed by the parent and for a check to be made of the medication details.
- Non-prescription medicines must be supplied in their original container, have instructions for administration, dosage and storage, and be in date. The name of the child must be written on the container by an adult as this helps with identification.
- Only authorised staff who are sufficiently trained will be able to administer non-prescription medicines.

Paracetamol

The Trust is aware that paracetamol is a common painkiller that is often used by adults and children to treat headaches, stomach ache, earache, period pain, cold symptoms, and to bring down a high temperature; however, it also understands that it can be dangerous if appropriate guidelines are not followed and recommended dosages are exceeded.

The Trust is aware that paracetamol for children is available as a syrup from the age of 2 months; and tablets (including soluble tablets) from the age of 6 years, both of which come in a range of strengths.

The Trust understands that children need to take a lower dose than adults, depending on their age and sometimes, weight. The school will ensure that authorised staff are fully trained and aware of the NHS advice on how and when to give paracetamol to children, as well as the recommended dosages and strength.

Staff will always check instructions carefully every time they administer any medicine, whether prescribed or not, including paracetamol.

Each school will ensure that they have sufficient members of staff who are appropriately trained to manage medicines and health needs as part of their duties.

At our secondary school settings, to reduce the risk of pupils carrying medicines and avoid confusion over what can be administered, the school will keep its own stock of 500mg paracetamol tablets.

The school is aware of the NHS recommended dosages for secondary aged pupils as set out below:

- 10 to 11 years: 500mg - maximum four times in 24 hours
- 12 to 15 years: 750mg – maximum four times in 24 hours

The written consent of parents will be required in order to administer paracetamol to pupils. A 'permission to administer paracetamol section' will be included in the pupil Information form. This form will be completed as part of the pupil admission process, updated annually and kept in management information system.

For pupils' health and safety, the school will only administer one tablet of **500mg,** regardless of age, within the school day and will ensure staff adhere to the following protocols:

- The school will hold a supply of **500mg** paracetamol securely in a locked cupboard.
- Before giving paracetamol, affected pupils will be encouraged to get some fresh air, and have a drink or something to eat. Paracetamol will only be considered if these actions do not work.
- Parents and carers will be contacted by phone before any paracetamol is given to obtain verbal consent and to confirm whether any medicines have been taken before attending school.
- Following consent, paracetamol may be administered by authorised members of staff in the event of a headache, toothache, period pain or any type of mild to moderate pain.
- Paracetamol will not be issued without prior written consent, **and** verbal consent from the parent **on the day**. If verbal consent cannot be obtained, then paracetamol **will not** be given.
- When a pupil is given medicine, the authorised member of staff will witness the pupil taking the paracetamol and make a record of it. This record will include:
  - Pupil's name.
  - The name of the medicine.
  - Dose given.
  - Date and time of administration.
  - Signature of the person administering.
- Only standard paracetamol will be given, not combination medicines which may contain other drugs.

- Pupils will only be given **one 500mg dose** of paracetamol during the school day; this will only be given to pupils **after 12.30pm**, or where a minimum of four hours has elapsed since the pupil arrived in school that day.
- If paracetamol does not alleviate symptoms, the pupil's parents will be contacted again.
- Paracetamol will not be given following a head injury, or where a pupil has taken paracetamol containing medicine within the last four hours.
- Pupils who frequently require paracetamol will be asked to provide their own tablets which will be kept securely labelled in the school office; parents will be contacted by the school staff in these circumstances.
- If a pupil has a minor injury whilst at school their condition will be triaged by a First Aider; whereupon appropriate pain relief may be given by an authorised member of staff (who may or may not be the first aider) following consultation and consent from parents.

Any school within the Trust may choose not to retain a stock of it's own paracetamol where the Headteacher feels unable to manage administering it safely and in line with this policy.

10. Allergens, anaphylaxis and adrenaline auto-injectors (AAIs)

The Trust's Allergy Policy is implemented consistently to ensure the safety of those with allergies. Detailed information can be found within the Allergy Policy. An overview is given here.

Parents are required to provide the school with up-to-date information relating to their children's allergies, as well as the necessary action to be taken in the event of an allergic reaction, such as any medication required.

The catering team will ensure that all pre-packed foods for direct sale (PPDS) made on the school site meet the requirements of Natasha's Law, i.e. the product displays the name of the food and a full, up-to-date ingredients list with allergens emphasised, e.g. in bold, italics or a different colour.

Staff members receive appropriate training and support relevant to their level of responsibility, to assist pupils with managing their allergies.

The administration of adrenaline auto-injectors (AAIs) and the treatment of anaphylaxis will be carried out in accordance with the Trust's Allergy Policy. Where a pupil has been prescribed an AAI, this will be written into their IHP.

A Register of Adrenaline Auto-Injectors (AAIs) will be kept for all the pupils who have been prescribed an AAI to use in the event of anaphylaxis. A copy of this will be shared with all staff for easy access in the event of an allergic reaction and will be checked as part of initiating the emergency response.

At our secondary school settings, pupils who have prescribed AAI devices can keep their device in their possession.

At our primary school settings, pupils who have prescribed AAI devices, and are aged seven or older, can keep their device in their possession (where agreed by the Headteacher and Parents/carers) otherwise devices will be stored in a suitably safe and central location e.g. classroom. For pupils under the age of seven who have prescribed AAI devices, these will be stored in a suitably safe and central location; in the classroom with the pupil.

All staff members will be trained on how to administer an AAI, and the sequence of events to follow when doing so. In the event of anaphylaxis, the nearest staff member will administer the AAI. If necessary, other staff members may assist with administering AAIs, e.g. if the pupil needs restraining.

The school will keep a spare AAI for use in the event of an emergency, which will be checked on a monthly basis to ensure that devices remain in date, and they will be replaced before the expiry date. The spare AAI will be stored in a central known location, ensuring that it is protected from direct sunlight and extreme temperatures. The spare AAI will only be administered to pupils at risk of anaphylaxis. Where a pupil's prescribed AAI cannot be administered correctly and without delay, the spare will be used. Where a pupil who does not have a prescribed AAI appears to be having a severe allergic reaction, the emergency services will be contacted and advice sought as to whether administration of the spare AAI is appropriate.

Where a pupil is, or appears to be, having a severe allergic reaction, the emergency services will be contacted even if an AAI device has already been administered.

If an AAI is used, the pupil's parents will be notified that an AAI has been administered and informed whether this was the pupil's or the school's device. Where any AAIs are used, the following information will be recorded on the Adrenaline Auto-Injector (AAI) Record:

- Where and when the reaction took place
- How much medication was given and by whom

For children under the age of 6, a dose of 150 micrograms of adrenaline will be used.

For children aged 6-12 years, a dose of 300 micrograms of adrenaline will be used.

For children aged over 12, a dose of 300 or 500 micrograms of adrenaline will be used.

AAIs will not be reused and will be disposed of according to manufacturer's guidelines following use.

Further information relating to procedures addressing allergens and anaphylaxis can be found in the Allergy Policy.

11. Record keeping

Written records will be kept of all medicines administered to pupils. Proper record keeping will protect both staff and pupils and provide evidence that agreed procedures have been followed. Appropriate forms for record keeping can be found in Appendix D and Appendix E. The school's MIS will also be used to electronically record.

Records will also be kept on the Trusts compliance system when an emergency incident occurs or when there is a near miss relating to supporting pupil's with medical conditions. The incident records will include an investigation and lessons learnt.

12. Emergency procedures

Medical emergencies will be dealt with under the school's emergency procedures.

Where an IHP is in place, it should detail:

- What constitutes an emergency.
- What to do in an emergency.

This may include:

- an Emergency Medical Protocol that details what constitutes an emergency and the actions to be taken by staff and supported by specialist training where relevant;
- a Personal Emergency Evacuation plan (PEEP) that details the actions to be taken by staff to support the pupil's evacuation from the building, supported by specialist training where relevant. The PEEP should also detail the actions to be taken by staff to support how staff will manage the child's medical needs during an evacuation e.g. ensuring appropriate medication is taken outside and is available whilst at the assembly point. A sample PEEP can be found in Appendix I.

Pupils will be informed in general terms of what to do in an emergency, e.g. telling a teacher.

The Headteacher will ensure that all staff are aware of the school's general risk management processes and planned emergency procedures.

Other pupils will be informed in general terms of what to do in an emergency, such as telling a member of staff immediately if they think help is needed.

For all emergency medication stored by the school, the school will ensure it is readily accessible to staff and the pupil who requires it and is not locked away.

Each school should use the procedure prompt found in Appendix G and amend for their location to display in prominent positions next to a phone or in the first aid kit to support staff who may need to call the emergency services.

A member of staff should always accompany a pupil who is taken to hospital by ambulance and stay with them until their parent arrives. Staff will not take pupils to hospital in their own car unless in exceptional circumstances, e.g. where a pupil is in need of professional medical attention and an ambulance cannot be procured.

- A staff member will call the pupil's parents as soon as is reasonably practical to inform them of what has happened, and the course of action being followed – parental consent is not required to acquire medical attention in the best interests of the child.
- At least one staff member will accompany the pupil, preferably two staff members to include one with first aid training.
- Staff member/s will remain at the hospital with the pupil until their parent/carer arrives.

This may involve accompanying pupils to hospital by ambulance. The Headteacher/or deputy will take the lead on directing staff at this stage.

13. Day trips, residential visits and sporting activities

Pupils with medical conditions will be supported to participate in school trips, sporting activities and residential visits.

Prior to an activity taking place, the school will conduct a risk assessment to identify what reasonable adjustments should be taken to enable pupils with medical conditions to participate. In addition to a risk assessment, advice will be sought from pupils, parents and relevant medical professionals. The school will arrange for adjustments to be made for all pupils to participate, except where evidence from a clinician, e.g. a GP, indicates that this is not possible.

14. Unacceptable practice

Each case will be judged individually but in general the trust considers that the following constitutes unacceptable practice:

- Assuming that pupils with the same condition require the same treatment.
- Preventing pupils from easily accessing their inhalers and medication.
- Ignoring the views of the pupil or their parents (although this may be challenged).
- Ignoring medical evidence or opinion (although this may be challenged).
- Sending pupils home frequently for reasons associated with their medical condition or preventing them from taking part in activities at school, including lunch times, unless this is specified in their IHP.
- Sending an unwell pupil to the medical room or first aider or school office alone or with an unsuitable escort.
- Penalising pupils with medical conditions for their attendance record, where the absences relate to their condition.
- Making parents feel obliged or forced to visit the school to administer medication or provide medical support, including for toilet issues. The school will ensure that no parent is made to feel that they have to give up working because the school is unable to support their child's needs.
- Creating barriers to pupils participating in school life, including school trips.
- Refusing to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.

15.Liability and indemnity

The Board of Trustees will ensure that appropriate insurance is in place to cover staff providing support to pupils with medical conditions.

The Trust and all its schools are members of the DFE Risk Protection Arrangement (RPA) covering liability relating to supporting pupils with medical conditions.

Indemnity will be provided to any member of staff who is providing support to pupils with medical conditions and has received sufficient and suitable training.

In the event of a claim alleging negligence by a member of staff, civil actions are most likely to be brought against the school, not the individual.

16.Complaints

Parents or pupils wishing to make a complaint concerning the support provided to pupils with medical conditions are required to speak to the school in the first instance. If they are not satisfied with the school's response, they may make a formal complaint via Trust's complaints procedures, as outlined in the Complaints

Procedures Policy. If the issue remains unresolved, the complainant has the right to make a formal complaint to the DfE.

Parents and pupils are free to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

17. Home-to-school transport

Arranging home-to-school transport for pupils with medical conditions is the responsibility of the Local Authority (LA). Where appropriate, the school will share relevant information to allow the LA to develop appropriate transport plans for pupils with life-threatening conditions.

18. Defibrillators

Every school within the Trust has at least one automated external defibrillator (AED).

All staff members and pupils will be made aware of the AED's location and what to do in an emergency. A risk assessment regarding the storage and use of AEDs at the school will be carried out and reviewed annually.

No training will be needed to use the AED, as voice and/or visual prompts guide the rescuer through the entire process from when the device is first switched on or opened; however, each school has staff members trained in cardiopulmonary resuscitation (CPR), as this is an essential part of first-aid and AED use.

The emergency services will always be called where an AED is used or requires using.

Where possible, AEDs will be used in paediatric mode or with paediatric pads for pupils under the age of eight.

Maintenance checks will be undertaken on AEDs on a monthly basis by site team or nominated office staff member, who will also keep an up-to-date record of all checks and maintenance work.

19. Monitoring and review

This policy is reviewed on an annual basis or sooner if:

- an emergency incident or near miss occurs
- if a complaint is received
- where the number of pupils with an IHP within the Trust significantly changes.
- where this is a report of a medication error
- legislation changes effect the contents

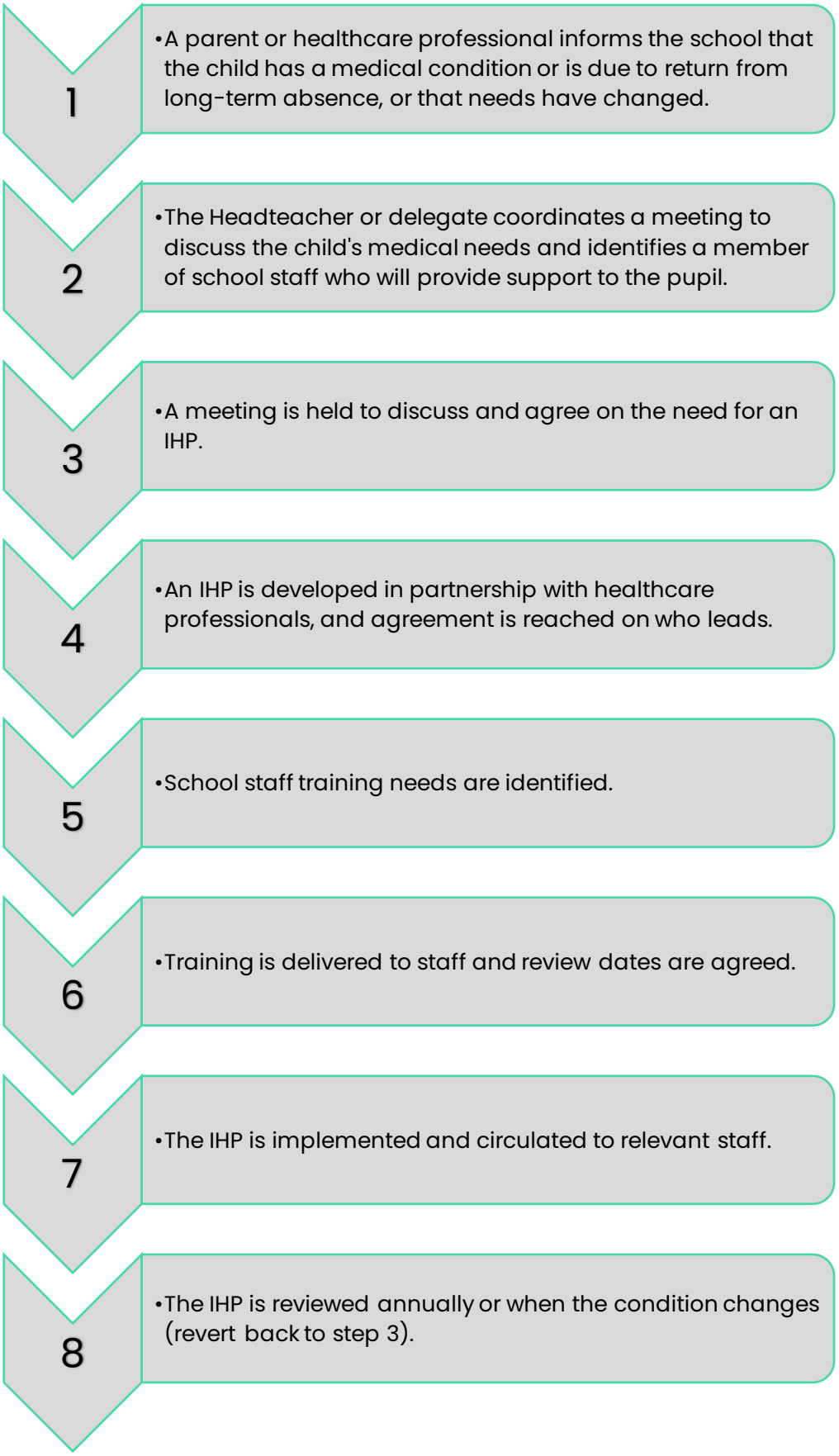
The reviewed policy and lessons learned will be taken by the Head of Operations and Trust Inclusion Lead, to the Board of Trustees for approval. Any changes to this policy will be communicated to all staff, parents and relevant stakeholders.

The next scheduled review date for this policy is September 2027.

20. Information Sharing

Information about an individual's health is considered special category data under UK GDPR. It will therefore be handled in line with our Data Protection policy.

Appendix A: Individual Healthcare Plan Implementation Procedure



Appendix B: Individual Healthcare Plan

Pupil's details

Pupil's name	
Group/class/form	
Date of birth	
Pupil's address	
Medical diagnosis or condition	
Date	
Review date	

Family contact information

Name	
Relationship to pupil	
Phone number	
Name	
Relationship to pupil	
Phone number	
Relationship to pupil	

Hospital contact

Name	
Phone number	

Pupil's GP

Name	

Phone number	

Who is responsible for providing support in school?
Pupil's medical needs and details of symptoms, signs, triggers, treatments, facilities, equipment or devices and environmental issues
Name of medication, dose and method of administration
Daily care requirements
Arrangements for school visits and trips
Other information

Describe what constitutes an emergency, and the action to take if this occurs
Responsible person in an emergency, state if different for off-site activities
Plan developed with
Staff training needed or undertaken – who, what, when:

Appendix C: Parental Agreement for the School to Administer Medicine/ Medical Interventions

The school will not give your child medicine unless you complete and sign this form.

Administration of medication form

Date for review to be initiated by	
Name of pupil	
Date of pupil	
Group/class/form	
Medical condition or illness	
GP	
Medical Practice/ Health Centre	

Medicine

Name of medicine	
Expiry date	
Dosage and method of administration	
Timing	
Special precautions and instruction	
Side effects	
Self-administration yes/no	
Procedures for an emergency	

Please note medicines must be in the original container as dispensed by the pharmacy – the only exception to this is insulin, which may be available in an insulin pen or pump rather than its original container.

Medical Intervention

Type of Intervention	
Procedure	
Timings	

Self-administration yes/no	
Procedures for an emergency	
Other Information	

Contact details

Name	
Telephone number	
Relationship to pupil	
Address	
I will personally deliver the medicine to	**Name and position of staff member**

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent for school staff to administer medicine in accordance with the relevant policies. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication, or if the medicine is stopped.

Parent/ Carers Full Name (Please Print)	**Signature**	**Date**

Appendix D: Record of Medicine Administered to an Individual Pupil

Name of pupil	
Group/class/form	
Date medicine provided by parents	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	
Staff signature	
Parent/Carer signature	

Date				
Time given				
Dose given				
Name of staff member				
Staff signature				

Date				
Time given				
Dose given				
Name of staff member				
Staff signature				

Add more tables as necessary

Appendix E: Record of All Medicine Administered to Pupils

Date	Pupil's name	Time	Name of medicine	Dose given	Reactions, if any	Staff signature	Print name

Appendix F: Staff Training Record – Administration of Medication

Name of school	
Name of staff member	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

I confirm that the staff member has received the training detailed above and is competent to carry out any necessary treatment pertaining to this treatment type. I recommend that the training is updated by the school nurse.

Trainer's signature:

Print name:

Date:

I confirm that I have received the training detailed above.

Staff signature:

Print name:

Date:

Appendix G: Contacting Emergency Services

To be stored by the phone in the school office

Request an ambulance – dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly, and be ready to repeat information if asked.

- The telephone number: **school phone number**.
- Your name.
- School name: **school name.**
- Your location as follows: **full address of school**.
- The postcode: **school postcode**.
- The exact location of the individual within the school.
- The best entrance to use and where the crew will be met and taken to the individual.

State that the ambulance will be met by a member of staff who will take the crew to the patient.

- Name of patient.
- Age of patient.
- Description of symptoms.
- Inform if any underlying medical conditions.
- Inform if any emergency rescue medication has been administered e.g. midazolam- epilepsy, Auto Adrenaline device- allergies, glucose- diabetes.
- Inform if any emergency procedure has been carried out e.g. suction/ trachea tube replacement- tracheostomy, button replacement – gastro feed.
- Inform if the patient has an alert card and what it is for.

On Arrival of the Ambulance

- Member of staff to meet crew and escort crew to the patient
- Member of staff to pass over empty packaging of any rescue medication administered, if appropriate
- In case of a patient with complex needs, member of staff to pass over the patient's IHCP or summary stating patient's medical condition or alert card, if appropriate
- At least one member of staff to travel with the patient if parents have not arrived

Appendix H: Medication Summary Guidance for Parent/ Carers

To ensure the safe administration of medication (prescribed or non-prescribed over the counter medicine) in school the following guidelines have been produced. If these are not followed, then unfortunately the medication cannot be given.

1. Parent/ carers are responsible for providing the school with adequate information regarding their child's condition and medication. It is the parent/ carers responsibility to inform the school in writing when the medication is discontinued, or the dosage changed.
2. Medication will not be accepted in school without complete written and signed instructions using the parental agreement for school to administer medicine form.
3. Where the pupil travels on school transport with an escort, parent/ carers should ensure the escort is informed of any medication sent with the pupil, including medication for administration during respite care.
4. Only reasonable quantities of medication should be supplied to school, e.g. a maximum of 4 weeks supply at any one time.
5. Where clinically possible, medicines should be prescribed in dose frequencies which enables them to be taken outside of school hours wherever possible.
6. Each item of medication must be delivered in the original container as dispensed by the pharmacist (except in the case of insulin) and handed directly to the school office.

Each container must be clearly labelled with the following:

- Child's name (this can be written on if the medication is not prescribed)
- Name of medication
- Dosage
- Frequency of dosage
- Date of dispensing
- Storage requirements (if appropriate)
- Expiry date

Medication that does not meet these criteria will not be administered.

7. Medication **must** be in date.
8. Parents must collect any left- over medication.
9. Parents must provide school with additional medication before the medication expires.
10. School cannot be held responsible for side effects that occur when medication is taken correctly.

Appendix I: Personal Emergency Evacuation Plan (PEEP)

School Logo **PERSONAL EMERGENCY EVACUATION PLAN** **Name of Pupil:** **Year Group:** **Class/ Form:** **Date of Plan:** **Review Date:**	**CONFIDENTIAL** ***Insert pupil photograph***

Any issues affecting a pupil's fast evacuation from school in the event of an emergency are considered below. Consideration has been given to evacuation from different areas of school and if medication or equipment may be required during the evacuation and when outside. This plan has been discussed with parent/ carers and the pupil, if appropriate. This plan is shared with all the relevant staff. This plan is to be reviewed yearly or sooner if needs change, in consultation with parent/ cares and the pupils, if appropriate.

Risk	Action(s)	Rational
Physical:		
Medical:		
Behaviour:		

I have read and agree to this evacuation plan for _____ in the event of an emergency:

Name:	Role:	Date:

Appendix J: IHP Process Map

